

To:	Trust Board		
From:	MEDICAL DIRECTOR		
Date:	30 AUGUST 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		Discussion	X
Assurance	X	Endorsement	X
Summary / Key Points:			
<ul style="list-style-type: none"> • There will be a refresh of the SRR/BAF in conjunction with the Board on 1 October 2012 in order to provide UHL with a fully revised 2012/13 version. • Twelve actions due for completion in July have been completed. There are nine where the deadline has slipped to a later date. • Three risks (5, 10 and 17) have reduced to the level of their previously identified target risk score and are now closed. • The current and target risk scores associated with risk 15 have reduced and the target score associated with risk 19 has also reduced. 			
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 principal objectives.		

Paper K

Previously considered at another corporate UHL Committee? Yes – Executive Team	
Strategic Risk Register Yes	Performance KPIs year to date No
Resource Implications (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: 30 AUGUST 2012
REPORT BY: MEDICAL DIRECTOR
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 July 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).
- 1.2 There will be a refresh of the SRR/BAF in conjunction with the Board to provide UHL with a fully revised 2012/13 version. An externally facilitated Board development session is arranged for 1 October 2012 and an agenda for the session will be circulated during September.

2. SRR/BAF 2012/13: POSITION AS OF 31 JULY 2012

- 2.1 The SRR/BAF is updated by the risk owners and is presented to the Board on a monthly basis. Changes are highlighted in red in appendix one.
- 2.2 Twelve actions due for completion in July have been completed. There are nine actions where the deadline has slipped to a later date (see appendix three for details).
- 2.3 Three risks have achieved their target risk score and are now closed and removed from the SRR/BAF. These are:
- Risk 5 – Lack of appropriate PbR income
- Risk 10 – Readmission rates don't reduce
- Risk 17 – Organisation may be overwhelmed by unplanned events
- 2.4 The current and target risk scores associated with risk 15 have reduced reflecting additional controls in place and the target score associated with risk 19 has reduced reflecting the identification additional actions for further control.
- 2.5 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 6 '*Loss of liquidity*'. Previously presented to the Board in December 2011.

- Risk 14 '*Ineffective clinical leadership*'. Previously presented to the Board in January 2012.
- Risk 16 '*Lack of innovation culture*'. Previously presented to the Board in February 2012.

3. Recommendations

- 3.1 Taking into account the contents of this report and its appendices, and the presentation by the Director of Finance and Procurement, Medical Director and Director of Strategy in respect of risks 6, 14 and 16 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
22 August 2012

PERIOD: 1 JULY 2012 – 31 JULY 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	External review of emergency care processes (Kings College)	3x4=12	Aug 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	Increased flexibility plans to be developed	Nov 2012	Chief Executive
		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	Job Plan review to be undertaken	Aug 2012	COO/ Medical Director
		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	Introduce ED referral pathway to next day clinics	Aug 2012	COO
		Delays in discharge efficiency	LLR ECN Project		Q & P report		Ward Discharge metrics					Common metrics for reporting across all stakeholders	Respond to recommendations of the July ECIST report	Sep 2012	COO
		Re-beds	Ward Discharge metrics		ESIST report										
		Delays in discharge to community beds	Common metrics for reporting across all stakeholders		Emergency Care is a key theme for regular discussion at ET		CQUIN linked to in patient flow efficiency					Major operational distraction to whole of UHL	Completion of capital expansion (as agreed by PCT)	2013	Chief Executive
		Late evening bed bureau arrivals	Emergency Care is a key theme for regular discussion at ET												
		Consequences Clinical risk within ED	Representatives from Clinical Commissioning Groups attend ET bi-monthly re emergency care		Financial loss (30% marginal rate and penalty costs)		CQUIN linked to in patient flow efficiency					Major operational distraction to whole of UHL	Completion of capital expansion (as agreed by PCT)	2013	Chief Executive
		Major operational distraction to whole of UHL													
Financial loss (30% marginal rate and penalty costs)	Emergency Care is a key theme for regular discussion at ET														
Poor winter planning – inefficient/sub-optimal care	Representatives from Clinical Commissioning Groups attend ET bi-monthly re emergency care														
Insufficient bed capacity in particular on AMUs	Actions associated with recent trust bed capacity risk assessment														
Poor patient experience															

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

Objective	Risk	Cause /Consequence	Controls	Current Risk	Assurance On Controls	Positive Assurance	Gaps in Assurance (a) / Control (c)	Actions for Further Control	Target Risk	Due Date	Risk / Action Owner
a b	2. New entrants to market (AWP/TCS)	<p><u>Cause</u> TCS agenda. (Elective care bundle/UCC). Impact of Health and Social Care Bill. – ‘Any willing provider Financial climate.</p> <p>Insufficient expertise for tendering at CBU or corporate level.</p> <p><u>Consequence</u> Downside: Loss of market share, business, services and revenue. Increased competition from competitors</p> <p>Upside: Opportunities to develop partnerships and grow income streams.</p>	<p>GP Head of Service to help secure referrals and improve service quality.</p> <p>Review of market analysis – quarterly at F&P Committee.</p> <p>Rigorous market assessment to clearly identify opportunities to create new markets</p> <p>Market share analysis and quarterly report, linked to SLR / PLICS</p> <p>Clinical involvement in Commissioning.</p> <p>Tendering process for services (elective care bundle & UCC).</p> <p>Links established with PCT Cluster regarding Elective care Bundle Tendering expertise reviewed for major procurements. Programme team with relevant resources agreed established to support Elective Care Bundle; external support agreed for other major procurements as required.</p>	4x3=12 Business	<p>GP Temperature Check. Completed in May 2011.</p> <p>F&P and Exec Team minutes on a quarterly basis where market share analysis has been discussed.</p> <p>Divisional and CBU market assessments and competitor analysis. Completed on an annual basis as part of the annual planning process.</p> <p>Market share analysis reported to F&P Quarterly.</p> <p>Commissioning meetings.</p> <p>Tendering meetings.</p> <p>Monthly meetings between CCGs and Exec Team</p> <p>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>Draft clinical Strategy completed further work identified to be completed. To be signed off by the Trust Board in August.</p> <p>Respond to next steps regarding Elective Care Tender.</p>	3x2=6	<p>Aug 2012</p> <p>Oct 2012.</p>	<p>Director of Strategy</p> <p>Director of F&P.</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	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>Analyse and plan intervention to restore share.</p> <p>Be the successful bidder for the East Leicestershire & Rutland CCG.</p> <p>Shared understanding and monthly measurement of key metrics between CCGs and UHL</p>	3x3=9	<p>Sep 2012</p> <p>Sep 2012</p> <p>Dec 2012</p> <p>Sep 2012</p>	<p>Director of Comms</p> <p>Director of Comms</p> <p>Director of F&P</p> <p>COO</p>

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

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

Objective	Risk	Cause /Consequence	Controls	Current Risk	Assurance On Controls	Positive Assurance	Gaps in Assurance (a) / Control (c)	Actions for Further Control	Target Risk	Due Date	Risk / Action Owner
	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		Oct 2012	Director of Strategy

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

Objective	Risk	Cause /Consequence	Controls	Current Risk	Assurance On Controls	Positive Assurance	Gaps in Assurance (a) / Control (c)	Actions for Further Control	Target Risk	Due Date	Risk / Action Owner
c d	4. Failure to acquire and retain critical clinical services (e.g. loss of services through specialist services designation including ECMO, Paediatric Cardiac Services, NUH as a level 1 major trauma centre, Elective Care Bundle)	<u>Cause</u> National Reviews of specialist services. Sustainability. Cost Effectiveness. Recommendation made by JCPCT to not designate Leicester's Paediatric Cardiac Surgery	EMCHC Strategy and Programme Boards. Risks identified through business plans. Campaign to support paediatric cardiac services/repatriate services. Commissioner support and engagement.	4x5=20 Financial/ reputation	EMCHC reports & minutes (bi-weekly).	ECMO contract in place.	Do not have an IBP with an agreed service profile for tertiary services.	Draft Clinical Strategy	3x3=9	Review Sep 2012	Director of Strategy
		<u>Consequence</u> Loss of key clinicians Inability to attract best quality staff Inability to achieve academic expectations Adverse outcome of further tertiary reviews Significant loss of income Patient safety impacted in the short term. Impact on ECMO.	ECMO NCG/Board engagement. Regular review of key service reviews by Exec Team & Trust Board. Strong academic recognition		Campaign response numbers. (Sept 2011).	Campaign response results		Draft IBP		Oct 2012	Director of Strategy
		<u>Upside:</u> Retain local, regional and national profile, potential to grow services, improved recruitment and retention, increased R&D potential.	ECMO NCG/Board engagement. Ongoing dialogue with other children's cardiac centres to ensure strong proposal on sustainable network		Feedback from public consultation. (Sept 2011)	Lead co-coordinating centre/national training for ECMO.		Achieve FT Status, which is critical for controlling own destiny and retaining / attracting critical services.		April 2014	Director of Strategy
		Co-location of ENT with Children's Cardiac Services completed.	Major Trauma Network minutes & actions (quarterly).		3 BRUS achieved in Sept 2011	Complete clinical and legal review of JCPTC decision on Paediatric Cardiac Surgery		Aug 2012		Director of Strategy	
		Initial response strategy agreed for Children's Cardiac Services	TB and Exec Team papers (monthly & weekly).			Undertake lessons learnt review on Paediatric Cardiac Surgery Review		Aug 2012		Director of Strategy	
			Quarterly Network Meetings			Review all other services due to be reviewed nationally and ensure lessons learnt are applied		Apr 2013		Director of Strategy	
			SLR Data in Business Plans								

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

Objective	Risk	Cause /Consequence	Controls	Current Risk	Assurance On Controls	Positive Assurance	Gaps in Assurance (a) / Control (c)	Actions for Further Control	Target Risk	Due Date	Risk / Action Owner
a b c d	6. Loss of liquidity	<p><u>Causes</u> Operating losses ytd. Cumulative impact of non standard contract</p> <p><u>Consequences</u> Unable to invest in core services or develop new services</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>Oct 2012</p>	<p>Director of F&P</p> <p>Director of F&P</p>

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

Objective	Risk	Cause /Consequence	Controls	Current Risk	Assurance On Controls	Positive Assurance	Gaps in Assurance (a) / Control (c)	Actions for Further Control	Target Risk	Due Date	Risk / Action Owner
a b	7. Estates issues	Cause Lack of clear estate strategy since cancellation of Pathway	UHL Service Reconfiguration Board established, with representation from all Divisions.	4x4=16 Business/ Financial	Minutes of Service reconfiguration board reported to Exec Team.	LLR Space Utilisation Review	(c) Lack of agreed UHL Estates strategy	Further develop UHL Estates Strategy	3x3=9	Review Oct 2012	Director of Strategy
	Estates development strategy	Consequence Sub-optimum configuration of services.			Service activity and efficiency performance monitoring reported monthly to FM Board.	All site / estate proposals are reviewed by Site Reconfiguration Board Good PEAT scores	(c) No Integrated LLR Estates strategy (linked to agreed clinical model, capacity and assets)	Agree LLR service configuration /downsizing supported by most efficient use of estate.		Review Sep 2012	Director of Strategy
	Investment in Estate	Over provision of assets across LLR Significant backlog maintenance	Governance for site reconfiguration now expanded to include LLR implications and input. £6 million per year allocated to reducing backlog maintenance		Annual PEAT Scores	Maintenance Performance KPIs reported to FM Board	(c) Backlog will take several years of investment to reduce.	Target backlog to high risk elements on an annual basis, where there are greater consequences from a failure.		Review Sep 2012	Director of Strategy
			Recruitment into vacancies			Capital / backlog programme of works.	(c) Estates staffing & recruitment and retention issues.	Develop more staff into key roles		Oct 2012	Director of Strategy
	Unplanned utility Service Interruption	Failure of electrical, water, gas, steam, infrastructure Consequences Service disruption, clinical/ operational risk increased.	Planned Preventative Maintenance (PPM) schedules in place Emergency Planning & Business Contingency Plans in place for estates infrastructure failures		Testing programmes	Estates infrastructure failures dealt with effectively	(c) Limited number of Authorised Specialist Services in-house				
	Delayed implementation of LLR FM	Quality and / or cost issues Consequence Financial & operational. Potential efficiency losses.	Planned project Progression, risks identified Estates Vision in support of the clinical strategy.	Regular reviews	External scrutiny and validation	(c) External influences beyond UHL control, Economy, Political initiatives, Activity / Income generation	Regular review of Programme Risk Log Gateway Review at level 3 conducted July 2012 – Level 5 scheduled for FBC and contract award.	Sep 2012 Dec 2012	Director of Strategy Director of Strategy		

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

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

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

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

Objective	Risk	Cause /Consequence	Controls	Current Risk	Assurance On Controls	Positive Assurance	Gaps in Assurance (a) / Control (c)	Actions for Further Control	Target Risk	Due Date	Risk / Action Owner
b c	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	Quarter 2 2012/13	Director of F&P

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

Objective	Risk	Cause /Consequence	Controls	Current Risk	Assurance On Controls	Positive Assurance	Gaps in Assurance (a) / Control (c)	Actions for Further Control	Target Risk	Due Date	Risk / Action Owner
a b	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	Next review Sep 2012	Director of Strategy
										Dec 2012	Director of Strategy

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 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>Increasing numbers of medical staff receiving hand hygiene training (35% Jan 2012)</p>	<p>c) Impact of new target delivery with network trusts</p> <p>(a)Capacity and capability for continued delivery</p> <p>(c) impact of new operating framework targets for 12/13</p> <p>(c) impact of national bowel screening targets</p> <p>(c) impact of national breast screening targets</p> <p>(c) IP plan for 2012</p>	<p>Quarterly contract with referring Trust</p> <p>Recruitment of CBU Manager vacancies</p> <p>External audit overview of cancer pathway</p> <p>Identify and implement revised LOGI pathway</p> <p>Re-launch cancelled operations guidance with RCA for non-compliance</p> <p>Roll-out of capacity plan across specialities</p>	3x2=6	<p>Quarterly</p> <p>Review Sep 2012</p> <p>Sep 2012</p> <p>Aug 2012</p> <p>Aug 2012</p> <p>Jan 13</p>	<p>COO</p> <p>COO</p> <p>COO</p> <p>COO</p> <p>COO</p> <p>DS</p>

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

Objective	Risk	Cause /Consequence	Controls	Current Risk	Assurance On Controls	Positive Assurance	Gaps in Assurance (a) / Control (c)	Actions for Further Control	Target Risk	Due Date	Risk / Action Owner
a b c d	13. Skill shortages	Cause No development of a learning and development culture	Use of EMSHA talent profile and incorporation into appraisal documentation	3x4=12 HR /Patients	Monthly reporting of appraisal rates to TB	Increased appraisal rate compliance	(a) Lack of regularised reporting on work to address targeted recruitment gaps	Review of frequency/reporting lines for the work to address targeted recruitment gaps to ensure regular reporting	2x4=8	Dec 2012	Director of HR
		No resource to invest in development opportunities	Leadership and Talent Management Strategy		OD and Workforce Committee Reports	Recruitment of advanced nurse practitioners Increase in midwife numbers Nurse: bed ratio meets national compliance	(a)Succession plan still in development	Link workforce redesign to the development of effective patient pathways, to reduce requirement on difficult to recruit posts and / or make the posts more attractive		Quarterly update	Director of HR
		Inability to release staff for education / training	Compliance with mandatory and statutory training requirements being monitored by Education leads		Specific reports to highlight shortage	Recruitment of post-graduate workforce Improvements in junior medical staff fill rates Partnership working between HEI / UHL commended by NMC	(c) Lack of engagement of clinicians.				
		Inability to recruit and retain appropriately skilled staff	Associate Medical Director for Clinical Education		Analysis of reasons for joining/ leaving UHL	Reduction in premium workforce	(a) Need to understand the detail beneath the organisational figures				
		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	Consistently good turnover rate Improving national staff attitude and opinion results		Review of Deanery/ Trust funding of trainee doctor positions being reviewed at speciality level.		Review Oct 2012	Director of HR
		Quality compromised, increased clinical risk	VITAL results have been collated and priority LBR modules for nursing / AHPs identified		Monthly budget reports						
		Compliance with external standards may be affected	Adherence to Divisional and Corporate Training Plans and continued development of alternatives models of training		Monthly TB report on turnover rates Local Staff Polling /National staff survey						
		Additional expenditure on agency staff	Monitoring temporary staff expenditure								
		High staff turnover rates									
N.B. Action dates are end of month unless otherwise stated										Page 13	

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

Objective	Risk	Cause /Consequence	Controls	Current Risk	Assurance On Controls	Positive Assurance	Gaps in Assurance (a) / Control (c)	Actions for Further Control	Target Risk	Due Date	Risk / Action Owner
b c	14. Ineffective Clinical Leadership	<p>Cause Inability to effectively implement Organisational Development Strategy</p> <p>Consequence Inability to responsively change service model to meet changing healthcare needs</p>	<p>Medical Engagement strategy</p> <p>UHL Leadership Academy</p> <p>Work with Warwick University on medical engagement</p> <p>GP engagement strategy</p> <p>Secondary care representation on CCG</p> <p>Participation in NHS leadership framework scheme</p> <p>Links continue to be developed with organisations with a successful track record.</p> <p>CCG commitment to develop clinical leadership within UHL</p>	4x3=12 Business	<p>Medical Engagement survey (Warwick University)</p> <p>Review of Clinical Engagement Strategies at OD and Workforce Committee</p> <p>Joint multi organisation clinically led working with LLR CCIG</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>Pilot of web based access</p> <p>Roll-out of technical solution if pilot is successful</p> <p>Releasing time for clinical leaders to engage constructively with CCGs</p>	4x2=8 Business	<p>Review of progress Sep 2012</p> <p>Review Sep 2012</p> <p>Dec 2012</p> <p>Aug 2012</p>	<p>Medical Director</p> <p>Medical Director</p> <p>Medical Director</p> <p>Medical Director</p>

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

Objective	Risk	Cause /Consequence	Controls	Current Risk	Assurance On Controls	Positive Assurance	Gaps in Assurance (a) / Control (c)	Actions for Further Control	Target Risk	Due Date	Risk / Action Owner		
a b c d	15. Management Capability / stretch	Causes	Leadership programme in place and communicated	4x4=16 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	4x3=12	Review Oct 2012	Director of HR		
		Lack of development opportunities	Engagement with Leadership Academy programmes										
		Lack of experience and skills	Talent management guidance		Trust Board reports			(a) lack of Corporate alignment re: objectives		Ensure the right people in the right post with the right level of support	Six monthly results	Director of HR	
		Staff do not understand the environment we are transitioning into								Ensure managers have the right training to fulfil their roles.	Review Oct 2012	Director of HR	
		Size of the challenge	Development and building of organisational capacity and capability on processes to support service redesign							Integration of NHS Leadership framework within UHL	Review Oct 2012	Director of HR	
		Environment	Organisational development plan							Develop effective succession planning for the '100'	Dec 2012	Director of HR	
		Consequences	Inability to support changes to service model		Exec led Workforce & OD group	Local Staff Polling results	Improving Staff polling results	(a) Staff responses still poor		Strengthening of corporate directorate/ divisional infrastructure	Oct 2012	Chief Executive	
		Lack of focus on key metrics and service delivery	Skills capability review		Mentoring and coaching training for Medical Leaders	Local staff polling performance provided to Workforce and OD committee by Div Dirs		(c) Ineffective succession planning		Review of leadership and talent management strategy as part of Organisational development plan refresh	Sep 2012	Director of HR	
		Gaps in middle management leadership	Annual business planning template including capacity and capability and leadership and governance		8 point Staff Engagement action plan	Monthly monitoring of appraisal levels in Q&P report	Appraisal rates good	(c) Lack of challenge and scrutiny of performance and quality at divisional level					
		Inadequate organisational development	Review of divisional structures to identify areas for development/ improvement		Appraisal and setting of stretching objectives aligned to the UHL Strategy	Monthly confirm and challenge exercise with divisions							
<p>N.B. Action dates are end of month unless otherwise stated</p>													
		IMT strategy to support clinical service redesign											

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

Objective	Risk	Cause /Consequence	Controls	Current Risk	Assurance On Controls	Positive Assurance	Gaps in Assurance (a) / Control (c)	Actions for Further Control	Target Risk	Due Date	Risk / Action Owner
b c d	16. Lack of innovation culture	<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>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>Director of Strategy</p> <p>Director of Strategy</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
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>	<p>Increased % of staff satisfied in certain elements</p>	<p>(a) Larger no. of staff responses required.</p> <p>(c) 2011 staff engagement 8 point plan not yet implemented (c) Board development content /structure requires revision</p>	<p>Revision and implementation of the staff engagement strategy and Leadership and Talent Management Strategy</p>	3x4=12	<p>Sep 2012</p>	<p>Director of HR</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 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>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>	<p>Increased No of staff performance managed.</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 (a) Inadequate evidence of change in behaviours (c) High volumes of complaints about staff attitudes/ behaviour c) Lack of clinical leadership development (c) Organisational values and behaviours not embedded</p>	<p>Creation and development of organisational development plan to support new strategy</p> <p>Development of comprehensive leadership and development programme</p>		<p>Sep 2012</p> <p>Sep 2012</p>	<p>Director of HR</p> <p>Director of HR / Director of CALA</p>

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

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

Objective	Risk	Cause /Consequence	Controls	Current Risk	Assurance On Controls	Positive Assurance	Gaps in Assurance (a) / Control (c)	Actions for Further Control	Target Risk	Due Date	Risk / Action Owner
abcd	19 Inadequate data protection and confidentiality standards	<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>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>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> <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>	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>(c) IG spot-checks audit plans not fully tested in real situations.</p> <p>(c) Limited clinical engagement</p>	<p>Ensure staff have updated methods for undertaking IG training to fulfil their roles.</p> <p>Strengthening of corporate directorate/ divisional information governance infrastructure</p> <p>Improve IG audit and performance reporting via IG Programme Board</p>	4x2=8	<p>Oct 2012</p> <p>Nov 2012</p> <p>Nov 2012</p>	<p>Director of Strategy (SIRO)</p> <p>Director of Strategy (SIRO)</p> <p>Director of Strategy (SIRO)</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>					

APPENDIX TWO

UHL STRATEGIC RISKS SUMMARY REPORT – JULY 2012

Risk No	Risk Title	Current Risk Exp (July 12)	Previous Risk (June 12)	Target Risk Score and Final Action Date	Risk Owner	Comment
9	CIP Delivery	20	20	16 – Quarter 2 12	Director of F&P	
6	Loss of Liquidity	20	20	16 – Linked to timescale for FT application	Director of F&P	
4	Failure to acquire and retain critical clinical services	20	20	9 – Apr 14	Director of Strategy	Action re FT timeline amended to April 2014
15	Management Capability / stretch	16	20	12 – Dec 12	Director of HR	Current risk and target risk score reduced in light of additional controls
1	Continued overheating of emergency care system	16	16	12 - 2013	Chief Executive	
18	Inadequate organisational development	16	16	12 – Sep 12	Director of HR	
3	Deteriorating relationships with Clinical commissioning groups	16	16	9 – Dec 12	Director of Comms	
7	Estates issues Under utilisation and investment in Estates	16	16	9 – Dec 12	Director of Strategy	Final date for actions amended to reflect FBC contract award date
8	Deteriorating patient experience	12	12	6 – Oct 12	COO	Deadline extended reflecting delays due to Commissioner consideration of temporary increases to capacity
19	Inadequate data protection and confidentiality standards	12	12	8 – Nov 12	Director of Strategy/ IG Manager	Further actions identified to reduce the likelihood of the risk occurring. Target risk score adjusted accordingly
14	Ineffective Clinical Leadership	12	12	8 – Dec 12	Medical Director	
5	Lack of appropriate PbR income (previously Loss making services)	12	12	12 – Sept 12	Director of F&P	Risk closed as target score achieved
11	IM&T Lack of IT strategy and exploitation	12	12	9 – Dec 12	Director of Strategy	
2	New entrants to market (AWP/TCS)	12	12	6 – Oct 12	Director of Strategy	
13	Skill shortages	12	12	8 – Dec 12	Director of HR	
12	Non- delivery of operating framework targets	12	12	6 – Jan 13	COO	Deadline extended to reflect time required for capacity roll-out.
16	Lack of innovation culture	12	12	6 – Apr 13	Director of Strategy	
17	Organisation may be overwhelmed by	6	9	6 – Nov 12	COO	Risk closed as target score achieved

APPENDIX TWO

UHL STRATEGIC RISKS SUMMARY REPORT – JULY 2012

	unplanned events					
10	Readmission rates don't reduce	8	8	8 – July 12	Director of F&P	Risk closed as target score achieved

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

Risk No.	Action Description	Action Owner	Comment
1	Creation of emergency flow steering group	Chief Executive	Complete. The emergency flow steering group is in place and meets on a weekly basis with cross divisional representation
1	External review of emergency care processes	Chief Executive	Ongoing. The external review has not progressed due to commitments of the visiting team. However, there has been a further visit from ECIST who have provided an update on their findings to date. Date extended to August 2012
3	Empirical feedback on new initiatives	Director of Communications	Complete
3	Analyse and plan intervention to restore share	Director of Communications	Ongoing. Deadline extended to Sep 12.
3	Shared understanding and monthly measurement of key metrics between CCGs and UHL.	Chief Operating Officer	Ongoing. UHL/CCG meeting held. Acute metrics agreed on a shared document basis. For implementation September 2012. Deadline extended
4	Draft Clinical Strategy	Director of Strategy	Ongoing. Draft Strategic Direction document completed, and detailed clinical strategy in progress with completion date of end of September. Deadline extended to September 12
5	Increased team resources needed in PLICS team	Director of Finance and Procurement	Complete. The PLICS team has had temporary additional resource put into the team to ensure the monthly information produced is timely – this has been successful, as PLICS reporting is now on plan, one month in arrears. A permanent post has now been approved and is currently out to

APPENDIX THREE

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

			advert with interviews scheduled for week beginning 10 September. We are expecting the successful candidate to be in post by the end of October.
6	Strategic bid for transition funding being prepared with LLR Commissioners	Director of Finance and Procurement	Ongoing The strategic bid for transitional funding was being prepared to support the Trust's liquidity position. The current cash balance of £31.7M at the end of July The timescale has now changed, with the Trust working with LLR partners in developing a health economy financial and economic model under the "Better Care Together" programme. This also supports our FT trajectory of having a revised IBP / LTFM complete by 31 October 2012. Deadline extended to October 2012
7	Maintain a risk log for the project	Director of Strategy	Complete. Programme Risk Log reviewed & approved at the July Programme Board meeting – next review Sept 3rd 2012.
8	Undertake review of divisional Patient Experience Projects for GRMC/TB	Chief Operating Officer	Complete
8	Additional critical care capacity to be introduced	Chief Operating Officer	Ongoing. Discussed at contract meeting. Clinical meeting to be held between UHL and CCG colleagues. External review of critical care proposed by commissioners. In-year support for temporary increases to be considered by commissioners. Review date set for October 2012.
10	Clinically based audit in Q1 to establish baselines from which appropriate work streams will be determined for 2012/13	Director of Finance and Procurement	Complete. The clinical based audit has been completed, and draft outputs are awaited. A verbal update is planned for the Finance & Performance Committee on 29 August, with a full written report due to the Committee on 26 September.
12	Recruitment of CBU manager vacancies	Chief Operating Officer	Ongoing. Recruitment process in progress. Interview dates established. Action to be reviewed September 2012.

APPENDIX THREE

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

12	UHL review of bowel screening referrals	Chief Operating Officer	Complete. Clinical summit discussion held. Revised proposal submitted on 27 th July 2012
12	UHL plan to be drafted for Breast Screening implementation	Chief Operating Officer	Complete.
12	Identify milestones for Breast Screening target delivery through meeting with Commissioners, EMQA, Public Health, UHL	Chief Operating Officer	Complete. Milestones identified and on target for delivery. Phasing of recruitment progressed. Round length confirmed as delivered. Breast Screening Director delivered and support posts recruited.
12	Agree 2012 IP strategic objectives with quarterly monitoring at QPMG	Chief Operating Officer	Complete. 2012 plan submitted to GRMC. Quarterly QPMG monitoring .
13	Proactive steps being taken to address gaps in training for August, over recruit where required and take steps to make middle grade rotas more attractive	Director of HR	Complete.
13	Proactive steps being taken to address gaps in training for August, over recruit where required and take steps to make middle grade rotas more attractive	Director of HR	Action wording revised to reflect issues in relation to funding of Jr Drs.
14	Pilot of web-based access for email	Medical Director	Ongoing In a position, by the end of June, to start piloting the various options for connecting people to their email from outside the hospital. Further review of pilot September 2012
15	Integration of NHS Leadership framework within UHL	Director of HR	Ongoing. At the 25 June 2012 Workforce and OD Committee meeting agreement was reached on the requirement for 'UHL Manager Standards' in setting clear manager / leadership

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

			<p>expectations. The draft version was discussed at Staff Engagement Steering Group meeting on 6 August and agreement reached on further work required in finalising the standards. At update will be provided at the next Workforce and OD Committee Meeting (Sept 2012). Action to be reviewed Oct 2012</p>
18	<p>Review and revise 2011 staff engagement 8 point plan incorporating values and behaviours</p>	<p>Director of HR</p>	<p>Complete. Eight Point Plan has been successful in a number of areas e.g.: UHL remains in the top 20% of Acute Trusts for - % staff appraised in the last 12 months , staff with an appraisal and personal development plan in the last 12 months and also staff feeling valued by colleagues. In addition, UHL biggest increase in the National Staff Survey score related to Equality and diversity training.</p> <p>Linked to OD Planning a further review of the Eight Point Plan was undertaken at a Trust Board Time Out on the 1st August. This confirmed that the themes are the same and agreement reached on how we now take these forward with specific actions.</p> <p>Some divisions / directorates have identified engagement champions and discussions have taken place (at several workshops) on local actions required in delivering improvements across the areas of the Eight Point Plan. This activity will be rolled out across all areas over coming months and will inform local staff engagement strategies (aligned to the Eight Point Plan).</p>

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?