

To:	Trust Board		
From:	Deputy Chief Executive/ Chief Nurse		
Date:	29 November 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: 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	<input type="checkbox"/>	Discussion	<input checked="" type="checkbox"/>
Assurance	<input checked="" type="checkbox"/>	Endorsement	<input checked="" type="checkbox"/>
Summary / Key Points:			
<ul style="list-style-type: none"> • 14 actions due for completion in September and October have been completed and there are 21 actions where the deadline has slipped to a later date. • No risk scores have altered since the previous report. • Risk 10 has reached its target score and has no further mitigations. The Board are asked to consider whether this risk can be closed. • The Board is asked to note a number of changes to risk and action owners. • A refreshed 2012/13 SRR/BAF is being developed by members of the Executive Team and will be presented at the Board meeting on 20 December 2012. 			
Recommendations			
Taking into account the contents of this report and its appendices 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			

Trust Board paper U

principal objectives.	
(f) Consider whether risk number 10 may be closed.	
(g) Note the progress in relation to the refresh of the 2012/13 SRR/BAF.	
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: 29 NOVEMBER 2012

REPORT BY: DEPUTY CHIEF EXECUTIVE/ CHIEF NURSE

SUBJECT: UHL INTEGRATED STRATEGIC RISK REGISTER / BOARD ASSURANCE FRAMEWORK (SRR/BAF) 2012/13

1. INTRODUCTION

1.1 This report provides the Board with:-

- a) A copy of the SRR/BAF as of 31 October 2012 (appendix one).
- b) A summary of risk movements from the previous month (appendix two).
- c) A summary of changes to actions (appendix three).
- d) Suggested parameters for scrutiny of the SRR/BAF (appendix four).
- e) Update of progress in the development of a refreshed 2012/13 SRR/BAF.
- f) Part populated template of refreshed 2012/13 SRR/BAF (appendix five)

2. SRR/BAF 2012: POSITION AT 31 OCTOBER 2012

- 2.1 An updated version is attached at appendix one with any amendments from the previous report highlighted in red text.
- 2.2 Of 35 actions due for completion in September and October, 14 have been completed. There are 21 actions still ongoing and where the deadline has slipped to a later date (see appendix three for details). The risk scores have not varied due to these slippages.
- 2.3 No risk scores have altered since the previous report to the Board.
- 2.4 Risk 10 ('readmission rates don't reduce') has no further actions and has achieved its target score (i.e. moderate risk). The Board is asked to consider and advise whether further reductions to the risk would provide benefits that would justify any additional time, effort and cost or to accept the risks its existing level subject to continual monitoring of readmission rates to ensure controls are effective.
- 2.5 The Board is asked to note a number of changes to risk and action owners taking into account recent changes to Executive Director portfolios and the appointments of an interim Director of Operations, Interim Director of IM&T and Interim Director of Facilities.
- 2.6 To provide regular scrutiny of strategic risks on a cyclical basis, Board members are invited to review the following risks against the parameters listed in appendix four.

- Risk 2 - *New entrants to markets* (previously presented May 2012). Director of Communications and External Relations
- Risk 15 - *Management capability and stretch* (previously presented February 2012). Director of HR.
- Risk 18 - *Inadequate organisational development* (previously presented March 2012). Director of HR.

3. UPDATE OF PROGRESS IN RELATION TO REFRESHING THE 2012/13 SRR/BAF

- 3.1 Following a meeting of the Executive Directors held on Tuesday 13 November 2012 twelve broad strategic risks to the achievement of our strategic objectives have been identified for inclusion in the revised document. These risks are listed in the new SRR/BAF template at appendix five. Work is now in progress with individual directors to score the risks and provide narrative in the remaining columns in order to present a fully populated document to the Board on 20 December 2012.

4. RECOMMENDATIONS

- 4.1 Taking into account the contents of this report and its appendices 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;
 - (f) Consider whether risk number 10 may be closed following the achievement of its target score and continued monitoring of readmission rates;
 - (g) Note the progress in relation to the refresh of the 2012/13 SRR/BAF.

**Peter Cleaver,
Risk and Assurance Manager
22 November 2012**

PERIOD: 1 OCTOBER 2012 – 31 OCTOBER 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)	4x4=16 Business/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	3x4=12	Nov 2012	Chief Executive
		Effectiveness in reducing the numbers presenting at ED	Frail elderly project in place		Daily /weekly ED performance	Significantly improved ED 4 hour performance	(c) fragility in ED performance				
		Lack of bed capacity and critical care capacity	'Right Time, Right Place' initiative		Trust Board ECN Report	Improving position for: EDD	(c) 'Right Time. Right Place' not effectively controlling all risks				
		Small footprint	LLR Emergency Plan		Monthly Trust Board UHL report	Discharge before 13.00 Ward/board rounds	(a) absence of assurance from partner agencies re: metric outcome				
		Delays in discharge efficiency	LLR ECN Project		Q & P report		(a) No clear metrics or accountabilities for EMAS performance				
		Re-beds	ED referral pathway to next day clinics		ESIST report		(c) No integrated strategy for UHL/LPT discharge and use of Community hospitals				
		Delays in discharge to community beds	Ward Discharge metrics				(c) ED capital expansion				
		Late evening bed bureau arrivals	Common metrics for reporting across all stakeholders								
		Consequences Clinical risk within ED	CQUIN linked to in patient flow efficiency								
		Major operational distraction to whole of UHL	Emergency Care is a key theme for regular discussion at ET								
Financial loss (30% marginal rate and penalty costs)	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											

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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><u>Cause:</u> Insufficient expertise for tendering at CBU or corporate level.</p> <p><u>Consequence</u> <u>Downside:</u> Loss of market share, business, services and revenue. Increased competition from competitors</p> <p><u>Upside:</u> 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>Project team established to lead response to Elective Care Tender.</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 strategy to be completed as part of IBP by end of October 2012.</p> <p>Respond to next steps regarding Elective Care Tender.</p>	3x2=6	<p>Review Jan 2013</p> <p>Review Jan 2013</p>	<p>Medical Director</p> <p>Director of Finance and Business Services</p>

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a b c	3 Deteriorating relationships with Clinical Commissioning Groups	<p>Context New Health act; competition/ collaboration & partnership contract</p> <p>Cause 1. Weak relationships with GPs as result of historical lack of engagement by UHL 2. Lack of understanding / trust between UHL leaders and CCG leaders 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 GP Referrers Guide OP letters 20+ services now transmitting electronically 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 (agreement to 12/13 contract and C&C changes)</p> <p>Agreement of LLR Reconfig' joint vision and principles</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>Fully developed plan for ICE / Transcription interface</p> <p>Be the successful bidder for the East Leicestershire & Rutland CCG.</p>	3x3=9	<p>Mar 2013</p> <p>Dec 2012</p>	<p>Director of Comms</p> <p>Director of Finance and Business Services</p>

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	3 (continued)		CCIG Right care Transformation			Emergency Gynae pathway Urgent medical clinics/ admission avoidance	Still few examples we can point to of redesigned pathways	Agree more services for rapid pathway redesign		Review Jan 2013	Director of Finance and Business Services

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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, Elective Care Bundle)	<p><u>Cause</u> National Reviews of specialist services. Sustainability. Cost Effectiveness. Recommendation made by JCPCT to not designate Leicester’s Paediatric Cardiac Surgery</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 Patient safety impacted in the short term. Impact on ECMO.</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. Risks identified through business plans. Campaign to support paediatric cardiac services/repatriate services. Commissioner support and engagement. ECMO NCG/Board engagement. Regular review of key service reviews by Exec Team & Trust Board. Strong academic recognition Ongoing dialogue with other children’s cardiac centres to ensure strong proposal on sustainable network Co-location of ENT with Children’s Cardiac Services completed. Initial response strategy agreed for Children’s Cardiac Services</p>	4x5=20 Financial/ reputation	<p>EMCHC reports & minutes (bi-weekly). 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</p>	<p>ECMO contract in place. Campaign response results Lead co-coordinating centre/national training for ECMO. 3 BRUS achieved in Sept 2011</p>	<p>Do not have an IBP with an agreed service profile for tertiary services.</p>	<p>Achieve FT Status, which is critical for controlling own destiny and retaining / attracting critical services. Undertake lessons learnt review on Paediatric Cardiac Surgery Review – in progress Review all other services due to be reviewed nationally and ensure lessons learnt are applied</p>	3x3=9	<p>April 2014 Review Jan 2013 Apr 2013</p>	<p>Chief Executive Medical Director Director of Finance and Business Services</p>

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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 Consequences: 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 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	4x3 =12 Financial	Monthly SLR/PLICS data SLR/PLICS presentations New PLICS licences secured Monthly financial reporting	Counting and coding changes agreed for 2012/13 contracting round Positive Internal audit review of annual RCI (PLICS) cost attribution methodology	(a) Still some underlying issues in data robustness	2012/ 13 Counting and coding & contract renewal process	4X3=12	Review Jan 2013	Director of Finance and Business Services

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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</p> <p>Failure to deliver EFL statutory target</p>	<p>Updated internal liquidity plan</p> <p>Daily cash monitoring</p> <p>12 month cash forecast</p> <p>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>Discussion at DoH escalation meeting to review TFA confirmed that DoH medium term loan could be provided immediately pre authorisation as FT</p>	<p>(c) Lack of solution to structural lack of liquidity is incomplete until contractual / I&E position is stabilised.</p>	<p>Strategic funding request to M&E SHA to be linked to the FT application.</p> <p>Strategic bid for transition funding being prepared with LLR commissioners.</p>	4X4=16	<p>Linked to FT application</p> <p>Review Mar 2013</p>	<p>Director of Finance and Business Services</p> <p>Director of Finance and Business Services</p>

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a b	7. Estates	Cause Lack of clear estate strategy since cancellation of Pathway	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 Estates strategy	Further develop UHL Estates Strategy	3x3=9	Dec 2012	Acting Director of Estates & Facilities	
	Estates development strategy	Consequence Sub-optimum configuration of services.				All proposals are reviewed by Site Reconfiguration Board						
	Investment in Estate	Cause: Over provision of assets across LLR Consequence: Significant backlog maintenance	PEAT inspections Governance for site reconfiguration now expanded to include LLR implications and input. £8 million per year allocated to reducing backlog maintenance		Annual PEAT Scores Service activity and efficiency performance monitoring reported monthly to FM Board. Risk based replacement programme in place.	Good PEAT scores Capital Bid evaluation / backlog programme of works Maintenance Performance KPIs reported to FM Board	(c) No Integrated LLR Estates strategy (linked to agreed clinical model, capacity and assets) (c) Backlog will take several years of investment to reduce.	Agree LLR service configuration /downsizing supported by most efficient use of estate. Lot 2 Estates & Facilities outsourcing opportunities for investment / development Target backlog to high risk elements on an annual basis, where there are greater consequences from a failure.		Dec 2012	Acting Director of Estates & Facilities	
	Unplanned utility Service Interruption	Cause: Failure of electrical, water, gas, steam, infrastructure Consequences Service disruption, clinical/ quality/safety operational risk increased.	Planned Preventative Maintenance (PPM) schedules in place Emergency Planning & Business Contingency Plans in place for estates infrastructure failures		Frequent testing programmes. Estates infrastructure failures dealt with effectively	(c) Limited number of Authorised Specialist Services in-house						
	Delayed implementation of LLR FM	Cause: Quality and / or cost issues Consequences Financial & operational. Potential efficiency losses.	Planned project Progression, risks identified Estates Vision in support of the clinical strategy.	Regular reviews of risk log Positive Gateway Review at level 3 completed.	External scrutiny and validation	(c) External influences beyond UHL control, Economy, Political initiatives, Activity / Income generation	Gateway Review at Level 5 scheduled for FBC and contract award.		Dec 2012	Acting Director of Estates & Facilities		

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b	8.Deteriorating patient experience	<p>Causes: Cancelled operations</p> <p>Poor communications</p> <p>Increased waiting times for elective and emergency patients</p> <p>Poor clinical outcomes</p> <p>Lack of patient information</p> <p>Poor customer service</p> <p>Overheating of emergency care system leading over demand for AMU admissions.</p> <p>Lack of engagement or consultation</p> <p>Consequences Patients not recommending or choosing UHL leading to reduced activity</p> <p>Contract penalties</p> <p>Reduced income from CQUIN monies</p> <p>Increased complaints</p> <p>Reputation impact</p> <p>Failure to meet CQC requirements.</p>	<p>Patient Experience plan and projects</p> <p>Local awareness of LLR Emergency Care communication plan</p> <p>Caring @ its Best</p> <p>National Patient Survey</p> <p>Engagement of Age UK, LINKS</p> <p>10 point plan</p> <p>Net Promoter Scores reviewed identifying key areas & ranking of scores for focus</p> <p>Emergency co-ordinator</p> <p>Escalation thresholds</p> <p>Theatre and out-patient transformation project Cancellation validation Clinical quality and OPD/ED metrics Improved data analysis</p> <p>Engagement of consortia members and ECN for campaign</p> <p>Clinical Audit programme</p> <p>Internal wait group. Trolley monitoring process. FTC flexible labour. Redirection of BB trolley patients. Extra capacity metrics.</p>	4x3=12 Patients	<p>Monthly patient polling</p> <p>Monthly Trust Board report</p> <p>Real time patient feedback</p> <p>Patient Stories</p> <p>Patient Experience data presented with patient safety and outcome measures</p> <p>Net Promoter scores benchmarked with other trusts within SHA Cluster</p> <p>Exec and Non Exec safety walkabouts</p> <p>Quarterly theatre reports</p> <p>Divisional reports</p> <p>Specialty Dashboard</p> <p>Clinical Effectiveness minutes Clinical Metric results Q&P and Heat map report</p> <p>Results from clinical audit</p> <p>Dignity Audit outcomes Metric outcomes</p>	<p>Improving polling scores</p> <p>Increasing patients experience results / feedback</p> <p>Complaints reduction</p> <p>Reducing patient cancelled operations</p> <p>Improving nursing metrics</p> <p>Successful Patient Experience Conference May 2012</p> <p>Reduction in bed capacity x 2 wards</p>	<p>(c) Lack of assurance regarding patient experience feedback processes</p> <p>c) Expectations of patients regarding care not being met</p> <p>(c) Increasing waiting time for treatment of surgical emergencies</p> <p>(a) No monitoring and reporting system for internal standards</p>	<p>Summary of patient experience feedback</p> <p>Review patient information relating to consent</p> <p>Internal Waits Group to be established with key metrics</p> <p>Additional critical care capacity to be introduced</p>	2x3=6	<p>Quarterly</p> <p>Dec 2012</p> <p>Monthly/ In progress</p> <p>Review Jan 2013</p>	<p>Deputy Chief Exec/Chief Nurse</p> <p>Director of Clinical Quality</p> <p>Deputy Chief Exec/Chief Nurse</p> <p>Interim Director of Ops</p>
N.B.	Action dates are end of month unless otherwise stated									Page 10	

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b c	9. CIP Delivery (previously CIP requirement)	Risk of Quality being compromised, increased clinical risk Failure to achieve statutory breakeven duties Risk of delay/failure of FT project with uncertain consequences thereafter	CIP plan for 2012/13 CIPs assessed for impact on quality of care Pan-LLR QIPP plan Transformation board Head of Transformation and project managers for pan-Trust CIP schemes	5x4=20 Financial	Internal audit review of sample of schemes Weekly metrics Monthly divisional C&C meetings Monitored monthly through F and P Committee and Confirm and challenge TSO now established	External reports confirmed scrutiny of C&C meetings (process) Further headcount reductions delivered	(a) Lack of consistent recording (c) Lack of headcount reduction in first cut 2012/13 CIPs Executive leadership on Transformation now assigned to Director of Strategy (June '12)	Development of transformational CIPs will continue into Q2 2012/13	4x4=16	Dec 2012	Director of Finance and Business Services

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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 work streams</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) project manager has resigned – to be replaced (June '12)</p> <p>(c) Heavy dependence on Community Project board</p>		4x2=8		

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	11. IM&T Lack of organisational IT exploitation	<p>Causes Insufficient capacity and capability in IM&T</p> <p>Failure of NPfIT to deliver an integrated IT solution</p> <p>Organisational development has not focused on key IT skills and capabilities</p> <p>Lack of confidence in the delivery of benefits from IT systems</p> <p>Consequences Current systems complicated and disjointed leading to significant performance risk</p> <p>Majority of systems become obsolete or no longer supported by 2013/14</p> <p>Major disruption to service if changeover not managed well</p> <p>Communications with partners is compromised</p> <p>IM&T unable to support transformation of UHL processes</p> <p>Poor customer service from IM&T</p> <p>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</p>	<p>Chief Information Officer</p> <p>Communications with internal and external stakeholders</p> <p>New structure and operating model for IM&T</p> <p>Programme and project plan discipline including benefits realisation.</p> <p>IM&T KPIs reviewed as required via Q&PMG</p> <p>IT implementation plan</p> <p>IM&T Strategy Group</p> <p>UHL rolling programme of system/equipment replacement</p> <p>Managed Service contract for PACS approved and in place.</p> <p>LLR IM&T delivery Board</p> <p>Business partners to work with the divisions and clinicians to improve communications and involvement</p> <p>Some vacant posts filled with short term contracts for essential services</p>	4x3=12 Business	<p>CIO in post.</p> <p>IT strategy agreed by TB Nov 2011 implementation plan in place</p> <p>Project management documentation</p> <p>KPIs reviewed monthly by IM&T Board</p> <p>Minutes of IM&T strategy Group (quarterly)</p> <p>Daily Monitoring of help desk calls (reported monthly to IM&T Board)</p> <p>PACS performance metrics (reported monthly to IM&T Board)</p> <p>Delivery Board minutes (quarterly)</p>	<p>MOC Completed</p> <p>New Service Desk Team Leader in post (secondment) – performance increasing</p> <p>Incidence of PACS Failures reduced</p> <p>LLR IM&T Delivery Board Minutes</p> <p>Managed Business Partner procurement moving forward</p>	<p>(a) KPIs not reviewed outside IM&T</p> <p>(c) Vacancies in IM&T operations</p> <p>(a) KPIs not benchmarked with other Trusts.</p>	<p>Outline Business case to be developed for future systems</p> <p>Award contract to IM&T strategic partner</p>	3x3=9	<p>Feb 2013</p> <p>Dec 2012</p>	<p>Acting Director of IM&T</p> <p>Acting Director of IM&T</p>
		<p>N.B. Action dates are end of month unless otherwise stated</p>									

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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	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>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/ reputation/ 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>Increase in 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>(c) IP plan for 2012</p>	<p>Quarterly contract with referring Trust</p> <p>Roll-out of capacity plan across specialities</p>	3x2=6	<p>Quarterly</p> <p>Jan 2013</p>	<p>Interim Director of Operations</p> <p>Interim Director of Operations</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	<p>Cause No development of a learning and development culture</p> <p>No resource to invest in development opportunities</p> <p>Inability to release staff for education / training</p> <p>Inability to recruit and retain appropriately skilled staff</p> <p>Consequence Lack of sustainability of some middle grade rotas</p> <p>Quality compromised, increased clinical risk</p> <p>Compliance with external standards may be affected</p> <p>Additional expenditure on agency staff</p> <p>High staff turnover rates</p>	<p>Use of EMSHA talent profile and incorporation into appraisal documentation</p> <p>Leadership and Talent Management Strategy</p> <p>Compliance with mandatory and statutory training requirements being monitored by Education leads</p> <p>Associate Medical Director for Clinical Education</p> <p>Productive strategic relationships and joint working with training partners.</p> <p>VITAL results have been collated and priority LBR modules for nursing / AHPs identified</p> <p>Adherence to Divisional and Corporate Training Plans and continued development of alternatives models of training</p> <p>Monitoring temporary staff expenditure</p>	3x4=12 HR /Patients	<p>Monthly reporting of appraisal rates to TB</p> <p>OD and Workforce Committee Reports</p> <p>Specific reports to highlight shortage</p> <p>Analysis of reasons for joining/ leaving UHL</p> <p>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</p> <p>Monthly budget reports</p> <p>Monthly TB report on turnover rates Local Staff Polling /National staff survey</p>	<p>Increased appraisal rate compliance</p> <p>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</p> <p>Reduction in premium workforce</p> <p>Consistently good turnover rate Improving national staff attitude and opinion results</p>	<p>(a) Lack of regularised reporting on work to address targeted recruitment gaps</p> <p>(a)Succession plan still in development</p> <p>(c) Lack of engagement of clinicians.</p> <p>(a) Need to understand the detail beneath the organisational figures</p>	<p>Review of frequency/reporting lines for the work to address targeted recruitment gaps to ensure regular reporting</p> <p>Link workforce redesign to the development of effective patient pathways, to reduce requirement on difficult to recruit posts and / or make the posts more attractive</p> <p>Review of Deanery/ Trust funding of trainee doctor positions being reviewed at speciality level.</p>	2x4=8	<p>Dec 2012</p> <p>Quarterly update</p> <p>Jan 2013</p>	<p>Director of HR</p> <p>Director of HR</p> <p>Director of HR</p>
		<p>N.B. Action dates are end of month unless otherwise stated</p>									

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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
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>	4x3=12 Business	<p>Medical Engagement survey (Warwick University)</p>	<p>Well attended Medical Staff Committee meetings</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>Roll-out of technical solution if pilot is successful</p>	4x2=8 Business	<p>Review of progress Jan 2013</p> <p>Dec 2012</p>	<p>Medical Director</p> <p>Medical Director</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>		<p>Review of Clinical Engagement Strategies at OD and Workforce Committee</p> <p>Joint multi organisation clinically led working with LLR CCIG</p>	<p>Structured New consultant program</p> <p>Strong clinical engagement with Transformation workstream</p> <p>Positive feedback from GP's</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	<p>Causes Lack of development opportunities Lack of experience and skills</p>	<p>Leadership programme in place and communicated</p>	4x4=16 Business	<p>OD and Workforce Committee Papers and reports</p>	Implementation of CBU structural changes	<p>(a) Areas that are not improving based on survey results</p> <p>(a) lack of Corporate alignment re: objectives</p>	<p>Ensure the right people in the right post with the right level of support</p> <p>Integration of NHS Leadership framework within UHL</p> <p>Develop effective succession planning for the '100'</p> <p>Strengthening of corporate directorate/ divisional infrastructure</p> <p>Leadership and talent management strategy, reviewed, as part of organisational development plan refresh, and to be disseminated through OD plan</p>	4x3=12	<p>Six monthly results</p> <p>Review Jan 2013</p> <p>Dec 2012</p> <p>Nov 2012</p> <p>Nov 2012</p>	<p>Director of HR</p> <p>Director of HR</p> <p>Director of HR</p> <p>Chief Executive</p> <p>Director of HR</p>	
		<p>Staff do not understand the environment we are transitioning into</p>	<p>Supplement internal resource with external capability where required.</p> <p>Engagement with Leadership Academy programmes</p>		<p>Trust Board reports</p>							
		<p>Size of the challenge</p>	<p>Talent management guidance</p>		<p>Local Staff Polling results</p>							<p>Improving Staff polling results</p>
		<p>Environment</p>	<p>Development and building of organisational capacity and capability</p>		<p>Local staff polling performance provided to Workforce and OD committee by Div Dirs</p>							<p>(a) Staff responses still poor</p> <p>(c) Ineffective succession planning</p> <p>(c) Lack of challenge and scrutiny of performance and quality at divisional level</p>
		<p>Consequences Inability to support changes to service model</p>	<p>Organisational development plan</p>		<p>Monthly monitoring of appraisal levels in Q&P report</p>							<p>Appraisal rates good</p>
		<p>Lack of focus on key metrics and service delivery</p>	<p>Exec led Workforce & OD group</p>		<p>Monthly confirm and challenge exercise with divisions</p>							
		<p>Gaps in middle management leadership</p>	<p>Skills capability review</p>									
		<p>Inadequate organisational development</p>	<p>Mentoring and coaching training for Medical Leaders</p> <p>Annual business planning including capacity and capability and leadership and governance</p> <p>Staff Engagement action plan</p> <p>UHL part of Mids and East Talent management champions</p> <p>Review of divisional structures to identify areas for development</p> <p>Appraisal and setting of stretching objectives aligned to the UHL Strategy</p>									

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

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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
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>Organisational development plan</p> <p>Non- Exec led Workforce & OD group</p> <p>Staff engagement Strategy, local staff polling and national staff survey</p>	4x4=16 Business/ Patients/Reputation	<p>Range of measurable success criteria reported to ET, Q&PMG and TB</p>	Increased % of staff satisfied in certain elements	<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>Staff engagement strategy and Leadership and Talent Management Strategy to be disseminated through OD plan</p>	3x4=12	Nov 2012	Director of HR
		<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 Poor Trust reputation Inconsistent behaviour against trust values Low staff morale</p>	<p>Board development programme</p> <p>Talent management / Leadership programme/ Clinical Leadership programme</p> <p>UHL has joined cohort 1 of Midlands and East Talent management champions</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>		<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>						

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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
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>	4x3=12 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>Ensure staff have updated methods for undertaking IG training to fulfil their roles.</p>	4x2=8	<p>Jan 2013</p>	<p>Deputy Chief Exec/Chief Nurse</p>
		<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>IG spot-checks for clinical and non clinical areas</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>Strengthening of corporate directorate/ divisional information governance infrastructure</p> <p>Improve IG audit and performance reporting via IG Programme Board</p>		<p>Nov 2012</p> <p>Nov 2012</p>	<p>Deputy Chief Exec/Chief Nurse</p> <p>Deputy Chief Exec/Chief Nurse</p>

APPENDIX TWO

UHL STRATEGIC RISKS SUMMARY REPORT – OCTOBER 2012

Risk No	Risk Title	Current Risk Score (October 12)	Previous Risk Score (September 12)	Target Risk Score and Final Action Date	Risk Owner	Comment
9	CIP Delivery	20	20	16 – Dec 12	Director of Finance and Business Services	Deadline extended as Transformation processes under review / revision following the appointment of the interim Director of Service. No increased risk identified with this slippage.
6	Loss of Liquidity	20	20	16 – Linked to timescale for FT application. Review	Director of Finance and Business Services	
4	Failure to acquire and retain critical clinical services	20	20	9 – Apr 14	Director of Finance and Business Services	
15	Management capability / stretch	16	16	12 – Jan 2013	Director of HR	Deadline extended to enable greater integration of Leadership framework within UHL. No increased risk identified with this slippage.
1	Continued overheating of emergency care system	16	16	12 - 2013	Chief Executive	
18	Inadequate organisational development	16	16	12 – Nov 12	Director of HR	Deadline extended as OD plan not yet ratified. No increased risk identified with this slippage.
3	Deteriorating relationships with Clinical commissioning groups	16	16	9 – Mar 12	Director of Comms	Deadline extended to enable a document repository interfaced with ICE to electronically message GPs
7	Estates issues Under utilisation and investment in Estates	16	16	9 – Dec 12	Acting Director of Estates & Facilities	
5	Lack of appropriate PbR income	12	12	12 – Jan 13	Director of Finance and Business Services	Deadline extended as detailed negotiations still taking place in relation to counting and coding contract renewal. No increased risk identified with this slippage
8	Deteriorating patient experience	12	12	6 – Jan 13	Deputy Chief Executive/ Chief Nurse	Deadline extended as Commissioners are to source external review of critical care facilities.

APPENDIX TWO

UHL STRATEGIC RISKS SUMMARY REPORT – OCTOBER 2012

						No increased risk identified with this slippage
19	Inadequate data protection and confidentiality standards	12	12	8 – Jan 13	Deputy Chief Executive/ Chief Nurse	Deadline extended due to final element of computer based training delayed. No increased risk identified with this slippage
14	Ineffective Clinical Leadership	12	12	8 – Jan 13	Medical Director	Deadline extended due to delays in web-site development. No increased risk identified with this slippage
11	IM&T Lack of IT strategy and exploitation	12	12	9 – Feb 13	Acting Director of IM&T	Deadline extended as full business case for future systems not developed until after contract award to managed business partner. No increased risk identified with this slippage
2	New entrants to market (AWP/TCS)	12	12	6 – Jan 13	Director of Finance and Business Services	Deadline extended as Clinical Strategy will continue to be refined as the specialty based IBPs and the work programme of Better Care Together is finalised. No increased risk identified with this slippage
13	Skill shortages	12	12	8 – Jan 13	Director of HR	Deadline extended as there are a series of posts that require Head of Service individual review which will be time consuming. No increased risk identified with this slippage
12	Non- delivery of operating framework targets	12	12	6 – Jan 13	Interim Director of Operations	
16	Lack of innovation culture	12	12	6 – Apr 13	Awaiting information	Need to identify executive lead (previously Director of Strategy)
10	Readmission rates don't reduce	8	8	8 – Sept 12	Director of Finance and Business Services	Risk has achieved target score and has no further actions listed to mitigate the remaining risk.

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

Risk No.	Action Description	Action Owner	Comment
1	Respond to recommendations of the July ECIST report.	Deputy Chief Executive/Chief Nurse	Complete. Response to ECIST report received at Executive Team – monitored by the Acute Division
1	External review of emergency care processes to commence 14 Sept 2012.	Chief Executive	Complete. Results presented to Board members on October 25 th . Action Plan arising from the work is being implemented through Right Place Consulting who start on site on November 19 th .
2	Clinical strategy to be completed as part of IBP by end of October 2012.	Director of Finance and Business Services	Ongoing. Strategy is now substantially finalised. Will continue to be refined as the specialty based IBPs and the work programme of Better Care Together is finalised. Date for further review of progress January 2013. This action is outwith the remit of the Director of Finance and Business Services and will be realigned with the Medical Director.
2	Respond to next steps regarding Elective Care Tender.	Director of Finance and Business Services	Ongoing. Tender remains suspended. Options discussed via the Better Care Together (BCT) programme board. Date for further review of progress January 2013.
3	Fully developed plan for ICE / Transcription interface.	Director of Communications	Ongoing. There is no interface between outsourced letter or letters generated within UHL and ICE; unless the letter is actually produced in ICE they cannot be sent to GPs other than by normal mechanisms. The deadline for action completion has been extended to March 2013 as the option to provide a document repository is now being investigated to take in Transforming Transcription Dictate IT and to also provide an interface with ICE to electronically message GPs.
3	Analyse and plan intervention to restore share.	Director of Communications	Complete. Paper to Board in December 2012

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

Risk No.	Action Description	Action Owner	Comment
3	Shared understanding and monthly measurement of key metrics between CCGs and UHL.	Deputy Chief Executive/Chief Nurse	Complete. Meetings have been held with commissioners to agree a suite of metrics to be used across the health economy. This will be based upon the national acute performance report. Summary draft to be prepared and shared by commissioners once national data confirmed.
3	Agree more services for rapid pathway redesign.	Director of Finance and Business Services	Ongoing. Discussed at cross divisional meeting in early November - originally identified priority services to be progressed at the BCT programme board on 22 November. Date for further review of progress January 2013.
4	Draft Clinical Strategy.	Director of Finance and Business Services	Completed.
4	Draft IBP.	Director of Finance and Business Services	Completed. Draft IBP will be submitted to the SHA on 30 November 2012 following further discussion at F&P committee and Board at the end of November.
4	Undertake lessons learnt review on Paediatric Cardiac Surgery Review – in progress	Director of Finance and Business Services	Ongoing. No further information at this time. This action is outwith the remit of the Director of Finance and Business Services and will be realigned with the Medical Director. Date for further review of progress January 2013
5	2012/ 13 Counting and coding & contract renewal process	Director of Finance and Business Services	Ongoing. All evidence submitted by the 30 September deadline – detailed negotiations still to commence. Process for resolution to be discussed at next contract meeting at end November. Date for further review of progress January 2013.
5	Focussed resource on strategic alignment	Director of Finance and Business Services	This action is not explicit / understandable and has been removed.

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

Risk No.	Action Description	Action Owner	Comment
6	Strategic bid for transition funding being prepared with LLR commissioners.	Director of Finance and Business Services	Ongoing. Transition bid will be developed alongside the work on phasing of the site reconfiguration work in Q4 2012/13. Date for further review of progress March 2013.
7	Agree LLR service configuration /downsizing supported by most efficient use of estate. Lot 2 Estates & Facilities outsourcing opportunities for investment / development	Acting Director of Estates and Facilities	Ongoing. The LLR estates and facilities shared services programme has a milestone of the 21 st December for signature of contracts with Interserve and contract commencement by the 11 th February 2013. UHL will have in place by the end of December 2012 an estates transformational plan which will help crystallise opportunities. Completion date amended to December 2012
7	Further develop UHL Estates Strategy	Acting Director of Estates and Facilities	Ongoing. An estates transformational plan has been procured from Capita Symonds and will be prepared by the end of December 2012. Completion date amended to December 2012.
7	Authorised person appointment letters to be reviewed/updated.	Acting Director of Estates and Facilities	Complete. New appointments under the LLR shared services contract will be facilitated in the period between 21/12/2012 and 11/02/2013.
8	Review volunteer roles within OP and ward areas	Director of Nursing Services	Complete. Report presented to GRMC as part of the patient experience report.
8	Review patient information relating to consent	Director of Clinical Quality	Ongoing. Progress in updating patient information leads and improving access to patient information through SharePoint. To be completed December 2012.
8	Additional critical care capacity to be introduced	Deputy Chief Executive/Chief Nurse	Ongoing. Issue discussed through the contract meetings. Commissioners to source external review of critical care. Review January 2013.

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

Risk No.	Action Description	Action Owner	Comment
9	Development of transformational CIPs will continue into Q2 2012/13	Director of Finance and Business Services	Ongoing. Transformation processes under review / revision following the appointment of the interim Director of Service Improvement. Changes to be implemented in December 2012.
11	Outline Business case to be developed for future systems	Acting Director of IM&T	Ongoing. Full business case to be developed for future systems after contract award to managed business partner therefore completion date extended to February 2013.
12	External audit overview of cancer pathway	Deputy Chief Executive/Chief Nurse	Complete. Commissioner and provider clinical summit held. Revisions to pathway implemented
12	Recruitment of CBU Manager vacancies	Interim Director of Operations	Complete.
13	Review of Deanery/ Trust funding of trainee doctor positions being reviewed at specialty level.	Director of HR	Ongoing. Anticipated completion is January 2013. There are a series of posts that require Head of Service Individual review which will be time consuming.
14	Implementation of plan to improve communication with our consultant body (consultant web-site, web accessible e mail)	Medical Director	Ongoing. Delays encountered in developing web-site. Action to be reviewed Jan 2013.
14	Pilot of web based access	Medical Director	Complete.
14	Releasing time for clinical leaders to engage constructively with CCGs – awaiting approval for funding from commissioners before implementing changes	Medical Director	Complete.
15	Supplement internal resource with external capability where required.	Director of HR	Complete. This is performed on an ongoing basis.

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

Risk No.	Action Description	Action Owner	Comment
15	Ensure managers have the right training to fulfil their roles.	Director of HR	<p>Complete. The UHL Leadership Academy co-ordinates and evaluates over 40 leadership and management development programmes offered through UHL and external providers:</p> <ul style="list-style-type: none"> • 54 managers have accessed leadership development interventions provided through the East Midland Leadership Academy including Emerging Leaders Programme, Supporting Transition, Aspiring Senior Leaders and Top Leaders Programme. • 135 managers have attended new speed learning sessions including Tough Conversations and Making an Impact. • 18 service and operational managers have accessed the Organising for Quality and Value Programme offered through the NHS Institute. • 146 managers have accessed internal leadership development programmes including Performance Excellence and Clinical Leadership Programme (ward, theatre and outpatient managers).
15	Integration of NHS Leadership framework within UHL.	Director of HR	<p>Ongoing. Some areas within UHL are integrating the NHS Leadership Framework for staff groups. Work is currently underway in co-creating Leadership and Management standards for setting clear expectations across all people managers, for launch across the Trust in early 2013. The standards will be integrated within the appraisal and recruitment process. Next review of progress January 2013.</p>
15	Strengthening of corporate directorate/ divisional infrastructure.	Chief Executive	<p>Ongoing. Corporate Directorate restructuring effected. Proposals in respect of the Divisional infrastructure are ongoing but should be agreed in November. Completion date November 2012</p>

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

Risk No.	Action Description	Action Owner	Comment
15	Leadership and talent management strategy, reviewed, as part of organisational development plan refresh, and to be disseminated through OD plan	Director of HR	Ongoing. Work is underway in reviewing the Organisational Development Plan: Two deep dive workshops held to enable engagement with sponsoring staff including the Executive Team and clinical leaders. Following agreement of the Strategic Direction in October 2012 a validation exercise was carried out to further explore and expand on the underpinning themes that were developed in these sessions. A series of one to one interviews with 40 key internal stakeholders using an appreciative enquiry approach have taken place during October and November 2012.
18	Staff engagement strategy and Leadership and Talent Management Strategy to be disseminated through OD plan	Director of HR	A review of evidence based best practice and documentation was also undertaken including National Staff Opinion Survey results for UHL, local staff polling results, patient satisfaction survey results and relevant updates on progress against the delivery of key workforce strategies. Six themes have consistently emerged and work is underway in developing the resultant action plans:
18	Creation and development of organisational development plan to support new strategy. OD plan to be implemented after approval from Executive Team	Director of HR	<ol style="list-style-type: none"> 1. Live our values 2. Improve two-way engagement 3. Strengthen leadership 4. Enhance workplace learning 5. Improve external relationships and working partnerships 6. Encourage creativity and innovation <p>An update report was presented to the Executive Team on 6 November (with a further update next week). Finalised OD Plan will be presented to the Trust Board on 29 November for ratification. Completion date extended to November 2012.</p>

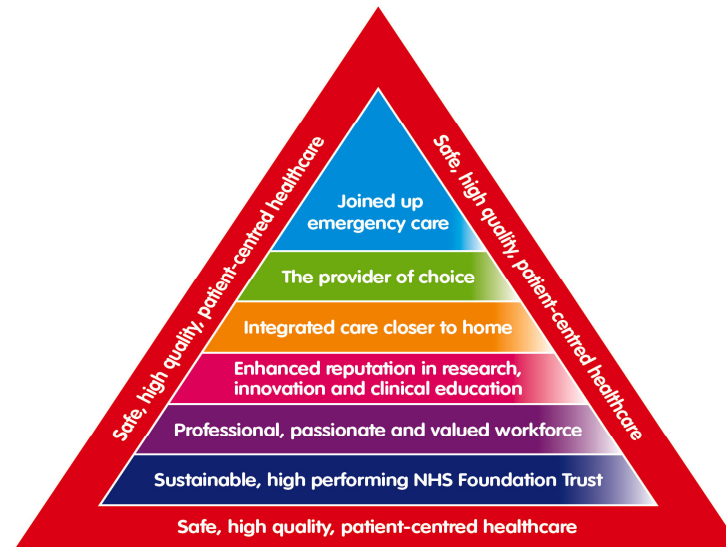
UHL SRR/BAF SUMMARY OF CHANGES TO ACTIONS – OCTOBER 2012

Risk No.	Action Description	Action Owner	Comment
19	Ensure staff have updated methods for undertaking IG training to fulfil their roles.	Deputy Chief Executive/ Chief Nurse	Ongoing. Final element of computer based training will be implemented in January 2013. Completion date amended to January 2013.

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?

PERIOD:



STRATEGIC OBJECTIVES

- a. To provide safe, high quality patient-centred health care.
- b. To enable joined up emergency care.
- c. To be the provider of choice.
- d. To enable integrated care closer to home.
- e. To enjoy an enhanced reputation in research, innovation and clinical education
- f. To maintain a professional, passionate and valued workforce
- g. To be a sustainable, high performing NHS Foundation Trust.

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

LINK TO STRATEGIC OBJECTIVE(S)		a, c, g					
RISK NUMBER:		1					
EXECUTIVE LEAD:		Chief Nurse					
Principal Risk <small>(What could prevent the objective(s) being achieved)</small>	What are we doing about it? (Key Controls) <small>What control measures or systems we have in place to assist secure delivery of the objective (describe process rather than management group)</small>	Current Score 1 x L	How do we know we are doing it? (Key assurances of controls) <small>Provide examples of recent reports considered by Board or committee where delivery of the objectives are discussed and where the board can gain evidence that controls are effective.</small>	What are we not doing? (Gaps in Controls C) / Assurance (A) <small>What gaps in systems, controls and assurance have been identified?</small>	How can we fill the gaps or manage the risk better? (Actions to address gaps)	Target Score 1 x L	Timescale <small>When will the action be completed?</small>
Failure to reduce avoidable harms and mortality and morbidity leading to decreasing patient experience/ patient satisfaction	<p>Policies and procedures</p> <p>Relentless attention to 5 Critical Safety Actions (CSA) initiative to lower mortality</p> <p>Learning lessons from incidents to reduce the likelihood of recurrence</p> <p>Infection prevention plan to ensure hospital acquired infections are reduced</p>						

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

LINK TO STRATEGIC OBJECTIVE(S)		a					
RISK NUMBER:		2					
EXECUTIVE LEAD:		? Andrew Chatten / John Clarke					
Principal Risk <small>(What could prevent the objective(s) being achieved)</small>	What are we doing about it? (Key Controls) <small>What control measures or systems we have in place to assist secure delivery of the objective (describe process rather than management group)</small>	Current Score <small>1 x L</small>	How do we know we are doing it? (Key Assurances of controls) <small>Provide examples of recent reports considered by Board or committee where delivery of the objectives are discussed and where the board can gain evidence that controls are effective.</small>	What are we not doing? (Gaps in Controls C) / Assurance (A) <small>What gaps in systems, controls and assurance have been identified?</small>	How can we fill the gaps or manage the risk better? (Actions to address gaps)	Target Score <small>1 x L</small>	Timescale <small>When will the action be completed?</small>
Inability to react /recover from events that threaten business continuity leading to sustained downtime and inability to provide full range of services	<p>Major incident/business continuity/ disaster recovery and Pandemic plans developed and tested for UHL/ wider health community.</p> <p>Multi agency working across Leicestershire.</p> <p>IT infrastructure includes multiple backup servers and redundancies in the event of system failures.</p> <p>Appropriate staff trained in major incident planning/ coordination</p>		Annual Emergency planning Report identifying practice				

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

LINK TO STRATEGIC OBJECTIVE(S)		a, b, c, d, e, f, g					
RISK NUMBER:		3					
EXECUTIVE LEAD:		Director of Human Resources					
Principal Risk <small>(What could prevent the objective(s) being achieved)</small>	What are we doing about it? (Key Controls) <small>What control measures or systems we have in place to assist secure delivery of the objective (describe process rather than management group)</small>	Current Score x L	How do we know we are doing it? (Key Assurances of controls) <small>Provide examples of recent reports considered by Board or committee where delivery of the objectives are discussed and where the board can gain evidence that controls are effective.</small>	What are we not doing? (Gaps in Controls C) / Assurance (A) <small>What gaps in systems, controls and assurance have been identified?</small>	How can we fill the gaps or manage the risk better? (Actions to address gaps)	Target Score x L	Timescale <small>When will the action be completed?</small>
Inability to recruit, retain, develop and motivate suitably qualified staff leading to inadequate organisational capacity and development.	Leadership and talent management programmes OD strategy and plan Staff engagement action plan Appraisal and objective setting in line with UHL strategic direction UHL skills capability review Reward /recognition programme						

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

LINK TO STRATEGIC OBJECTIVE(S)		a, b, c, g					
RISK NUMBER:		4					
EXECUTIVE LEAD:		Director of Operations					
Principal Risk <small>(What could prevent the objective(s) being achieved)</small>	What are we doing about it? (Key Controls) <small>What control measures or systems we have in place to assist secure delivery of the objective (describe process rather than management group)</small>	Current Score x L	How do we know we are doing it? (Key Assurances of controls) <small>Provide examples of recent reports considered by Board or committee where delivery of the objectives are discussed and where the board can gain evidence that controls are effective.</small>	What are we not doing? (Gaps in Controls C) / Assurance (A) <small>What gaps in systems, controls and assurance have been identified?</small>	How can we fill the gaps or manage the risk better? (Actions to address gaps)	Target Score x L	Timescale <small>When will the action be completed?</small>
Failure to transform emergency care system leading to demands on ED and admissions units continuing to exceed capacity	LLR Emergency plan LLR emergency Care Network Project Increased recruitment to ED Emergency Frailty Unit (EFU) to ensure timely transfer of older patients to the most appropriate care pathway 'Right time, right place' initiative to provide more timely patient transfer from ED to ward						

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

LINK TO STRATEGIC OBJECTIVE(S)		c, g					
RISK NUMBER:		5					
EXECUTIVE LEAD:		Chief Nurse					
Principal Risk (What could prevent the objective(s) being achieved)	What are we doing about it? (Key Controls) What control measures or systems we have in place to assist secure delivery of the objective (describe process rather than management group)	Current Score 1 x L	How do we know we are doing it? (Key Assurances of controls) Provide examples of recent reports considered by Board or committee where delivery of the objectives are discussed and where the board can gain evidence that controls are effective.	What are we not doing? (Gaps in Controls C) / Assurance (A) What gaps in systems, controls and assurance have been identified?	How can we fill the gaps or manage the risk better? (Actions to address gaps)	Target Score 1 x L	Timescale When will the action be completed?
Levels of patient satisfaction/experience may deteriorate	Patient experience plan and associated projects Net Promoter scores to identify key areas for focus Caring @its best and releasing time to care initiatives Internal patient polling and national patient survey 10 point plan Trust values instilled within UHL staff.						

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

LINK TO STRATEGIC OBJECTIVE(S)		a, b, c, d, e, f, g					
RISK NUMBER:		6					
EXECUTIVE LEAD:		Chief Executive Officer					
Principal Risk (What could prevent the objective(s) being achieved)	What are we doing about it? (Key Controls) What control measures or systems we have in place to assist secure delivery of the objective (describe process rather than management group)	Current Score x L	How do we know we are doing it? (Key Assurances of controls) Provide examples of recent reports considered by Board or committee where delivery of the objectives are discussed and where the board can gain evidence that controls are effective.	What are we not doing? (Gaps in Controls C) / Assurance (A) What gaps in systems, controls and assurance have been identified?	How can we fill the gaps or manage the risk better? (Actions to address gaps)	Target Score x L	Timescale When will the action be completed?
Failure to achieve Foundation Trust Status within specified timescale (April 2014)	Foundation Trust Application Programme Board Foundation Trust Workstream Executive and operational Leads FT application project plan/ team						

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

LINK TO STRATEGIC OBJECTIVE(S)		b, c, g					
RISK NUMBER:		7					
EXECUTIVE LEAD:		Director of Finance					
Principal Risk <small>(What could prevent the objective(s) being achieved)</small>	What are we doing about it? (Key Controls) <small>What control measures or systems we have in place to assist secure delivery of the objective (describe process rather than management group)</small>	Current Score <small>1 x L</small>	How do we know we are doing it? (Key Assurances of controls) <small>Provide examples of recent reports considered by Board or committee where delivery of the objectives are discussed and where the board can gain evidence that controls are effective.</small>	What are we not doing? (Gaps in Controls C) / Assurance (A) <small>What gaps in systems, controls and assurance have been identified?</small>	How can we fill the gaps or manage the risk better? (Actions to address gaps)	Target Score <small>1 x L</small>	Timescale <small>When will the action be completed?</small>
Ineffective organisational transformation preventing the development of safer, more effective and productive services	Clinical strategy Estates strategy including award of FM contract to private sector partner. Transformation Board/ team Managed Business Partner for IM&T services to deliver IT that will be a key enabler for our clinical strategy.						

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

LINK TO STRATEGIC OBJECTIVE(S)		c, e, f, g					
RISK NUMBER:		8					
EXECUTIVE LEAD:		Director of Finance					
Principal Risk <small>(What could prevent the objective(s) being achieved)</small>	What are we doing about it? (Key Controls) <small>What control measures or systems we have in place to assist secure delivery of the objective (describe process rather than management group)</small>	Current Score x L	How do we know we are doing it? (Key Assurances of controls) <small>Provide examples of recent reports considered by Board or committee where delivery of the objectives are discussed and where the board can gain evidence that controls are effective.</small>	What are we not doing? (Gaps in Controls C) / Assurance (A) <small>What gaps in systems, controls and assurance have been identified?</small>	How can we fill the gaps or manage the risk better? (Actions to address gaps)	Target Score x L	Timescale <small>When will the action be completed?</small>
Failure to achieve financial sustainability including: Failure to achieve CIP Loss of income due to tariff/tariff changes (PbR) Ineffective processes for Counting and Coding Failure of transformation projects (internal and external)	PLICS Expenditure controls Pan –LLR QIPP plan Head of Transformation and project managers for pan-Trust CIPs Clinical coding project See key controls relating to risk number 7 and 12						

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

LINK TO STRATEGIC OBJECTIVE(S)		a, c, e, f, g					
RISK NUMBER:		9					
EXECUTIVE LEAD:		Director of Operations					
Principal Risk <small>(What could prevent the objective(s) being achieved)</small>	What are we doing about it? (Key Controls) <small>What control measures or systems we have in place to assist secure delivery of the objective (describe process rather than management group)</small>	Current Score <small>1 x L</small>	How do we know we are doing it? (Key Assurances of controls) <small>Provide examples of recent reports considered by Board or committee where delivery of the objectives are discussed and where the board can gain evidence that controls are effective.</small>	What are we not doing? (Gaps in Controls C) / Assurance (A) <small>What gaps in systems, controls and assurance have been identified?</small>	How can we fill the gaps or manage the risk better? (Actions to address gaps)	Target Score <small>1 x L</small>	Timescale <small>When will the action be completed?</small>
Failure to achieve and sustain operational targets (including compliance with external standards (e.g. CQC, NHSLA, IG standards, etc))	<ul style="list-style-type: none"> Increased provision of capacity Backlog plans Referral guidance Transformational theatre project 'Right place, right time' initiative Ongoing monitoring of key performance indicators Review of bed allocation 						

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

LINK TO STRATEGIC OBJECTIVE(S)		c, e, f					
RISK NUMBER:		10					
EXECUTIVE LEAD:		Director of Communications and External Relations					
Principal Risk <small>(What could prevent the objective(s) being achieved)</small>	What are we doing about it? (Key Controls) <small>What control measures or systems we have in place to assist secure delivery of the objective (describe process rather than management group)</small>	Current Score 1 x L	How do we know we are doing it? (Key Assurances of controls) <small>Provide examples of recent reports considered by Board or committee where delivery of the objectives are discussed and where the board can gain evidence that controls are effective.</small>	What are we not doing? (Gaps in Controls C) / Assurance (A) <small>What gaps in systems, controls and assurance have been identified?</small>	How can we fill the gaps or manage the risk better? (Actions to address gaps)	Target Score 1 x L	Timescale <small>When will the action be completed?</small>
Loss of favourable reputation leading to difficulties in recruitment of high quality staff and potential for reduced patient numbers.	Communications Team						

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

LINK TO STRATEGIC OBJECTIVE(S)		a, b, c, d, e, g					
RISK NUMBER:		11					
EXECUTIVE LEAD:		Director of Communications and External Relations					
Principal Risk (What could prevent the objective(s) being achieved)	What are we doing about it? (Key Controls) What control measures or systems we have in place to assist secure delivery of the objective (describe process rather than management group)	Current Score 1 x L	How do we know we are doing it? (Key Assurances of controls) Provide examples of recent reports considered by Board or committee where delivery of the objectives are discussed and where the board can gain evidence that controls are effective.	What are we not doing? (Gaps in Controls C) / Assurance (A) What gaps in systems, controls and assurance have been identified?	How can we fill the gaps or manage the risk better? (Actions to address gaps)	Target Score 1 x L	Timescale When will the action be completed?
Failure to maintain productive relationships with external partners/ stakeholders leading to potential loss of activity and income and failure to retain clinical services							

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

LINK TO STRATEGIC OBJECTIVE(S)		b, c, d, g					
RISK NUMBER:		12					
EXECUTIVE LEAD:		Chief Executive Officer					
Principal Risk (What could prevent the objective(s) being achieved)	What are we doing about it? (Key Controls) What control measures or systems we have in place to assist secure delivery of the objective (describe process rather than management group)	Current Score 1 x L	How do we know we are doing it? (Key Assurances of controls) Provide examples of recent reports considered by Board or committee where delivery of the objectives are discussed and where the board can gain evidence that controls are effective.	What are we not doing? (Gaps in Controls C) / Assurance (A) What gaps in systems, controls and assurance have been identified?	How can we fill the gaps or manage the risk better? (Actions to address gaps)	Target Score 1 x L	Timescale When will the action be completed?
Inadequate reconfiguration of buildings and services leading to less effective use of estate and services	Service Reconfiguration Board Divisional service development strategies to deliver key developments Estates strategy including award of FM contract to private sector partner. Clinical Strategy						