

<b>To:</b>	<b>Trust Board</b>						
<b>From:</b>	<b>Medical Director</b>						
<b>Date:</b>	<b>1 December 2011</b>						
<b>CQC regulation:</b>	Outcome 16 – Assessing and Monitoring the Quality of Service Provision						
<b>Title:</b>	<b>UHL STRATEGIC RISK REGISTER AND THE BOARD ASSURANCE FRAMEWORK (SRR/BAF) 2011/12</b>						
<b>Author/Responsible Director:</b> Risk and Assurance Manager/ Medical Director							
<b>Purpose of the Report:</b> To provide the Board with an updated SRR/BAF for assurance and scrutiny.							
<b>The Report is provided to the Board for:</b>							
<table border="1"> <tr> <td>Decision</td> <td></td> </tr> </table>		Decision		<table border="1"> <tr> <td>Discussion</td> <td><b>X</b></td> </tr> </table>		Discussion	<b>X</b>
Decision							
Discussion	<b>X</b>						
<table border="1"> <tr> <td>Assurance</td> <td><b>X</b></td> </tr> </table>		Assurance	<b>X</b>	<table border="1"> <tr> <td>Endorsement</td> <td><b>X</b></td> </tr> </table>		Endorsement	<b>X</b>
Assurance	<b>X</b>						
Endorsement	<b>X</b>						
<b>Summary / Key Points:</b>							
<ul style="list-style-type: none"> <li>The 2011/12 SRR/BAF has been updated to reflect changes made by the risk owners and incorporates issues identified at the November Trust Board and Audit Committee meetings.</li> <li>Two risks have an increased 'current' risk score these are: <i>'Deteriorating patient experience'</i> (risk 8). <i>'Management capability/ stretch'</i> (risk 15).</li> <li>The SRR/BAF report will now be accompanied by an additional appendix to summarise month on month risk movement.</li> <li>The following risks are to be presented at the meeting for further scrutiny: <i>'Loss of liquidity'</i> (Risk 6, Director of F&amp;P). <i>'Deteriorating patient experience'</i> (risk 8, Chief Operating Officer). <i>'IM&amp;T – Lack of IT strategy and exploitation'</i> (risk11, Director of Strategy).</li> </ul>							
<b>Recommendations:</b>							
The Trust Board is invited to:							
(a) review and comment upon this iteration of the 2011/12 SRR/BAF, as it deems appropriate, with particular reference to risk 6, 8 and 11.							
(b) note the actions identified within the framework to address any gaps in either controls or assurances (or both);							
(c) identify any areas in respect of which it feels that the Trust's controls are inadequate and do not, therefore, effectively manage the principal risks to the organisation meeting its objectives;							
(d) identify any gaps in assurances about the effectiveness of the controls in place to manage the principal risks; and consider the nature of, and timescale for, any further assurances to be obtained, in consequence;							

## Trust Board paper I

(e) identify any other actions which it feels need to be taken to address any 'significant control issues' to provide assurance that the Trust is meeting its principal objectives.	
<b>Previously considered at another corporate UHL Committee?</b> <b>Yes – Executive Team</b>	
<b>Strategic Risk Register</b> <b>Yes</b>	<b>Performance KPIs year to date</b> <b>No</b>
<b>Resource Implications (eg Financial, HR)</b> <b>N/A</b>	
<b>Assurance Implications</b> <b>Yes</b>	
<b>Patient and Public Involvement (PPI) Implications</b> <b>No</b>	
<b>Equality Impact</b> <b>N/A</b>	
<b>Information exempt from Disclosure</b> <b>No</b>	
<b>Requirement for further review?</b> <b>Yes. Monthly at Executive Team meeting and Board meeting</b>	

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**

**REPORT TO: TRUST BOARD**

**DATE: 1 DECEMBER 2011**

**REPORT BY: MEDICAL DIRECTOR**

**SUBJECT: UHL STRATEGIC RISK REGISTER AND BOARD ASSURANCE  
FRAMEWORK (SRR/BAF) 2011/12**

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**1. INTRODUCTION**

This report provides the Board with:-

- a) A copy of the SRR / BAF as of 24 November 2011 (appendix 1).
- b) A summary of risk movements from the previous month (appendix 2).
- b) A summary of changes to actions (appendix 3).
- c) Suggested areas for scrutiny of the SRR/BAF (appendix 4).

**2. STRATEGIC RISK REGISTER/ BOARD ASSURANCE FRAMEWORK 2011/12:  
POSITION AS OF 24 NOVEMBER 2011**

- 2.1 The 2011/12 Strategic Risk Register / Board Assurance Framework (SRR/BAF) has been developed using the risks set out by the Director of Finance and Procurement and progressed and extended by members of the Executive Team as the foundation of the document.
- 2.2 The SRR/BAF is updated on a monthly basis by the risk owners and is presented to the Executive Team on a monthly basis for consideration prior to submission to the Board. Following discussions at the Executive Team meeting and Audit Committee meetings on 15 November 2011 the SRR/BAF has been amended to improve the accuracy and value of the document. Changes have been agreed by the risk owners and are highlighted in red.
- 2.3 Changes to the format of the SRR/BAF include the insertion of page numbers to provide easier navigation around the document and the change in title of 'net risk' to 'current risk'.
- 2.4 An appendix to show the risk exposure month on month will now be included with each SRR/BAF report to TB to provide an 'at a glance' summary document to assist TB members to focus on particular areas of concern.
- 2.5 Risk scores have remained static except for:
  - Risk 8 (Deteriorating patient experience) where both current and target risk scores have increased to 15 (high risk) and 10 (moderate risk) respectively to reflect a deteriorating position following recent national media reports concerning patient experience.
  - Risk 15 (Management capability /stretch) where the current risk score has increased from 16 to 20 (high risk).
- 2.6 A total of 16 actions were due to complete at the end of October 2011, of these 7 have been completed, 8 are partially complete and have had an extension to the deadline applied. Progress of 1 action is still to be determined at time of writing. A summary of changes to actions is shown at appendix 3.

- 2.7 A high level review of the SRR/BAF has been performed by Price Waterhouse Cooper (PWC) at the request of the Trust. The findings are summarised below.
- a. 'Having a risk per page' is a good discipline.
  - b. Risk 15 requires further causes of the risk to be identified.
  - c. Some controls were identified as actions (i.e. listed as controls but not yet implemented).
  - d. Assurance on controls should identify how current they are, whether they have yet been received, and the regularity of the meetings where assurances are sought.
  - e. Positive assurances are not always presented in line with the assurance source.
  - f. There are a few examples of gaps in controls / assurances not being labelled (a) or (c) and in some cases the text does not line up making it harder to read and follow.
  - g. It may be helpful if actions that are not entirely within the Trust's control are identified to the Board.
  - h. Two examples were found where there was no action owner (since amended).
  - i. In instances where there are no actions to address gaps in assurance/ control these should be flagged

Points a, b, c, f, and h have already been addressed and remaining points will be addressed via the ongoing monthly updates from the risk owners in collaboration with the Risk and Assurance Manager.

- 2.8 The SRR/BAF is becoming detailed to such an extent that to achieve the 'risk per page' discipline whilst attempting to provide 'read across' is a challenge. It is suggested that risk owners should remove those controls and assurance mechanisms that are not of strategic significance (e.g. Daily sitrep, hourly ward rounds etc) in order to reduce the level of detail.
- 2.9 To provide regular scrutiny of risks on a cyclical basis a small number of risks will be selected at each meeting for Board members to review against the parameters listed in appendix 4. The following risks are forwarded for review:

'Loss of liquidity' (Risk 6, Director of F&P). Risk score 25 (Extreme).

'Deteriorating patient experience' (risk 8, Chief Operating Officer). Risk score 15 (high).

'IM&T – Lack of IT strategy and exploitation' (risk\_11, Director of Strategy). Risk score 16 (High).

3. Taking into account the contents of this report and its appendices, and the presentation by the Director of Finance and Procurement, Chief Operating Officer and the Director of Strategy respectively in relation to risks 6, 8 and 11, the Trust Board is invited to:

- (a) review and comment upon this iteration of the SRR/BAF, as it deems appropriate, with particular reference to the risks above.
- (b) note the actions identified within the framework to address any gaps in either controls or assurances (or both);
- (c) identify any areas in respect of which it feels that the Trust's controls are inadequate and do not, therefore, effectively manage the principal risks to the organisation meeting its objectives;

- (d) identify any gaps in assurances about the effectiveness of the controls in place to manage the principal risks; and consider the nature of, and timescale for, any further assurances to be obtained, in consequence;
- (e) identify any other actions which it feels need to be taken to address any 'significant control issues' to provide assurance on the Trust meeting its principal objectives.

P Cleaver  
Risk and Assurance Manager  
24 November 2011

**PERIOD: 27 OCTOBER – 24 NOVEMBER 2011**



**STRATEGIC GOALS**

- a. Centre of a local acute emergency network
- b. The regional hospital of choice for planned care
- c. Nationally recognised for teaching, clinical and support services
- d. Internationally recognised specialist services supported by Research and Development

N.B. Action dates are end of month unless otherwise stated

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – STRATEGIC RISK REGISTER/ BOARD ASSURANCE FRAMEWORK 2011/12**

Objective	Risk	Cause /Consequence	Controls	Current Risk	Assurance On Controls	Positive Assurance	Gaps in Assurance (a) / Control (c)	Actions for Further Control	Target Risk	Due Date	Risk / Action Owner
a c	<b>1. Continued overheating of emergency care system</b>	<b>Causes:</b> Lack of middle grade/senior decision makers	Increased recruitment of revised workforce (including ED consultants / middle grade Drs)	5x4=20	Task Force minutes	Workforce changes progressing and new starters commenced	(c) Absence of an agreed action plan at present to: Divert attendances	LLR emergency plan to be implemented	4x4=16	Dec 11	Chief Executive
		Behaviour of new clinical commissioning groups	Frail elderly project in place		Trust Board ECN Report	Improving 4 <sup>o</sup> Performance	(c) fragility in ED performance	Development and agreement of a plan to: • Divert attendances • Reduce admissions via bed bureau • Fund in a sustainable manner		Nov 11	Chief Executive
		Small footprint	LLR ECN Project		Monthly Trust Board UHL report	Improving position for: EDD	(a) absence of assurance from partner agencies re: metric outcome	Need to agree at ECN common metrics for reporting across all stakeholders		Nov 11	Chief Executive
		Delays in discharge efficiency	Ward Discharge metrics in place		Q & P report	Discharge before 13.00	(a) No clear metrics or accountabilities for EMAS performance	Identification of additional capacity if partner metrics do not achieve		Review Nov 11	Chief Executive
		Re-beds	CQUIN linked to in patient flow efficiency		ESIST report	Ward/board rounds	c) No integrated strategy for UHL/LPT discharge and use of Community hospitals	Capacity plan B if ECN does not meet metrics (ECN 'Lock-in' session scheduled for 22/11/11) Develop strategy via ECN		Nov 11	Chief Executive
		Delays in discharge to community beds	Emergency Care is a key theme for regular discussion at ET				(c) ED capital expansion	Completion of capital expansion (as agreed by PCT)		Jan 12	Chief Executive
		Late evening bed bureau arrivals	Representatives from Clinical Commissioning Groups will attend ET bi-monthly re emergency care							2013	Chief Executive
		<b>Consequences</b> Clinical risk within ED								2012/13	Chief Executive
		Major operational distraction to whole of UHL									
		Financial loss (30% marginal rate)									
Poor winter planning – inefficient/sub-optimal care											
Insufficient bed capacity											
Poor patient experience											

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Objective	Risk	Cause /Consequence	Controls	Current Risk	Assurance On Controls	Positive Assurance	Gaps in Assurance (a) / Control (c)	Actions for Further Control	Target Risk	Due Date	Risk / Action Owner
a b	2. New entrants to market (AWP/TCS)	<p><u>Cause</u> TCS agenda. (Elective care bundle/UCC). Impact of Health and Social Care Bill. – ‘Any willing provider Financial climate.</p> <p><u>Consequence</u> Downside: Loss of market share, business, services and revenue. Increased competition from competitors</p> <p>Upside: Opportunities to develop partnerships and grow income streams.</p>	<p>GP Head of Service to help secure referrals and improve service quality.</p>	4x4=16	<p>GP Temperature Check. <b>Completed in May 2011.</b></p>	<p>Improved services in areas that are important to our customers.</p>	<p>(a) Quarterly monitoring market gain/loss at Trust Board level.</p> <p>(a) Further development of market share vs quality vs profitability analysis.</p> <p>(c) Systematic analysis of market share at Divisional and CBU Boards.</p> <p>(c) Insufficient tendering expertise at CBU/corporate level</p>	<p>Complete rigorous market assessment to clearly identify opportunities to create new markets and be the new entrants wherever possible</p>	3x2=6	Dec 12	Director of Strategy
			<p>Review of market analysis – quarterly at F&amp;P Committee.</p>		<p>F&amp;P and Exec Team minutes <b>on a quarterly basis</b> where market share analysis has been discussed.</p>	<p>Commissioner e.g. discharge letters</p>		<p>Implement Quarterly market share reporting and impact analysis on Strategy at CBU, Divisional and Trust wide level.</p>		Jan 12	Director of Comms
			<p>Market share analysis and quarterly report, linked to SLR / PLICS</p>		<p>Divisional and CBU market assessments and competitor analysis. <b>Completed on an annual basis as part of the annual planning process.</b></p>	<p>Market share analysis <b>reported to F&amp;P Quarterly.</b></p>		<p>Develop a training plan for CBUs and contract leads for utilising market share data to inform strategy</p>		Jan 12	Director of Comms
			<p>Insufficient expertise for tendering at CBU or corporate level.</p> <p>Clinical involvement in Commissioning.</p> <p>Tendering process for services (elective care bundle &amp; UCC).</p> <p>Links established with PCT Cluster regarding Elective care Bundle and discussions taking place with Planned care to ensure sufficient resources for a credible bid</p>		<p>Commissioning meetings.</p> <p>Tendering meetings.</p> <p><b>Monthly meetings between CCGs and Exec Team</b></p>	<p>Develop clinical strategy that effectively responds to market analysis</p> <p>Review tendering expertise and ensure sufficient resource aligned to qualified opportunities identified in market assessment</p>		Jan 12		Director of Strategy	

**N.B. Action dates are end of month unless otherwise stated**



**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – STRATEGIC RISK REGISTER/ BOARD ASSURANCE FRAMEWORK 2011/12**

<b>Objective</b>	<b>Risk</b>	<b>Cause /Consequence</b>	<b>Controls</b>	<b>Current Risk</b>	<b>Assurance On Controls</b>	<b>Positive Assurance</b>	<b>Gaps in Assurance (a) / Control (c)</b>	<b>Actions for Further Control</b>	<b>Target Risk</b>	<b>Due Date</b>	<b>Risk / Action Owner</b>
<p><b>a</b> <b>b</b> <b>c</b></p>	<p><b>3 Relationships with Clinical commissioning groups</b></p>	<p><b>Cause</b> NHS reforms</p> <p>Requirement for clinical input into commissioning</p> <p>Weak relationships with GPs as result of historical lack of engagement by UHL</p> <p><b>Consequence</b> Lack of certainty/ continuity of commissioning through transition</p> <p>CCG management capacity and capability during the transition</p> <p>Loss of revenue</p> <p>Lack of GP support for UHL strategy</p>	<p>GP Head of Service</p> <p>Alignment of senior clinicians and executive directors to clinical commissioning groups</p> <p>Involvement of UHL clinicians in contracting round to provide consistency and expertise</p> <p>Joint working groups to develop key strategies</p> <p>'LLR Clinical Senate'</p>	<p>4x4=16</p>	<p>GP temperature check <b>completed in May 2011.</b></p> <p>Notes from Account management structure with DDs and Execs (<b>at least quarterly</b>).</p> <p>Quarterly reports of <b>market share to UHL Finance and Performance Committee</b></p> <p><b>Monthly</b> Q&amp;P reports monitoring discharge letter turnaround</p> <p><b>Minutes from Clinical Senate (monthly)</b></p>	<p>Building clinician to clinician relationships through the LLR senate</p> <p>Proactive approach from GP consortia</p> <p>Clinical engagement with CCG chairs</p> <p>Improving customer care (e.g. OP letters project)</p> <p>Attendance of ET members at the Collaborative Commissioning Board</p> <p>GP input into readmissions and clinical coding projects</p>	<p>(a) Few examples we can point to of redesigned pathways</p> <p>(a) Difficult feedback through DeLoitte from CGCs and Cluster</p> <p>(c) No plan in place with LLR re long-term strategy linked to sustainability</p>	<p>Jointly develop LLR strategy</p> <p>Obtain PCT and CCG convergence with annual plan and IBP</p>	<p>3x3=9</p>	<p>Dec 12</p> <p>Apr 12</p>	<p>Director of Strategy/ Director of Comms</p>

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Objective	Risk	Cause /Consequence	Controls	Current Risk	Assurance On Controls	Positive Assurance	Gaps in Assurance (a) / Control (c)	Actions for Further Control	Target Risk	Due Date	Risk / Action Owner
c d	<b>4. Failure to acquire and retain critical clinical services (e.g. loss of services through specialist services designation including ECMO, Paediatric Cardiac Services, NUH as a level 1 major trauma centre)</b>	<p><u>Cause</u> National Reviews of specialist services</p> <p>Potential 'snowball effect'</p> <p>Cost Effectiveness.</p> <p><u>Consequence</u> Loss of key clinicians Inability to attract best quality staff Inability to achieve academic expectations Adverse outcome of further tertiary reviews Significant loss of income</p> <p><u>Upside:</u> Retain local, regional and national profile, potential to grow services, improved recruitment and retention, increased R&amp;D potential.</p>	<p>EMCHC Strategy and Programme Boards.</p> <p>Risks identified through business plans.</p> <p>Campaign to support paediatric cardiac services/repatriate services.</p> <p>Commissioner support and engagement.</p> <p>Major Trauma Network group established.</p> <p>ECMO NCG/Board engagement.</p> <p>Regular review by Exec Team &amp; Trust Board.</p> <p>Strong academic recognition</p> <p>Joint planning with NUH re tertiary services</p>	3x4=12	<p>EMCHC reports &amp; minutes (bi-weekly).</p> <p>Campaign response numbers. (Sept 2011).</p> <p>Feedback from public consultation. (Sept 2011)</p> <p>Major Trauma Network minutes &amp; actions (quarterly).</p> <p>TB and Exec Team papers (monthly &amp; weekly).</p> <p>ECMO costing analysis</p>	<p>ECMO contract in place.</p> <p>Campaign response results</p> <p>Lead co-coordinating centre/national training for ECMO.</p> <p>Leicester in highest scoring option for Safe &amp; Sustainable</p> <p>3 BRUS achieved in Sept 2011</p>	(c) Do not have an agreed service profile for tertiary services	<p>Marketing strategy for focus services we agree to develop</p> <p>Rigorous SLR analysis and business planning</p> <p>Ongoing dialogue with other children's cardiac centres to ensure strong proposal on sustainable network</p>	3x3=9	<p>Dec 11</p> <p>Jan 12</p> <p>Dec 12</p>	<p>Director of Strategy</p> <p>Director of Strategy</p> <p>Director of Strategy</p>

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Objective	Risk	Cause /Consequence	Controls	Current Risk	Assurance On Controls	Positive Assurance	Gaps in Assurance (a) / Control (c)	Actions for Further Control	Target Risk	Due Date	Risk / Action Owner
a b	5. Loss making services	<p><b>Causes:</b> Inefficient services</p> <p>Poor use of clinical capacity</p> <p>Poor controls on pay resources</p> <p>Lack of innovation</p> <p>Poor SLR/PLICS position</p> <p><b>Lack of full PbR income</b></p> <p><b>Consequence:</b> Risk of 'cherry-picking' of profitable services by commissioners</p> <p>Disinvestment of clinical services</p> <p>Recruitment challenges Missed efficiency opportunity – money wasted on inefficient services</p> <p>Impact on Trust's ability to deliver statutory targets (i.e. breakeven).</p>	<p>High level SLR analysis of service profitability</p> <p>Criteria for loss making services to be formally endorsed (no negative contribution post 2011/12, all services making 10% contribution to central overheads by end 2012 /13)</p> <p>Review of each service line to identify position</p> <p>External benchmarking</p> <p>Targeted turnaround support introduced to focus on main loss making CBUs (Medicine, Cardiothoracic Surgery, Planned Care)</p> <p>External financial turnaround support</p>	5x5=25	<p>Monthly SLR/PLICS data</p> <p>Monthly pay expenditure reports</p> <p>SLR/PLICS presentations</p> <p>Internal audit review of RCI (PLICS) cost attribution methodology</p>	<p>Counting and coding changes</p> <p>Usage of PLICS (but uneven)</p> <p><b>Positive Internal audit review of annual RCI (PLICS) cost attribution methodology</b></p>	<p>(a) Still some underlying issues in data robustness</p> <p>(c) Major deterioration in 2011/12 forecast outturn due to losses in key CBUs.</p> <p>(a) Failure to deliver the forecast to date</p>	<p>Portfolio review in Q3 2011/12</p> <p>Root cause analysis of systems issues causing data 'breakage'</p> <p>Set 2012/13 CIP targets based on PLICS/ SR position</p> <p>Transactional changes to incentivise behaviour</p> <p><b>External financial turnaround support</b></p> <p><b>External review of contract terms –by SHA</b></p>	4x4=16	<p>Nov 11.</p> <p>Dec 11</p> <p>Run rates to be positive by end 2012/13.</p> <p><b>Nov 2013</b></p> <p><b>Nov 2011</b></p>	<p>Director of F&amp;P</p> <p>COO</p> <p>Director of F&amp;P</p> <p>Director of F&amp;P</p>

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a b c d	<b>6. Loss of liquidity</b>	<p><u>Causes</u> Operating losses ytd Non standard contract</p> <p><u>Consequences</u> Unable to invest in core services or develop new services</p> <p>Failure to deliver EFL statutory target</p>	<p>Updated internal liquidity plan</p> <p>Daily cash monitoring</p> <p>12 month cash forecast</p> <p>SHA assistance in securing loan from NHS partners</p> <p>Internal liquidity plan</p> <p>Restrictions to the UHL Capital Plan to generate cash</p> <p>Negotiations with suppliers</p>	5x5=25	<p>Weekly cash reporting</p> <p>Monthly reforecast</p>	<p>Maintaining positive cash balances</p> <p>Improvement in creditor days</p> <p>Deloitte and Finnamore review of cash and liquidity</p>	(c) Lack of solution to structural lack of liquidity	<p>Implementing rolling 3m cash forecast</p> <p>Response needed following Nov '11 pronouncement by Secretary of State re new criteria for financial assistance for pipeline FTs</p>	4x4=16	<p>Now started – in Oct reporting cycle</p> <p>Report back in Dec 11</p> <p>Dec 11</p>	<p>Director of F&amp;P</p> <p>Chief Executive</p>

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a b	7. Estates issues	<b>Cause</b> Lack of clear estate strategy since cancellation of Pathway	Service Reconfiguration Board established, with representation from all Divisions.	4x4=16	Minutes of Service reconfiguration board <b>reported to Exec Team.</b>	LLR Space Utilisation Review	(c) Lack of agreed UHL Estates strategy	Further develop UHL Estates Strategy	3x3=9	Apr 12	Director of Strategy
	Under utilisation and investment in Estates	<b>Consequence</b> Sub-optimum configuration of services.  The efficient provision of services in many areas is restricted by the physical limitations of the buildings and by less than optimum clinical adjacencies.  Over provision of assets across LLR	Governance for site reconfiguration now being expanded to include LLR implications and input.		All site / estate proposals are reviewed <b>monthly</b> by Site reconfiguration Board.  Service activity and efficiency performance monitoring <b>reported monthly to FM Board.</b>  External audit of Estate by CAPITA <b>reported to ET.</b>  <b>Annual</b> PEAT Scores	Good PEAT scores	(c) No Integrated LLR Estates strategy (linked to agreed clinical model, capacity and assets)	Develop an LLR Estates Vision in support of the clinical strategy.  Agree LLR service configuration supported by most efficient use of estate  Agree downsizing plans as part of LLR Estates Strategy.		Dec 11  Mar 12  Mar 12	Director of Strategy  Director of Strategy  Director of Strategy
		Significant backlog maintenance  Upside – Potential for asset disposal in medium to long term      Downside scenario example – failure of electrical infrastructure	£6 million per year allocated to reducing backlog maintenance      Planned Preventative Maintenance (PPM) schedules in place  Emergency Planning & Business Contingency Plans in place for estates infrastructure failures		Capital meeting notes & Capital Bids progress.  UHL risk based replacement programme in place.  PPM Performance <b>reported to FM Board.</b>  Testing programmes			Target backlog to high risk elements on an annual basis, where there are greater consequences from a failure		Review Apr 12	Director of Strategy
N.B. Action dates are end of month unless otherwise stated											Page 8

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<b>b</b>	<b>8.Deteriorating patient experience</b>	<p><b>Causes:</b> Cancelled operations Poor communications  Increased waiting times for elective and emergency patients  Poor clinical outcomes Lack of patient information Poor customer service Lack of engagement or consultation</p> <p><b>Consequences</b> Patients not recommending or choosing UHL leading to reduced activity  Contract penalties Reduced income from CQUIN monies Increased complaints Reputation impact</p>	Monthly patient polling	5x3=15	Patient experience minutes	Improving polling scores	(c) Awareness of urgent/emergency facilities for the public	Local awareness of LLR Emergency Care communication plan	5x2=10	Nov 11	COO	
			Patient Experience plan and projects		Monthly Trust Board report	Increasing patients experience results / feedback		Summary of patient experience feedback		Quarterly	COO	
			Caring @ its Best Divisional projects and dashboard		Real time patient feedback			Review of patient cancellations		Dec 11	COO	
			Hourly ward rounds		Patient Stories							
			National Patient Survey		Patient Experience data presented with patient safety and outcome measures	Complaints reduction						
			10 point plan		Outcomes of 10 point plan reported to G&RMC (Sept 11)			Introduction of Trust Working Group led by Rob Sayer		Commence Dec 11 review in 3 months	Medical Director	
			Delivery of waiting times		Quarterly theatre reports	Reducing patient cancelled operations		(c) Increasing waiting time for treatment of surgical emergencies		Introduction of emergency co-ordinator	Dec 11	COO
			Theatre and out-patient transformation project		Divisional reports					Introduction of escalation thresholds	Dec 11	Clinical Director (planned Care)
			Review of patient cancellations		Specialty Dashboard							
			Engagement of Age UK, LINKS		Clinical Effectiveness minutes Clinical Metric results							
			Clinical quality metrics		Q&P and Heat map report	Improving nursing metrics						
			OPD/ED/Mat metrics		GRMC minutes							
Focussed Divisional activity on key patient experience indicators												
Improved data analysis illustrating trends and prediction of key risk areas.												
Promote successes across the organisation.												
Engagement of consortia members and ECN for campaign												

**N.B. Action dates are end of month unless otherwise stated**

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – STRATEGIC RISK REGISTER/ BOARD ASSURANCE FRAMEWORK 2011/12**

<b>Objective</b>	<b>Risk</b>	<b>Cause /Consequence</b>	<b>Controls</b>	<b>Current Risk</b>	<b>Assurance On Controls</b>	<b>Positive Assurance</b>	<b>Gaps in Assurance (a) / Control (c)</b>	<b>Actions for Further Control</b>	<b>Target Risk</b>	<b>Due Date</b>	<b>Risk / Action Owner</b>
<b>b c</b>	<b>9. CIP requirement (driven by tariff)</b>	<p>Risk of Quality being compromised, increased clinical risk</p> <p>Failure to achieve statutory breakeven duties</p> <p>Risk of delay/failure of FT project with uncertain consequences thereafter</p>	<p>CIP plan for 2011/12</p> <p>Pan-LLR QIPP plan</p> <p>Head of Transformation and project managers for pan-Trust CIP schemes</p> <p>External turnaround support (to Dec 12)</p>	<b>5x5=25</b>	<p>Internal audit review of sample of schemes</p> <p>Weekly metrics</p> <p>Monthly divisional C&amp;C meetings</p>	<p>External reports confirmed scrutiny of C&amp;C meetings (process)</p>	<p>(a) Lack of Project Management Office</p> <p>(a) Lack of consistent recording</p> <p>(c) Inconsistency in WTE of CIP reductions</p>	<p>Project Management Office to be established</p> <p>Quality assess all CIPs for impact on quality of care</p> <p>Deloitte and Finnamore supported review of 11/12 CIP schemes and M7 reforecast. Bridges into 12/13 planning</p> <p>Detailed workforce plan for 11/12 CIP programme</p>	<b>4x5=20</b>	<p>Nov 11</p> <p><b>Nov 11</b> updated recovery plan</p> <p>Nov11 – updated divisional / CBU forecasts for 2011/12</p> <p>Nov 11</p>	<p><b>COO</b></p> <p><b>Divisional Directors</b></p> <p>Director of F&amp;P</p> <p>Director of HR</p>
<b>a b</b>	<b>10. Readmission rates don't reduce</b>	<p>Contract penalties</p> <p>Leakage of money from NHS to LAs if no agreement on reablement</p> <p>Opportunity cost of readmissions e.g. less capacity</p> <p>Continuing risk of sub-optimal patient care</p>	<p>Project board with representation from each division.</p> <p>Readmission action plans across all specialties</p> <p>Regular reporting of readmission trajectory</p> <p>Community readmission Project</p> <p>LPT implemented support for ED</p>	<b>4x3=12</b>	<p>Monitoring of clinical project plans</p> <p>Q&amp;P report</p> <p>Community 'flash' scorecard monitored by Emergency Care Network and Medical Director</p>	<p>Strong clinical engagement</p> <p>Reduction in readmission rates</p>	<p>(c)Community readmission project not due to deliver until March '12</p> <p>(c) Heavy dependence on Community Project board</p>	<p>Closer working relationships required between project boards</p> <p>Discussion with Commissioners on in-year use of reablement money</p>	<b>4x2=8</b>	<p>Nov 11</p> <p><b>Nov 11</b></p>	<p>Medical Director</p> <p>Director of Finance</p>

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – STRATEGIC RISK REGISTER/ BOARD ASSURANCE FRAMEWORK 2011/12**

Objective	Risk	Cause /Consequence	Controls	Current Risk	Assurance On Controls	Positive Assurance	Gaps in Assurance (a) / Control (c)	Actions for Further Control	Target Risk	Due Date	Risk / Action Owner
a b	11. IM&T  <b>Lack of organisational IT exploitation</b>	<p><b>Causes</b> Insufficient capacity and capability in IM&amp;T</p> <p>Failure of NPfIT to deliver an integrated IT solution</p> <p><b>Organisational development has not focused on key IT skills and capabilities</b></p> <p><b>Lack of confidence in the delivery of benefits from IT systems</b></p> <p><b>Consequences</b> Current systems complicated and disjointed leading to significant performance risk</p> <p>Majority of systems become obsolete or no longer supported by 2013/14</p> <p>Major disruption to service if changeover not managed well</p> <p>Communications with partners is compromised</p> <p>IM&amp;T unable to support transformation of UHL processes</p> <p>Poor customer service from IM&amp;T</p> <p><b>Insufficient commitment from clinical teams, with regard to training, to major IT projects causing delay to the projects and the delivery of the identified benefits</b></p>	<p>Chief Information Officer</p> <p>Communications with internal and external stakeholders</p> <p>New structure and operating model for IM&amp;T</p> <p>Programme and project plan discipline including benefits realisation.</p> <p>IM&amp;T KPIs</p> <p>IT implementation plan</p> <p>IM&amp;T Strategy Group</p> <p>Managed Service contract for PACS approved and in place.</p> <p>LLR IM&amp;T delivery Board</p> <p><b>Business partners to work with the divisions and clinicians to improve communications and involvement</b></p>	4x4=16	<p>CIO in post.</p> <p><b>IT strategy agreed by TB Nov 2011 implementation plan in place</b></p> <p>Project management documentation</p> <p>KPIs reviewed monthly by IM&amp;T Board</p> <p>Minutes of IM&amp;T strategy Group <b>(quarterly)</b></p> <p><b>Daily Monitoring of help desk calls (reported monthly to IM&amp;T Board)</b></p> <p>PACS performance metrics <b>(reported monthly to IM&amp;T Board)</b></p> <p>Delivery Board minutes <b>(quarterly)</b></p>	<p>MOC Completed</p> <p>LLR IM&amp;T Delivery Board Minutes</p> <p>Incidence of PACS Failures reduced</p>	<p>(a) KPIs not reviewed outside IM&amp;T</p> <p>(c) Vacancies in IM&amp;T operations</p> <p>(a) KPIs not benchmarked with other Trusts.</p> <p>(a) Help desk performance deteriorated due to increased vacancies</p>	<p>Outline Business case to be developed for future systems</p> <p>Recruitment to vacant posts</p> <p>Review KPIs quarterly through Q&amp;P and ensure this includes benchmarking</p> <p>Procure IM&amp;T Strategic Partner to increase capacity and capability</p>	3x3=9	<p>Dec 11</p> <p>Nov 11</p> <p>Mar 12</p> <p>May 12</p>	<p>Director of Strategy</p> <p>Director of Strategy</p> <p>Director of Strategy</p> <p>Director of Strategy</p>



**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – STRATEGIC RISK REGISTER/ BOARD ASSURANCE FRAMEWORK 2011/12**

Objective	Risk	Cause /Consequence	Controls	Current Risk	Assurance On Controls	Positive Assurance	Gaps in Assurance (a) / Control (c)	Actions for Further Control	Target Risk	Due Date	Risk / Action Owner
a b	12. Non-delivery of operating framework targets	<p><b>Causes:</b></p> <p>External factors i.e. Pandemic</p> <p>Poor system management Demand greater than supply ability</p> <p>Inefficient administrative procedures</p> <p>Lack of clinician availability</p> <p><b>Consequences</b> Patient care at risk</p> <p>Reduced choice – reduced activity</p> <p>Risk of Contract penalties</p> <p>Reduced income stream</p> <p>Poor patient experience</p> <p>Increased waiting times</p> <p>Failure to achieve FT</p> <p>Failure to meet MONITOR and CQC targets</p> <p>Deteriorating infection prevention measures</p>	<p>Backlog plan</p> <p>Agreed referral guidance Identified clinician capacity</p> <p>Increased provision of capacity</p> <p>Access target monitoring as CIP's are implemented to ensure no impact.</p> <p>Review of bed allocation</p> <p>Staff recruited to support activity</p> <p>Transformational theatre project established (including dedicated theatre project lead)</p> <p>Ensuring efficient utilisation of theatres</p> <p>Transformational Outpatient project established</p> <p>Review of Out-patient management to support delivery of plan</p> <p>UHL Winter Plan</p> <p>UHL Infection Prevention Plan</p>	3x4=12	<p>Monthly 18/52 minutes RTT performance reports Monthly heat map report Monthly Q&amp;P report HII reports Quality schedule/CQUIN reports</p>	<p>Reducing patient waiting times evident</p> <p>Delivery of quality Schedule and CQUIN</p> <p>Achievement of RTT targets</p>	<p>(c) Plans to deliver maintenance of backlog plan (Gen surg, ENT, Ophthalmic)</p> <p>(c) Diagnostic capacity for target maintenance</p> <p>c) Impact of new target delivery with network trusts</p> <p>(a)Capacity and capability for continued delivery</p>	<p>Proposed plan for contract meeting and work with Commissioners to provide a solution</p> <p>Review diagnostic capacity for Operating Framework delivery (Bowel screening)</p>	3x2=6	Dec 11	COO
					<p>Theatre Board progress report</p> <p>Monthly monitoring of theatre utilisation to theatre project Board</p> <p>OP project PID and minutes reported to Monthly contract meeting</p> <p>Daily / weekly sitrep reporting</p> <p>Quarterly self assessment results reported to UHL IPC and PCT</p>	<p>Improving theatre efficiency and performance</p> <p>Reducing level of CDT</p>	<p>(c) Lack of evidence to demonstrate attendance of stat / Man training (requirement for NHSLA L2 compliance)</p>	<p>Review diagnostic capacity for Operating Framework delivery (Bowel screening)</p> <p>Review compliance re medical Hand Hygiene training.</p>		Dec 11	COO/CN/Div Manager CSD  COO/CN/C BU Leads

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – STRATEGIC RISK REGISTER/ BOARD ASSURANCE FRAMEWORK 2011/12**

Objective	Risk	Cause /Consequence	Controls	Current Risk	Assurance On Controls	Positive Assurance	Gaps in Assurance (a) / Control (c)	Actions for Further Control	Target Risk	Due Date	Risk / Action Owner
a b c d	13. Skill shortages	<p><b>Cause</b> Lack of development of a learning and development culture</p> <p>Lack of resource to invest in development opportunities</p> <p>Inability to recruit and retain appropriately skilled staff</p> <p><b>Consequence</b> Lack of sustainability of middle grade rotas</p> <p>Quality compromised, increased clinical risk</p>	<p>Appraisals for all staff</p> <p>Incorporation of Talent profile into UHL appraisal documentation</p> <p>Use of EMSHA talent profile</p> <p>Implementation of the Leadership and Talent Management Strategy</p>	3x4=12	<p>Monthly reporting of appraisal rates to TB</p>	<p>Higher compliance with appraisal rates</p>		<p>Link workforce redesign to the development of effective patient pathways, to reduce requirement on difficult to recruit posts and / or make the posts more attractive</p>	2x4=8	Quarterly update	Director of HR
		<p>Adherence to Divisional and Corporate Training Plans and continued development of alternatives models of training</p> <p>Continuing Professional Development</p> <p>Monitoring temporary staff expenditure</p> <p>High staff turnover rates</p>	<p>Organisational Development and Workforce Committee Reports</p> <p>Specific reports on area of particular shortage</p> <p>Analysis of reasons for joining/ leaving UHL</p> <p>Recruitment of advanced nurse practitioners Steady increase in midwife numbers</p> <p>Nurse:bed ratio meets national compliance Recruitment of post-graduate workforce</p> <p>Training and Development plans monitored via TED group</p> <p>Monthly budget reports</p> <p>Monthly Trust Board reporting on turnover rates Local Staff Polling /National staff survey</p>		<p>Recruitment of advanced nurse practitioners Steady increase in midwife numbers</p> <p>Nurse:bed ratio meets national compliance Recruitment of post-graduate workforce</p> <p>Reduction in premium workforce</p> <p>Consistently good turnover rate</p> <p>Improving national staff attitude and opinion results</p>	<p>(a)Succession plan in development</p> <p>(c) Lack of development links with Trust partners (c) Gap in information regarding the training needs at divisional / directorate level</p> <p>(a) Need to understand the detail beneath the organisational figures are understood</p>					

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**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – STRATEGIC RISK REGISTER/ BOARD ASSURANCE FRAMEWORK 2011/12**

<b>Objective</b>	<b>Risk</b>	<b>Cause /Consequence</b>	<b>Controls</b>	<b>Current Risk</b>	<b>Assurance On Controls</b>	<b>Positive Assurance</b>	<b>Gaps in Assurance (a) / Control (c)</b>	<b>Actions for Further Control</b>	<b>Target Risk</b>	<b>Due Date</b>	<b>Risk / Action Owner</b>				
<b>b c</b>	<b>14. Ineffective Clinical Leadership</b>	Cause Inability to effectively implement Organisational Development Strategy	Assistant Medical Director with responsibility for clinical engagement	4x4=16	Medical Engagement survey (Warwick University)	Well attended Medical Staff Committee meetings			4x2=8						
		Consequence Inability to responsively change service model to meet changing healthcare needs	<b>Contracts for CBU Medical Leads</b>		Review of Clinical Engagement Strategies at Organisation Development and Workforce Committee	Structured New consultant program						c) ME scale not yet repeated	Agree process for ongoing assessment of ME	Jan 12	Medical Director
			Medical Engagement strategy												
			UHL Leadership Academy												
			Adoption of NHS leadership framework												
			Work with Warwick University on medical engagement												
		Monthly CBU Medical Lead meetings	Reports to LLR 'Senate'												
		GP engagement strategy													

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – STRATEGIC RISK REGISTER/ BOARD ASSURANCE FRAMEWORK 2011/12**

Objective	Risk	Cause /Consequence	Controls	Current Risk	Assurance On Controls	Positive Assurance	Gaps in Assurance (a) / Control (c)	Actions for Further Control	Target Risk	Due Date	Risk / Action Owner	
a b c d	<b>15. Management Capability / stretch</b>	<b>Causes</b> Lack of development opportunities	Leadership development and interventions	5x4=20	Organisational Development and Workforce Committee Papers and reports	Implement-ation of CBU structural changes	(a) Areas that are not improving based on survey results	Supplement internal resource with external capability where required	3x2=6	<b>Review Dec 11</b>	Director of HR	
		Lack of experience and skills	Development and building of organisational capacity and capability on processes to support service redesign		Trust Board reports		(a) lack of Corporate alignment re: objectives	Clarify what is expected in terms of performance.		Dec 11	Director of HR	
		Staff do not understand the environment we are transitioning into	Organisational development plan					Ensure we have the right people in the right post with the right level of support		Six monthly results	Director of HR	
		Size of the challenge	Exec led Workforce & OD group					Ensure our managers have the right training to fulfil their roles.		Dec 11	Director of HR	
		Environment						Increased Executive and NED accountability		Dec 11	Chief Executive	
		<b>Consequences</b> Inability to support changes to service model	8 point Staff Engagement action plan		Local Staff Polling results		Improving Staff polling results	(a) Staff responses still poor		Consider ways to increase participation in staff polling including divisional targets on participation	Jan 12	Director of HR
		Lack of focus on key metrics and service delivery	Review of divisional structures to identify areas for development/ improvement									
		Gaps in middle management leadership	Appraisal and setting of stretching objectives aligned to the UHL Strategy		Monthly monitoring of appraisal levels in Q&P report		Appraisal rates good	(c) Ineffective succession planning		Develop effective succession planning for the '100'	Mar 12	Director of HR
		Inadequate organisational development			Monthly confirm and challenge exercise with divisions			(c) Lack of challenge and scrutiny of performance and quality at divisional level		Skills capability review to be performed at divisional/ CBU level and reported to Workforce and OD Committee	Dec 11	Director of HR
			IMT strategy to support clinical service redesign							Develop a common definition for 'capability' and reflect in talent management profile	Jan 12	Director of HR

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<b>Objective</b>	<b>Risk</b>	<b>Cause /Consequence</b>	<b>Controls</b>	<b>Current Risk</b>	<b>Assurance On Controls</b>	<b>Positive Assurance</b>	<b>Gaps in Assurance (a) / Control (c)</b>	<b>Actions for Further Control</b>	<b>Target Risk</b>	<b>Due Date</b>	<b>Risk / Action Owner</b>
<b>b c d</b>	<b>16. Lack of innovation culture</b>	<b>Cause</b> Lack an innovation culture. Innovation seen as optional 'if we have time to spare'	Board level lead for innovation working with the SHA to further develop the NHS East Midlands Innovation Strategy	4x3=12	CBU & Divisional Business Plans.	Success in last round of 2010/11 Regional Innovation Fund  3 successful BRU applications	(a) Lack of a clear base line of current culture and future desired state.	Understand and remedy the factors that currently block innovation.	3x2=6	Review Dec 11	Director of Strategy
		Lack of support when developing new models	UHL Transformation Programme to stimulate and drive an innovation culture within the organisation		Minutes of Commercial Executive (monthly)		(a) Unclear uptake on others innovation.	Develop a systematic process for sharing, diffusion and adoption.		Review Dec 11	Director of Strategy
		Too focussed on immediate operational issues (firefighting)	Deloitte and Finnamore to help identify areas of innovation		Minutes of R&D Committee (monthly)		(c) Innovation not incentivised.	Establish clear mechanisms for incentivising innovation.		Mar 12	Director of Strategy
		<b>Consequence</b> Low staff morale	Commercial Executive		Good clinical engagement with R&D Committee		(c) Lack of clinical engagement	Continue to invite innovative organisations to share learning		Jan 12	Director of Strategy
		Downside Outmoded models of delivery increasingly expensive and vulnerable	R&D Committee/ strategy		Trans-formation Programme project plans and highlight reports (Bi-weekly Transformation Board)						
		Upside A health system that supports the spread and adoption of evidence-based innovative systems, products, practices and technologies.	PhD sponsored to examine how to successfully foster an entrepreneurial culture		Ideas forum on InSite	Increasing number of ideas generated					

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Objective	Risk	Cause /Consequence	Controls	Current Risk	Assurance On Controls	Positive Assurance	Gaps in Assurance (a) / Control (c)	Actions for Further Control	Target Risk	Due Date	Risk / Action Owner
	<b>17. Organisation may be overwhelmed by unplanned events</b>	<p><b>Cause</b> Lack of sufficient capacity to deal with incidents causing a significant increase in admissions (e.g. major disaster, pandemic, etc)</p> <p>Industrial action</p> <p>Business continuity / disaster recovery plans not robust</p> <p>Failure of business critical systems (e.g. PACS)</p> <p>UHL Major Incident Plan becomes outdated and is not tested annually</p> <p><b>Consequences</b> Poor patient experience.</p> <p>Trust reputation affected</p> <p>Inability to deliver required level of service</p> <p>Patient safety may be compromised</p> <p>Loss of income</p> <p>Failure to meet duties under the Civil Contingencies Act</p> <p>Delays to treatment of patients</p> <p>Loss of income</p> <p>Breaches of national targets</p>	<p>Local Resilience Forum</p> <p>Corporate Policy.</p> <p>Multi agency working across Leicestershire.</p> <p>Major incident/business continuity/ disaster recovery and Pandemic plans for UHL/ wider health community.</p> <p>Dedicated project managers/leads for major incident planning.</p> <p>Incident command training for managers and clinicians.</p> <p>Counter Terrorist Awareness training <b>Winter plan review</b></p> <p>'Exercise Cameron' table top</p> <p>Daily Sitrep</p> <p>UHL Pandemic Working Group UHL Business Continuity Group Industrial action contingency planning</p> <p>Regular systems maintenance programmes IT systems redundancies and multiple backup servers</p> <p>Support from manufacturers of equipment</p>	4x3=12	<p>Review of MIPs and capabilities by EMSHA, LLR resilience forum, Leics City PCT, local clinical networks during 2011/12.</p> <p>SHA Critical Care surge plan review July 2011</p> <p>SHA BCM review in 2010/11.</p> <p>Feedback from major incident exercises</p> <p>UHL self-assessment against core standard C24</p> <p>Daily sitrep report</p> <p>Emergency planning and Business Continuity committee meeting minutes</p>	<p>Majax (fire) feedback from partner agencies</p> <p>SHA using UHL winter plan as an exemplar</p> <p>Feedback from Trust Decontamination Incident</p> <p>Compliance with C24</p>	<p>(a)Plans not all fully tested in real situations.</p> <p>(a)The UHL Major Incident Plan not fully tested.</p> <p>(a) Testing of Winter Plan</p>	<p>Continue work to develop UHL MIP and appendices via the Emergency Planning Committee</p> <p>Olympics preparedness exercise</p>	3x3=9	<p>Nov 2011.</p> <p>Nov 11.</p>	<p>COO/ Emergency Planning / Business Continuity Lead</p> <p>COO/BCL</p>

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – STRATEGIC RISK REGISTER/ BOARD ASSURANCE FRAMEWORK 2011/12**

Objective	Risk	Cause /Consequence	Controls	Current Risk	Assurance On Controls	Positive Assurance	Gaps in Assurance (a) / Control (c)	Actions for Further Control	Target Risk	Due Date	Risk / Action Owner
abcd	<b>18 Inadequate organisational development</b>	<p><b>Cause</b> Lack of specific development programme for change management. Inadequate recognition of changes required to organisational culture and correlation between actions and effects on organisational culture. Low levels of Staff Engagement.</p> <p>Board development knowledge based rather than skills based.</p> <p>Inadequate equipping of managers, leaders, staff for change.</p> <p><b>Consequences</b> Poor quality and efficiency of service to patients and service delivery</p> <p>Poor Trust reputation</p> <p>Inconsistent behaviour against trust values</p> <p>Low staff morale</p>	<p>Organisational development plan</p> <p>Non- Exec led Workforce &amp; OD group</p> <p>Staff engagement Strategy, local staff polling and national staff survey</p>	4x3=12	<p>Range of measurable success criteria reported to ET, Q&amp;PMG and TB</p> <p>National / local Staff Survey Results</p>	<p>Increased % of staff satisfied in certain elements</p>	<p>(a) Larger no. of staff responses required.</p> <p>(c) 2011 staff engagement 8 point plan not yet implemented</p> <p>(c) Board development content /structure requires revision</p> <p>(a) '100' talent profile not adequately discussed at appraisal</p> <p>(c) Lack of performance monitoring / management at divisional levels</p> <p>(a) Inadequate evidence of change in behaviours</p> <p>(c) High volumes of complaints about staff attitudes/ behaviour</p> <p>c) Lack of clinical leadership development</p> <p>(c) Organisational values and behaviours not embedded</p>	<p>Implementation of the staff engagement strategy and Leadership and Talent Management Strategy</p> <p>Implement 2011 staff engagement 8 point plan</p> <p>Increased emphasis on Board development programme</p>	3x3=9	<p>Mar 12</p> <p>Review Mar 12</p> <p>Dec 11</p> <p>Dec 12</p> <p>Mar 12</p> <p>Apr 12</p> <p>Dec 12</p>	<p>Director of HR</p> <p>Director of HR</p> <p>Chief Exec</p> <p>Director of HR</p> <p>Director of HR</p> <p>Director of HR</p> <p>Director of HR</p>
			Board development programme		Reports to Q&PMG, Workforce and OD Committee, and TB Reporting of projects and interventions as part of leadership programme	Increased No of staff performance managed.		Define the organisation-wide intervention to support embedding of values and behaviours			
			Talent management / Leadership programme/ Clinical Leadership programme		National survey and local polling results	Increased No of staff reporting a positive and valued appraisal		Develop and implement medical leadership programme			
			Performance monitoring via Trust Committees and intervention when necessary		Greater reward / recognition (e.g. Caring at its Best Awards)			Define organisational approach in embedding UHL values and behaviours			
			Divisional quality and performance meetings		2011 staff engagement 8 point plan						
			Performance Excellence programme								

**N.B. Action dates are end of month unless otherwise stated**





## UHL STRATEGIC RISKS SUMMARY REPORT - NOVEMBER 2011

Risk No	Risk Title	Current Risk Exp (Nov 2011)	Prev Month Risk Exp (Oct 2011)	Target Risk Score and Final Action Date	Risk Owner	Comment
9	CIP Requirement	25	25	20 – Nov 11	Director of F&P	
5	Loss Making Services	25	25	16 - End of 2012/13	Director of F&P	
6	Loss of Liquidity	25	25	16 – Dec 11	Director of F&P	
1	Continued overheating of emergency care system	20	20	16 - 2013	Chief Executive	
15	Management Capability / stretch	20	16	6 – Mar 12	Director of HR	
3	Relationships with Clinical commissioning groups	16	16	9 – Dec 12	Director of Strategy	
7	Estates issues Under utilisation and investment in Estates	16	16	9 – April 12	Director of Strategy	
11	IM&T Lack of IT strategy and exploitation	16	16	9 – May 12	Director of Strategy	
14	Ineffective Clinical Leadership	16	16	8 – Feb 12	Medical Director	
2	New entrants to market (AWP/TCS)	16	16	6 – Jan 12	Director of Strategy	
8	Deteriorating patient experience	15	9	10 – Dec 11	Chief Operating Officer	Target risk score also increased from previous month
4	Failure to acquire and retain critical clinical services	12	12	9 – Dec 12	Director of Strategy	
17	Organisation may be overwhelmed by unplanned events	12	12	9 – Nov 11	Chief Operating Officer	
18	Inadequate organisational development	12	12	9 – Mar 12	Director of HR	
10	Readmission rates don't reduce	12	12	8 – Nov 11	Director of F&P	
13	Skill shortages	12	12	8 – Mar 12	Director of HR	
12	Non- delivery of operating framework targets	12	12	6 – Apr 12	Chief Operating Officer	
16	Lack of innovation culture	12	12	6 – Mar 12	Director of Strategy	

## UHL SRR/BAF SUMMARY OF CHANGES TO ACTIONS – NOVEMBER 2011

Risk No.	Action Description	Action Owner	Comment
1	Identification of additional capacity if partner metrics do not achieve.	Chief Executive	Partially complete. Deadline extended to end of November 2011.
1	Capacity plan B if ECN does not meet metrics.	Chief Executive	Deadline extended to end of November to take account of discussions at the Emergency Care Network 'lock-in' session scheduled for 22 November 2011.
6	Further negotiations with suppliers	Director of F&P	Completed. Now a control
8	Provide benefit realisation report of 10 point plan	Chief Operating Officer	Completed. Report provided to G&RMC September 2011. Now an assurance source.
8	Launch of Speciality Dashboard	Chief Operating Officer	Completed. Now an assurance source.
9	Quality assess all CIPs for impact on quality of care	Divisional Directors	Deadline extended to November 2011 and change of action owner (Divisional Directors).
9	Project Management Office to be established	Director of F&P	Deadline extended to November 2011 and change of action owner (Chief Operating Officer).
10	Further dialogue with Commissioners regarding definition of readmissions	Director of F&P	Complete.
10	Discussion with Commissioners on in-year use of reablement money	Director of F&P	This action has been raised but as yet there is no solution. Further discussions to take place on 28 November 2011. deadline extended to reflect this
11	Finalise and begin implementing IM&T strategy including an improvement programme for the short, medium and long-term	Director of Strategy	Complete. IT strategy agreed by TB Nov 2011 and implementation plan in place.
12	Review compliance re medical Hand Hygiene training.	Chief Operating Officer	Deadline extended to December 2011. Medical director and Infection Prevention Lead Nurse have met and identified a way forward.

## UHL SRR/BAF SUMMARY OF CHANGES TO ACTIONS – NOVEMBER 2011

Risk No.	Action Description	Action Owner	Comment
13	Work with partners to address gaps in training plans, over recruit where required and take steps to make middle grade rotas more attractive (Deloitte and Finnamore)	Director of HR	No update available at time of report.
14	Develop contracts for CBU Medical Leads in order to be clear what is expected in terms of performance	Medical Director	Complete. Now a control.
15	Supplement internal resource with external capability where required	Director of HR	Deadline for review extended to Dec 11.
15	Increased Executive and NED accountability	Chief Executive	Deadline for completion extended to Dec 11.
17	Undertake UHL table top Winter Plan review (Directors and 3 <sup>rd</sup> tier)	Chief Operating Officer	Complete. Now a control.

**AREAS OF SCRUTINY FOR THE UHL INTEGRATED STRATEGIC RISK REGISTER AND BOARD ASSURANCE FRAMEWORK**

- 1) Are the Trust's strategic objectives S.M.A.R.T? i.e. are they :-
  - **S**pecific
  - **M**easurable
  - **A**chievable
  - **R**ealistic
  - **T**imescaled
- 2) Have the main risks to the achievement of the objectives been adequately identified?
- 3) Have the risk owners (i.e. Executive Directors) been actively involved in populating the SRR/BAF?
- 4) Are there any omissions or inaccuracies in the list of key controls?
- 5) Have all relevant data sources been used to demonstrate assurance on controls and positive assurances?
- 6) Is the SRR/BAF dynamic? Is there evidence of regular updates to the content?
- 7) Has the correct 'action owner' been identified?
- 8) Are the assigned risk scores realistic?
- 9) Are the timescales for implementation of further actions to control risks realistic?