University Hospitals of Leicester NHS
NHS Trust

To:	**Trust Board**
From:	**Medical Director**
Date:	**6 October 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**

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 30 September 2011.
- All actions include timescales for completion that can be monitored by the Board.
- There are significant additions to the Assurance Framework component of the SRR/BAF.

Recommendations:

The Trust Board is invited to:

(a) review and comment upon the 28 September 2011 iteration of the 2011/12 SRR/BAF, as it deems appropriate, with particular reference to risk No's 2, 3 and 5.

(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.

Paper K

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 Board meeting**	

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT TO: **TRUST BOARD**

DATE: **6 OCTOBER 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 28 September 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 28 SEPTEMBER 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 1 September 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 significant additions to the SRR/BAF and in particular the population of the Assurance Framework component of the document. Further scrutiny and challenge of the strategic risk register is now a regular function of the Executive Team. The ET will undertake a monthly review and discuss risk scores, gaps in assurance and the appropriateness and timeliness of actions. Such discussions will lead to further improvements in the risk register.

2.3 As requested at the previous Board meeting, all actions include timescales for completion that can be monitored by the Board. A monthly exception report will be provided on occasions where actions are not completed within these timescales. There are no actions with expired deadlines during this reporting period.

2.4 The SRR/BAF was presented at the last meeting of the Audit Committee on 30th September. Many further actions for improvement were noted including:-

- Consideration as to whether risks 4 and 17 need to be amalgamated;
- The net score for risk 14 was considered to be significantly underestimated;
- Members suggested changing the title of 'net score' to 'current score';
- Consideration as to whether the current work of Deloittes and Finnamores would address the gaps stated in risk 9;
- The need to further strengthen critical gaps in assurance to indicate where Internal Audit concentrate future reviews and actions;
- How the SRR/BAF is used in practice as a dynamic document, to effectively manage the Trust's risks;

- How the Board is confident that there are no other significant risks not being appropriately identified or effectively managed.

The Chairman of the Audit Committee requested that half of the next meeting be given to reviewing and discussing the gaps in assurance.

2.5 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. 2. 'New entrants to market (AWP/TCS)'. (Risk score 16 – High).

Risk no. 3. 'Emerging clinical commissioning groups'. (Risk score 16 – High).

Risk no. 5 'Loss making services'. (Risk score) 25 - Extreme

3. Taking into account the contents of this report and its appendices, and the presentation by the Director of Strategy and the Director of Finance and Procurement in relation to risk No's 2, 3 and 5 respectively 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;

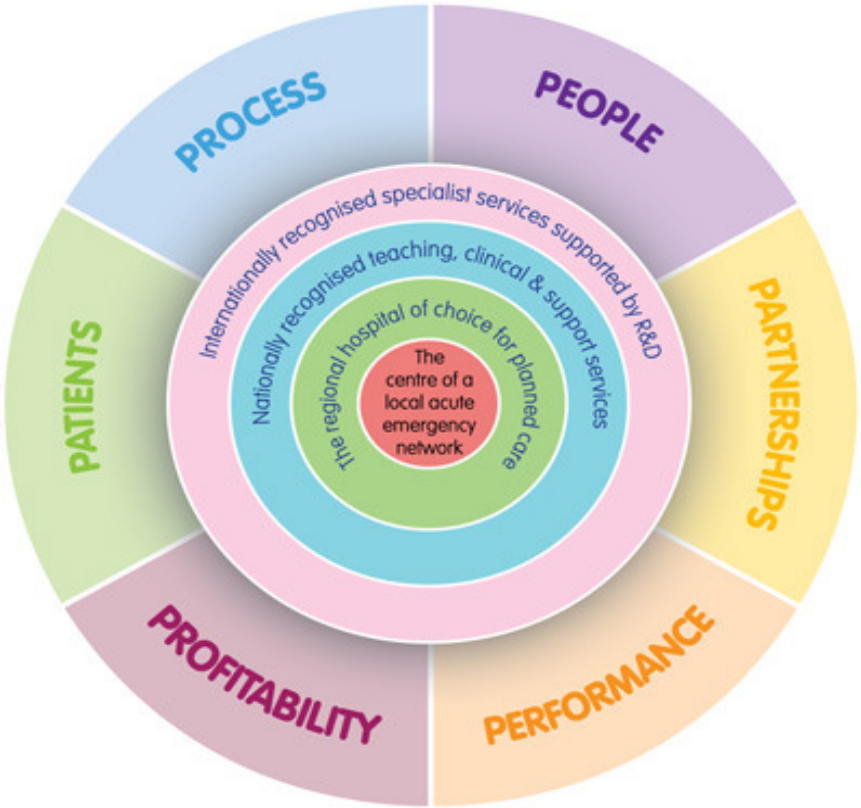
(d) identify any gaps in assurances about the effectiveness of the controls in place to manage the principal risks; and consider the nature of, and timescale for, any further assurances to be obtained, in consequence;

(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
28 September 2011

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

PERIOD: 25 AUGUST – 28 SEPTEMBER 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 ED middle grade Drs Additional ED consultants ED capital expansion plan agreed by PCT (completion 2013) and SHA in principle Frail elderly project in place LLR ECN Project Monthly Trust Board reporting Increased recruitment of revised workforce Agreed footprint for capital Ward Discharge metrics in place CQUIN linked to in patient flow efficiency	5x4=20	Task Force minutes Trust Board ECN Report Trust Board UHL report Q & P report ESIS 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 (c) Reduction of admissions via bed bureau (c) Fund in a sustainable manner (c) fragility in ED performance (a) absence of assurance from partner agencies re: metric outcome (a) No signed contract with EMAS	LLR emergency plan to be implemented Need to agree common metrics for reporting across all stakeholders Development and agreement of a plan to: • Divert attendances • Reduce admissions • Fund in a sustainable manner Work with Clinical Consortia and provide dedicated Exec inputs New pathway projects Identification of additional capacity if partner metrics do not achieve Capacity plan if partner agencies do not meet metrics Health summit to be held with partner agencies TB item at 6-10-11 to review Winter Planning arrangements	4x4=16	Dec 11 Nov 11 Nov 11 Sept 11 Mar 12 Oct 11 Oct 11 Oct 11 Oct 11	Chief Executive Chief Executive Chief Executive Chief Executive Chief Executive Chief Executive Chief Executive Chief Operating Officer/ Chief Executive

N.B. End of month unless otherwise stated

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a b	**2. New entrants to market (AWP/TCS**	Cause TCS agenda. Re- tendering of services (elective care bundle/UCC). Impact of Health and Social Care Bill. Financial climate. UHL has a large proportion of the inpatient market it has a small proportion of the day case market. Many of our surrounding competitors have transformed their processes to increase procedures which can be undertaken as a day case. We risk being left behind. No 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.	Appointment of Head of Service to GPs to help secure referrals and improve service quality. Executive links to GPs. Review of market analysis – quarterly at F&P Committee. Clinical involvement in Commissioning. Tendering process for services (elective care bundle & UCC). Market share analysis and quarterly report, linked to SLR / PLICS	4x4=16	GP Temperature Check. Market share analysis. Tendering meetings. Commissioning meetings. Divisional and CBU market assessments and competitor analysis. F&P and Exec Team minutes where market share analysis has been discussed.	Attendance at Consortia meetings and starting to improve relationships with GP Commissioners.	(a) Quarterly monitoring market gain/loss at Trust Board level. (a) Further development of market share vs quality vs profitability analysis. (c) Systematic analysis of market share at Divisional and CBU Boards.	Identify opportunities to create new markets and be the new entrants to the market wherever possible. Implement Quarterly market share reporting and impact analysis on Strategy at CBU, Divisional and Trust wide level. Develop a training plan for CBUs and contract leads Develop strategies for responding to market share analysis data. Divisions to consider how they will respond and factor into business planning.	3x2=6	Mar 12 Jan 12 Jan 12 Jan12 Mar 12	Director of Strategy Director of Comms Director of Comms Director of Strategy Director of Strategy

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a b c	**3. Emerging Clinical commissioning groups**	Lack of certainty/ continuity of commissioning through transition CCG management capacity and capability during the transition Maintaining business continuity and expertise in managing contracts. Loss of revenue	GP Head of Service now appointed Agreed alignment of senior clinicians and executive directors to clinical commissioning groups	4x4=16	Account management structure with DDs and Execs Consistency and expertise in UHL commissioning team Development of 'LLR Clinical Senate' Improving our customer care, (letters / GP interface Links with service design hubs on 3 key work streams: • Urgent care • Right care • Paedoatric/Maternity	Building clinician to clinician relationships through the LLR senate Clinical engagement with CCG chairs Attendance at the Collaborative Commissioning Board GP input into readmissions and clinical coding projecs OP letters project Quarterly reports to UHL Finance and Performance Committee	(a) Few example we can point to of redesigned pathways	Further 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	3x3=9	Apr 12 Apr 12 Apr 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.	Risks identified through business plans. EMCHC Strategy and Programme Boards. 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. Creation of strong academic recognition Joint planning with NUH re tertiary services	3x4=12	EMCHC reports & minutes. Response numbers. Feedback from public consultation. Major Trauma Network minutes & actions. Trust and Exec Team papers. ECMO costing analysis 1st joint meeting with NUH Exec 10.11.11	ECMO contract in place. 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 a clear strategy regarding 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 (a) Option B in safe and sustainable being given a higher score.	Understand services which should be in a sustainable portfolio. Develop business plans for each specialist service. Brand creation and development Trust response to outcome of Major Trauma designation agreed. Ongoing dialogue with other children's cardiac centres to ensure strong proposal on sustainable network	3x3=9	Apr 2012 Dec 11 Jan 12 Dec 2012	Director of Strategy Director of Comms Medical Director 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		SLR coverage actively in place across all specialities (a) Still some underlying issues in data quality (c) Major deterioration in 2011/12 forecast outturn due to losses in key CBUs. (a) Failure to deliver the forecast to date	Use market and internal intelligence to identify services that make money, don't make money and have the potential to make money 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. Incentivise services that make a profit using a balanced scorecard approach	4X4=16	Oct. 2011. Dec 11 – as part of 2012/13 planning Proposals by Dec 11 Run rates to be positive by end 2011/12.	Director of F&P Director of F&P 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	Lack of solution to structural lack of liquidity	Implementing rolling 3m cash forecast Further negotiations with suppliers	4X4=16	Start in Oct 2011 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**	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. Significant backlog maintenance Over provision of assets across LLR Downside scenario example – failure of electrical infrastructure Upside – Potential for asset disposal in medium to long term	Service Reconfiguration Board established, with representation from all Divisions. Governance now being expanded to include LLR implications and input. Planned Preventative Maintenance (PPM) schedules in place £6 million per year allocated to reducing backlog maintenance Integrated Planning through LLR Asset Steering Group	4x4=16	Service reconfiguration board. Service activity and efficiency performance monitoring. Capital meeting notes & Capital Bids. UHL risk based replacement programme in place. All site / estate proposals are reviewed by Site reconfiguration Board. Emergency Planning & Business Contingency Plans in place.	LLR Space Utilisation Review Minutes from Service Reconfiguration Board. PEAT Scores ERIC Scores PPM Performance	(c) Integrated LLR Estates strategy (linked to agreed clinical model, capacity and assets) (c) LLR Space Utilisation not yet integrated into UHL Estate Strategy.	Develop an LLR Estates Vision in support of the clinical strategy. Target backlog to high risk elements on an annual basis, where there are greater consequences from a failure Develop LLR service configuration supported by most efficient use of estate Develop downsizing plans as part of LLR Estates Strategy.	3x3=9	Dec 2011 Apr2012 Mar 2012 Mar 2012	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

N.B. End of month unless otherwise stated

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

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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) Lack of clinical engagement	Quality assess all CIPs for impact on quality of care Reviewing external support options around 2012/13 CIP programme	4X5=20	Oct 11 updated recovery plan Nov11 – updated divisional / CBU forecasts for 2011/12	Director of F&P Director of F&P
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	Q&P report Monitoring of clinical project plans 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

N.B. End of month unless otherwise stated

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a b	**11. IM&T** **Lack of IT strategy and exploitation**	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	New CIO appointed KPI reporting pack review by senior IM&T team, to look at performance trending. Communications with internal and external stakeholders New structure and operating model for IM&T Draft new IT strategy developed – currently going through the process of gaining trust approval	3x4=12	CIO in post. Managed Service contract for PACS approved and in place. IM&T Strategy Group Established and minutes available. IM&T KPIs reviewed by IM&T Board on a monthly basis. Programme and project plan discipline implemented, including benefits realisation.	Incidence of PACS Failures reduced Increased number of help desk calls resolved MOC Completed LLR IM&T Delivery Board Minutes	(a) KPIs not reviewed outside IM&T (a)KPIs not benchmarked with other Trusts.	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	3x3=9	Dec 11 Oct 11 Mar 12	Director of Strategy Director of Strategy Director of Strategy

N.B. End of month unless otherwise stated

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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	Agreed referral guidance in place Identified clinician capacity Increased provision of capacity Backlog plan in place Review of bed allocation Transformational theatre project established Transformational Outpatient project established Staff recruited to support activity Access target monitoring as CIP's are implemented to ensure no impact. Dedicated theatre project lead Review of Out-patient management to support delivery of plan Monthly monitoring of theatre utilisation to ensure use if inefficient theatre capacity within normalised working UHL Infection Prevention Plan	3x4=12	Monthly 18/52 minutes Monthly Q&P report Monthly heat map report Enhanced staff recruited to deliver activity RTT performance reports Theatre Board progress report Monthly contract minutes UHL Winter Plan OP project PID and minutes HII reports Quality schedule/CQUIN reports Quarterly self assessment results reported to UHL IPC and PCT commissioners via Quality Schedule.	Reducing patient waiting times evident Improving theatre efficiency and performance Reducing level of CDT Reducing patient theatre cancellation rate Delivery of quality Schedule and CQUIN Achievement of RTT	(c) Plans to ensure maintenance of backlog plan (c) Impact of new target delivery with network trusts (c) Diagnostic capacity for target maintenance (a)Capacity and capability for continued delivery	Review diagnostic capacity for Operating Framework delivery Review compliance re medical Hand Hygiene training	3x2=6	Sept 11 Oct 11	COO/CN/Div Manager CSD COO/CN/CBU Leads

N.B. End of month unless otherwise stated

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

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a b c d	**13. Skill shortages due to lack of staff numbers / lack of development opportunities**	Cause Lack of the development of a learning and development organisational culture Lack of resource to invest in development opportunities Certain nursing grades scarce Inability to recruit and retain appropriately skilled staff Consequence Lack of sustainability of middle grade rotas Quality compromised, increased clinical risk Inadequate skills to deliver good quality patient care Additional expenditure on agency staff and the consequential reduction in quality this can result in Compliance with external standards may be affected High staff turnover rates so lack of continuity	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 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	Improved turnover rates Improved ability to recruit to areas of shortage Higher compliance with appraisal rates Trust Board reports Organisational Development and Workforce Committee Reports Improving Local Staff Polling Results Improving national staff attitude and opinion results Training and Development plans monitored via TED group	Consistently good turnover rate (monitored via Q&P) Recruitment of advanced nurse practitioners Steady increase in midwife numbers Nurse:bed radio meets national compliance Reduction in premium workforce Recruitment of post-graduate workforce	(a) Need to ensure that the detail underneath the organisational figures are understood (a) Succession plan in development	Continue to build strategic relationships with training 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 Continue to ensure compliance with both mandatory and statutory training requirements	2x4=8	Nov 11 Review Oct 11 Quarterly update Review Dec 11	Director of HR Director of HR Director of HR Director of HR

N.B. End of month unless otherwise stated

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b c	**14. Clinical Leadership**	Inability to responsively change service model to meet changing healthcare needs	Appointment of Assistant Medical Director with responsibility for medical engagement Medical Engagement strategy Trust wide MSC Work with Warwick University on medical engagement Monthly CBU Medical Lead meetings GP engagement strategy Attendance at TB meetings	4x3=12	Medical Engagement survey (Warwick University) Review of ME Strategy at workforce and Committees Minutes of CCIG	Well attended Committee meetings Strong engagement with Transform-ation workstream Positive feedback from GP's Full programme of Consultant meetings	(c) No uniform contract for CBU Medical Leads/HOS Pathology re-design priorities to be agreed	Develop contracts for CBU Medical Leads in order to be clear what is expected in terms of performance Ensure we have the right people in the right post with the right level of support Improve communication with our consultant body (consultant web-site)	4x2=8	Oct 11 Dec 11 Dec 11	Medical Director Medical Director Medical Director

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 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 Evidence of management strength in CBUs	Provision of leadership development and interventions Development and building of organisational capacity and capability on processes to support service redesign IMT strategy to support clinical service redesign Appraisal and setting of stretching objectives aligned to the UHL Strategy 8 point Staff Engagement action plan Organisational development plan Exec led Workforce & OD group Review of divisional structures to identify areas for development/ improvement	4x4=16	Organisational Development and Workforce Committee Papers and reports Trust Board reports Improving Local Staff Poling results (Monthly monitoring of appraisal levels in Q&P report)	Improving trends on staff polling results Implement-ation of CBU structural changes	(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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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 d	**16. Lack of innovation culture**	Cause Lack an innovation culture. Innovation seen as optional 'if we have time to spare'. Consequence 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 Regional Innovation Fund to increase the quantity, spread and speed of innovation, improve quality and increase productivity. East Midlands Quality Observatory agreeing key data sets to enable benchmarking of outcomes and improvements. UHL Transformation Programme starting to stimulate and drive an innovation culture within the organisation	4x3=12	R&D Strategy. CBU & Divisional Business Plans. UHL projects funded through the Regional Innovation Fund. Minutes of Commercial Executive. Trans-formation Programme project plans and highlight reports PhD being sponsored examining how to successfully foster an entrepreneurial culture Commercial Executive established	R&D Committee and Trust Board minutes. Success in last round of 2010/11 Regional Innovation Fund 3 successful BRU applications Ideas forum implemented on InSite.	(a) Lack of a clear base line of current culture and future desired state. (a) Unclear uptake on others innovation. (c) Innovation not incentivised.	Understand and remedy the factors that currently block innovation. Develop a systematic process for sharing, diffusion and adoption. Establish clear mechanisms for incentivising innovation. Analyse and where appropriate implement findings from PhD research	3x2=6	Dec 11 Dec 11 Dec 11 Dec 11	Director of Strategy Director of Strategy Director of Strategy Director of Strategy

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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 b c d	**17. Failure to acquire and failure to retain critical clinical services**	Loss of key tertiary services Potential "snowball" effect Loss of key clinicians and academics Inability to attract best quality clinical staff Inability to achieve academic expectations Adverse outcomes of further tertiary reviews	Creation of strong academic recognition e.g. NIHR Use of market share analysis Use of PLICS data Response to Safe & Sustainable of Paediatric Cardiac surgery Joint planning with NUH re tertiary services	4x4=16	3 x BRU achieved September 2011	Creation of upgraded NIHR status 1st joint exec meeting with NUH 10.11.11 Highest volume response to consultation by 31.7.11 Option A in leading position by 31.8.11		Creation of partnership arrangements – Pharmacy and Medical Technology (meetings with major pharmaceuticals in 2011) Brand creation Estates strategy for Neurology space Service by service review of key services in Planned Care 11/12	4x3=12	Dec 11 Dec 11 Dec 11 Sep 11	Chief Executive Chief Executive Director of Strategy Chief Executive

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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
	18. 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. Silver/gold command training for managers and clinicians. Major incident and Pandemic plans for UHL and the wider health community. UHL Pandemic Working Group Counter Terrorist Awareness training Daily Sitrep Dedicated project managers/leads for major incident planning. Industrial action contingency planning UHL Business Continuity Group Business continuity/ disaster recovery plans. UHL Winter fuel lead LLR Winter resilience plan Road Fuel Shortage Plan Staff capacity plan Regular systems maintenance programmes IT systems redundancies and multiple backup servers Support from manufacturers of equipment	3x3=9	External review of plans and capabilities by East Mids SHA, LLR resilience forum, Leics City PCT, local clinical networks. National Capabilities Survey August 2010. UHL self-assessment against core standard C24 (emergency preparedness) Internal Audit assessment of Business Continuity arrangements (2009/10) SHA Critical Care surge plan review June 2010 SHA BCM review in 2010/11. Major incident exercises Emergency planning and Business Continuity committee meeting reports to G&RMC and Board SHA review of Major Incident Plans (MIPs) in 2010/11.	Compliance with C24 **CBRNE audit results by SHA in Mar 2010.** Majax (fire) feedback from partner agencies Feedback from Trust Decontamin-ation Incident	(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 Exercise Cooper table top	3x3=9	Nov 2011. EMSHA date awaited. Anticipated early October 2011 Oct11 Sep 11.	COO/ Emergency Planning / Business Continuity Lead Business Continuity Lead/Winter Plan Lead COO/CN, Executive Directors COO/BCL

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

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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?