

To:	Trust Board
From:	Medical Director
Date:	4 August 2011
CQC regulation:	Outcome 16 – Assessing and Monitoring the Quality of Service Provision

Title:	UHL STRATEGIC RISK REGISTER AND THE BOARD ASSURANCE FRAMEWORK (SRR/BAF) 2011/12
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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.
- Business continuity risk added to 2011/12 SRR/BAF at the request of the Board.
- Exercise undertaken to map 2010/11 strategic risks to the 2011/12 SRR/BAF.
- Further development of the SRR/BAF will take place at the Board development session scheduled for 4 August 2011.

Recommendations:

The Trust Board is invited to:

- review and comment upon this iteration of the 2011/12 SRR/BAF, as it deems appropriate, with particular reference to risks 7 and 9.
- note the actions identified within the framework to address any gaps in either controls or assurances (or both);
- 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;
- 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;
- 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.

Paper J

Previously considered at another corporate UHL Committee ? No	
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 Board meeting	

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT TO: TRUST BOARD
DATE: 4 AUGUST 2011
REPORT BY: MEDICAL DIRECTOR
SUBJECT: UHL STRATEGIC RISK REGISTER AND BOARD ASSURANCE
FRAMEWORK (SRR/BAF) 2011/12

1. INTRODUCTION

This report provides the Board with:-

- a) A copy of the SRR / BAF as of 27 July 2011 (attached at appendix 1).
- b) Risks from the 2010/11 SRR/BAF mapped to risks on the 2011/12 version (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 JULY 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. A copy of the most recent iteration is attached at appendix 1.
- 2.2 Risk owners have been asked to update each entry to reflect an accurate picture of risks, controls, assurances etc. New entries to the SRR/BAF are highlighted in red on appendix 1.
- 2.3 As requested at the previous Board meeting a 'business continuity' risk (risk no. 18) has been carried forward from the 2010/11 SRR/BAF to this most recent version. A mapping exercise has also been undertaken to identify whether all previous risks have been captured within the new risks. The results of this exercise are illustrated at appendix 2. All but two risks appear to have been captured, these being;

'Clinical Coding'

'Failure to comply with the Health and Social care Act 2008 (hygiene code)'

Both of the above are recognised as being 'operational' in nature and will be transferred to the operational risk register under the ownership of the Chief Operating Officer who will maintain an overview of progress in implementing any associated mitigating actions.

- 2.4 At the previous Board meeting it was recognised that it was essential for the Audit Committee to gain a fundamental understanding of the risks, assurances and controls and that more robust descriptions and definitions of issues and objectives were required, including details of the measurable outcomes. The SRR/BAF will therefore be further developed during a Board development session scheduled for 4 August 2011 prior to submission to the September Audit Committee for scrutiny.

2.5 To enable detailed and 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. 7 '*Estates issues*' (Risk Score 16 - high risk).

Risk No. 9 '*Loss making services*' (Risk score 25 - extreme risk).

3. Taking into account the contents of this report and its appendices, and the presentation by the Director of Strategy and Director of Finance and Procurement in relation to risk No's 7 and 9;
- (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 identified 'significant control issues' to provide assurance on the Trust meeting its principal objectives.

P Cleaver
Risk and Assurance Manager
28 July 2011

PERIOD: 1 JULY – 27 JULY 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	Assurance On Controls	Positive Assurance	Gaps in Assurance / Control	Actions for Further Control	Target Risk	Due Date	Risk / Action Owner
a c	1. Continued overheating of emergency care system	<p>Causes: Lack of middle grade/senior decision makers</p> <p>Small footprint</p> <p>Delays in discharge efficiency</p> <p>Re-beds</p> <p>Delays in discharge to community beds</p> <p>Consequences Clinical risk within ED</p> <p>Major operational distraction to whole of UHL</p> <p>Financial loss (30% marginal rate)</p> <p>Poor winter planning – inefficient/sub-optimal care</p>	<p>LLR ECN Project</p> <p>Monthly Trust Board reporting</p> <p>Increased recruitment of revised workforce</p> <p>Agreed footprint for capital</p>	5x4=20	<p>Task Force minutes</p> <p>Increased workforce</p> <p>Improving 4^o Performance</p> <p>Trust Board ECN Report</p> <p>Trust Board UHL report</p> <p>Improvements of targets</p>			<p>Will require additional support to turn around</p> <p>LLR emergency plan to be implemented</p> <p>Need to agree common metrics for reporting across all stakeholders</p> <p>Absence of agreed action plan at present to:</p> <ul style="list-style-type: none"> • Divert attendances • Reduce admissions • Fund in a sustainable manner 	4x3=12	20/12/12	Chief Executive
a b	2. New entrants to market (AWP/TCS)	<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><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 & 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>	3x2=6	January 2012	Director of Strategy

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a b c	3. Emerging GP commissioning consortia	Lack of certainty/ continuity of commissioning Loss of revenue Damage to organisational reputation	GP Head of Service now appointed Agreed alignment of senior clinicians and executive directors to Commissioning consortia	3x4=12	Account management structure with DDs and Exec's Development of 'LLR Clinical Senate' Improving our customer care, (letters / GP interface	Opening dialogue with GPs / consortia through GP break through event OP letters project		To orientate the business around the needs of our customers To work with commissioners and partners to redesign selected pathways and models Identify capacity to support Divisions to undertake service redesign Identify what 'best in class' looks like	2x3=6	Nov 2011	Director of Strategy/ Director of Comms

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c	4. Specialist services centralisation and designation (e.g.: ECMO, Paediatric Cardiac Services, NUH as a level 1 major trauma centre)	<p><u>Cause</u> Safety & 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&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 & Trust Board.</p>	3x4-12	<p>EMCHC reports & minutes.</p> <p>Response numbers.</p> <p>Feedback from public consultation.</p> <p>Major Trauma Network minutes & 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-ordinating centre/national training for ECMO.</p> <p>Safe & 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>On-going</p> <p>January 2012</p>	Director of Strategy

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a b	5. Loss making services	<p>Causes:</p> <p>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>Consequence: Risk of 'cherry-picking' of profitable services by commissioners</p> <p>Disinvestment of clinical services</p> <p>Poor clinical outcomes</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>Clinical Effectiveness group</p> <p>Targeted turnaround support introduced to focus on main loss making CBUs (Medicine, Cardiothoracic Surgery)</p>	5x5-25	<p>Monthly SLR/PLICS data</p> <p>Clinical Effectiveness minutes</p> <p>Monthly pay expenditure reports</p> <p>Contract meeting notes</p> <p>SLR/PLICS presentations</p> <p>Internal audit review of RCI (PLICS) cost attribution methodology</p>		<p>SLR coverage actively in place across all specialities</p> <p>Still some underlying issues in data quality</p> <p>Major deterioration in 2011/12 forecast outturn due to losses in key CBUs.</p>	<p>Use market and internal intelligence to identify services that make money, don't make money and have the potential to make money</p> <p>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.</p> <p>Incentivise services that make a profit using a balanced scorecard approach</p>	3x3=9	Recovery plans in place by end Sept 2011. Run rates to be positive by end 2011/12.	Director of Finance
a b c d	6. Loss of liquidity	<p>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>	5x5-25				<p>Internal liquidity plan to be developed and implemented</p> <p>Restrictions to the UHL Capital Plan to generate cash</p>	3x3=9		Director of Finance and Procurement

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b	8.Deteriorating patient experience	<p>Causes: Cancelled operations Poor communications Increased waiting times Poor clinical outcomes Lack of patient information Poor customer service Lack of engagement or consultation</p> <p>Consequences 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 Patient Experience projects Caring at its Best Divisional projects 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 Patient Stories Clinical quality metrics Real time patient feedback From specific patient groups: Outpatients Emergency Department Maternity facilities Message to Matron</p>	4x3=12	<p>Patient experience minutes Monthly Trust Board report Divisional reports Increasing patient experience results Complaints reduction Clinical Effectiveness minutes GRMC minutes Clinical Metric results Q&P and Heatmap report Quarterly theatre reports</p>			<p>Streamlined and focussed Divisional activity on key patient experience indicators to improve patient experience survey results local and national Patient experience feedback presented in 'dashboard' format improving access and understanding by the Trust Development of Caring at its Best dashboard – Patient Experience data presented with patient safety and outcome measures Improved data analysis illustrating trends and prediction of key risk areas Patient experience plan to steer Trust improvements Raise awareness of patient experience feedback in all staff groups Celebrate successes and promote across the organisation. Trust Implementation of Message to Matron</p>	3x2=6	<p>June 2011 and ongoing July 2011 End Sept 11</p>	Chief Operating Officer
b c	9. CIP requirement (driven by tariff)	<p>Quality compromised, increased clinical risk Failure to achieve statutory breakeven duties Risk of delay/failure of FT project with uncertain consequences thereafter</p>	<p>CIP plan for 2011/12 Agree pan-LLR QIPP plan Appointment of Head of Transformation and project managers for pan-Trust CIP schemes</p>	4x5=20	<p>Internal audit review of sample of schemes</p>			<p>Quality assess all CIPS for impact on quality of care Develop and invest in a UHL wide approach to 'lean'</p>	4x4=16		Director of Finance and Procurement

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a b	10. Readmission rates don't reduce	<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>Readmission action plans across all specialties</p> <p>Project manager now appointed</p> <p>Regular reporting of readmission trajectory</p> <p>Target is to reduce admissions by 75% by the end of 2011/12 (net cost of £3.4m)</p>	4x4=16				A project board with representation from each division	4x3=12		Medical Director
a b	11. IM&T Lack of IT strategy and exploitation	<p>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>New CIO appointed</p> <p>KPI reporting pack review by senior IM&T team, to look at performance trending.</p> <p>Communications with internal and external stakeholders</p> <p>New structure and operating model for IM&T</p> <p>Draft new IT strategy developed</p>	3x4=12	<p>John Clarke in post</p> <p>Monthly management information pack</p> <p>Various communications and events and events</p> <p>MOC in place and posts being recruited too.</p>	<p>LLR IM&T Delivery Board Minutes</p> <p>Appointment letters issued</p>	Business related KPIs	<p>Business case to be developed for future systems</p> <p>Finalise and implement an IM&T strategy including an improvement programme for the short, medium and long-term</p> <p>Further address IT service performance issues and PACS risks</p>	3x3=9	<p>Oct 2011</p> <p>Sept 2011</p> <p>Ongoing</p>	Director of Strategy

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a b	12. Failure to deliver access targets	<p>Causes:</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>Consequences 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>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&P report</p> <p>Monthly heatmap 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>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 July 2011	Chief Operating Officer

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Objective	Risk	Cause /Consequence	Controls	Net Risk	Assurance On Controls	Positive Assurance	Gaps in Assurance / Control	Actions for Further Control	Target Risk	Due Date	Risk / Action Owner
a b c d	13. Skill shortages	<p>Cause</p> <p>Certain nursing grades scarce</p> <p>Inability to recruit and retain appropriately skilled staff</p> <p>Consequence</p> <p>Lack of sustainability of middle grade rotas</p> <p>Quality compromised, increased clinical risk</p> <p>Inadequate skills to deliver good quality patient care</p> <p>Additional expenditure on agency staff and the consequential reduction in quality this can result in</p> <p>Compliance with external standards may be affected</p>	<p>Monthly Trust Board reporting on turnover rates</p> <p>Specific reports on area of particular shortage for example, reports on position on trainee doctors recruitment leading up to August intake</p> <p>Reporting on ability to recruit and research on reasons for leaving and coming to UHL analysed and actions developed</p> <p>Completion of appraisals for all staff</p> <p>Adherence to Divisional and Corporate Training Plans and continued development of alternatives models of training</p> <p>Monitoring of expenditure on temporary staff</p>	3x4=12	<p>Improved turnover rates</p> <p>Improved ability to recruit to areas of shortage</p> <p>Higher compliance with appraisal rates Trust Board reports</p> <p>Organisational Development and Workforce Committee Reports</p> <p>Improving Local Staff Polling Results</p> <p>Improving national staff attitude and opinion results</p>		<p>Need to ensure that the detail underneath the organisational figures are understood</p>	<p>Continue to build strategic relationships with training partners</p> <p>Work with partners to address gaps in training plans, over recruit where required and take steps to make middle grade rotas more attractive</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> <p>Continue to ensure compliance with both mandatory and statutory training requirements</p>	2x2=4	<p>1-11-11</p> <p>On-going through the LLR Workforce Board</p> <p>Quarterly update</p>	Director of HR
b c	14. Clinical Leadership	<p>Inability to responsively change service model to meet changing healthcare needs</p>	<p>Appointment of Assistant Medical Director with responsibility for medical engagement</p> <p>Development of Medical Engagement strategy</p> <p>Re-establish effective Trust wide MSC</p>	4x3=12	<p>Improvement in Medical Engagement survey (Warwick University)</p>			<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>Ensure our clinical leaders have the right training to fulfil their roles</p> <p>Improve communication with our consultant body</p> <p>Review the Divisional structures 1 year on to see whether there are any further areas for development / improvement</p>	4x2=8		Medical Director

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a b c d	15. Management Capability / stretch	<p>Causes</p> <p>Consequences</p> <p>Inability to support changes to service model</p> <p>Lack of focus on key metrics and service delivery</p> <p>Gaps in middle management leadership</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>	4x4-16	<p>Organisational Development and Workforce Committee Papers and reports</p> <p>Trust Board reports</p> <p>Improving Local Staff Poling results</p>	Improvin g trends on staff polling results	Areas that are not improving based on survey results	<p>Supplement internal resource with external capability where required e.g. Corporate CIP Projects)</p> <p>Need to be clear about 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> <p>Review the Divisional structures 1 year on to see whether there are any further areas for development / improvement.</p>	3x2=6	<p>August 2011</p> <p>On-going</p> <p>Six monthly results</p> <p>Completed May 2011</p>	Director of HR

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b c d	16. Lack of innovation culture	<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&D Strategy.</p> <p>CBU & 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 the factors that currently block innovation and implement action plan to address.</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	17. Failure to acquire and failure to retain critical clinical services	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					Creation of upgraded NIHR status Creation of partnership replacements – Pharmacy and Medical Technology Brand creation Estates strategy for Neurology space			Chief Executive

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

Objective	Risk	Cause /Consequence	Controls	Net Risk	Assurance On Controls	Positive Assurance	Gaps in Assurance / Control	Actions for Further Control	Target Risk	Due Date	Risk / Action Owner
	18. Organisation may be overwhelmed by unplanned events	<p>Cause 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>Consequences 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</p> <p>reports to G&RMC and Board</p> <p>SHA review of Major Incident Plans (MIPs) in 2010/11.</p>	Compliance with C24	<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	COO/ Emergency Planning / Business Continuity Lead

**UHL STRATEGIC RISK REGISTER / BOARD ASSURANCE FRAMEWORK
MAPPING EXERCISE 2011/12**

Previous Risk Title (2010/11)	Map to Current Risk Number (2011/12)
Patient safety significantly compromised	1, 4, 9, 10, 12, 13
Poor outcomes of clinical care	1, 4, 9, 10, 12, 13
Deteriorating patient experience	8
Failure to offer staff suitable development opportunities	4, 5,
Inability to recruit and retain appropriately skilled staff	4, 5, 13,17
Inability to achieve academic expectations and integrate R&D into the work of the Trust	17
Non-human resource not fit for purpose	7, 11
Failure to meet financial obligations	6, 9,
Compliance with external standards	12, 13
Inability to maintain productive relationships with commissioners / other stakeholders	2, 3
External threat to portfolio of services from external market	2, 3, 4
Failure to achieve FT	6, 9
Organisation overwhelmed by unplanned events	18
Inability to maintain competence of staff	13
Inadequate organisational development	13, 14, 15
Instability during organisational change	15
Clinical coding	No mapping. To be placed on operational register
Failure to comply with the Health and Social care Act 2008 (Hygiene Code)	No mapping. To be placed on operational register

University Hospitals of Leicester NHS Trust

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?