University Hospitals of Leicester NHS
NHS Trust

To:	Trust Board
From:	Medical Director
Date:	3 November 2011
CQC regulation:	Outcome 16 – Assessing and Monitoring the Quality of Service Provision

Trust Board paper K

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

Author/Responsible Director: Risk and Assurance Manager/ Medical Director

Purpose of the Report: To provide the Board with an updated SRR/BAF for assurance and scrutiny.

The Report is provided to the Board for:

Decision		Discussion	X
Assurance	X	Endorsement	X

Summary / Key Points:

- The 2011/12 SRR/BAF has been updated to reflect changes made by the risk owners and will be presented to the UHL Audit Committee on 15 November 2011.
- Risk scores have remained static except for risks 11, 14 and 17 where current risk scores have increased.
- There are significant additions to 'gaps in controls /assurances'.
- Many actions included on previous versions of the SRR/BAF have been amended to provide greater clarity and to ensure links to gaps in controls and assurances.
- A new risk (18) entitled *'Inadequate organisational development'* has been transferred from the 2010/11 SRR/BAF.

Recommendations:

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, 14 and 15.

(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.

Previously considered at another corporate UHL Committee? **Yes – Executive Team**	
Strategic Risk Register **Yes**	**Performance KPIs year to date** **No**
Resource Implications (eg Financial, HR) **N/A**	
Assurance Implications **Yes**	
Patient and Public Involvement (PPI) Implications **No**	
Equality Impact **N/A**	
Information exempt from Disclosure **No**	
Requirement for further review? **Yes. Monthly at Executive Team meeting and Board meeting**	

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT TO: TRUST BOARD

DATE: 3 NOVEMBER 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 27 October 2011 (attached at appendix 1).
b) A summary of changes to actions (attached at appendix 2).
c) Suggested areas for scrutiny of the SRR/BAF (attached at appendix 3)

2. STRATEGIC RISK REGISTER/ BOARD ASSURANCE FRAMEWORK 2011/12: POSITION AS OF 27 OCTOBER 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 meetings on 11 and 25 October 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 Recognising the fact that there may be many controls listed for each risk the Chair of the Audit Committee has requested that from these lists the *'key controls'* for each risk are highlighted. These are defined as those controls that have a **major** impact in mitigating the risk. Risk owners have been asked to give consideration to this for inclusion in the next iteration of the SRR/BAF. It is proposed that these will be highlighted in bold type.

2.4 Risk scores have remained static except for risks 11, 14 and 17 where current risk scores have increased.

2.5 Many actions included on previous versions of the SRR/BAF have been amended to provide greater clarity and to ensure links to gaps in controls and assurances. An additional action to mitigate the gap in control '*Insufficient tendering expertise at CBU/corporate level'* (risk no. 2) has been included. An additional action in risk 9 reflects the fact that the current work of Deloittes and Finnamores will address some of the gaps in control/ assurance. No actions have failed to complete by their deadline during this reporting period. Appendix 2 lists a summary of changes to actions for further control.

2.6 A further 28 gaps in assurances / controls have been identified by the risk owners. These gaps in assurances / controls will be considered by the Audit Committee in

November to enable a view to be taken as to where Internal Audit should concentrate future reviews and actions.

2.7 It is noted that risk 17 (entitled *'Failure to acquire and retain critical clinical services'*) on the previous version of the SRR/BAF had been duplicated in the title and the content of risk 4. The duplicated entry (17) has been removed and the risks renumbered to take account of this.

2.8 A new risk (18) entitled *'Inadequate organisational development'* has been transferred from the 2010/11 SRR/BAF and updated by the Director of HR to address the issues raised at previous Board meetings.

2.9 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 3. The following risks are proposed for review:

Risk no. 6 (*'Loss of liquidity'*). Rating: Extreme
Risk no. 4 *('Ineffective clinical leadership'*). Rating: High
Risk no.15 (*'Management capability /stretch'*). Rating: High

3. RECOMMENDATIONS

3.1 Taking into account the contents of this report and its appendices, and the presentation by the Director of Finance and Procurement, Medical Director and Director of HR respectively in relation to risks 6, 14 and 15, 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
27 October 2011

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

Appendix 1

PERIOD: 29 SEPTEMBER – 27 OCTOBER 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. 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	Net Risk Score (I x L)	Assurance On Controls	Positive Assurance	Gaps in Assurance (a) / Control (c)	Actions for Further Control	Target Risk Score (I x L)	Due Date	Risk / Action Owner
a c	**1. Continued overheating of emergency care system**	**Causes:** Lack of middle grade/senior decision makers Behaviour of new clinical commissioning groups Small footprint Delays in discharge efficiency Re-beds Delays in discharge to community beds Late evening bed bureau arrivals **Consequences** Clinical risk within ED 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	Increased recruitment of revised workforce (including ED consultants / middle grade Drs) Frail elderly project in place LLR ECN Project Ward Discharge metrics in place CQUIN linked to in patient flow efficiency Emergency Care is a key theme for regular discussion at ET Representatives from Clinical Commissioning Groups will attend ET bi-monthly re emergency care New Pathway projects	5x4=20	Task Force minutes Trust Board ECN Report Monthly Trust Board UHL report Q & P report ESIST report	Workforce changes progressing and new starters commenced Improving 4° Performance Improving position for: EDD Discharge before 13.00 Ward/board rounds	(c) Absence of an agreed action plan at present to: Divert attendances Reduce admissions via bed bureau Fund in a sustainable manner (c) fragility in ED performance (a) absence of assurance from partner agencies re: metric outcome (a) No clear metrics or accountabilities for EMAS performance (c) No integrated strategy for UHL/LPT discharge and use of Community hospitals (c) ED capital expansion	LLR emergency plan to be implemented Development and agreement of a plan to: • Divert attendances • Reduce admissions • Fund in a sustainable manner Need to agree at ECN common metrics for reporting across all stakeholders Identification of additional capacity if partner metrics do not achieve Capacity plan B if ECN does not meet metrics Develop strategy via ECN Completion of capital expansion (as agreed by PCT)	4x4=16	Dec 11 Nov 11 Nov 11 Oct 11 Oct 11 Jan 12 2013	Chief Executive Chief Executive Chief Executive Chief Executive Chief Executive Chief Executive Chief Executive

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a b	**2. New entrants to market (AWP/TCS**	Cause TCS agenda. (Elective care bundle/UCC). Impact of Health and Social Care Bill. – 'Any willing provider Financial climate.	GP Head of Service to help secure referrals and improve service quality.	4x4=16	GP Temperature Check.	Improved services in areas that are important to our customers.		Complete rigorous market assessment to clearly identify opportunities to create new markets and be the new entrants wherever possible	3x2=6	Dec 12	Director of Strategy
			Review of market analysis – quarterly at F&P Committee.		F&P and Exec Team minutes where market share analysis has been discussed.	Commissioner e.g. discharge letters	(a) Quarterly monitoring market gain/loss at Trust Board level.	Implement Quarterly market share reporting and impact analysis on Strategy at CBU, Divisional and Trust wide level.		Jan 12	Director of Comms
					Divisional and CBU market assessments and competitor analysis.		(a) Further development of market share vs quality vs profitability analysis.	Develop a training plan for CBUs and contract leads for utilising market share data to inform strategy		Jan 12	Director of Comms
			Market share analysis and quarterly report, linked to SLR / PLICS Clinical involvement in Commissioning.		Market share analysis. Commissioning meetings.		(c) Systematic analysis of market share at Divisional and CBU Boards.	Develop clinical strategy that effectively responds to market analysis		Jan12	Director of Strategy
		Insufficient expertise for tendering at CBU or corporate level. Consequence Downside: Loss of market share, business, services and revenue. Increased competition from competitors Upside: Opportunities to develop partnerships and grow income streams.	Tendering process for services (elective care bundle & UCC). Links established with PCT Cluster regarding Elective care Bundle and discussions taking place with Planned care to ensure sufficient resources for a credible bid		Tendering meetings.		(c) Insufficient tendering expertise at CBU/corporate level	Review tendering expertise and ensure sufficient resource aligned to qualified opportunities identified in market assessment		Jan 12	Director of Strategy

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

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c d	**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)**	Cause National Reviews of specialist services Potential 'snowball effect' Cost Effectiveness. Consequence 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 Upside: Retain local, regional and national profile, potential to grow services, improved recruitment and retention, increased R&D potential.	EMCHC Strategy and Programme Boards. Risks identified through business plans. Campaign to support paediatric cardiac services/repatriate services. Commissioner support and engagement. Major Trauma Network group established. ECMO NCG/Board engagement. Regular review by Exec Team & Trust Board. Strong academic recognition (e.g. BRUs) Joint planning with NUH re tertiary services	3x4=12	EMCHC reports & minutes. Campaign response numbers. Feedback from public consultation. Major Trauma Network minutes & actions. Trust and Exec Team papers. ECMO costing analysis	ECMO contract in place. Campaign response results Lead co-coordinating centre/national training for ECMO. Leicester in highest scoring option for Safe & Sustainable 3 BRUS achieved in Sept 2011	(c) Do not have an agreed service profile for tertiary services	Marketing strategy for focus services we agree to develop Rigorous SLR analysis and business planning Ongoing dialogue with other children's cardiac centres to ensure strong proposal on sustainable network	3x3=9	Dec 11 Jan 12 Dec 12	Director of Strategy Director of Strategy

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a b	**5. Loss making services**	**Causes:** Inefficient services Poor use of clinical capacity Poor controls on pay resources Lack of innovation Poor SLR/PLICS position **Consequence:** Risk of 'cherry-picking' of profitable services by commissioners Disinvestment of clinical services Poor clinical outcomes Recruitment challenges Missed efficiency opportunity – money wasted on inefficient services Impact on Trust's ability to deliver statutory targets (i.e. breakeven).	High level SLR analysis of service profitability 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) Review of each service line to identify position External benchmarking Clinical Effectiveness group Targeted turnaround support introduced to focus on main loss making CBUs (Medicine, Cardiothoracic Surgery, Planned Care) External financial turnaround support	5x5=25	Monthly SLR/PLICS data Clinical Effectiveness minutes Monthly pay expenditure reports Contract meeting notes SLR/PLICS presentations Internal audit review of RCI (PLICS) cost attribution methodology	Counting and coding changes Usage of PLICS (but uneven)	(a) Still some underlying issues in data robustness (c) Major deterioration in 2011/12 forecast outturn due to losses in key CBUs. (a) Failure to deliver the forecast to date	Portfolio review in Q3 2011/12 Root cause analysis of systems issues causing data 'breakage' Set 2012/13 CIP targets based on PLICS/ SR position Transactional changes to incentivise behaviour	4X4=16	Nov 11. Dec 11 Run rates to be positive by end 2012/13.	Director of F&P COO Director of F&P

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a b c d	**6. Loss of liquidity**	Causes Operating losses ytd Non standard contract Consequences Unable to invest in core services or develop new services Failure to deliver EFL statutory target	Updated internal liquidity plan Daily cash monitoring 12 month cash forecast SHA assistance in securing loan from NHS partners Internal liquidity plan implemented Restrictions to the UHL Capital Plan to generate cash	5x5=25	Weekly cash reporting Monthly reforecast	Maintaining positive cash balances Improvement in creditor days Deloitte and Finnamore review of cash and liquidity	Lack of solution to structural lack of liquidity	Implementing rolling 3m cash forecast Further negotiations with suppliers	4X4=16	Start in Oct 11 Report back in Oct 11	Director of F&P Director of F&P

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a b	**7. Estates issues** **Under utilisation and investment in Estates**	**Cause** Lack of clear estate strategy since cancellation of Pathway **Consequence** 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 Significant backlog maintenance Upside – Potential for asset disposal in medium to long term Downside scenario example – failure of electrical infrastructure	Service Reconfiguration Board established, with representation from all Divisions. Governance for site reconfiguration now being expanded to include LLR implications and input. £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	4x4=16	Minutes of Service reconfiguration board. All site / estate proposals are reviewed by Site reconfiguration Board. Service activity and efficiency performance monitoring. External audit of Estate by CAPITA PEAT Scores Capital meeting notes & Capital Bids progress. UHL risk based replacement programme in place. PPM Performance Testing programmes .	LLR Space Utilisation Review Good PEAT scores Estates infrastructure failures dealt with effectively	(c) Lack of agreed UHL Estates strategy (c) No Integrated LLR Estates strategy (linked to agreed clinical model, capacity and assets)	Further develop UHL Estates Strategy 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. Target backlog to high risk elements on an annual basis, where there are greater consequences from a failure	3x3=9	Apr 12 Dec 11 Mar 12 Mar 12 Reveiw Apr 12	Director of Strategy Director of Strategy Director of Strategy Director of Strategy Director of Strategy

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b	**8.Deteriorating patient experience**	**Causes:** Cancelled operations Poor communications Increased waiting times Poor clinical outcomes Lack of patient information Poor customer service Lack of engagement or consultation **Consequences** Patients not recommending or choosing UHL leading to reduced activity Contract penalties Reduced income from CQUIN monies Increased complaints Reputation impact	Monthly patient polling Patient Experience projects Caring at its Best Divisional projects and dashboard Hourly ward rounds 10 point plan Delivery of waiting times Theatre and out-patient transformation project Monitoring of cancellations National Patient Survey Engagement of Age UK, LINKS Clinical quality metrics Real time patient feedback OPD/ED/Mat metrics Message to Matron Focussed Divisional activity on key patient experience indicators Patient experience plan Improved data analysis illustrating trends and prediction of key risk areas. Promote successes across the organisation. Engagement of consortia members and ECN for campaign	3x3=9	Patient experience minutes Monthly Trust Board report Divisional reports Clinical Effectiveness minutes GRMC minutes Clinical Metric results Q&P and Heat map report Quarterly theatre reports Patient Experience data presented with patient safety and outcome measures Production of outcomes report relating to 10 point plan Patient Stories	Improving polling scores Increasing patients experience feedback Reducing patient cancelled operations Increasing patient experience results Improving nursing metrics Complaints reduction	(c) Awareness of urgent/emergency facilities for the public (a) Outcomes of full impact of 10 point plan to be described Absence of interpreted dashboard including patient experience	Provide benefit realisation report of 10 point plan Launch of Speciality Dashboard	3x2=6	Oct 11 Oct 11	COO/CN/DNS COO/DNS

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b c	**9. CIP requirement (driven by tariff)**	Risk of Quality being 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 Commissioned external turnaround support (to Dec 12)	5x5=25	Internal audit review of sample of schemes Weekly metrics Monthly divisional C&C meetings	External reports confirmed scrutiny of C&C meetings (process)	(a) Lack of Project Management Office (a) Lack of consistent recording (c) Inconsistency in WTE of CIP reductions	Project Management Office to be established Quality assess all CIPs for impact on quality of care Deloitte and Finnamore supported review of 11/12 CIP schemes and M7 reforecast. Bridges into 12/13 planning Detailed workforce plan for 11/12 CIP programme	4X5=20	Oct /Nov 11 Oct 11 updated recovery plan Nov11 – updated divisional / CBU forecasts for 2011/12 Nov 11	Director of F&P Director of F&P Director of F&P Director of HR
a b	**10. Readmission rates don't reduce**	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	Project board implemented with representation from each division. Readmission action plans across all specialties Regular reporting of readmission trajectory Target is to reduce admissions by 75% by the end of 2011/12 (net cost of £3.4m) Community readmission Project LPT implemented support for ED	4x3=12	Monitoring of clinical project plans Q&P report Community 'flash' scorecard monitored by Emergency Care Network and Medical Director	Strong clinical engagement Reduction in readmission rates	(c)Community readmission project not due to deliver until March '12 (c) Heavy dependence on Community Project board	Closer working relationships required between project boards Further dialogue with Commissioners regarding definition of readmissions Discussion with Commissioners on in-year use of reablement money	4x2=8	Nov 11 Oct 11 Oct 11	Medical Director Director of Finance and Procure-Ment Director of Finance and Procure-ment

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a b	**11. IM&T** **Lack of IT strategy and exploitation**	**Causes** Insufficient capacity and capability in IM&T Failure of NPfIT to deliver an integrated IT solution **Consequences** Current systems complicated and disjointed leading to significant performance risk Majority of systems become obsolete or no longer supported by 2013/14 Major disruption to service if changeover not managed well Communications with partners is compromised IM&T unable to support transformation of UHL processes Poor customer service from IM&T	CIO appointed Communications with internal and external stakeholders New structure and operating model for IM&T Programme and project plan discipline including benefits realisation. Draft new IT strategy developed IM&T Strategy Group IM&T KPIs Managed Service contract for PACS approved and in place. LLR IM&T delivery Board	4x4=16	CIO in post. Project management documentation Minutes of IM&T strategy group KPIs reviewed monthly by IM&T Board Monitoring of help desk calls PACS performance metrics Delivery Board minutes	MOC Completed LLR IM&T Delivery Board Minutes Incidence of PACS Failures reduced	(a) KPIs not reviewed outside IM&T (a)KPIs not benchmarked with other Trusts. (c) Vacancies in IM&T operations (a) Help desk performance deteriorated due to increased vacancies	Outline Business case to be developed for future systems Finalise and begin implementing IM&T strategy including an improvement programme for the short, medium and long-term Review KPIs quarterly through Q&P and ensure this includes benchmarking Recruitment to vacant posts Procure IM&T Strategic Partner to increase capacity and capability	3x3=9	Dec 11 Oct 11 Mar 12 Nov 11 May 12	Director of Strategy Director of Strategy Director of Strategy Director of Strategy Director of Strategy

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

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

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a b c d	**13. Skill shortages**	**Cause** Lack of development of a learning and development culture Lack of resource to invest in development opportunities Inability to recruit and retain appropriately skilled staff **Consequence** Lack of sustainability of middle grade rotas Quality compromised, increased clinical risk Additional expenditure on agency staff Compliance with external standards may be affected High staff turnover rates	Completion of appraisals for all staff Adherence to Divisional and Corporate Training Plans and continued development of alternatives models of training Monitoring of expenditure on temporary staff Implementation of the Leadership and Talent Management Strategy Use of EMSHA talent profile Incorporation of Talent profile into UHL appraisal documentation Training and Development plans Continuing Professional Development	3x4=12	Monthly Trust Board reporting on turnover rates Specific reports on area of particular shortage for example, reports on position on trainee doctors recruitment leading up to August intake Reporting on ability to recruit and research on reasons for leaving and coming to UHL analysed and actions developed Higher compliance with appraisal rates Trust Board reports Organisational Development and Workforce Committee Reports Improving Local Staff Polling Results Improving national staff attitude and	Consistently good turnover rate (monitored via Q&P) Recruitment of advanced nurse practitioners Steady increase in midwife numbers Nurse:bed ratio meets national compliance Reduction in premium workforce Recruitment of post-graduate workforce Improved ability to recruit to areas of shortage	(a) Need to ensure that the detail underneath the organisational figures are understood (a)Succession plan in development (c)Gap in information regarding the training needs at divisional / directorate level c) Lack of development links with Trust partners	Work with partners to address gaps in training plans, over recruit where required and take steps to make middle grade rotas more attractive (Finnamore and Deloitte) 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 Divisonal/ Directorate Leads to provide training needs information Continue to ensure compliance with both mandatory and statutory training requirements Continue to build strategic relationships with training partners	2x4=8	Review Oct 11 Quarterly update Mar 12 Review Dec 11 Nov 11	Director of HR Director of HR Divisonal Directors / Managers Director of HR Director of HR

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

Objective	Risk	Cause /Consequence	Controls	Net Risk Score (I x L)	Assurance On Controls	Positive Assurance	Gaps in Assurance (a) / Control (c)	Actions for Further Control	Target Risk Score (I x L)	Due Date	Risk / Action Owner
b c	**14. Ineffective Clinical Leadership**	Cause Inability to effectively implement Organisational Development Strategy Consequence Inability to responsively change service model to meet changing healthcare needs	Appointment of Assistant Medical Director with responsibility for clinical engagement Medical Engagement strategy UHL Leadership Academy Adoption of NHS leadership framework Work with Warwick University on medical engagement Monthly CBU Medical Lead meetings GP engagement strategy	4x4=16	Medical Engagement survey (Warwick University) Review of Clinical Engagement Strategies at Organisation Development and Workforce Committee Reports to LLR 'Senate'	Well attended Medical Staff Committee meetings Structured New consultant program Strong clinical engagement with Transform-ation workstream Positive feedback from GP's	(c) No uniform contract for CBU Medical Leads/HOS (c) ME scale not yet repeated (c) Problematic communications with our clinical staff (a) No strong track record of confidence and experience of success in our medical leaders (c) No formal links with CGC agreed	Develop contracts for CBU Medical Leads in order to be clear what is expected in terms of performance Agree process for ongoing assessment of ME Implementation of plan to improve communication with our consultant body (consultant web-site, web accessible e mail) Develop links with organisations with successful track record. Participation in NHS leadership framework scheme Ensure secondary care representation on medical groups	4x2=8	Oct 11 Jan 12 Review of progress Dec 11 Feb 12 Jan 12 Jan 12	Medical Director Medical Director Medical Director Medical Director Director of HR Medical Director

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a b c d	**15. Management Capability / stretch**	**Causes** Lack of development opportunities **Consequences** Inability to support changes to service model Lack of focus on key metrics and service delivery Gaps in middle management leadership Inadequate organisational development	Provision of leadership development and interventions Development and building of organisational capacity and capability on processes to support service redesign Organisational development plan Exec led Workforce & OD group 8 point Staff Engagement action plan Review of divisional structures to identify areas for development/ improvement Appraisal and setting of stretching objectives aligned to the UHL Strategy IMT strategy to support clinical service redesign	4x4=16	Organisational Development and Workforce Committee Papers and reports Trust Board reports Local Staff Poling results Monthly monitoring of appraisal levels in Q&P report	Implement-ation of CBU structural changes Improving Staff polling results Appraisal rates good	(a) Areas that are not improving based on survey results (a) lack of Corporate alignment re: objectives	Supplement internal resource with external capability where required Clarify what is expected in terms of performance. Ensure we have the right people in the right post with the right level of support Ensure our managers have the right training to fulfil their roles. Increased Executive and NED accountability	3x2=6	Oct 11 Dec 11 Six monthly results Dec 11 Oct 11	Director of HR Director of HR Director of HR Director of HR Chief Executive

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

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	17. Organisation may be overwhelmed by unplanned events	**Cause** Lack of sufficient capacity to deal with incidents causing a significant increase in admissions (e.g. major disaster, pandemic, etc) Industrial action Business continuity / disaster recovery plans not robust Failure of business critical systems (e.g. PACS) UHL Major Incident Plan becomes outdated and is not tested annually **Consequences** Poor patient experience. Trust reputation affected Inability to deliver required level of service Patient safety may be compromised Loss of income Failure to meet duties under the Civil Contingencies Act Delays to treatment of patients Loss of income Breaches of national targets	Local Resilience Forum Corporate Policy. Multi agency working across Leicestershire. Major incident/business continuity/ disaster recovery and Pandemic plans for UHL/ wider health community. Dedicated project managers/leads for major incident planning. Incident command training for managers and clinicians. Counter Terrorist Awareness training 'Exercise Cameron' table top Daily Sitrep UHL Pandemic Working Group UHL Business Continuity Group Industrial action contingency planning Regular systems maintenance programmes IT systems redundancies and multiple backup servers Support from manufacturers of equipment	4x3=12	Review of MIPs and capabilities by EMSHA, LLR resilience forum, Leics City PCT, local clinical networks during 2011/12. SHA Critical Care surge plan review July 2011 SHA BCM review in 2010/11. Feedback from major incident exercises UHL self-assessment against core standard C24 Daily sitrep report Emergency planning and Business Continuity committee meeting minutes	Majax (fire) feedback from partner agencies SHA using UHL winter plan as an exemplar Feedback from Trust Decontamination Incident Compliance with C24	(a)Plans not all fully tested in real situations. (a)The UHL Major Incident Plan not fully tested. (a) Testing of Winter Plan	Continue work to develop UHL MIP and appendices via the Emergency Planning Committee Participate in EMSHA Winter Plan table top test Undertake UHL table top Winter Plan review (Directors and 3rd tier) Olympics preparedness exercise	3x3=9	Nov 2011. EMSHA date awaited. Anticipated early October 2011 Oct11 Nov 11.	COO/ Emergency Planning / Business Continuity Lead Business Continuity Lead/Winter Plan Lead COO/CN, Executive Directors COO/BCL

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abcd	**18 Inadequate organisational development**	**Cause** Lack of specific development programme for change management. Board development knowledge based rather than skills based. Financial climate Low levels of Staff Engagement. Inadequate equipping of managers, leaders, staff for change. Inadequate recognition of changes required to organisational culture and correlation between actions and effects on organisational culture. **Consequences** Poor quality and efficiency of service to patients and service delivery Fail to achieve FT status Poor Trust reputation Poor quality of service and service delivery Low staff morale Inconsistent behaviour against trust values	Organisational development plan	4x3=12	Range of measurable success criteria reported to ET, Q&PMG and TB				3x3=9		
			Staff engagement Strategy, local staff polling and national staff survey Non- Exec led Workforce & OD group '3636' hotline 'Ask the Boss'		National / local Staff Survey Results	Increased % of staff satisfied in certain elements (e.g. valuable appraisal	(a) Larger no. of staff responses required. (c) High volumes of complaints about staff attitudes/ behaviour	Define the organisation-wide intervention to support embedding of values and behaviours		Dec 12	Director of HR
			Performance monitoring via Trust Committees and intervention when necessary Divisional quality and performance meetings Performance Excellence programme to assist managers to manage performance of staff.		Reports to Q&PMG, Workforce and OD Committee, and TB	Increased No of staff performance managed. Increased No of staff reporting a positive and valued appraisal	(c) Lack of performance monitoring / management at divisional levels (a) Inadequate evidence of change in behaviours	Implementation of the staff engagement strategy and Leadership and Talent Management Strategy		Mar 12	Director of HR
			Board development programme				Board development content /structure requires revision	Increased emphasis on Board development programme		Dec 11	Chief Exec
			Talent management / Leadership programme Clinical Leadership programme targeted at Ward Managers		Reporting of projects and interventions as part of leadership programme		(a) '100' talent profile not adequately discussed at appraisal	Develop and implement medical leadership programme		Mar 12	Director of HR
			2011 staff engagement 8 point plan		National survey and		(c) Lack of clinical	Define organisational approach in embedding		Apr 12	Director of HR

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abcd	**18. Inadequate organisational development - continued**		2011 staff engagement 8 point plan Greater reward / recognition	4x3=12	National survey and local polling results		(c) Lack of clinical leadership development (c) Organisational values and behaviours not embedded	Develop and implement medical leadership programme. Define organisational approach in embedding UHL values and behaviours	3x3=9	March 12 April 12	Director of HR Director of HR

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Appendix 2

UHL SRR/BAF SUMMARY OF CHANGES TO ACTIONS – OCTOBER 2011

Risk No.	Action Description	Action Owner	Comment
1	Work with clinical consortia and provide dedicated Exec inputs	Chief Executive	Action complete. Now a control
1	New Pathway projects	Chief Executive	Action complete. Now a control
1	Health Summit to be held with partner agencies	Chief Executive /COO	Action complete.
1	TB item to review winter planning arrangements	Chief Executive /COO	Action complete.
2	Identify opportunities to create new markets and be the new entrants to the market wherever possible	Director of Strategy	Action updated and additional points developed to provide more clarity and links to gaps in controls and assurances
2	Develop strategies for responding to market share analysis data.	Director of Comms	Action updated and additional points developed to provide more clarity and links to gaps in controls and assurances
2	Divisions to consider how they will respond and factor into business planning.	Director of Strategy	Action updated and additional points developed to provide more clarity and links to gaps in controls and assurances
2	Develop a training plan for CBUs and contract leads	Director of Strategy	Action updated and additional points developed to provide more clarity and links to gaps in controls and assurances
3	Further orientate the business around the needs of our customers	Director of Strategy/ Director of Comms	Action updated and additional points developed to provide more clarity and links to gaps in controls and assurances
3	Identify capacity to support Divisions to undertake service redesign	Director of Strategy/ Director of Comms	Action updated and additional points developed to provide more clarity and links to gaps in controls and assurances
3	Identify what 'best in class' looks like	Director of Strategy/ Director of Comms	Action updated and additional points developed to provide more clarity and links to gaps in controls and assurances
3	To work with commissioners and partners to redesign selected	Director of Strategy / Director of Comms	Action updated and additional points developed to provide more clarity and links to gaps in controls and assurances

UHL SRR/BAF SUMMARY OF CHANGES TO ACTIONS – OCTOBER 2011

	pathways and models		
4	Understand services that should be in a sustainable portfolio	Director of Strategy	Action updated and additional points developed to provide more clarity and links to gaps in controls and assurances
4	Develop business plans for each specialist service	Director of Strategy	Action updated and additional points developed to provide more clarity and links to gaps in controls and assurances
4	Brand creation and development	Director of Comms	Action updated and additional points developed to provide more clarity and links to gaps in controls and assurances
4	Trust response to outcome of major trauma designation agreed	Medical Director	Action updated and additional points developed to provide more clarity and links to gaps in controls and assurances
5	Use market and internal intelligence to identify services that make money, don't make money and have the potential to make money	Director of F&P	Action updated and additional points developed to provide more clarity and links to gaps in controls and assurances
5	Ensure business plans for each service demonstrate how the loss making service will make a contribution and then deliver a surplus. Develop business plans for each loss making service to transform or exit.	Director of F&P	Action updated and additional points developed to provide more clarity and links to gaps in controls and assurances
5	Incentivise services that make a profit using a balanced scorecard approach	Director of F&P	Action updated and additional points developed to provide more clarity and links to gaps in controls and assurances
9	Reviewing external support options around 2012/13 CIP programme	Director of F&P	Action updated and additional points developed to provide more clarity and links to gaps in controls and assurances
12	Review diagnostic capacity for Operating Framework Delivery	COO/CN/ CSD Div. Manager	Timescale extended to April 12 to reflect that plans for bowel screening still to be agreed with Commissioners
14	Ensure we have the right people in the right post with the right level of	Medical Director	Action updated and additional points developed

UHL SRR/BAF SUMMARY OF CHANGES TO ACTIONS – OCTOBER 2011

	support		
17	Exercise ‘Cooper’ table top	COO/BCL	Action complete, now a control. Please note that ‘exercise Cooper’ should read ‘exercise Cameron’ and has been amended to reflect this

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?