

To:	Trust Board		
From:	Acting Medical Director		
Date:	1 MARCH 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"> ▪ Three risks have an altered risk score: <ul style="list-style-type: none"> Risk one (<i>Continued overheating of the emergency care system</i>) has increased its current risk score from 20 – 25 (extreme). Risk eight (<i>Deteriorating patient experience</i>) has also seen an increase to its risk score from 15 – 20 (high). Risk six (<i>Loss of liquidity</i>) has seen its risk score reduce (25 – 20). ▪ A total of 18 actions have been completed during this reporting period and six actions have slipped against their original deadlines. ▪ The following risks are submitted to the Board for review: <ul style="list-style-type: none"> Risk 15 '<i>Management capability / stretch</i>'. Risk 17 '<i>Organisation may be overwhelmed by unplanned events</i>'. Risk 18 '<i>Inadequate organisational development</i>'. 			
Recommendations:			
The Trust Board is invited to:			
(a) review and comment upon this iteration of the 2011/12 SRR/BAF, as it deems appropriate, with particular reference to risks 15, 17 and 18.			
(b) note the actions identified within the framework to address any gaps in			

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either controls or assurances (or both);	
(c) identify any areas in respect of which it feels that the Trust's controls are inadequate and do not, therefore, effectively manage the principal risks to the organisation meeting its objectives;	
(d) identify any gaps in assurances about the effectiveness of the controls in place to manage the principal risks; and consider the nature of, and timescale for, any further assurances to be obtained, in consequence;	
(e) identify any other actions which it feels need to be taken to address any 'significant control issues' to provide assurance that the Trust is meeting its principal objectives.	
Previously considered at another corporate UHL Committee? Yes – Executive Team 21 February 2012	
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 No	
Equality Impact N/A	
Information exempt from Disclosure No	
Requirement for further review? Yes. Monthly at Executive Team meeting and Board meeting	

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT TO: TRUST BOARD

DATE: 1 MARCH 2012

REPORT BY: ACTING 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 23 February 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 23 FEBRUARY 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 is discussing the level of confidence that each risk will achieve its target score within specified timescales. Existing timescales for completion are 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 timescales may not be realistic. Further discussions at ET will identify any revisions necessary which will be reflected in future iterations of the SRR/BAF.
- 2.3 At the request of the Acting Medical Director the relevant risk subtypes are now shown in the current risk score column.
- 2.4 Risks with an altered risk score are listed below and reflected in appendix two:
- Risk one (*Continued overheating of the emergency care system*) has increased its current risk score from 20 – 25 (extreme) reflecting both the recent over demand placed on ED and the subsequent pressures on Admissions Units.
 - Risk eight (*Deteriorating patient experience*) has also seen an increase to its risk score from 15 – 20 (high) reflecting the potential for a further deterioration in patient experience subsequent to over demand placed on ED.
 - Risk six (*Loss of liquidity*) has seen its risk score reduce (25 – 20) in response to significant internal control measures that are now having a marked impact. The risk score currently remains above its target as the solution to structural lack of liquidity is incomplete until contractual / I&E position is stabilised.
- 2.5 Two actions previously associated with risk five have transferred across to risk nine reflecting a more logical placement.

- 2.6 A total of 18 actions have been completed during this reporting period and a further six 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 explanations for slippage is shown at appendix three.
- 2.7 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 15 *'Management capability / stretch'*.

Risk 17 *'Organisation may be overwhelmed by unplanned events'*.

Risk 18 *'Inadequate organisational development'*.

3. Internal Audit Review of UHL Risk Management Processes

- 3.1 A draft report of the findings of this review has been received and comments from key officers (Director of Safety and Risk and Risk and Assurance Manager) with regard to the content have been provided to Internal Audit. A finalised report is expected in early March and upon receipt will be distributed to all Board members. The content of the report will be submitted for scrutiny at the April 2012 Audit Committee.
4. Taking into account the contents of this report and its appendices, and the presentation by the Chief Operating Officer, and the Director of HR in respect of risks 15, 17 and 18 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
24 February 2012

PERIOD: 27 JANUARY 2012 – 23 FEBRUARY 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 FEBRUARY 2012

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	Causes: Lack of middle grade/senior decision makers	Increased recruitment of revised workforce (including ED consultants / middle grade Drs)	5x 5=25	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	4x4=16	Nov 2012	Chief Executive
		Behaviour of new clinical commissioning groups	Frail elderly project in place				(c) fragility in ED performance				
		Small footprint	'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				
		Delays in discharge efficiency	LLR emergency Plan		Trust Board ECN Report	Improving position for: EDD					
		Re-beds	LLR ECN Project		Monthly Trust Board UHL report	Discharge before 13.00	(a) absence of assurance from partner agencies re: metric outcome				
		Delays in discharge to community beds	Ward Discharge metrics		Q & P report	Ward/board rounds	(a) No clear metrics or accountabilities for EMAS performance				
		Late evening bed bureau arrivals	Common metrics for reporting across all stakeholders		ESIST report		(c) No integrated strategy for UHL/LPT discharge and use of Community hospitals				
		Consequences Clinical risk within ED	CQUIN linked to in patient flow efficiency				(c) ED capital expansion				
		Major operational distraction to whole of UHL	Emergency Care is a key theme for regular discussion at ET								
		Financial loss (30% marginal rate)	Representatives from Clinical Commissioning Groups attend ET bi-monthly re emergency care								
Poor winter planning – inefficient/sub-optimal care	Actions associated with recent trust bed capacity risk assessment										
Insufficient bed capacity in particular on AMUs											
Poor patient experience											

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – STRATEGIC RISK REGISTER/ BOARD ASSURANCE FRAMEWORK FEBRUARY 2012

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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

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a b c	3 Relationships with Clinical commissioning groups	Cause NHS reforms	GP Head of Service	4x4=16 Business	GP temperature check completed in May 2011.	Building clinician to clinician relationships through the LLR senate	(a) Few examples we can point to of redesigned pathways	Agree 1 or 2 services for rapid pathway redesign	3x3=9	Apr 2012	Director of Comms
		Requirement for clinical input into commissioning	GP relationships action plan part 2		Minutes from Clinical Senate (monthly)	Proactive approach from GP consortia	(a) Difficult feedback through DeLoitte from CGCs and Cluster	Obtain PCT and CCG convergence with annual plan and IBP		Apr 2012	Director of Comms
		Weak relationships with GPs as result of historical lack of engagement by UHL	'LLR Clinical Senate'		Notes from Account management structure with DDs and Execs (at least quarterly).	Clinical engagement with CCG chairs					
		Consequence Lack of certainty/ continuity of commissioning through transition	LLR Strategy		Quarterly reports of market share to UHL Finance and Performance Committee	Improving customer care (e.g. OP letters project)					
		CCG management capacity and capability during the transition	Alignment of senior clinicians and executive directors to clinical commissioning groups		Monthly Q&P reports monitoring discharge letter turnaround	Attendance of ET members at the Collaborative Commissioning Board					
		Loss of revenue	Involvement of UHL clinicians in contracting round to provide consistency and expertise			GP input into readmissions and clinical coding projects					
		Lack of GP support for UHL strategy	Joint working groups to develop key strategies			2 nd GP survey shows increased satisfaction with 'communications' and 'business relationships'					

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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)	<p><u>Cause</u> National Reviews of specialist services</p> <p>Potential 'snowball effect'</p> <p>Cost Effectiveness.</p> <p><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</p> <p><u>Upside:</u> Retain local, regional and national profile, potential to grow services, improved recruitment and retention, increased R&D potential.</p>	<p>EMCHC Strategy and Programme Boards.</p> <p>Risks identified through business plans.</p> <p>Campaign to support paediatric cardiac services/repatriate services.</p> <p>Commissioner support and engagement.</p> <p>Major Trauma Network group established. Participation of key UHL clinicians.</p> <p>ECMO NCG/Board engagement.</p> <p>Regular review by Exec Team & Trust Board.</p> <p>Strong academic recognition</p> <p>Joint planning with NUH re tertiary services</p> <p>Ongoing dialogue with other children's cardiac centres to ensure strong proposal on sustainable network</p>	4x4=16 Financial/ reputational	<p>EMCHC reports & minutes (bi-weekly).</p> <p>Campaign response numbers. (Sept 2011).</p> <p>Feedback from public consultation. (Sept 2011)</p> <p>Major Trauma Network minutes & actions (quarterly).</p> <p>TB and Exec Team papers (monthly & weekly).</p> <p>Quarterly Network Meetings</p> <p>SLR Data in Business Plans</p>	<p>ECMO contract in place.</p> <p>Campaign response results</p> <p>Lead co-coordinating centre/national training for ECMO.</p> <p>3 BRUS achieved in Sept 2011</p> <p>Leicester in highest scoring option for Safe & Sustainable</p>	<p>(c) Do not have an agreed service profile for tertiary services</p> <p>(c) Identified gaps in Children's Cardiac Service (e.g. co-location of ENT) could impact on final score and preferred option.</p>	<p>Marketing strategy for focus services we agree to develop identified in Annual Plans</p> <p>Develop plan for co-location of ENT (specifically outpatient clinics 9-5) with Children's Cardiac Services.</p> <p>Seeking compensation from NSCG for transitional costs following loss of solus adult ECMO designation in December 2011.</p>	3x3=9	<p>Review Mar 2012</p> <p>Mar 2012</p> <p>Mar 2012</p>	<p>Director of Strategy</p> <p>Director of Strategy</p> <p>Director of F&P</p>

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a b	5. Lack of appropriate PbR income (Previously loss making services)	Causes: Legacy of old contractual regime (Goodwin terms) Limited clinical engagement in clinical coding Limited clinical engagement in contract negotiation 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 Consequence: Under-reported co-morbidities and procedures distort clinical reporting. Service innovation constrained by contract penalties Services have to be internally cross subsidised 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 External benchmarking Targeted turnaround support introduced to focus on main loss making CBUs (Medicine, Cardiothoracic Surgery, Planned Care) Clinical coding project Introduction of coding control sheets Portfolio review in Q3 2011/12 External review of contract terms – by Deloitte on behalf of the SHA 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.	5x5=25 Financial	Monthly SLR/PLICS data	Counting and coding changes	(a) Still some underlying issues in data robustness	Counting and coding & contract renewal process	4X4=16	Mar 2012	Director of F&P
					SLR/PLICS presentations	Usage of PLICS (but uneven) Positive Internal audit review of annual RCI (PLICS) cost attribution methodology	(c) Major deterioration in 2011/12 forecast outturn.	Set 2012/13 CIP targets based on PLICS/ SR position		Mar 2012 – within Business Plan	Director of F&P
					Monthly financial reporting	(a) No external assurance to date on the value of the counting & coding changes (c) Failure to agree to date the proposed C&C changes	Pre arbitration review of counting and coding changes being arranged	Feb 2012		Director of F&P	

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – STRATEGIC RISK REGISTER/ BOARD ASSURANCE FRAMEWORK FEBRUARY 2012

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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.	Remaining action is now to deliver a surplus and positive operating cashflow	4x4=16	Review Mar 2012	Director of F & P

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – STRATEGIC RISK REGISTER/ BOARD ASSURANCE FRAMEWORK FEBRUARY 2012

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	Apr 2012	Director of Strategy
	Under utilisation and investment in Estates	Consequence Sub-optimum configuration of services. The efficient provision of services in many areas is restricted by the physical limitations of the buildings and by less than optimum clinical adjacencies. Over provision of assets across LLR Significant backlog maintenance Upside – Potential for asset disposal in medium to long term Downside scenario example – failure of electrical infrastructure	Governance for site reconfiguration now expanded to include LLR implications and input. £6 million per year allocated to reducing backlog maintenance Planned Preventative Maintenance (PPM) schedules in place Emergency Planning & Business Contingency Plans in place for estates infrastructure failures		All site / estate proposals are reviewed monthly by Site reconfiguration Board. Service activity and efficiency performance monitoring reported monthly to FM Board. External audit of Estate by CAPITA reported to ET. Annual PEAT Scores Capital meeting notes & Capital Bids progress. UHL risk based replacement programme in place. PPM Performance reported to FM Board. Testing programmes	Good PEAT scores Estates infrastructure failures dealt with effectively	(c) No Integrated LLR Estates strategy (linked to agreed clinical model, capacity and assets) Backlog will take several years of investment to reduce. (c) Estates staffing & recruitment and retention issues.	Develop an LLR Estates Vision in support of the clinical strategy. Agree LLR service configuration /downsizing supported by most efficient use of estate. Target backlog to high risk elements on an annual basis, where there are greater consequences from a failure Recruit into vacancies where affordable & develop staff.		Review Apr 2012 Review Sep 2012 Review Apr 2012 Review Apr 2012	Director of Strategy Director of Strategy Head of Estates and Facilities Director of Strategy
N.B. Action dates are end of month unless otherwise stated										Page 8	

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – STRATEGIC RISK REGISTER/ BOARD ASSURANCE FRAMEWORK FEBRUARY 2012

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b	8.Deteriorating patient experience	Causes: Cancelled operations	Monthly patient polling	5x4=20 Patients	Patient experience minutes	Improving polling scores	(c) Lack of assurance regarding patient experience feedback processes	Summary of patient experience feedback	5x2=10	Quarterly	COO																																				
		Poor communications	Patient Experience plan and projects		Monthly Trust Board report	Increasing patients experience results / feedback		Quarterly report on complaint pilot work		Mar 2012	COO																																				
		Increased waiting times for elective and emergency patients	Local awareness of LLR Emergency Care communication plan		Real time patient feedback	Complaints reduction				Develop Correspondence to meet patient experience in the emergency pathway	Feb 2012	COO																																			
		Poor clinical outcomes	Caring @ its Best Divisional projects and dashboard		Patient Stories						(c) Expectations of patients regarding care not being met	Staff attitude and opinion survey results (that ultimately link to patient experience) to be reported to the UHL Workforce and OD group	Jun 12	Director of HR																																	
		Lack of patient information	National Patient Survey		Patient Experience data presented with patient safety and outcome measures								(c) Increasing waiting time for treatment of surgical emergencies	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	Mar 12	COO																															
		Poor customer service	Engagement of Age UK, LINKS		Outcomes of 10 point plan reported to G&RMC (Sept 11)												Reducing patient cancelled operations	Improving nursing metrics	No monitoring and reporting system for internal standards	Exec team to agree KPIs and monitoring and reporting system																											
		Overheating of emergency care system leading over demand for AMU admissions.	10 point plan		Exec and Non Exec safety walkabouts																Clinical Effectiveness minutes	Clinical Metric results	Q&P and Heat map report	Mar 2012	Medical Director																						
		Lack of engagement or consultation	Introduction of emergency co-ordinator		Quarterly theatre reports																					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																		
		Consequences Patients not recommending or choosing UHL leading to reduced activity	Introduction of escalation thresholds		Divisional reports																									Reputation impact	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														
		Contract penalties	Theatre and out-patient transformation project		Specialty Dashboard																													Reputation impact	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										
		Reduced income from CQUIN monies	Cancellation validation process		Clinical Effectiveness minutes																																	Reputation impact	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						
		Increased complaints	Clinical quality and OPD/ED metrics		Clinical Metric results																																					Reputation impact	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		
	Improved data analysis illustrating trends and prediction of key risk areas.	Q&P and Heat map report	Reputation impact	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																																								
	Engagement of consortia members and ECN for campaign	GRMC minutes						Reputation impact	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	Results from clinical audit				Reputation impact				Clinical quality and OPD/ED metrics																																					
	Clinical Audit programme										Reputation impact	Clinical quality and OPD/ED metrics																																			

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

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – STRATEGIC RISK REGISTER/ BOARD ASSURANCE FRAMEWORK FEBRUARY 2012

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b c	9. CIP Delivery (previously CIP requirement)	Risk of Quality being compromised, increased clinical risk	CIP plan for 2011/12	5x5=25 Financial	Internal audit review of sample of schemes	External reports confirmed scrutiny of C&C meetings (process)	(a) Lack of consistent recording	External financial turnaround support - Medicine CBU.	4X5=20	Mar 2012	Director of F&P
		Failure to achieve statutory breakeven duties	CIPs assessed for impact on quality of care		Weekly metrics					(c) Plateau on headcount reduction	Phase 2 Deloitte & Finnamore work on financial turnaround
		Risk of delay/failure of FT project with uncertain consequences thereafter	Pan-LLR QIPP plan		Monthly divisional C&C meetings		(c) Lack of headcount reduction in first cut 2012/13 CIPs				
			Transformation board		Monitored monthly through F and P Committee and Confirm and challenge						
			Head of Transformation and project managers for pan-Trust CIP schemes								
			External turnaround support (to Dec 12)								
			Planned reduction in WTE for 2011/12								
			External financial turnaround support for								
			<ul style="list-style-type: none"> • W&C division • Cardiology • Imaging • Medicine • Capacity Planning • TSO • Workforce planning 								

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a b	10. Readmission rates don't reduce	Contract penalties – for items other than inappropriate readmissions due to acute failings	Project board with divisional representation chaired by Divisional Director W&C	4x3=12 Financial/ Patients	Monitoring of clinical project plans	Strong clinical engagement	Still to agree scope of third clinical readmissions audit with commissioners	Third clinical audit on underlying causes of readmissions	4x2=8	Feb 2012	Director of Finance
		Leakage of money from NHS to LAs if no agreement on reablement	Readmission action plans across all specialties		Q&P report	Reduction in readmission rates				Recent FTN paper on readmissions	Focused action plans to agree counting and coding of readmissions / new pathways and to isolate the cohort of patients receiving sub-optimal acute care
		Opportunity cost of readmissions e.g. less capacity	Regular reporting of readmission trajectory		Community 'flash' scorecard monitored by ECN and Medical Director		(c) Heavy dependence on Community Project board				
		Continuing risk of sub-optimal patient care	Community readmission Project								
			LPT implemented support for ED								
			Working relationships between admissions board and community workstreams								
			Interim agreement with commissioners on 2011/12 readmissions penalty								

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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	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	LLR IM&T Delivery Board Minutes	(c) Vacancies in IM&T operations	Temporary recruitment to vacant posts with contractors, need for review in March		Mar 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.	Review KPIs quarterly through Q&P and ensure this includes benchmarking	Mar 2012		Director of Strategy	
		Lack of confidence in the delivery of benefits from IT systems	Programme and project plan discipline including benefits realisation.		KPIs reviewed monthly by IM&T Board	(a) Help desk performance deteriorated due to increased vacancies	Procure IM&T Strategic Partner to increase capacity and capability	May 2012		Director of Strategy	
		Consequences Current systems complicated and disjointed leading to significant performance risk	IM&T KPIs		Minutes of IM&T strategy Group (quarterly)						
		Majority of systems become obsolete or no longer supported by 2013/14	IT implementation plan		Daily Monitoring of help desk calls (reported monthly to IM&T Board)						
		Major disruption to service if changeover not managed well	IM&T Strategy Group		PACS performance metrics (reported monthly to IM&T Board)	Incidence of PACS Failures reduced					
		Communications with partners is compromised	UHL rolling programme of system/equipment replacement		Delivery Board minutes (quarterly)						
		IM&T unable to support transformation of UHL processes	Managed Service contract for PACS approved and in place.								
		Poor customer service from IM&T	LLR IM&T delivery Board								
Insufficient commitment from clinical teams, with regard to training, to major IT projects causing delay to the projects and the delivery of the identified benefits	Business partners to work with the divisions and clinicians to improve communications and involvement										

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – STRATEGIC RISK REGISTER/ BOARD ASSURANCE FRAMEWORK FEBRUARY 2012

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 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>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</p> <p>Ensuring efficient utilisation of theatres</p> <p>Transformational Outpatient project established</p> <p>Review of Out-patient management to support delivery of plan</p> <p>UHL Winter Plan</p> <p>UHL Infection Prevention Plan</p> <p>Ongoing review of compliance re medical Hand Hygiene training by CBU boards.</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>Reducing patient waiting times evident</p> <p>Delivery of quality Schedule and CQUIN</p> <p>Achievement of RTT targets</p>	<p>(c) Plans to deliver maintenance of backlog plan (Gen surg, ENT, Ophthalmic)</p> <p>(c) Diagnostic capacity for target maintenance</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>Plan identified awaiting decision from Commissioners</p> <p>Review diagnostic capacity for Operating Framework delivery (Bowel screening)</p> <p>Bid submitted for 18 week activity and awaiting Commissioner response</p>	3x2=6	<p>Review Feb 2012</p> <p>Apr 2012</p> <p>Review Feb 2012</p>	<p>COO</p> <p>COO/CN/Div Manager CSD</p> <p>COO/CN</p>
					<p>Theatre Board progress report</p> <p>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>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>					

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – STRATEGIC RISK REGISTER/ BOARD ASSURANCE FRAMEWORK FEBRUARY 2012

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	Mar 2012	Director of HR																				
		No resource to invest in development opportunities	Leadership and Talent Management Strategy		OD and Workforce Committee Reports	Recruitment of advanced nurse practitioners Increase in midwife numbers Nurse: bed ratio meets national compliance Recruitment of post-graduate workforce Improvements in junior medical staff fill rates Partnership working between HEI / UHL commended by NMC				(a)Succession plan in development	Feb 2012	Asst Dir Nursing Services																			
		Inability to release staff for education / training	Compliance with mandatory and statutory training requirements being monitored by Education leads		Specific reports to highlight shortage						(c) Lack of engagement of clinicians.	Quarterly update	Director of HR																		
		Inability to recruit and retain appropriately skilled staff	Associate Medical Director for Clinical Education		Analysis of reasons for joining/ leaving UHL							(a) Need to understand the detail beneath the organisational figures	Review Jun 2012	Director of HR																	
		Consequence Lack of sustainability of some middle grade rotas	Productive strategic relationships and joint working with training partners		Gaps and rota monitoring is reviewed by the Trust Medical Workforce Groups and services Training and Development plans monitored via TED group and education leads								Reduction in premium workforce	Feb 2012	Asst Dir Nursing Services																
		Quality compromised, increased clinical risk			Adherence to Divisional and Corporate Training Plans and continued development of alternatives models of training									Improvements in junior medical staff fill rates Partnership working between HEI / UHL commended by NMC	Consistently good turnover rate Improving national staff attitude and opinion results	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													
		Compliance with external standards may be affected																	Monitoring temporary staff expenditure	Monthly budget reports	Work with Deanery to improve fill rates	Review Jun 2012	Director of HR								
		Additional expenditure on agency staff																						Monthly TB report on turnover rates Local Staff Polling /National staff survey	Appropriate lead Exec Directors to discuss the ongoing work re: strengthening of a UHL brand/ ethos	Review Mar 2012	Exec Team				
		High staff turnover rates																													

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

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – STRATEGIC RISK REGISTER/ BOARD ASSURANCE FRAMEWORK FEBRUARY 2012

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>Assistant Medical Director with responsibility for clinical engagement</p> <p>Contracts for CBU Medical Leads</p> <p>Medical Engagement strategy</p> <p>UHL Leadership Academy</p> <p>Work with Warwick University on medical engagement</p> <p>Monthly CBU Medical Lead meetings</p> <p>GP engagement strategy</p> <p>Secondary care representation on medical groups</p> <p>Process for ongoing assessment of ME</p> <p>Participation in NHS leadership framework scheme</p>	4x4=16 Business	<p>Medical Engagement survey (Warwick University)</p> <p>Review of Clinical Engagement Strategies at OD and Workforce Committee</p> <p>Reports to LLR 'Senate'</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>Develop links with organisations with successful track record.</p>	4x2=8	<p>Review of progress Mar 2012</p> <p>Feb 2012</p>	<p>Medical Director</p> <p>Medical Director</p>

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – STRATEGIC RISK REGISTER/ BOARD ASSURANCE FRAMEWORK FEBRUARY 2012

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	<p>Causes Lack of development opportunities</p> <p>Lack of experience and skills</p> <p>Staff do not understand the environment we are transitioning into</p> <p>Size of the challenge</p> <p>Environment</p> <p>Consequences Inability to support changes to service model</p> <p>Lack of focus on key metrics and service delivery</p> <p>Gaps in middle management leadership</p> <p>Inadequate organisational development</p>	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	3x2=6	Review Mar 12	Director of HR					
			Development and building of organisational capacity and capability on processes to support service redesign		Trust Board reports					(a) lack of Corporate alignment re: objectives	Mar 12	Chief Executive				
			Organisational development plan								Six monthly results	Director of HR				
			Exec led Workforce & OD group								Review Mar 2012	Director of HR				
			Mentoring and coaching training for Medical Leaders								Review Jul 2012	Director of HR				
			Annual business planning template including capacity and capability and leadership and governance								Review Feb 2012	Chief Executive				
			8 point Staff Engagement action plan								Local Staff Polling results	Improving Staff polling results	(a) Staff responses still poor	Increased Executive and NED accountability	Review Dec 2012	Director of HR
			Local staff polling performance provided to Workforce and OD committee by Div Dirs								Appraisal rates good	(c) Ineffective succession planning	Develop effective succession planning for the '100'	Review Mar 2012	Director of HR	
			Review of divisional structures to identify areas for development/ improvement								Monthly monitoring of appraisal levels in Q&P report	(c) Lack of challenge and scrutiny of performance and quality at divisional level	Skills capability review to be performed at divisional/ CBU level and reported to Workforce and OD Committee	Oct 12	Chief Executive	
			Appraisal and setting of stretching objectives aligned to the UHL Strategy								Monthly confirm and challenge exercise with divisions	Strengthening of corporate directorate/ divisional infrastructure	Review of leadership and talent management strategy as part of Organisational development plan refresh	Sept 12	Director of HR	
<p>N.B. Action dates are end of month unless otherwise stated</p>																

invisibly support clinical service redesign

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – STRATEGIC RISK REGISTER/ BOARD ASSURANCE FRAMEWORK FEBRUARY 2012

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.	Success in last round of 2010/11 Regional Innovation Fund 3 successful BRU applications	(a) Lack of a clear base line of current culture and future desired state.	Initial findings from research to understand the factors blocking innovation to be presented to the R&D Committee in April. Early findings will be fed into the Annual Planning process.	3x2=6	Review Apr 2012	Director of Strategy	
		Lack of support when developing new models Too focussed on immediate operational issues (firefighting)	UHL Transformation Programme to stimulate and drive an innovation culture within the organisation		Minutes of Commercial Executive (monthly)		(a) Unclear uptake on others innovation. (c) Innovation not incentivised.			Establish clear mechanisms for incentivising innovation.	Mar 2012	Director of Strategy
		Consequence Low staff morale Downside Outmoded models of delivery increasingly expensive and vulnerable Upside A health system that supports the spread and adoption of evidence-based innovative systems, products, practices and technologies.	Deloitte and Finnamore to help identify areas of innovation Commercial Executive R&D Committee/ strategy PhD sponsored to examine how to successfully foster an entrepreneurial culture Shared learning with innovative organisations		Minutes of R&D Committee (monthly) Transformation Programme project plans and highlight reports (Bi-weekly Transformation Board) Ideas forum on InSite		(c) Lack of clinical engagement			Initial findings from a review of clinicians' perceptions of 'blockers' to innovation to be shared with the ET and April 2012 R&D Committee	Apr 2012	Director of Strategy

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – STRATEGIC RISK REGISTER/ BOARD ASSURANCE FRAMEWORK FEBRUARY 2012

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	<p>Cause Lack of sufficient capacity to deal with incidents causing a significant increase in admissions (e.g. major disaster, pandemic, etc)</p> <p>Industrial action</p> <p>Business continuity / disaster recovery plans not robust</p> <p>Failure of business critical systems (e.g. PACS)</p> <p>UHL Major Incident Plan becomes outdated and is not tested annually</p> <p>Consequences Poor patient experience.</p> <p>Trust reputation affected</p> <p>Inability to deliver required level of service</p> <p>Patient safety may be compromised</p> <p>Loss of income</p> <p>Failure to meet duties under the Civil Contingencies Act</p> <p>Delays to treatment of patients</p> <p>Loss of income</p> <p>Breaches of national targets</p>	<p>Local Resilience Forum</p> <p>Corporate Policy.</p> <p>Multi agency working across Leicestershire.</p> <p>Major incident/business continuity/ disaster recovery and Pandemic plans for UHL/ wider health community.</p> <p>Dedicated project managers/leads for major incident planning.</p> <p>Incident command training for managers and clinicians.</p> <p>Counter Terrorist Awareness training</p> <p>Winter plan review 'Exercise Cameron' table top</p> <p>UHL Pandemic Working Group</p> <p>UHL Business Continuity Group</p> <p>Industrial action contingency planning</p> <p>Regular systems maintenance programmes</p> <p>IT systems redundancies and multiple backup servers</p> <p>Support from manufacturers of equipment</p>	4x3=12 Patients/Financial/ Statutory	<p>Review of MIPs and capabilities by EMSHA, LLR resilience forum, Leics City PCT, local clinical networks during 2011/12.</p> <p>SHA Critical Care surge plan review July 2011</p> <p>SHA BCM review in 2010/11.</p> <p>Feedback from major incident exercises</p> <p>UHL self-assessment against core standard C24</p> <p>Emergency planning and Business Continuity committee meeting minutes</p>	<p>Majax (fire) feedback from partner agencies</p> <p>SHA using UHL winter plan as an exemplar</p> <p>Feedback from Trust Decontamination Incident</p> <p>Compliance with C24</p>	<p>(a)Plans not all fully tested in real situations.</p> <p>(a)The UHL Major Incident Plan not fully tested.</p> <p>(a) Testing of Winter Plan</p> <p>(c) Update plan in relation to CBRN</p>	<p>Olympics preparedness exercise – 'Exercise Marble'</p> <p>Exercise 'Olympic Shower'</p> <p>Annual Emergency planning Report identifying practice</p>	3x3=9	<p>Feb 2012.</p> <p>Mar 2012</p> <p>May 2012</p>	<p>COO/BCL</p> <p>COO/BCL</p> <p>COO</p>

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – STRATEGIC RISK REGISTER/ BOARD ASSURANCE FRAMEWORK FEBRUARY 2012

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>	4x3=12 Business/ Patients/Reputation	<p>Range of measurable success criteria reported to ET, Q&PMG and TB</p>				3x3=9		
			<p>National / local Staff Survey Results</p>		<p>Increased % of staff satisfied in certain elements</p>	<p>(a) Larger no. of staff responses required.</p>	<p>Revision and implementation of the staff engagement strategy and Leadership and Talent Management Strategy</p>	<p>Sept 2012</p>		<p>Director of HR</p>	
			<p>Reports to Q&PMG, Workforce and OD Committee, and TB Reporting of projects and interventions as part of leadership programme</p>		<p>Increased No of staff performance managed.</p>	<p>(c) 2011 staff engagement 8 point plan not yet implemented (c) Board development content /structure requires revision</p>	<p>Implement 2011 staff engagement 8 point plan</p>	<p>Review Mar 2012</p>		<p>Director of HR</p>	
			<p>Talent management / Leadership programme/ Clinical Leadership programme</p>		<p>Increased No of staff reporting a positive and valued appraisal</p>	<p>(a) '100' talent profile not adequately discussed at appraisal (c) Lack of performance monitoring / management at divisional levels</p>	<p>Creation and development of organisational development plan to support new strategy</p>	<p>Sept 2012</p>		<p>Director of HR</p>	
			<p>Performance monitoring via Trust Committees and intervention when necessary</p>			<p>(a) Inadequate evidence of change in behaviours (c) High volumes of complaints about staff attitudes/ behaviour</p>	<p>Development of comprehensive leadership and development programme</p>	<p>Sept 2012</p>		<p>Director of HR / Director of Corp and Legal Affairs</p>	
			<p>Divisional quality and performance meetings</p>			<p>c) Lack of clinical leadership development (c) Organisational values and behaviours not embedded</p>					
			<p>Performance Excellence programme</p>								
			<p>Greater reward / recognition (e.g. Caring at its Best Awards)</p>								

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

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – STRATEGIC RISK REGISTER/ BOARD ASSURANCE FRAMEWORK FEBRUARY 2012

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	<p>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.</p>	<p>Information Governance Steering Group and associated strategy work programme</p> <p>SIRO assessment as part of monthly performance review</p> <p>Caldicott updates for monthly performance plan</p> <p>Annual Information Governance(IG) Toolkit compliance assessment in March</p>	3x3=9 Statutory/ reputational	<p>Range of measurable success criteria including new KPIs reported to SIRO and ET, Q&PMG and IG Steering Group</p>	<p>Increased % of staff trained in IG to required standards</p>	<p>(c) Large no. of staff not trained to updated DoH standards in IG</p>	<p>Implementation of the updated IG training strategy</p>	2x2=4	Jun 2012	Director of Strategy
		<p>Board compliance requirements knowledge based rather than skills based.</p> <p>Inadequate updating of managers, leaders, staff for managing personal information to compliance standard.</p> <p>Consequences Poor protection of highly sensitive personal data relating to patients and staff</p> <p>Damage to corporate reputation from data breaches</p> <p>Inconsistent behaviour against trust values</p> <p>Limited staff understanding</p>	<p>Staff IG training strategy, local staff cascade sessions and online resources</p> <p>Integrated IG training programme</p> <p>Performance monitoring via IG Steering Group and intervention when necessary</p> <p>Divisional quality and performance meetings to include IG items</p>		<p>National / local IG Compliance Audit Results reported to appropriate committees</p> <p>Reports to Q&PMG, IG Steering Group, and SIRO reporting of projects and interventions as part of leadership programme</p>	<p>Increased no of audits highlighting sound compliance</p> <p>Decreased no of data breaches and other information incidents</p>	<p>(c) IG spot-checks audit plans not fully tested in real situations.</p> <p>(c) Limited clinical engagement</p>	<p>Implement IG spot-checks for clinical and non clinical areas</p> <p>Clarify what is expected in terms of performance and compliance via improved marketing internally aimed at clinical staff</p> <p>Report on case studies arising from police investigation into breach of policies</p>		<p>June 2012</p> <p>June 2012</p> <p>Jun 2012</p>	<p>Director of Strategy</p> <p>Director of Strategy</p> <p>Director of Strategy</p>

UHL STRATEGIC RISKS SUMMARY REPORT – FEBRUARY 2012

Risk No	Risk Title	Current Risk Exp (Feb 12)	Prev Month Risk Exp (Jan 12)	Target Risk Score and Final Action Date	Risk Owner	Comment
9	CIP Delivery	25	25	20 – Mar 12	Director of F&P	
5	Lack of appropriate PbR income (previously Loss making services)	25	25	16 – Mar 12	Director of F&P	
1	Continued overheating of emergency care system	25	20	16 - 2013	Chief Executive	Current risk score increased indicating excessive demand on emergency care process and increasing risk to patient experience.
6	Loss of Liquidity	20	25	16 – Mar 12	Director of F&P	Risk score reduced reflecting improving control. Current risk still above target as the solution to structural lack of liquidity is incomplete until contractual / I&E position is stabilised. This is under monthly review.
15	Management Capability / stretch	20	20	6 – Dec 12	Director of HR	Final action date altered reflecting long-term actions under constant review.
8	Deteriorating patient experience	20	15	10 – Mar 12	COO	Current risk score increased reflecting recent over demand on emergency care system.
3	Relationships with Clinical commissioning groups	16	16	9 – Apr 12	Director of Comms	
7	Estates issues Under utilisation and investment in Estates	16	16	9 – Sep 12	Director of Strategy	
14	Ineffective Clinical Leadership	16	16	8 – Mar 12	Medical Director	
4	Failure to acquire and retain critical clinical services	16	16	9 – Mar 12	Director of Strategy	
11	IM&T Lack of IT strategy and exploitation	12	12	9 – Sep 12	Director of Strategy	Final action date altered reflecting long-term actions under constant review.
2	New entrants to market (AWP/TCS)	12	12	6 – Jun12	Director of Comms	
17	Organisation may be overwhelmed by unplanned events	12	12	9 – Feb 12	COO	
18	Inadequate organisational development	12	12	9 – Sep 12	Director of HR	Final action date altered reflecting long-term

UHL STRATEGIC RISKS SUMMARY REPORT – FEBRUARY 2012

						actions under constant review.
10	Readmission rates don't reduce	12	12	8 – Feb 12	Director of F&P	
13	Skill shortages	12	12	8 – Jun 12	Director of HR	Final action date altered reflecting long-term actions under constant review.
12	Non- delivery of operating framework targets	12	12	6 – Apr 12	COO	
16	Lack of innovation culture	12	12	6 – Apr 12	Director of Strategy	
19	Inadequate data protection and confidentiality standards	9	9	4 – Jun 12	Director of Strategy/ IG Manager	

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

Risk No.	Action Description	Action Owner	Comment
1	Capacity plan B if ECN does not meet metrics Develop strategy via ECN	Chief Executive	Ongoing. There is a further review workshop to be held in May 2012 to review strategy development around ECN capacity planning. Review May 12. Risk profile not affected by this slippage.
2	Implement Quarterly market share reporting and impact analysis on Strategy at CBU, Divisional and Trust wide level.	Director of Communications	Complete. Quarterly reports to F&P committee and divisional confirm and challenge meetings.
2	Develop a training plan for CBUs and contract leads for utilising market share data to inform strategy	Director of Communications	Complete. No training plan required. Market share and impact analysis now being used effectively at divisional /CBU level
3	Paper setting out draft terms of engagement to be considered by ET on 10/1/12	Director of Communications	Complete
3	Proposal to ET Jan 12 On resource required to deliver these elements more quickly.	Director of Communications	Complete
6	Response needed following Nov '11 pronouncement by Secretary of State re new criteria for financial assistance for pipeline FTs. Follow up with Director of provider element	Chief Executive	Complete
5	Transactional changes to incentivise behaviour	Director of F&P	Complete.
9	External financial turnaround support - Medicine CBU. Please note that this action has been transferred from risk 5 to risk 9	Director of F&P	In progress – however no suitable candidates have been identified to date on top of the additional resources provided at divisional level. Medicine CBU is now requesting assistance for the first time (in January confirm & challenge meeting re 2012/13 plan). Deadline extended to February 2012. Current risk score not affected by this slippage.

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

9	Introduce weekly meetings incorporating D&F	Director of F&P	Complete. This was done as part of the Phase 1 Deloitte & Finnamore review in Sept – Nov. That meeting has not been replicated in phase 2 as it falls within the remit of the (fortnightly) TSO.
9	Phase 2 Deloitte & Finnamore work on financial turnaround	Director of F&P	Action transferred from risk 5.
9	Establish PMO / TSO processes	Chief Executive	Complete.
9	Introduce TSO	Chief Executive	Complete.
9	Remove Deloitte and Finnamore support from PMO/TSO processes	Chief Executive	Complete
10	Discussion with Commissioners on in-year use of reablement money	Chief Executive	Complete.
12	Review compliance re medical Hand Hygiene training.	Medical Director	Complete. Current data shows 35% (i.e. 556) of medical staff have now received hand hygiene training. 43% (241) have received this training since Oct 2011. Continued review being undertaken by CBU boards with central monitoring of performance to ensure progress. Now a control.
12	Plan identified awaiting decision from Commissioners	Chief Operating Officer	Complete. Now a control.
12	Review diagnostic capacity for Operating Framework delivery (Bowel screening)	Chief Operating Officer	Complete. Support for plan confirmed. Activity Commenced.
13	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)	Director of HR	Ongoing. Work continues to improve fill rates of middle grade doctors, in difficult to fill specialities (EM, Acute Medicine, Paediatrics & Anaesthetics). Fill rates for middle grade rota will be confirmed end May 2012 when the 1 st of two/three national recruitment rounds have taken place. Review date: June 2012. There is no change to the risk profile due to this slippage.

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

13	Work with Deanery to improve fill rates	Director of HR	Ongoing. Work continues to improve fill rates of middle grade doctors, in difficult to fill specialities (EM, Acute Medicine, Paediatrics & Anaesthetics). Fill rates for middle grade rota will be confirmed end May 2012 when the 1 st of two/three national recruitment rounds have taken place. Review date: June 2012. There is no change to the risk profile due to this slippage.
14	Participation in NHS leadership framework scheme	Director of HR	Complete. Now a control
15	Develop a common definition for 'capability' and reflect in talent management profile	Director of HR	Complete. Talent management workshop arranged with key internal stakeholders (21/2/12). To produce Trust guidance on measuring performance/ potential. 'Capability' defined in UHL capability policy.
15	Consider ways to increase participation in staff polling including divisional targets on participation	Director of HR	Complete. Core objectives given to divisions as a minimum to be incorporated into local managerial objectives linked to implementing staff experience and 8 point action plan. Workforce and OD committee have agreed to move to annual survey of staff (from April 12) to simplify the process. Anticipated that this will positively impact on the response rate. Divisional directors to attend quarterly workforce and OD meetings to provide update on performance against local staff polling.
15	Develop effective succession planning for the '100'	Director of HR	Ongoing. Deadline extended to December 2012.
16	Continue to invite innovative organisations to share learning	Director of Strategy	Complete. Now a control. Have actively engaged with innovative organisations, examples included; - Addenbrookes NHS Trust, Southampton NHS Trust (now FT Trust), KPMG, Unipart,

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

			Finnamore and Deloitte.
17	Olympics preparedness exercises	Chief Operating Officer	Ongoing. Date slipped to February 2012 for Exercise 'Marble' to take place. This slippage has not adversely affected the current risk score.
17	CBRN audit to be undertaken	Head of Operations	Complete. Audit undertaken and feedback currently being actioned.
18	Revision and implementation of the staff engagement strategy and Leadership and Talent Management Strategy	Director of HR	To ensure that the staff engagement strategy and Leadership and Talent Management Strategy agree with the organisational development plan the action completion date has been extended from March to September 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?