

To:	Trust Board		
From:	Medical Director		
Date:	28 MAY 2012		
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/ Acting 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: <ul style="list-style-type: none"> Amendments have been made to target scores and /or completion dates for many risks. Four risks (8, 9, 10 and 14) have an amended current risk score. A total of 18 actions have been completed during this reporting period and a further 10 have slipped against their original deadlines. The following risks are submitted for review: <ul style="list-style-type: none"> Risk 2 - New entrants to markets. Risk 3 – Relationships with CCGs. Risk 4 - Failure to acquire and retain critical clinical services The 2012/13 SRR/BAF will be developed by identifying principal risks associated with the UHL short-term objectives highlighted in the 2012/13 annual plan. 			
Recommendations <p>Taking into account the contents of this report and its appendices, and the presentation by the Director of Communications and the Director of Strategy in respect of risks two, three and four the Board is invited to:</p> <ol style="list-style-type: none"> review and comment upon this iteration of the SRR/BAF, as it deems appropriate, with particular reference to the risks above. 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 			

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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.	
Previously considered at another corporate UHL Committee? Yes – Executive Team	
Strategic Risk Register Yes	Performance KPIs year to date No
Resource Implications (e.g. Financial, HR) N/A	
Assurance Implications Yes	
Patient and Public Involvement (PPI) Implications Yes.	
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: 28 MAY 2012

REPORT BY: MEDICAL DIRECTOR

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

1. INTRODUCTION

1.1 This report provides the Board with:-

- a) A copy of the SRR / BAF as of 30 April 2012 (appendix one).
- b) A summary of risk movements from the previous month (appendix two).
- b) A summary of changes to actions (appendix three).
- c) Suggested areas for scrutiny of the SRR/BAF (appendix four).

**2. STRATEGIC RISK REGISTER/ BOARD ASSURANCE FRAMEWORK 2011/12:
POSITION AS OF 30 APRIL 2012**

2.1 The SRR/BAF is updated on a monthly basis by the risk owners and is presented to the Executive Team (ET) on a monthly basis for consideration prior to submission to the Board. Changes have been agreed by the risk owners and are highlighted in red in appendix one.

2.2 As part of the monthly review of the SRR/BAF the ET discuss the level of confidence as to whether each risk is likely to achieve its target score within specified timescales. Previous timescales for completion were based on the date of any final mitigating action and it is recognised that the outcomes of the actions in terms of mitigation may not occur immediately and therefore the previous timescales may not have been realistic. Amendments have been made to target scores and /or completion dates for the following risks (see further detail in appendix two):

- Risk 1
- Risk 3
- Risk 4
- Risk 6
- Risk 7
- Risk 8
- Risk 9
- Risk 10
- Risk 12
- Risk 13
- Risk 14
- Risk 15
- Risk 17

2.3 Four risks have an altered current risk score and are listed below and reflected in appendix two:

- Risk 8 – ‘Deteriorating patient experience’ (increased from 20 - 25).
- Risk 9 - ‘CIP delivery’ (decreased from 25 – 20).

- Risk 10 - 'Readmission rates don't reduce (decreased from 12 – 8)
 - Risk 14 – Ineffective clinical leadership (reduced from 16 – 12)
- 2.4 A total of 18 actions have been completed during this reporting period and a further 10 have slipped against their original deadlines. None of the associated risk scores have increased due to this slippage. A summary of changes to actions including is attached at appendix three.
- 2.5 To provide regular scrutiny of strategic risks on a cyclical basis a small number of risks will be selected at each meeting for Board members to review against the parameters listed in appendix 4. The following risks are submitted for review:
- Risk 2 - New entrants to markets. (Previously presented Oct 11).
 - Risk 3 – Relationships with CCGs. (Previously presented Oct 11).
 - Risk 4 - Failure to acquire and retain critical clinical services (Previously presented Nov 11).
- 3. DEVELOPMENT OF 2012/13 SRR/BAF**
- 3.1 The 2012/13 UHL Annual Plan identifies eight short-term objectives to be achieved during 2012/13 to enable UHL to achieve its six long-term strategic objectives. It is proposed that future SRR/BAFs will identify the principal risks associated with the shorter term objectives subsequently allowing us to annually refresh the SRR/BAF as the short-term objectives for each year are identified.
- 3.2 Plans are currently being made to hold a specific meeting with Board members to identify the principal risks and to populate the 2012/13 SRR/BAF. It is anticipated that the session will be jointly facilitated by the UHL risk team and internal auditors and will include a short risk awareness presentation.
- 4. RECOMMENDATIONS**
- 4.1 Taking into account the contents of this report and its appendices, and the presentation by the Director of Communications and the Director of Strategy in respect of risks two, three and four the 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
20 May 2012

PERIOD: 1 APRIL 2012 – 30 APRIL 2012



STRATEGIC GOALS

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

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

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

Objective	Risk	Cause /Consequence	Controls	Current Risk	Assurance On Controls	Positive Assurance	Gaps in Assurance (a) / Control (c)	Actions for Further Control	Target Risk	Due Date	Risk / Action Owner
a c	1. Continued overheating of emergency care system (Cross reference to risk 17)	Causes: Lack of middle grade/senior decision makers	Increased recruitment of revised workforce (including ED consultants / middle grade Drs)	5x 5=25 Patients	Task Force minutes	Workforce changes progressing and new starters commenced	(c) Absence of an agreed action plan at present to divert attendances	Increased flexibility plans to be developed	4x5=20	Nov 2012	Chief Executive
		Behaviour of new clinical commissioning groups	Frail elderly project in place				(c) fragility in ED performance				
		Small footprint									
		Delays in discharge efficiency	'Right Time, Right Place' initiative		Daily /weekly ED performance	Significantly improved ED 4 hour performance (since 22/11/11)	(c) 'Right Time. Right Place' not effectively controlling all risks				
		Re-beds	LLR emergency Plan		Trust Board ECN Report	Improving position for: EDD	Workshop to be held in May 12 to review strategy development / Capacity planning if ECN does not meet metrics				
		Delays in discharge to community beds	LLR ECN Project		Monthly Trust Board UHL report	Discharge before 13.00 Ward/board rounds		(a) absence of assurance from partner agencies re: metric outcome			
		Late evening bed bureau arrivals	Ward Discharge metrics		Q & P report	(a) No clear metrics or accountabilities for EMAS performance		Completion of capital expansion (as agreed by PCT)			
		Consequences Clinical risk within ED	Common metrics for reporting across all stakeholders		ESIST report	c) No integrated strategy for UHL/LPT discharge and use of Community hospitals		New Pathway projects in development			
		Major operational distraction to whole of UHL	CQUIN linked to in patient flow efficiency								
		Financial loss (30% marginal rate)	Emergency Care is a key theme for regular discussion at ET								
Poor winter planning – inefficient/sub-optimal care	Representatives from Clinical Commissioning Groups attend ET bi-monthly re emergency care										
Insufficient bed capacity in particular on AMUs	Actions associated with recent trust bed capacity risk assessment										
Poor patient experience											

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

Objective	Risk	Cause /Consequence	Controls	Current Risk	Assurance On Controls	Positive Assurance	Gaps in Assurance (a) / Control (c)	Actions for Further Control	Target Risk	Due Date	Risk / Action Owner
a b	2. New entrants to market (AWP/TCS)	<p><u>Cause</u> TCS agenda. (Elective care bundle/UCC). Impact of Health and Social Care Bill. – ‘Any willing provider Financial climate.</p> <p>Insufficient expertise for tendering at CBU or corporate level.</p> <p><u>Consequence</u> Downside: Loss of market share, business, services and revenue. Increased competition from competitors</p> <p>Upside: Opportunities to develop partnerships and grow income streams.</p>	<p>GP Head of Service to help secure referrals and improve service quality.</p> <p>Review of market analysis – quarterly at F&P Committee.</p> <p>Rigorous market assessment to clearly identify opportunities to create new markets</p> <p>Market share analysis and quarterly report, linked to SLR / PLICS</p> <p>Clinical involvement in Commissioning.</p> <p>Tendering process for services (elective care bundle & UCC).</p> <p>Links established with PCT Cluster regarding Elective care Bundle Tendering expertise reviewed for major procurements. Programme team with relevant resources agreed established to support Elective Care Bundle; external support agreed for other major procurements as required.</p>	4x3=12 Business	<p>GP Temperature Check. Completed in May 2011.</p> <p>F&P and Exec Team minutes on a quarterly basis where market share analysis has been discussed.</p> <p>Divisional and CBU market assessments and competitor analysis. Completed on an annual basis as part of the annual planning process.</p> <p>Market share analysis reported to F&P Quarterly.</p> <p>Commissioning meetings.</p> <p>Tendering meetings.</p> <p>Monthly meetings between CCGs and Exec Team</p>	<p>Improved services in areas that are important to our customers.</p> <p>Commissioner e.g. discharge letters</p>	<p>(a) Quarterly monitoring market gain/loss at Trust Board level.</p> <p>(a) Further development of market share vs quality vs profitability analysis.</p>	<p>Clinical Vision completed, detailed Strategy will be completed as part of the IBP.</p>	3x2=6	Jun 2012	Director of Strategy

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

Objective	Risk	Cause /Consequence	Controls	Current Risk	Assurance On Controls	Positive Assurance	Gaps in Assurance (a) / Control (c)	Actions for Further Control	Target Risk	Due Date	Risk / Action Owner
a b c	3 Deteriorating relationships with Clinical commissioning groups	<p>Cause</p> <p>1. Weak relationships with GPs as result of historical lack of engagement by UHL</p> <p>2. Lack of understanding / trust between UHL leaders and CCG leaders</p> <p>3. Lack of evidence of pathway redesign</p> <p>Consequence 1. High levels of GP (customer) dissatisfaction with UHL services. > loss of market share / revenue > lower hurdles for competition > No grass root support from GPs regardless of strength of CCG leader relationships.</p> <p>Consequence 2. 2. Breakdown in key relationships with commissioning decision makers. > Integration / pathway redesign harder > Contract negotiation over 'transformation' > Reputation</p>	<p>GP Head of Service GP relationships action plan part 2 GP value added > training / Podcasts Getting the basics right > GP Hotline (launched 9th May) GP Referrers Guide (launched April) OP letters 20+ services now transmitting electronically (ahead of schedule) Discharge letters within 24 hours GP newsletter</p> <p><u>Re-alignment</u> of senior clinicians and executive directors to clinical commissioning groups</p> <p>Involvement of UHL clinicians in contracting round to provide consistency and expertise</p> <p>Joint working groups to develop key strategies</p> <p>Event to welcome CCG Lay board members</p>	4x4=16 Business	<p>GP temperature check (part 3) in May 2012.</p> <p>Informal feedback from GPs re: Guide / hotline / letters</p> <p>CCG funding = £285k for letters & GP hotline</p> <p>1/4rly Market share analysis to F&P</p> <p>CCIG monthly meeting</p> <p>LLR Reconfiguration Board</p>	<p>GP temperature Check part 2 +ve</p> <p>20 services now transmitting</p> <p>Market share stable across <u>most</u> services</p> <p>CCG sign off of 12/13 AOP</p> <p>CCIG minutes</p> <p>CCG (eventual agreement to 12/13 contract and C&C changes)</p> <p>Agreement of LLR Reconfig' joint vision and</p>	<p>Temperature check (part 3) results in June 12</p> <p>Anecdotal feedback on new initiatives</p> <p><u>All</u> letters transmitted electronically</p> <p>Ophthalmology first GP referral –ve 9% ENT –ve 12%</p>	<p>Empirical feedback on new initiatives</p> <p>Fully developed plan for ICE / Transcription interface</p> <p>Analyse and plan intervention to restore share.</p> <p>Be the successful bidder for the East Leicestershire & Rutland CCG.</p>	3x3=9	<p>Jun / Jul 12</p> <p>30th Sep 12</p> <p>Jul 12</p> <p>Dec 12 (winner announced)</p>	<p>Director of Comms</p> <p>Director of Comms</p> <p>Director of Comms</p> <p>DoF</p>

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

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

Objective	Risk	Cause /Consequence	Controls	Current Risk	Assurance On Controls	Positive Assurance	Gaps in Assurance (a) / Control (c)	Actions for Further Control	Target Risk	Due Date	Risk / Action Owner
c d	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, Elective Care Bundle)	<u>Cause</u> National Reviews of specialist services Potential 'snowball effect' Cost Effectiveness.	EMCHC Strategy and Programme Boards. Risks identified through business plans. Campaign to support paediatric cardiac services/repatriate services.	4x4=16 Financial/ reputational	EMCHC reports & minutes (bi-weekly).	ECMO contract in place.	(c) Do not have an agreed service profile for tertiary services	Marketing strategy for focus services we agree to develop identified in Annual Plans	3x3=9	Review Jul 2012	Director of Strategy
		<u>Consequence</u> Loss of key clinicians Inability to attract best quality staff Inability to achieve academic expectations Adverse outcome of further tertiary reviews Significant loss of income <u>Upside:</u> Retain local, regional and national profile, potential to grow services, improved recruitment and retention, increased R&D potential.	Commissioner support and engagement. Major Trauma Network group established. Participation of key UHL clinicians. ECMO NCG/Board engagement. Regular review by Exec Team & Trust Board. Strong academic recognition Joint planning with NUH re tertiary services Ongoing dialogue with other children's cardiac centres to ensure strong proposal on sustainable network Co-location of ENT with Children's Cardiac Services.		Campaign response numbers. (Sept 2011). Feedback from public consultation. (Sept 2011) Major Trauma Network minutes & actions (quarterly). TB and Exec Team papers (monthly & weekly). Quarterly Network Meetings SLR Data in Business Plans	Campaign response results Lead co-coordinating centre/national training for ECMO. 3 BRUS achieved in Sept 2011 Leicester in highest scoring option for Safe & Sustainable	(c) Identified gaps in Children's Cardiac Service (e.g. co-location of ENT) could impact on final score and preferred option.	Achieve FT Status, which is critical for controlling own destiny and retaining / attracting critical services.		Review Apr 2013	Director of Strategy

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Objective	Risk	Cause /Consequence	Controls	Current Risk	Assurance On Controls	Positive Assurance	Gaps in Assurance (a) / Control (c)	Actions for Further Control	Target Risk	Due Date	Risk / Action Owner
a b	5. Lack of appropriate PbR income (Previously loss making services)	Causes: Limited clinical engagement in clinical coding Relatively lean contracting team Failure to achieve key operational ratios defined by commissioners (e.g. New/Follow up OP ratios) Level of penalties for readmissions not based on clinical evidence Risk of new CCGs pursuing a “competition-based” agenda Sub-tariff commissioning Consequence: Service innovation constrained by contract penalties Services have to be internally cross subsidised Risk of increasing clinical risk through pursuit of inappropriate cost reductions Impact on Trust’s ability to deliver statutory targets (i.e. breakeven).	High level SLR analysis of service profitability Clinical coding project Introduction of coding control sheets Portfolio review in Q3 2011/12 Alignment of UHL clinical leads to clinical commissioning consortia (CCGs) and engagement in the contracting process Monitored rollout of PLICS to clinicians across the Trust. 2012/13 CIP targets based on PLICS/ SR position 2012/13 CIP targets based on PLICS/ SR position	4x3 =12 Financial	Monthly SLR/PLICS data	Counting and coding changes agreed for 2012/13 contracting round	(a) Still some underlying issues in data robustness	2012/ 13 Counting and coding & contract renewal process	4X3=12	Sep 2012	Director of F&P
					SLR/PLICS presentations	Positive Internal audit review of annual RCI (PLICS) cost attribution methodology	(c) Major deterioration in 2011/12 forecast outturn. (a) No external assurance to date on the value of the counting & coding changes	Increased team resources needed in PLICs team Clinically led review of readmissions now under-way Focussed resource on strategic alignment		Jul 2012	Director of F&P
					New PLICS licences secured					July2012	DD W&C
					Monthly financial reporting					Q2 2012	Director of Strategy

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

Objective	Risk	Cause /Consequence	Controls	Current Risk	Assurance On Controls	Positive Assurance	Gaps in Assurance (a) / Control (c)	Actions for Further Control	Target Risk	Due Date	Risk / Action Owner
a b c d	6. Loss of liquidity	<p><u>Causes</u> Operating losses ytd. Cumulative impact of non standard contract</p> <p><u>Consequences</u> Unable to invest in core services or develop new services 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>Restrictions to the UHL Capital Plan to generate cash</p> <p>Negotiations with suppliers</p> <p>Rolling 3m cash forecast</p>	4x5=20 Financial	<p>Weekly cash reporting</p> <p>Monthly reforecast</p>	<p>Maintaining positive cash balances</p> <p>Improvement in creditor days</p> <p>Deloitte and Finnamore review of cash and liquidity</p> <p>Commissioners' offer to fund strategic transition</p> <p>Discussion at DoH escalation meeting to review TFA confirmed that DoH medium term loan could be provided immediately pre authorisation as FT.</p>	(c) Lack of solution to structural lack of liquidity is incomplete until contractual / I&E position is stabilised.	Strategic funding request to M&E SHA	4X4=16	Jun 2012	Director of F & P

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

Objective	Risk	Cause /Consequence	Controls	Current Risk	Assurance On Controls	Positive Assurance	Gaps in Assurance (a) / Control (c)	Actions for Further Control	Target Risk	Due Date	Risk / Action Owner
a b	7. Estates issues	Cause Lack of clear estate strategy since cancellation of Pathway	UHL Service Reconfiguration Board established, with representation from all Divisions.	4x4=16 Business/Financial	Minutes of Service reconfiguration board reported to Exec Team.	LLR Space Utilisation Review	(c) Lack of agreed UHL Estates strategy	Further develop UHL Estates Strategy	3x3=9	Review Oct 2012	Director of Strategy
	Estates development strategy	Consequence Sub-optimum configuration of services.			Service activity and efficiency performance monitoring reported monthly to FM Board.	All site / estate proposals are reviewed by Site Reconfiguration Board Good PEAT scores	(c) No Integrated LLR Estates strategy (linked to agreed clinical model, capacity and assets)	Agree LLR service configuration /downsizing supported by most efficient use of estate.		Review Sep 2012	Director of Strategy
	Investment in Estate	Over provision of assets across LLR Significant backlog maintenance	Governance for site reconfiguration now expanded to include LLR implications and input. £6 million per year allocated to reducing backlog maintenance Recruitment into vacancies		Annual PEAT Scores	Capital Bid evaluation	(c) Backlog will take several years of investment to reduce. (c) Estates staffing & recruitment and retention issues.	Target backlog to high risk elements on an annual basis, where there are greater consequences from a failure. Develop more staff into key roles		Review Sep 2012 Oct 2012	Director of Strategy Director of Strategy
	Unplanned utility Service Interruption	Failure of electrical, water, gas, steam, infrastructure	Planned Preventative Maintenance (PPM) schedules in place Emergency Planning & Business Contingency Plans in place for estates infrastructure failures		Testing programmes	Capital / backlog programme of works.	(c) Limited number of Authorised Specialist Services in-house				
	Delayed implementation of LLR FM	Quality and / or cost	Planned project Progression, risks identified Estates Vision in support of the clinical strategy.		Regular reviews	External scrutiny and validation	(c) External influences beyond UHL control, Economy, Political initiatives, Activity / Income generation	Maintain a risk log for the project. Gateway Review		Full implementation in Jan 2013	Director of Strategy
	N.B. Action dates are end of month unless otherwise stated										Page 8

Objective	Risk	Cause /Consequence	Controls	Current Risk	Assurance On Controls	Positive Assurance	Gaps in Assurance (a) / Control (c)	Actions for Further Control	Target Risk	Due Date	Risk / Action Owner
b	8.Deteriorating patient experience	<p>Causes: Cancelled operations Poor communications Increased waiting times for elective and emergency patients Poor clinical outcomes Lack of patient information Poor customer service Overheating of emergency care system leading over demand for AMU admissions. 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 Failure to meet CQC requirements.</p>	<p>Monthly patient polling Patient Experience plan and projects Local awareness of LLR Emergency Care communication plan Caring @ its Best Divisional projects and dashboard National Patient Survey Engagement of Age UK, LINKS 10 point plan Introduction of emergency co-ordinator Introduction of escalation thresholds Theatre and out-patient transformation project Cancellation validation process Clinical quality and OPD/ED metrics Improved data analysis illustrating trends and prediction of key risk areas. Engagement of consortia members and ECN for campaign Draft internal standards developed by working group Clinical Audit programme Internal wait group. Trolley monitoring process. FTC flexible labour. Redirection of BB trolley patients. Extra capacity metrics.</p>	5x5=25 Patients	<p>Patient experience minutes Monthly Trust Board report Real time patient feedback Patient Stories Patient Experience data presented with patient safety and outcome measures Outcomes of 10 point plan reported to G&RMC (Sept 11) Exec and Non Exec safety walkabouts Quarterly theatre reports Divisional reports Specialty Dashboard Clinical Effectiveness minutes Clinical Metric results Q&P and Heat map report GRMC minutes Results from clinical audit Dignity Audit outcomes Metric outcomes</p>	<p>Improving polling scores Increasing patients experience results / feedback Complaints reduction Reducing patient cancelled operations Improving nursing metrics Reduction in bed capacity x 2 wards</p>	<p>(c) Lack of assurance regarding patient experience feedback processes c) Expectations of patients regarding care not being met (c) Increasing waiting time for treatment of surgical emergencies (a) No monitoring and reporting system for internal standards</p>	<p>Summary of patient experience feedback Introduction of NET Promoter Board Reports with Net promoter Scores broken down into specialty and ward level Benchmark Net Promoter Scores with other trusts within SHA Cluster Identify Action Plans within Divisions to address performance for wards not in top quartile for Net Promoter Scores Staff attitude and opinion survey results (that ultimately link to patient experience) to be reported to the UHL Workforce and OD group Internal Waits Group to be established with key metrics Additional critical care capacity to be introduced</p>	5x4=20	<p>Quarterly Monthly May 2012 Jun 2012 Jun 2012 Jun 12 Monthly Jul 12</p>	<p>COO COO COO COO COO Director of HR DD Planned Care DD Acute Division</p>
N.B. Action dates are end of month unless otherwise stated										Page 9	

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

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b c	9. CIP Delivery (previously CIP requirement)	<p>Risk of Quality being compromised, increased clinical risk</p> <p>Failure to achieve statutory breakeven duties</p> <p>Risk of delay/failure of FT project with uncertain consequences thereafter</p>	<p>CIP plan for 2011/12</p> <p>CIPs assessed for impact on quality of care</p> <p>Pan-LLR QIPP plan</p> <p>Transformation board</p> <p>Head of Transformation and project managers for pan-Trust CIP schemes</p> <p>External turnaround support (to Dec 12)</p> <p>Planned reduction in WTE for 2011/12</p> <p>External financial turnaround support for</p> <ul style="list-style-type: none"> • W&C division • Cardiology • Imaging • Medicine • Capacity Planning • TSO • Workforce planning 	5x4=20 Financial	<p>Internal audit review of sample of schemes</p> <p>Weekly metrics</p> <p>Monthly divisional C&C meetings</p> <p>Monitored monthly through F and P Committee and Confirm and challenge</p> <p>TSO now established</p>	<p>External reports confirmed scrutiny of C&C meetings (process)</p>	<p>(a) Lack of consistent recording</p> <p>(c) Plateau on headcount reduction</p> <p>(c) Lack of headcount reduction in first cut 2012/13 CIPs</p>	<p>Development of transformational CIPs will continue into Q1 2012/13</p>	4x4=16	Quarter 1 2012/13	Director of F&P

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a b	10. Readmission rates don't reduce	<p>Contract penalties – for items other than inappropriate readmissions due to acute failings</p> <p>Leakage of money from NHS to LAs if no agreement on reablement</p> <p>Opportunity cost of readmissions e.g. less capacity</p> <p>Continuing risk of sub-optimal patient care</p>	<p>Project board with divisional representation chaired by Divisional Director W&C</p> <p>Readmission action plans across all specialties</p> <p>Regular reporting of readmission trajectory</p> <p>Community readmission Project</p> <p>LPT implemented support for ED</p> <p>Working relationships between admissions board and community workstreams</p> <p>Interim agreement with commissioners on 2011/12 readmissions penalty</p> <p>Third clinical audit on underlying causes of readmissions</p>	4x2=8 Financial/ Patients	<p>Monitoring of clinical project plans</p> <p>Q&P report</p> <p>Community 'flash' scorecard monitored by ECN and Medical Director</p>	<p>Strong clinical engagement</p> <p>Reduction in readmission rates</p> <p>Recent FTN paper on readmissions</p>	<p>(c) Still to agree scope of third clinical readmissions audit with commissioners</p> <p>(c) Heavy dependence on Community Project board</p>	<p>Focussed action plans to agree counting and coding of readmissions / new pathways and to isolate the cohort of patients receiving sub-optimal acute care</p> <p>Transformation scheme plans for 2012/13 to be developed</p> <p>Clinically based audit in Q1 to establish baselines from which appropriate workstreams will be determined for 2012/13.</p>	4x2=8	<p>May 2012</p> <p>Jun 12</p> <p>Jun 12</p>	<p>Director of F&P</p> <p>Director of F&P</p> <p>Director of F&P</p>

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a b	11. IM&T Lack of organisational IT exploitation	Causes Insufficient capacity and capability in IM&T	Chief Information Officer	4x3=12 Business	CIO in post.	MOC Completed	(a) KPIs not reviewed outside IM&T	Outline Business case to be developed for future systems	3x3=9	Next review Sep 2012	Director of Strategy
		Failure of NPfIT to deliver an integrated IT solution	Communications with internal and external stakeholders		IT strategy agreed by TB Nov 2011 implementation plan in place	New Service Desk Team Leader in post (secondment) – performance increasing	(c) Vacancies in IM&T operations	Review KPIs quarterly through Q&P and ensure this includes benchmarking		Jun 2012	Director of Strategy
		Organisational development has not focused on key IT skills and capabilities	New structure and operating model for IM&T		Project management documentation	(a) KPIs not benchmarked with other Trusts.	Procure IM&T Strategic Partner to increase capacity and capability	May 2012		Director of Strategy	
N.B. Action dates are end of month unless otherwise stated											
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UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – STRATEGIC RISK REGISTER/ BOARD ASSURANCE FRAMEWORK

Objective	Risk	Cause /Consequence	Controls	Current Risk	Assurance On Controls	Positive Assurance	Gaps in Assurance (a) / Control (c)	Actions for Further Control	Target Risk	Due Date	Risk / Action Owner
a b	12. Non-delivery of operating framework targets	<p>Causes:</p> <p>External factors i.e. Pandemic</p> <p>Poor system management Demand greater than supply ability</p> <p>Inefficient administrative procedures</p> <p>Lack of clinician availability</p> <p>Consequences</p> <p>Patient care at risk</p> <p>Reduced choice – reduced activity</p> <p>Risk of Contract penalties</p> <p>Reduced income stream</p> <p>Poor patient experience</p> <p>Increased waiting times</p> <p>Failure to achieve FT</p> <p>Failure to meet MONITOR and CQC targets</p> <p>Deteriorating infection prevention measures</p> <p>Lack of critical care capacity</p>	<p>Backlog plan</p> <p>Agreed referral guidance Identified clinician capacity</p> <p>Increased provision of capacity</p> <p>Access target monitoring as CIP's are implemented to ensure no impact.</p> <p>Review of bed allocation</p> <p>Staff recruited to support activity</p> <p>Transformational theatre project established Ensuring efficient utilisation of theatres</p> <p>Transformational Outpatient project established</p> <p>Review of Out-patient management to support delivery of plan UHL Winter Plan</p> <p>UHL Infection Prevention Plan</p> <p>Ongoing review of compliance re medical Hand Hygiene training by CBU boards</p> <p>Plans to deliver maintenance of backlog plan</p>	3x4=12 Patients/ reputational/ financial	<p>Monthly 18/52 minutes RTT performance reports Monthly heat map report Monthly Q&P report HII reports Quality schedule/CQUIN reports</p> <p>Theatre Board progress report Monthly monitoring of theatre utilisation to theatre project Board</p> <p>OP project PID and minutes reported to Monthly contract meeting</p> <p>Daily / weekly sitrep reporting</p> <p>Quarterly self assessment results reported to UHL IPC and PCT</p>	<p>Reducing patient waiting times evident</p> <p>Delivery of quality Schedule and CQUIN</p> <p>Achievement of RTT targets</p> <p>Improving theatre efficiency and performance</p> <p>Reducing level of CDT</p> <p>Increasing numbers of medical staff receiving hand hygiene training (35% Jan 2012)</p>	<p>c) Impact of new target delivery with network trusts</p> <p>(a)Capacity and capability for continued delivery</p> <p>(c) impact of new operating framework targets for 12/13</p> <p>(c) impact of national bowel screening targets</p> <p>(c) impact of national breast screening targets</p>	<p>Quarterly contract with referring Trust</p> <p>Recruitment of CBU Manager vacancies</p> <p>External audit overview of cancer pathway</p> <p>UHL review of bowel screening referrals.</p> <p>UHL plan to be crafted for Breast Screening implementation.</p> <p>LLR review of surgical capacity and demand to be undertaken</p>	3x2=6	<p>Quarterly</p> <p>July 2012</p> <p>Sep 2012</p> <p>July 2012</p> <p>June 2012</p> <p>Jun 2012</p>	<p>COO/CN</p> <p>DD Planned/ DD W&C</p> <p>COO</p> <p>DD Planned</p> <p>DD CSD</p> <p>COO</p>

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

Objective	Risk	Cause /Consequence	Controls	Current Risk	Assurance On Controls	Positive Assurance	Gaps in Assurance (a) / Control (c)	Actions for Further Control	Target Risk	Due Date	Risk / Action Owner
a b c d	13. Skill shortages	Cause No development of a learning and development culture	Use of EMSHA talent profile and incorporation into appraisal documentation	3x4=12 HR /Patients	Monthly reporting of appraisal rates to TB	Increased appraisal rate compliance	(a) Lack of regularised reporting on work to address targeted recruitment gaps	Review of frequency/reporting lines for the work to address targeted recruitment gaps to ensure regular reporting	2x4=8	Dec 2012	Director of HR
		No resource to invest in development opportunities	Leadership and Talent Management Strategy		OD and Workforce Committee Reports						
		Inability to release staff for education / training	Compliance with mandatory and statutory training requirements being monitored by Education leads								
		Inability to recruit and retain appropriately skilled staff	Associate Medical Director for Clinical Education		Specific reports to highlight shortage	Recruitment of advanced nurse practitioners Increase in midwife numbers Nurse: bed ratio meets national compliance	(a)Succession plan still in development	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		Quarterly update	Director of HR
		Consequence Lack of sustainability of some middle grade rotas			Analysis of reasons for joining/ leaving UHL	Recruitment of post-graduate workforce Improvements in junior medical staff fill rates Partnership working between HEI / UHL commended by NMC	(c) Lack of engagement of clinicians.	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)		Review Jun 2012	Director of HR
		Quality compromised, increased clinical risk	Productive strategic relationships and joint working with training partners.		Training and Development plans monitored via TED group and education leads						
		Compliance with external standards may be affected	VITAL results have been collated and priority LBR modules for nursing / AHPs identified								
		Additional expenditure on agency staff	Adherence to Divisional and Corporate Training Plans and continued development of alternatives models of training		Monthly budget reports	Consistently good turnover rate Improving national staff attitude and opinion results		Appropriate lead Exec Directors to discuss the ongoing work re: strengthening of a UHL brand/ ethos		Review Jun 2012	Director of HR
		High staff turnover rates	Monitoring temporary staff expenditure		Monthly TB report on turnover rates Local Staff Polling /National staff survey						
		N.B. Action dates are end of month unless otherwise stated									

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

Objective	Risk	Cause /Consequence	Controls	Current Risk	Assurance On Controls	Positive Assurance	Gaps in Assurance (a) / Control (c)	Actions for Further Control	Target Risk	Due Date	Risk / Action Owner
b c	14. Ineffective Clinical Leadership	<p>Cause Inability to effectively implement Organisational Development Strategy</p> <p>Consequence Inability to responsively change service model to meet changing healthcare needs</p>	<p>Medical Engagement strategy</p> <p>UHL Leadership Academy</p> <p>Work with Warwick University on medical engagement</p> <p>GP engagement strategy</p> <p>Secondary care representation on CCG</p> <p>Participation in NHS leadership framework scheme</p> <p>Links continue to be developed with organisations with a successful track record.</p> <p>CCG commitment to develop clinical leadership within UHL</p>	4x3=12 Business	<p>Medical Engagement survey (Warwick University)</p> <p>Review of Clinical Engagement Strategies at OD and Workforce Committee</p> <p>Joint multi organisation clinically led working with LLR CCG</p>	<p>Well attended Medical Staff Committee meetings</p> <p>Structured New consultant program</p> <p>Strong clinical engagement with Transformation workstream</p> <p>Positive feedback from GP's</p>	<p>c) ME scale not yet repeated</p> <p>(c) Problematic communications with clinical staff</p> <p>(a) No strong track record of confidence and experience of success in our medical leaders</p> <p>(c) No formal links with CGC agreed</p>	<p>Implementation of plan to improve communication with our consultant body (consultant web-site, web accessible e mail)</p> <p>Releasing time for clinical leaders to engage constructively with CCGs</p>	4x2=8	<p>Review of progress Jun 2012</p> <p>Aug 12</p>	<p>Medical Director</p> <p>Medical Director</p>

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

Objective	Risk	Cause /Consequence	Controls	Current Risk	Assurance On Controls	Positive Assurance	Gaps in Assurance (a) / Control (c)	Actions for Further Control	Target Risk	Due Date	Risk / Action Owner			
a b c d	15. Management Capability / stretch	Causes Lack of development opportunities	Leadership development and interventions	5x4=20 Business	OD and Workforce Committee Papers and reports	Implementation of CBU structural changes	(a) Areas that are not improving based on survey results	Supplement internal resource with external capability where required	4x4=16	Review Oct 12	Director of HR			
		Lack of experience and skills	Development and building of organisational capacity and capability on processes to support service redesign		Trust Board reports		(a) lack of Corporate alignment re: objectives	Core objectives for Exec Team 2012 /13 to be agreed		Mar 12	Chief Executive			
		Staff do not understand the environment we are transitioning into	Organisational development plan					Ensure the right people in the right post with the right level of support		Six monthly results	Director of HR			
		Size of the challenge	Exec led Workforce & OD group					Ensure managers have the right training to fulfil their roles.		Review Oct 2012	Director of HR			
		Environment	Consequences Inability to support changes to service model			Mentoring and coaching training for Medical Leaders		Integration of NHS Leadership framework within UHL		Review Jul 2012	Director of HR			
		Lack of focus on key metrics and service delivery	Annual business planning template including capacity and capability and leadership and governance		Local Staff Polling results	Improving Staff polling results	(a) Staff responses still poor	Increased Executive and NED accountability		Review May 2012	Chief Executive			
		Gaps in middle management leadership	8 point Staff Engagement action plan					Local staff polling performance provided to Workforce and OD committee by Div Dirs		(c) Ineffective succession planning	Develop effective succession planning for the '100'	Dec 2012	Director of HR	
		Inadequate organisational development	Review of divisional structures to identify areas for development/ improvement								(c) Lack of challenge and scrutiny of performance and quality at divisional level	Strengthening of corporate directorate/ divisional infrastructure	Oct 12	Chief Executive
			Appraisal and setting of stretching objectives aligned to the UHL Strategy									Monthly monitoring of appraisal levels in Q&P report	Appraisal rates good	Review of leadership and talent management strategy as part of Organisational development plan refresh
					Monthly confirm and challenge exercise with divisions									
N.B. Action dates are end of month unless otherwise stated										Page 16				
			IMT strategy to support clinical service redesign											

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

Objective	Risk	Cause /Consequence	Controls	Current Risk	Assurance On Controls	Positive Assurance	Gaps in Assurance (a) / Control (c)	Actions for Further Control	Target Risk	Due Date	Risk / Action Owner
b c d	16. Lack of innovation culture	Cause Lack an innovation culture. Innovation seen as optional 'if we have time to spare'	Board level lead for innovation working with the SHA to further develop the NHS East Midlands Innovation Strategy	4x3=12 Business/ Financial	CBU & Divisional Business Plans.		(a) Lack of a clear base line of current culture and future desired state.	Fully implement innovation elements of OD Plan.	3x2=6	April 2013	Director of Strategy
		Lack of support when developing new models	UHL Transformation Programme to stimulate and drive an innovation culture within the organisation		UHL projects funded through the Regional Innovation Fund.	Success in last round of 2010/11 Regional Innovation Fund	(a) Unclear uptake on others innovation.				
		Too focussed on immediate operational issues (firefighting)	Deloitte and Finnamore to help identify areas of innovation			Successful Experimental Cancer Medicine Centre application	(c) Innovation not incentivised.	Establish clear mechanisms for incentivising innovation.		Nov 2012	Director of Strategy
		Consequence Low staff morale	Commercial Executive		Minutes of Commercial Executive (monthly)	Opening of 3 new patient centred research facilities	(c) Lack of clinical engagement				
		Downside Outmoded models of delivery increasingly expensive and vulnerable	R&D Committee/ strategy		Minutes of R&D Committee (monthly)	Successful application for BRU capital funding					
		Upside A health system that supports the spread and adoption of evidence-based innovative systems, products, practices and technologies.	PhD sponsored to examine how to successfully foster an entrepreneurial culture		Transformation Programme project plans and highlight reports (Bi-weekly Transformation Board)	Good clinical engagement with R&D Committee					
			Shared learning with innovative organisations		Ideas forum on InSite	Increasing number of ideas generated					

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

Objective	Risk	Cause /Consequence	Controls	Current Risk	Assurance On Controls	Positive Assurance	Gaps in Assurance (a) / Control (c)	Actions for Further Control	Target Risk	Due Date	Risk / Action Owner
	17. Organisation may be overwhelmed by unplanned events (Cross reference to risk 1 in the context of major internal incidents)	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 Overheating of emergency care process 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 Winter plan review 'Exercise Cameron' table top 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 Patients/Financial/ Statutory	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 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 (c) Update plan in relation to CBRN	Exercise 'Olympic Shower' UHL Major Incident Plan to be updated following 'exercise Marble' Annual Emergency planning Report identifying practice	3x3=9	May 2012 May 2012 May 2012	COO/BCL COO/BCL COO

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

Objective	Risk	Cause /Consequence	Controls	Current Risk	Assurance On Controls	Positive Assurance	Gaps in Assurance (a) / Control (c)	Actions for Further Control	Target Risk	Due Date	Risk / Action Owner
abcd	18 Inadequate organisational development	<p>Cause Lack of specific development programme for change management. Inadequate recognition of changes required to organisational culture and correlation between actions and effects on organisational culture. Low levels of Staff Engagement.</p> <p>Board development knowledge based rather than skills based.</p> <p>Inadequate equipping of managers, leaders, staff for change.</p> <p>Consequences Poor quality and efficiency of service to patients and service delivery</p> <p>Poor Trust reputation</p> <p>Inconsistent behaviour against trust values</p> <p>Low staff morale</p>	<p>Organisational development plan</p> <p>Non- Exec led Workforce & OD group</p> <p>Staff engagement Strategy, local staff polling and national staff survey</p> <p>Board development programme</p> <p>Talent management / Leadership programme/ Clinical Leadership programme</p> <p>Performance monitoring via Trust Committees and intervention when necessary</p> <p>Divisional quality and performance meetings</p> <p>Performance Excellence programme</p> <p>Greater reward / recognition (e.g. Caring at its Best Awards)</p>	4x4=16 Business/ Patients/Reputation	<p>Range of measurable success criteria reported to ET, Q&PMG and TB</p> <p>National / local Staff Survey Results</p> <p>Reports to Q&PMG, Workforce and OD Committee, and TB Reporting of projects and interventions as part of leadership programme</p> <p>National survey and local polling results</p>	<p>Increased % of staff satisfied in certain elements</p> <p>Increased No of staff performance managed.</p> <p>Increased No of staff reporting a positive and valued appraisal</p>	<p>(a) Larger no. of staff responses required.</p> <p>(c) 2011 staff engagement 8 point plan not yet implemented (c) Board development content /structure requires revision</p> <p>(a) '100' talent profile not adequately discussed at appraisal (c) Lack of performance monitoring / management at divisional levels</p> <p>(a) Inadequate evidence of change in behaviours (c) High volumes of complaints about staff attitudes/ behaviour c) Lack of clinical leadership development (c) Organisational values and behaviours not embedded</p>	<p>Revision and implementation of the staff engagement strategy and Leadership and Talent Management Strategy</p> <p>Implement 2011 staff engagement 8 point plan</p> <p>Creation and development of organisational development plan to support new strategy</p> <p>Development of comprehensive leadership and development programme</p> <p>Define organisational approach in embedding UHL values and behaviours</p>	3x4=12	<p>Sept 2012</p> <p>Review Jul 2012</p> <p>Sept 2012</p> <p>Sept 2012</p> <p>Review July 2012</p>	<p>Director of HR</p> <p>Director of HR</p> <p>Director of HR</p> <p>Director of HR / Director of Corp and Legal Affairs</p> <p>Director of HR</p>

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

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

Objective	Risk	Cause /Consequence	Controls	Current Risk	Assurance On Controls	Positive Assurance	Gaps in Assurance (a) / Control (c)	Actions for Further Control	Target Risk	Due Date	Risk / Action Owner
abcd	19 Inadequate data protection and confidentiality standards	Cause Lack of compliance with existing data protection and confidentiality standards. Inadequate recognition of minimum standards required to protect patient and key corporate information. Limited levels of Staff Engagement and understanding despite previous training approaches. Board compliance requirements knowledge based rather than skills based. Inadequate updating of managers, leaders, staff for managing personal information to compliance standard. Consequences Poor protection of highly sensitive personal data relating to patients and staff Damage to corporate reputation from data breaches Inconsistent behaviour against trust values Limited staff understanding	Information Governance Steering Group and associated strategy work programme	4x4=16 Statutory/ reputational	Range of measurable success criteria including new KPIs reported to SIRO and ET, Q&PMG and IG Steering Group	Increased % of staff trained in IG to required standards	(c) Large no. of staff not trained to updated DoH standards in IG	Implementation of the updated IG training strategy	3x4=12	Jun 2012	Director of Strategy
			SIRO assessment as part of monthly performance review		National / local IG Compliance Audit Results reported to appropriate committees	Increased no of audits highlighting sound compliance	(c) IG spot-checks audit plans not fully tested in real situations.	Implement IG spot-checks for clinical and non clinical areas		Jun 2012	Director of Strategy
			Caldicott updates for monthly performance plan		Reports to Q&PMG, IG Steering Group, and SIRO reporting of projects and interventions as part of leadership programme	Decreased no of data breaches and other information incidents	(c) Limited clinical engagement	Clarify what is expected in terms of performance and compliance via improved marketing internally aimed at clinical staff		Jun 2012	Director of Strategy
			Annual Information Governance(IG) Toolkit compliance assessment in March					Report on case studies arising from police investigation into breach of policies		Jun 2012	Director of Strategy

UHL STRATEGIC RISKS SUMMARY REPORT – APRIL 2012

Risk No	Risk Title	Current Risk Exp (Apr 12)	Previous Risk (Mar 12)	Target Risk Score and Final Action Date	Risk Owner	Comment
1	Continued overheating of emergency care system	25	25	20 - 2013	Chief Executive	Target score increased.
8	Deteriorating patient experience	25	20	20 – July 12	COO	Current and target risk increased. Target date extended to reflect delays in providing critical care capacity.
9	CIP Delivery	20	25	16 – Jun 12	Director of F&P	Current risk score reduced. Target score reduced.
6	Loss of Liquidity	20	20	16 – Jun 12	Director of F&P	Target date extended reflecting action to request funding from M&E SHA
15	Management Capability / stretch	20	20	16 – Dec 12	Director of HR	Target score increased.
18	Inadequate organisational development	16	16	12 – Sep 12	Director of HR	Target score increased
3	Deteriorating relationships with CCGs	16	16	9 – Dec 12	Director of Comms	Target date extended. Emphasis over the last 12 months has been on 'becoming easier to do business with'. Hence letters, value added, hotline etc. The last GP Temperature check showed that this was making a difference. However, whilst our plan to improve our 'offer' has delivered, there is work to do in terms of the developing our relations with CCG boards.
7	Estates issues Under utilisation and investment in Estates	16	16	9 – Jan 12	Director of Strategy	Target date extended.
4	Failure to acquire and retain critical clinical services	16	16	9 – Apr 13	Director of Strategy	Target date extended due to criticality of achieving FT status to reduce risk
19	Inadequate data protection and confidentiality standards	16	16	12 – Jun 12	Director of Strategy/ IG Manager	
14	Ineffective Clinical Leadership	12	16	8 – Aug 12	Medical Director	Current score reduced. Target date extended to reflect delays in IM&T implementation and new action.
5	Lack of appropriate PbR income (previously Loss making services)	12	12	12 – Sept 12	Director of F&P	
11	IM&T Lack of IT strategy and	12	12	9 – Sep 12	Director of Strategy	

UHL STRATEGIC RISKS SUMMARY REPORT – APRIL 2012

	exploitation					
2	New entrants to market (AWP/TCS	12	12	6 – Jun 12	Director of Comms	
17	Organisation may be overwhelmed by unplanned events	12	12	9 – May 12	COO	Target date extended to reflect new date for exercise 'Olympic Shower'
13	Skill shortages	12	12	8 – Dec 12	Director of HR	Target date extended to reflect ongoing work.
12	Non- delivery of operating framework targets	12	12	6 – Sep12	COO	Target date extended reflecting new actions required to further control risk.
16	Lack of innovation culture	12	12	6 – Apr 13	Director of Strategy	
10	Readmission rates don't reduce	8	12	8 – Jun 12	Director of F&P	Current risk score reduced. Target date extended.

UHL SRR/BAF SUMMARY OF CHANGES TO ACTIONS – APRIL 2012

Risk No.	Action Description	Action Owner	Comment
3	Agree 1 or 2 services for rapid pathway redesign.	Director of Communication	Complete.
3	Obtain PCT and CCG convergence with annual plan and IBP.	Director of Communication	Complete.
4	Develop plan for co-location of ENT (specifically outpatient clinics 9-5) with Children's Cardiac Services.	Director of Strategy	Complete.
4	Seeking compensation from NSCG for transitional costs following loss of solus adult ECMO designation in December 2011.	Director of Strategy	Complete.
6	To deliver a surplus and positive operating cashflow. Ongoing review with Commissioners due to conclude March 12.	Director of Finance	Complete. 2011/12 resulted in a surplus of £88k subject to audit.
7	Develop an LLR Estates Vision in support of the clinical strategy.	Director of Strategy	Complete.
7	Target backlog to high risk elements on an annual basis, where there are greater consequences from a failure.	Director of Strategy	Ongoing. Backlog maintenance programme approved at confirm and challenge review and part of 2012-13 capital programme – ongoing in action for future years so not to be removed. Next review of action September 2012.
7	Recruit into vacancies & develop staff	Director of Strategy	Complete
8	Exec team to agree KPIs and monitoring and reporting system	Medical Director	Complete. KPIs agreed and baseline audit undertaken.
8	Quarterly report on complaint pilot work	Chief Operating Officer	Complete

UHL SRR/BAF SUMMARY OF CHANGES TO ACTIONS – APRIL 2012

8	A report by the Planned Care Divisional head of Nursing to identify the demonstrable and positive impact of the actions associated with this risk is scheduled to be presented to the G&RMC in March 12	Chief Operating Officer	Complete
9	External financial turnaround support - Medicine CBU.	Director of Finance	Complete. Now being progressed internally – interim financial support was deployed at Acute divisional level.
9	Phase 2 Deloitte & Finnamore work on financial turnaround.	Director of Finance	Complete.
10	Action plans for 2012/13 to be developed and monitored by TSO.	Director of Finance	Ongoing. All CIPs now risk assessed and in the monitoring phase. Plans still to be completed for transformation schemes.
10	Third clinical audit on underlying causes of readmissions.	Director of Finance	Complete.
11	Review KPIs quarterly through Q&P and ensure this includes benchmarking.	Director of Strategy	Ongoing. KPIs being reviewed and finalised as part of the IT Partner Procurement. Deadline extended to June 12
13	Review of frequency/reporting lines for the work to address targeted recruitment gaps to ensure regular reporting.	Director of HR	Ongoing. Work ongoing through the HR/Shared Service Manager to ensure positive recruitment strategy is in place. Bi-weekly meeting for ED workforce. Deadline extended to December 2012.
13	Appropriate lead Exec Directors to discuss the ongoing work re: strengthening of a UHL brand/ ethos.	Director of HR	Ongoing. Specific branding work has been undertaken with the AHP group to understand why people chose to work at UHL and how we market and brand this. Progress has been delayed as we were unable to release staff for engagement sessions during February and March as a result of staffing pressures however it is hoped to have a product in place for AHPs and Nurses by the end of May 2012. Deadline extended to May 2012.
14	Implementation of plan to improve communication with our consultant	Medical Director	Ongoing. Action has been delayed due to IMT. Website is now under construction but not yet complete. Web accessible email

UHL SRR/BAF SUMMARY OF CHANGES TO ACTIONS – APRIL 2012

	body (consultant web-site, web accessible e mail).		delayed pending an option appraisal by IT on most appropriate technical solution. Further review of progress June 2012.
15	Supplement internal resource with external capability where required.	Director of HR	Ongoing. A number of recent external appointments for permanent and fixed term have been concluded. Regular monitoring in place – review again in 6 months (i.e. October 2012).
15	Ensure managers have the right training to fulfil their roles.	Director of HR	<p>Ongoing. The internal appraisal process is the medium for ensuring each manager has the appropriate training and development in place. Development takes place via: Further review in 6 months (i.e. October 2012).</p> <ul style="list-style-type: none"> • Internal Clinical Leadership Programme offered to Ward and Theatre Leaders Cohorts 1-4 have completed the programme (2011-12) / next two intakes have commenced onto programme (April and May 12). • 87 UHL Leaders (2011-12) have accessed East Midland Leadership Academy Programmes • New Quality and Value Programme provided by NHS Institute for Innovation and Improvement. • New 'Learning on the Run' leadership development programme will be offered to clinicians from October 12 (on a pilot basis) – currently the programme is being developed in partnership with ALTstrat. <p>Further review of action in 6 months (i.e. October 2012).</p>
15	Skills capability review to be performed at divisional/ CBU level and reported to Workforce and OD Committee.	Director of HR	Complete.
15	Core objectives for the Executive Team 2012/13 to be agreed.	Chief Executive	Complete.
16	Initial findings from research to understand the factors blocking	Director of Strategy	Complete.

UHL SRR/BAF SUMMARY OF CHANGES TO ACTIONS – APRIL 2012

	innovation to be presented to the R&D Committee in April. Early findings will be fed into the Annual Planning process.		
16	Initial findings from a review of clinician's perceptions of 'blockers' to innovation to be shared with the ET and April 2012 R&D Committee.	Director of Strategy	Complete.
16	Establish clear mechanisms for incentivising innovation.	Director of Strategy	Ongoing. Staff award established to recognise innovation. Further work to determine how innovation can be incentivised through financial planning – target date Nov 2012.
17	Olympics preparedness exercises (Exercise Marble).	Chief Operating Officer	Date of exercise confirmed as 11 May 2012.
18	Implement 2011 staff engagement 8 point plan.	Director of HR	Ongoing. The implementation of this plan continues in each area as part of divisional staff engagement strategies. Progress is reported to the Workforce and OD Committee. Further review of action in 3 months (i.e. July 2012).
18	Develop and implement medical leadership programme.	Director of HR	Complete. <ul style="list-style-type: none"> • Leading Clinical Services Development Programme – Commenced Jan 12 (6 UHL Places on Medical Pathway) / Next intake planned for October 2012. • BMJ/OU Leadership Course – Pilot group commenced on course during March 12. • Training provision for Senior SpRs in place for developing into 'new consultant appointments' - first intake June 12. • Finance and transformational development programme in place. • Progress with development of interactive medical website (sub-component of UHL Leadership Academy) – to be launched in June 12. • Mentoring arrangements for new consultants – refresher training delivered to 'mentors' and mentor allocation

UHL SRR/BAF SUMMARY OF CHANGES TO ACTIONS – APRIL 2012

			<p>framework established.</p> <ul style="list-style-type: none"> • On-going progress with improving existing induction programme – new programme to be launched July 2012. • Meeting structure in place to improve communications between medical leads (cross division).
18	Define organisational approach in embedding UHL values and behaviours.	Director of HR	Ongoing. Delay due to the recant of the organisational development plan. Initial work being scoped. Review in 3 months (i.e. July 2012).

**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?