

<b>To:</b>	<b>Trust Board</b>		
<b>From:</b>	<b>Medical Director</b>		
<b>Date:</b>	<b>1 September 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>			
Decision		Discussion	<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.</li> <li>Change in title of risk no. 12 to reflect a wider remit to include the risks around compliance with the Health and Social Care act 2008 (Hygiene Code) previously entered on the 2010/11 SRR/BAF.</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 Nos 1 and 10.			
(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 that the Trust is meeting its principal objectives.			
<b>Previously considered at another corporate UHL Committee?</b>			
<b>Yes – Executive Team 23 August 2011</b>			

**Trust Board paper I**

<b>Strategic Risk Register</b> Yes	<b>Performance KPIs year to date</b> No
<b>Resource Implications (eg Financial, HR)</b> N/A	
<b>Assurance Implications</b> Yes	
<b>Patient and Public Involvement (PPI) Implications</b> No	
<b>Equality Impact</b> N/A	
<b>Information exempt from Disclosure</b> No	
<b>Requirement for further review?</b> Yes. Monthly at Board meeting	

## UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

**REPORT TO:** TRUST BOARD

**DATE:** 1 SEPTEMBER 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 August 2011 (attached at appendix 1).
- b) Suggested areas for scrutiny of the SRR/BAF (attached at appendix 2).

### **2. STRATEGIC RISK REGISTER/ BOARD ASSURANCE FRAMEWORK 2011/12: POSITION AS OF 24 AUGUST 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 Following discussion at the Board meeting on 4 August 2011 risk owners have updated their entries (in red) where appropriate to reflect an accurate picture of risks, controls, assurances, etc. The Board will note the change in title to risk no. 12 to reflect a wider remit that will include the risks around compliance with the Health and Social Care act 2008 (Hygiene Code) previously entered on the 2010/11 SRR/BAF.
- 2.3 There are still some actions where timescales for completion are yet to be finalised and these will be recorded on the next iteration of the SRR/BAF. This will then enable a monthly exception report to be provided to the Board to identify actions not completed within these timescales.
- 2.4 To enable 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 2. In light of this the following risks are proposed for review:

Risk no. 1 '*Continued overheating of the emergency care system*'. (Risk score 20 – High).

Risk no. 10 '*Readmission rates don't reduce*'. (Risk score 12 – Moderate).

3. Taking into account the contents of this report and its appendices, and the presentation by the Chief Executive and Medical Director in relation to risk No's 1 and 10 respectively;
  - (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  
25 August 2011

**PERIOD: 28 JULY – 24 AUGUST 2011**



**STRATEGIC OBJECTIVES**

- 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

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

Objective	Risk	Cause /Consequence	Controls	Net Risk Score (1 x L)	Assurance On Controls	Positive Assurance	Gaps in Assurance / Control	Actions for Further Control	Target Risk Score (1 x L)	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  Small footprint  Delays in discharge efficiency  Re-beds  Delays in discharge to community beds  <b>Consequences</b> Clinical risk within ED  Major operational distraction to whole of UHL  Financial loss (30% marginal rate)  Poor winter planning – inefficient/sub-optimal care	Increased recruitment of ED middle grade Drs  Additional ED consultants  ED capital expansion plan agreed by PCT (completion 2012/13)  Frail elderly project in place  LLR ECN Project  Monthly Trust Board reporting  Increased recruitment of revised workforce  Agreed footprint for capital	5x4=20	Task Force minutes  Increased workforce  Improving 4 <sup>o</sup> Performance  Trust Board ECN Report  Trust Board UHL report  Improvements of targets		Absence of an agreed action plan at present to: Divert attendances  Reduce admissions  Fund in a sustainable manner	Will require additional support to turn around  LLR emergency plan to be implemented  Need to agree common metrics for reporting across all stakeholders  Development and agreement of an plan to: • Divert attendances • Reduce admissions • Fund in a sustainable manner  Work with Clinical Consortia and provide dedicated Exec inputs  New pathway projects	4x3 =12	20/12/12	Chief Executive

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a b	<b>2. New entrants to market (AWP/TCS)</b>	<p><u>Cause</u> TCS agenda. Re- tendering of services (elective care bundle/UCC). Impact of Health and Social Care Bill. Financial climate.</p> <p><b>No expertise for tendering at CBU or corporate level.</b></p> <p><u>Consequence</u> Downside: Loss of business, services and revenue. Increased competition from competitors</p> <p>Upside: Opportunities to develop partnerships and grow income streams.</p>	<p>Appointment of Head of Service to GPs to help secure referrals and improve service quality.</p> <p>Executive links to GPs.</p> <p>Review of market analysis. Clinical involvement in Commissioning.</p> <p>Tendering process for services (elective care bundle &amp; UCC).</p> <p>Market share analysis and quarterly report, linked to SLR / PLICs.</p>	4x4=16	<p>GP Temperature Check.</p> <p>Market share analysis.</p> <p>Tendering meetings.</p> <p>Commissioning meetings.</p> <p>Attendance at Consortia meetings.</p>	<p>Divisional/CBU business plans.</p> <p>Market share analysis.</p> <p>Divisional and CBU market assessments and competitor analysis.</p>	<p>Quarterly monitoring market gain/loss at Trust Board level.</p> <p>Further development of market share vs quality vs profitability analysis.</p>	<p>Identify opportunities to create new markets and be the new entrants to the market wherever possible.</p> <p>Implement Quarterly market share reporting and impact analysis on Strategy.</p> <p><b>Develop a training plan for CBUs and contract leads</b></p>	3x2=6	Jan 2012	Director of Strategy
a b c	<b>3. Emerging GP commissioning consortia</b>	<p>Lack of certainty/ continuity of commissioning</p> <p>Loss of revenue</p> <p>Damage to organisational reputation</p> <p><b>GP Consortia now called Clinical Commissioning Groups.</b></p>	<p>GP Head of Service now appointed</p> <p>Agreed alignment of senior clinicians and executive directors to Commissioning consortia</p>	4x4=16	<p>Account management structure with DDs and Exec's</p> <p>Development of 'LLR Clinical Senate'</p> <p>Improving our customer care, (letters / GP interface</p>	<p>Opening dialogue with GPs / consortia through GP break through event</p> <p>OP letters project</p> <p><b>Quarterly reports to UHL Finance and Performance Committee</b></p>		<p>To orientate the business around the needs of our customers</p> <p>To work with commissioners and partners to redesign selected pathways and models</p> <p>Identify capacity to support Divisions to undertake service redesign</p> <p>Identify what 'best in class' looks like</p>	3x3=9	Apr 2012	Director of Strategy/ Director of Comms

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c	<b>4. Specialist services centralisation and designation (e.g.: ECMO, Paediatric Cardiac Services, NUH as a level 1 major trauma centre)</b>	<p><u>Cause</u> Safety &amp; sustainability of services. National Policy. National Service Reviews. National enquiries. Cost Effectiveness.</p> <p><u>Consequence</u> Downside: Significant loss of income, potential loss of other core services, increased exposure for loss making services cross subsidised by specialist services.</p> <p>Upside: Retain local, regional and national profile, potential to grow services, improved recruitment and retention, increased R&amp;D potential.</p>	<p>Risks identified through business plans.</p> <p>EMCHC Strategy and Programme Boards.</p> <p>Campaign to support paediatric cardiac services/repatriate services.</p> <p>Commissioner support and engagement.</p> <p>Major Trauma Network group.</p> <p>ECMO NCG/Board engagement.</p> <p>Review by Exec Team &amp; Trust Board.</p>	3x4=12	<p>EMCHC reports &amp; minutes.</p> <p>Response numbers.</p> <p>Feedback from public consultation.</p> <p>Major Trauma Network minutes &amp; actions.</p> <p>Trust and Exec Team papers.</p> <p>ECMO costing analysis</p>	<p>Divisional and CBU Business Plans.</p> <p>ECMO contract in place.</p> <p>Lead co-coordinating centre/national training for ECMO.</p> <p>Safe &amp; Sustainable option for Leicester shortlisted/best fit option.</p> <p>Dialogue with NUH to maximise retention of trauma pts at UHL.</p>	<p>Do not yet have a clear strategy regarding those specialised services we want to provide, and those that we will support others to provide. Needs to be addressed through rigorous SLR analysis and business planning</p>	<p>Closer links required with NUH and other tertiary centres.</p> <p>Understand services which should be in our portfolio.</p> <p>Develop business plans for each service.</p>	3x2=6	<p>Apr 2012</p> <p>Apr 2012</p>	<p>Director of Strategy</p> <p>Director of Strategy</p>





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a	<b>7. Estates issues</b>	Sub-optimum configuration of services.	Service Reconfiguration Board established, with representation from all Divisions.	4x4=16	Service activity and efficiency performance monitoring.	LLR Space Utilisation Review	Continued development Estates strategy	Develop and implement a targeted Estates Strategy in support of the clinical strategy	3x3=9	Dec 2011	Director of Strategy			
	b	<b>Under utilisation and investment in Estates</b>	The efficient provision of services in many areas is restricted by the physical limitations of the buildings and by less than optimum clinical adjacencies.											
Significant backlog maintenance			Planned Preventative Maintenance (PPM) schedules in place		PPM performance recorded as KPI	Maintaining estates and equipment		Target backlog to high risk elements on an annual basis, where there are greater consequences from a failure		Apr2012	Director of Strategy			
Over provision of assets across LLR			Integrated Planning & LLR Asset information		Capital meeting notes & Capital Bids & well developed UHL risk based replacement programme in place.	UHL agreed & TB approved capital funding	Introduction of UHL Space Management Committee to allocate and control space accordingly.	Develop LLR service <b>configuration vision</b> supported by most efficient use of estate		Mar 2012	Director of Strategy			
Downside scenario example – failure of electrical infrastructure			PPM, Emergency contingency plans, switching options				Introduction of UHL Space Management Committee to allocate and control space accordingly.			Dec 2011	Director of Strategy			
								Develop downsizing plans as part of Asset Steering Group.		Mar 2012	Director of Strategy			
								Identify potential disposal targets and risk assess disposal impacts		Apr2012	Director of Strategy			
		Upside – Potential for asset disposal in medium to long term	Integrated Planning through LLR Asset Steering Group		PPM schedules Emergency Planning Board	Emergency Planning & Business Contingency Plans in place.							Director of Strategy	
					Service & estates strategy									

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<b>b</b>	<b>8.Deteriorating patient experience</b>	<p><b>Causes:</b> Cancelled operations Poor communications Increased waiting times 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>	<p>Monthly patient polling</p> <p>Patient Experience projects</p> <p>Caring at its Best Divisional projects</p> <p>Hourly ward rounds</p> <p>10 point plan</p> <p>Delivery of waiting times</p> <p>Theatre and out-patient transformation project</p> <p>Monitoring of cancellations</p> <p>National Patient Survey</p> <p>Engagement of Age UK, LINKS</p> <p>Patient Stories</p> <p>Clinical quality metrics</p> <p>Real time patient feedback From specific patient groups:</p> <p>Outpatients Emergency Department Maternity facilities</p> <p>Message to Matron</p>	4x3=12	<p>Patient experience minutes</p> <p>Monthly Trust Board report</p> <p>Divisional reports</p> <p>Increasing patient experience results</p> <p>Complaints reduction</p> <p>Clinical Effectiveness minutes</p> <p>GRMC minutes</p> <p>Clinical Metric results</p> <p>Q&amp;P and Heat map report</p> <p>Quarterly theatre reports</p>	<p>Positive polling scores</p> <p>Increasing patients experience feedback</p> <p>Theatre practice improvements resulting in reduced patient cancellations</p>	<p>Update outcomes report relating to 10 point plan</p>	<p>Streamlined and focussed Divisional activity on key patient experience indicators to improve patient experience survey results local and national</p> <p>Patient experience feedback presented in 'dashboard' format improving access and understanding by the Trust</p> <p>Development of Caring at its Best dashboard – Patient Experience data presented with patient safety and outcome measures</p> <p>Improved data analysis illustrating trends and prediction of key risk areas</p> <p>Patient experience plan to steer Trust improvements</p> <p>Raise awareness of patient experience feedback in all staff groups</p> <p>Celebrate successes and promote across the organisation.</p> <p>Trust Implementation of Message to Matron</p> <p>Production of outcomes report relating to 10 point plan</p>	3x2=6	<p>Jun2011 and monthly reporting</p> <p>Jul 2011</p> <p>End Sep 2011</p>	<p>Chief Operating Officer/ Director of Nursing</p> <p>Chief Operating Officer/ Director of Nursing</p>

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<b>b c</b>	<b>9. CIP requirement (driven by tariff)</b>	Quality compromised, increased clinical risk  Failure to achieve statutory breakeven duties  Risk of delay/failure of FT project with uncertain consequences thereafter	CIP plan for 2011/12  Agree pan-LLR QIPP plan  Appointment of Head of Transformation and project managers for pan-Trust CIP schemes	5x5=25	Internal audit review of sample of schemes		Lack of clinical engagement	Quality assess all CIPS for impact on quality of care  Develop and invest in a UHL wide approach to 'lean'  Need for wider clinical engagement	4x4=16		Director of F&P
<b>a b</b>	<b>10. Readmission rates don't reduce</b>	Contract penalties  Leakage of money from NHS to LAs if no agreement on reablement  Opportunity cost of readmissions e.g. less capacity  Continuing risk of sub-optimal patient care	Readmission action plans across all specialties  Project manager now appointed  Regular reporting of readmission trajectory  Target is to reduce admissions by 75% by the end of 2011/12 (net cost of £3.4m)  Project board implemented with representation from each division	4x3=12					4x3=12		

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<b>a b</b>	<b>11. IM&amp;T Lack of IT strategy and exploitation</b>	Current systems complicated and disjointed leading to significant performance risk	New CIO appointed	<b>3x4=12</b>	John Clarke in post		Business related KPIs	Business case to be developed for future systems	<b>3x3=9</b>	Oct 2011	Director of Strategy
		Majority of systems become obsolete or no longer supported by 2013/14	KPI reporting pack review by senior IM&T team, to look at performance trending.		Monthly management information pack		Finalise and implement an IM&T strategy including an improvement programme for the short, medium and long-term	Sep 2011		Director of Strategy	
		Major disruption to service if changeover not managed well	Communications with internal and external stakeholders		Various communications and events and events	LLR IM&T Delivery Board Minutes	Further address IT service performance issues and PACS risks	Mar 2012		Director of Strategy	
		Communications with partners is compromised	New structure and operating model for IM&T		MOC in place and posts being recruited too.	Appointment letters issued					

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a b	<b>12. Non- delivery of operating framework targets</b>	<p><b>Causes:</b></p> <p>External factors i.e. Pandemic</p> <p>Poor system management Demand greater than supply ability</p> <p>Inefficient 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><b>Deteriorating infection prevention measures</b></p>	<p>Agreed referral guidance is in place</p> <p>Identified clinician capacity</p> <p>Increased provision of capacity</p> <p>Backlog plan in place</p> <p>Review of bed allocation</p> <p>Transformational theatre project</p> <p>Transformational Outpatient project</p> <p>Staff recruited to support activity</p>	3x4=12	<p>Monthly 18/52 minutes</p> <p>Monthly Q&amp;P report</p> <p>Monthly heat map report</p> <p>Staff recruited to deliver activity</p> <p>RTT performance reports</p> <p>Theatre Board progress report</p> <p>Monthly contract minutes</p> <p>Winter Plan</p> <p><b>OP project commenced</b></p>	<p><b>Reducing patient waiting times evident</b></p> <p><b>Improving theatre performance</b></p> <p><b>Dedicated theatre project lead</b></p> <p><b>Reducing level of CDT</b></p>	<p>Delivery of backlog plan</p> <p>Undertake trust wide capacity review</p>	<p>Continue to monitor access targets as CIP's are implemented to ensure no impact.</p> <p>Use inefficient theatre capacity within normalised working</p> <p>Review Out-patient management to support deliver of backlog plan</p>	3x2=6	End Jul 2011 and rolling monthly reporting	Chief Operating Officer/ Head of Operations/ Theatre project lead



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b c	<b>14. Clinical Leadership</b>	Inability to responsively change service model to meet changing healthcare needs	<p>Appointment of Assistant Medical Director with responsibility for medical engagement Development of Medical Engagement strategy Re-establish effective Trust wide MSC</p> <p>Review of Divisional structures to see whether there are any further areas for development / improvement</p> <p>Asst Medical Director for clinical engagement appointed</p>	4x3=12	Improvement in Medical Engagement survey (Warwick University)			<p>Need to be clear what is expected in terms of performance</p> <p>Ensure we have the right people in the right post with the right level of support</p> <p>Improve communication with our consultant body (consultant web-site)</p>	4x2=8	Dec 2011	<p>Medical Director</p> <p>Medical Director</p>
a b c d	<b>15. Management Capability / stretch</b>	<p><b>Causes</b> Lack of development opportunities</p> <p><b>Consequences</b> Inability to support changes to service model Lack of focus on key metrics and service delivery Gaps in middle management leadership Inadequate organisational development</p>	<p>Provision of leadership development and interventions</p> <p>Development and building of organisational capacity and capability on processes to support service redesign</p> <p>IMT strategy to support clinical service redesign</p> <p>Appraisal and setting of stretching objectives aligned to the UHL Strategy</p> <p>8 point Staff Engagement action plan</p> <p>Organisational development plan</p> <p>Exec led Workforce &amp; OD group</p> <p>Review of divisional structures to identify areas for development/ improvement</p>	4x4=16	<p>Organisational Development and Workforce Committee Papers and reports</p> <p>Trust Board reports</p> <p>Improving Local Staff Poling results</p>	Improving trends on staff polling results	<p>Areas that are not improving based on survey results</p>	<p>Supplement internal resource with external capability where required</p> <p>Clarify what is expected in terms of performance.</p> <p>Ensure we have the right people in the right post with the right level of support</p> <p>Ensure our managers have the right training to fulfil their roles.</p>	3x2=6	<p>Aug 2011</p> <p>On-going</p> <p>Six monthly results</p>	<p>Director of HR</p> <p>Director of HR</p> <p>Director of HR</p>



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b c d	<b>16. Lack of innovation culture</b>	<p>Cause Lack an innovation culture. Innovation seen as optional 'if we have time to spare'.</p> <p>Consequence</p> <p>Downside Outmoded models of delivery increasingly expensive and vulnerable</p> <p>Upside A health system that supports the spread and adoption of evidence-based innovative systems, products, practices and technologies.</p>	<p>Nominated Board level lead for innovation working with the SHA to further develop the NHS East Midlands Innovation Strategy</p> <p>Regional Innovation Fund to increase the quantity, spread and speed of innovation, improve quality and increase productivity.</p> <p>East Midlands Quality Observatory agreeing key data sets to enable benchmarking of outcomes and improvements.</p> <p>UHL Transformation Programme starting to stimulate and drive an innovation culture within the organisation</p>	4x3=12	<p>R&amp;D Strategy.</p> <p>CBU &amp; Divisional Business Plans.</p> <p>UHL projects funded through the Regional Innovation Fund.</p> <p>Minutes of Commercial Executive.</p> <p>Trans-formation Programme project plans and highlight reports</p>	<p>Commercial Executive established.</p> <p>Success in last round of 2010/11 Regional Innovation Fund</p> <p>Success in The Health Foundation Shine Award</p> <p>Da Vinci Health Technology Award</p> <p>3 BRUS Shortlisted</p> <p>Ideas forum implemented on insite.</p>	<p>Lack of a clear base line of current culture and future desired state.</p> <p>Unclear uptake on others innovation.</p> <p>Innovation not incentivised.</p>	<p>Understand <b>and remedy</b> the factors that currently block innovation.</p> <p>Develop a systematic process for sharing, diffusion and adoption.</p> <p>Establish clear mechanisms for incentivising innovation.</p>	3x2=6	Dec 2012	Director of Strategy

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a b c d	<b>17. Failure to acquire and failure to retain critical clinical services</b>	Loss of key 30 services Potential “snowball” effect Loss of key clinicians and academics Inability to attract best quality clinical staff Inability to achieve academic expectations	Creation of strong academic recognition e.g. NIHR Use of market share analysis Use of PLICS data	4x4=16		Creation of upgraded NIHR status		Creation of partnership arrangements – Pharmacy and Medical Technology (meetings with major pharmaceuticals in 2011) Brand creation Estates strategy for Neurology space	4x3=12		Chief Executive

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

Objective	Risk	Cause /Consequence	Controls	Net Risk Score (l x L)	Assurance On Controls	Positive Assurance	Gaps in Assurance / Control	Actions for Further Control	Target Risk Score (l x L)	Due Date	Risk / Action Owner
	<b>18. 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>Silver/gold command training for managers and clinicians.</p> <p>Major incident and Pandemic plans for UHL and the wider health community.</p> <p>UHL Pandemic Working Group</p> <p>Counter Terrorist Awareness training</p> <p>Daily Sitrep</p> <p>Dedicated project managers/leads for major incident planning.</p> <p>Industrial action contingency planning</p> <p>UHL Business Continuity Group</p> <p>Business continuity/ disaster recovery plans.</p> <p>UHL Winter fuel lead</p> <p>LLR Winter resilience plan</p> <p>Road Fuel Shortage Plan</p> <p>Staff capacity plan</p> <p>Regular systems maintenance programmes</p> <p>IT systems redundancies and multiple backup servers</p> <p>Support from manufacturers of equipment</p>	3x3=9	<p>External review of plans and capabilities by East Mids SHA, LLR resilience forum, Leics City PCT, local clinical networks. National Capabilities Survey August 2010.</p> <p>UHL self-assessment against core standard C24 (emergency preparedness)</p> <p>Internal Audit assessment of Business Continuity arrangements (2009/10)</p> <p>SHA Critical Care surge plan review June 2010</p> <p>SHA BCM review in 2010/11.</p> <p>Major incident exercises</p> <p>Emergency planning and Business Continuity committee meeting reports to G&amp;RMC and Board</p>	<p>Compliance with C24</p> <p><b>CBRNE audit results by SHA in Mar 2010.</b></p>	<p>(a)Plans not fully tested in real situations.</p> <p>(a)The UHL Major Incident Plan not fully tested.</p>	<p>Continue work to develop UHL MIP and appendices via the Emergency Planning Committee</p>	3x3=9	Jun 2011 <b>and alternate monthly progress</b>	COO/ Emergency Planning / Business Continuity Lead



**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?