University Hospitals of Leicester **NHS**
NHS Trust

TRUST BOARD – 30 OCTOBER 2014

UHL RISK REPORT INCORPORATING THE BOARD ASSURANCE FRAMEWORK (BAF)

DIRECTOR:	RACHEL OVERFIELD – CHIEF NURSE
AUTHOR:	PETER CLEAVER – RISK AND ASSURANCE MANAGER
DATE:	30 OCTOBER 2014
PURPOSE:	This report is provided to enable Trust Board scrutiny of the contents of the Board Assurance Framework BAF) and to inform of significant (i.e. extreme and high) operational risks within UHL. The Board is invited to: (a) review and comment upon this iteration of the BAF, as it deems appropriate: (b) note the actions identified within the framework to address any gaps in either controls or assurances (or both); (c) identify any areas which it feels that the Trust's controls are inadequate and do not, therefore, effectively manage the principal risks to the organisation achieving 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; (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) Note the significant operational risks listed at appendix three.
PREVIOUSLY CONSIDERED BY:	**UHL EXECUTIVE TEAM**
Objective(s) to which issue relates *	[x] 1. Safe, high quality, patient-centred healthcare [v] 2. An effective, joined up emergency care system [v] 3. Responsive services which people choose to use (secondary, specialised and tertiary care) [v] 4. Integrated care in partnership with others (secondary, specialised and tertiary care) [v] 5. Enhanced reputation in research, innovation and clinical education [v] 6. Delivering services through a caring, professional, passionate and valued workforce [v] 7. A clinically and financially sustainable NHS Foundation Trust [v] 8. Enabled by excellent IM&T

Please explain any Patient and Public Involvement actions taken or to be taken in relation to this matter:	N/A
Please explain the results of any Equality Impact assessment undertaken in relation to this matter:	N/A
Strategic Risk Register/ Board Assurance Framework *	☐ **Organisational Risk Register** ☒ **Board Assurance Framework** ☐ **Not Featured**

ACTION REQUIRED *

For decision ☒   For assurance ☒   For information ☒

⬧ **We treat people how we would like to be treated**   ⬧ **We do what we say we are going to do**
⬧ **We focus on what matters most**   ⬧ **We are one team and we are best when we work together**
⬧ **We are passionate and creative in our work**

* tick applicable box

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT TO: TRUST BOARD

DATE: 30th OCTOBER 2014

REPORT BY: RACHEL OVERFIELD - CHIEF NURSE

SUBJECT: UHL RISK REPORT INCORPORATING THE BOARD ASSURANCE FRAMEWORK (BAF) 2014/15

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1. INTRODUCTION

1.1 This report provides the Trust Board (TB) with:-
   a) A copy of the revised UHL BAF and action tracker as of 30 September 2014.
   b) Notification of any new extreme or high risks opened during September 2014
   c) Notification of all extreme and high risks that are on the UHL risk register as of 30th September 2014.

2. BAF POSITION AS OF 30th SEPTEMBER 2014

2.1 A copy of the 2014/15 BAF is attached at appendix one with changes since the previous version highlighted in red text. A copy of the BAF action tracker is attached at appendix two.

2.2 In relation to the BAF the TB is asked to note the following points:

   a. Outcomes from the LLR review are included within the UHL Quality Commitment (QC) with the exception of *'discharge letters'* and '*clerking documentation'* Following discussion with the Head of Outcomes and Effectiveness these two elements are to be considered for mid-term inclusion in the QC. These exceptions are now identified as gaps in control for principal risk 1.

   b. There are no changes to principal risk scores for this reporting period.

   c. Principal risk 2 has no gaps identified and no further actions to take and therefore the TB should consider the current risk score with a view to reducing it to the target level. If this is not felt to be appropriate the TB is asked to identify the gaps in control and/ or assurance that are causing the current risk score to remain elevated.

   d. Many of the *'controls'*, *'assurances'*, '*gaps in assurance/ control'* and *'actions'* within principal risks 9 and 10 were duplicated in risks 7 and 8. To reduce this duplication, principal risks 9 and 10 now reference back to 7 and 8.

   e. Updates to actions 3.1 and 20.1 have not yet been received. The Chief Operating Officer is therefore asked to provide a verbal update to the TB if required.

2.3   At the TB meeting in August 2014 it was agreed that the monthly TB review of the BAF be structured so as to include all the principal risks relating to an individual strategic objective.   The following objective is therefore submitted to this TB for discussion and review:

- *'Integrated Care in Partnership with others'* (incorporating principal risks 7, 8, 9 and 10).

3.   2014/15 QUARTER TWO EXTREME AND HIGH RISK REPORT.

3.1   To inform the TB of significant operational risks, a summary of all currently open extreme and high risks is attached at appendix three..   As of 30th September 2014 there are 43 risks on the organisational risk register scoring 15 and above (i.e. 41 high and two extreme risks).

3.2   Three new high risks have opened during September 2014 as described below.   The details of these risks are included at appendix three for information
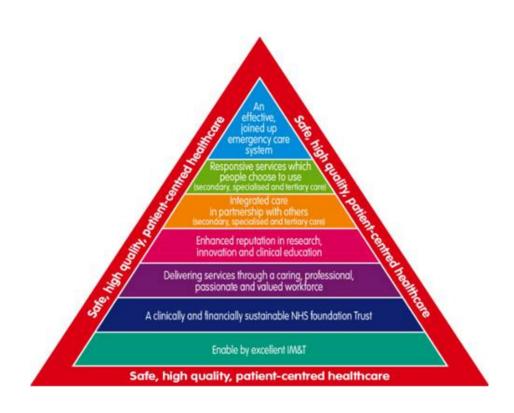
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Risk ID	Risk Title	Risk Score	CMG/ Directorate
2423	Outstanding clinic letters and inability to act on results impacting on patient safety in respiratory services	25	RRC
2414	There is a risk that Endoscopy LGH will not pass JAG accreditation	16	CHUGS
2422	There is a risk to patient safety and quality due to the nurse staffing levels on SAU LRI	16	CHUGS

4.   RECOMMENDATIONS

4.1   Taking into account the contents of this report and its appendices the TB is invited to:

(a) review and comment upon this iteration of the BAF, as it deems appropriate:

(b) note the actions identified within the framework to address any gaps in either controls or assurances (or both);

(c) identify any areas which it feels that the Trust's controls are inadequate and do not, therefore, effectively manage the principal risks to the organisation achieving 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;

(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) Note the significant operational risks listed at appendix three

Peter Cleaver,
Risk and Assurance Manager,
22 October 2014.

UHL BOARD ASSURANCE FRAMEWORK 2014/15

STRATEGIC OBJECTIVES

Objective	Description	Objective Owner(s)
a	Safe, high quality, patient centred healthcare	Chief Nurse
b	An effective, joined up emergency care system	Chief Operating Officer
c	Responsive services which people choose to use (secondary, specialised and tertiary care)	Director of Strategy / Chief Operating Officer/ Director of Marketing & Communications
d	Integrated care in partnership with others(secondary, specialised and tertiary care)	Director of Strategy
e	Enhanced reputation in research, innovation and clinical education	Medical Director
f	Delivering services through a caring, professional, passionate and valued workforce	Director of Human Resources
g	A clinically and financially sustainable NHS Foundation Trust	Director of Finance
h	Enabled by excellent IM&T	Chief Executive / Chief Information Officer

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – BOARD ASSURANCE FRAMEWORK

PERIOD: SEPTEMBER 2014

Risk No.	Link to objective	Risk Description	Risk owner	Current Score	Target Score
1.	Safe, high quality, patient centred healthcare	Lack of progress in implementing UHL Quality Commitment.	CN	12	8
2.	An effective joined up emergency care system	Failure to implement LLR emergency care improvement plan.	COO	16	6
3.		Failure to effectively implement UHL Emergency Care quality programme	COO	16	6
4.		Delay in the approval of the Emergency Floor Business Case.	MD	12	6
5.	Responsive services which people choose to use (secondary, specialised and tertiary care)	Failure to deliver RTT improvement plan.	COO	9	6
6.		Failure to achieve effective patient and public involvement	DMC	12	8
7.		Failure to effectively implement Better Care together (BCT) strategy.	DS	12	8
8.		Failure to respond appropriately to specialised service specification.	DS	15	8
	Integrated care in partnership with others (secondary, specialised and tertiary care)	Failure to effectively implement Better Care together (BCT) strategy.**(See 7 above)**	DS		
9.		Failure to implement network arrangements with partners.	DS	8	6
10.		Failure to develop effective partnership with primary care and LPT.	DS	12	8
11.	Enhanced reputation in research, innovation and clinical education	Failure to meet NIHR performance targets.	MD	6	6
12.		Failure to retain BRU status.	MD	6	6
13.		Failure to provide consistently high standards of medical education.	MD	9	4
14.		Lack of effective partnerships with universities.	MD	6	6
15.	Delivering services through a caring, professional, passionate and valued workforce	Failure to adequately plan workforce needs of the Trust.	DHR	12	8
16.		Inability to recruit and retain staff with appropriate skills.	DHR	12	8
17.		Failure to improve levels of staff engagement.	DHR	9	6
18	A clinically and financially sustainable NHS Foundation Trust	Lack of effective leadership capacity and capability	DHR	9	6
19		Failure to deliver the financial strategy (including CIP).	DF	15	10
20		Failure to deliver internal efficiency and productivity improvements.	COO	16	6
21.		Failure to maintain effective relationships with key stakeholders	DMC	15	10

22.		Failure to deliver service and site reconfiguration programme and maintain the estate effectively.	DS	10	5
23.	Enabled by excellent IM&T	Failure to effectively implement EPR programme.	CIO	15	9
24.		Failure to implement the IM&T strategy and key projects effectively	CIO	15	9

BAF Consequence and Likelihood Descriptors:

Impact/Consequence			Likelihood	
5	Extreme	Catastrophic effect upon the objective, making it unachievable	5	Almost Certain (81%+)
4	Major	Significant effect upon the objective, thus making it extremely difficult/ costly to achieve	4	Likely (61% - 80%)
3	Moderate	Evident and material effect upon the objective, thus making it achievable only with some moderate difficulty/cost.	3	Possible (41% - 60%)
2	Minor	Small, but noticeable effect upon the objective, thus making it achievable with some minor difficulty/ cost.	2	Unlikely (20% - 40%)
1	Insignificant	Negligible effect upon the achievement of the objective.	1	Rare (Less than 20%)

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – BOARD ASSURANCE FRAMEWORK

Principal risk 1	Lack of progress in implementing UHL Quality Commitment.	Overall level of risk to the achievement of the objective	Current score 4 x 3 = 12	Target score 4 x 2 = 8
Executive Risk Lead(s)	Chief Nurse			
Link to strategic objectives	Provide safe, high quality, patient centred healthcare			

Key Controls(What control measures or systems are in place to assist secure delivery of the objective)	Assurance Source (Provide examples of recent reports considered by Board or committee where delivery of the objectives is discussed and where the board can gain evidence that controls are effective).	Gaps in Assurance (a)/ Control (c) (i.e. What are we not doing - What gaps in systems, controls and assurance have been identified)	Actions to Address Gaps	Timescale/ Action Owner
Corporate leads agreed for each goal and identified leads for each work stream of the Quality Commitment.	Q&P Report. Reports to EQB and QAC.			
KPIs agreed for all parts of the Quality Commitment.	Reports to EQB and QAC based on key outcome/KPIs.			
Clear work plans agreed for all parts of the Quality Commitment.	Action plans reviewed regularly at EQB and annually reported to QAC. Annual reports produced.	(c) Two elements of the LLR mortality review (i.e. 'discharge letters' and 'clerking documentation') are not included in the current iteration of the Quality Commitment	To be included 'mid-term into QC	November 2014
Committee structure is in place to oversee delivery of key work streams – led by appropriate senior individuals with appropriate support.	Regular committee reports. Annual reports. Achievement of KPIs.	No gaps identified		

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – BOARD ASSURANCE FRAMEWORK

Principal risk 2	Failure to implement LLR emergency care improvement plan.	Overall level of risk to the achievement of the objective	Current score 4 x 4 = 16	Target score 3 x 2 = 6
Executive Risk Lead(s)	Chief Operating Officer			
Link to strategic objectives	An effective joined up emergency care system			

Key Controls(What control measures or systems are in place to assist secure delivery of the objective)	Assurance Source (Provide examples of recent reports considered by Board or committee where delivery of the objectives is discussed and where the board can gain evidence that controls are effective).	Gaps in Assurance (a)/ Control (c) (i.e. What are we not doing - What gaps in systems, controls and assurance have been identified)	Actions to Address Gaps	Timescale/ Action Owner
Establishment of emergency care delivery and improvement group with named sub groups	Meetings are minuted with actions circulated each week. Trust Board emergency care report references the LLR steering group actions.			
Appointment of Dr Ian Sturgess to work across the health economy	Weekly meetings between Dr Sturgess, UHL CEO and UHL COO. Dr Sturgess attends Trust Board.			
Allocation of winter monies	Allocation of winter monies is regularly discussed in the LLR steering group			

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – BOARD ASSURANCE FRAMEWORK

Principal risk 3	Failure to effectively implement UHL Emergency Care quality programme.	Overall level of risk to the achievement of the objective		Current score 4 x 4 = 16	Target score 3 x 2 = 6
Executive Risk Lead(s)	Chief Operating Officer				
Link to strategic objectives	An effective joined up emergency care system				

Key Controls(What control measures or systems are in place to assist secure delivery of the objective)	Assurance Source (Provide examples of recent reports considered by Board or committee where delivery of the objectives is discussed and where the board can gain evidence that controls are effective).	Gaps in Assurance (a)/ Control (c) (i.e. What are we not doing - What gaps in systems, controls and assurance have been identified)	Actions to Address Gaps	Timescale/ Action Owner
Emergency care action team meeting has been remodelled as the 'emergency quality steering group' (EQSG) chaired by CEO and significant clinical presence in the group. Four sub groups are chaired by three senior consultants and chief nurse.	Trust Board are sighted on actions and plans coming out of the EQSG meeting.	(C) Progress has been made with actions outside of ED and we now need to see the same level of progress inside it	Subgroup to focus on the front end of the pathway to ensure progress within ED (3.1)	Sep 2014 COO
Reworked emergency plans are focussing on the new dashboard with clear KPIs which indicates which actions are working and which aren't	Dashboard goes to EQSG and Trust Board	(C) ED performance against national standards	As 3.1	Sep 2014 COO

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – BOARD ASSURANCE FRAMEWORK

Principal risk 4	Delay in the approval of the Emergency Floor Business Case.	Overall level of risk to the achievement of the objective	Current score 4 x 3 = 12	Target score 3 x 2 = 6
Executive Risk Lead(s)	Medical Director			
Link to strategic objectives	An effective joined up emergency care system			

Key Controls(What control measures or systems are in place to assist secure delivery of the objective)	Assurance Source (Provide examples of recent reports considered by Board or committee where delivery of the objectives is discussed and where the board can gain evidence that controls are effective).	Gaps in Assurance (a)/ Control (c) (i.e. What are we not doing - What gaps in systems, controls and assurance have been identified)	Actions to Address Gaps	Timescale/ Action Owner
Monthly ED project program board to ensure submission to NTDA as required Gateway review process Engagement with stakeholders	Monthly reports to Executive Team and Trust Board Gateway review	(c) Inability to control NTDA internal approval processes	Regular communication with NTDA (4.1)	Ongoing action to complete in Mar 2015 MD

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – BOARD ASSURANCE FRAMEWORK

Principal risk 5	Failure to deliver RTT improvement plan.	Overall level of risk to the achievement of the objective	Current score 3 x 3 = 9	Target score 3 x 2 = 6
Executive Risk Lead(s)	Chief Operating Officer			
Link to strategic objectives	Responsive services which people choose to use (secondary, specialised and tertiary care)			

Key Controls(What control measures or systems are in place to assist secure delivery of the objective)	Assurance Source (Provide examples of recent reports considered by Board or committee where delivery of the objectives is discussed and where the board can gain evidence that controls are effective).	Gaps in Assurance (a)/ Control (c) (i.e. What are we not doing - What gaps in systems, controls and assurance have been identified)	Actions to Address Gaps	Timescale/ Action Owner
Fortnightly RTT meeting with commissioners to monitor overall compliance with plan	Trust Board receives a monthly report detailing performance against plan	(c) UHL is behind trajectory on its admitted RTT plan	Action plans to be developed in key specialities – general surgery and ENT to regain trajectory (5.1)	Oct 2014 COO
Weekly meeting with key specialities to monitor detailed compliance with plan	Trust Board receives a monthly report detailing performance against plan	(c) UHL is behind trajectory on its admitted RTT plan	As above 5.1	Oct 2014 COO
Intensive support team back in at UHL (July 2014) to help check plan is correct	IST report including recommendations to be presented to Trust Board	(a) Report has not been seen yet	Await publication of report and act on findings and recommendations (5.2)	Oct 2014 COO

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – BOARD ASSURANCE FRAMEWORK

Principal risk 6	Failure to achieve effective patient and public involvement	Overall level of risk to the achievement of the objective	Current score 4x3=12	Target score 4x2=8
Executive Risk Lead(s)	Director of Marketing and Communications			
Link to strategic objectives	Responsive services which people choose to use (secondary, specialised and tertiary care)			

Key Controls(What control measures or systems are in place to assist secure delivery of the objective)	Assurance Source (Provide examples of recent reports considered by Board or committee where delivery of the objectives is discussed and where the board can gain evidence that controls are effective).	Gaps in Assurance (a)/ Control (c) (i.e. What are we not doing - What gaps in systems, controls and assurance have been identified)	Actions to Address Gaps	Timescale/ Action Owner
1. PPI / stakeholder engagement Strategy Named PPI leads in all CMGs 2. PPI reference group meets regularly to assess progress against CMG PPI plans 3. Patient Advisors appointed to CMGs 4. Patient Advisor Support Group Meetings receive regular updates on PPI activity and advisor involvement 5. Bi-monthly Membership Engagement Forums 6. Health watch representative at UHL Board meeting 7. PPI input into recruitment of Chair / Exec' Directors 8. Quarterly meetings with LLR Health watch organisations, including Q's from public. 9. Quarterly meetings with Leicester Mercury Patient Panel	Emergency floor business case (Chapel PPI activity) PPI Reference group reports to QAC July Board Development session discussion about PPI resource. Health watch updates to the Board Patient Advisor Support Group and Membership Forum minutes to the Board.	PPI/ stakeholder engagement strategy requires revision Time available for CMG leads to devote to PPI activity Incomplete PPI plans in some CMGs PA vacancies (4) Single handed PPI resource corporately	Update the PPI/stakeholder engagement strategy (6.1) OD team involvement to reenergise the vision and purpose of Patient Advisors (6.3)	Dec 2014 DMC Nov 14 DMC

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – BOARD ASSURANCE FRAMEWORK

Principal risk 7	Failure to effectively implement Better Care together (BCT) strategy.	Overall level of risk to the achievement of the objective		Current score **4 x 3 = 12**	Target score **4 x 2 = 8**
Executive Risk Lead(s)	Director of Strategy				
Link to strategic objectives	Responsive services which people choose to use (secondary, specialised and tertiary care) Integrated care in partnership with others (secondary, specialised and tertiary care)				

Key Controls(What control measures or systems are in place to assist secure delivery of the objective)	Assurance Source (Provide examples of recent reports considered by Board or committee where delivery of the objectives is discussed and where the board can gain evidence that controls are effective).	Gaps in Assurance (a)/ Control (c) (i.e. What are we not doing - What gaps in systems, controls and assurance have been identified)	Actions to Address Gaps	Timescale/ Action Owner
Better Care Together (BCT) Strategy: • UHL actively engaged in the Better Care Together governance structure, from an operational to strategic level • Better Care Together plans co–created in partnership with LLR partners • Final approval of the 5 year strategic plan, Programme Initiation Document (PID – 'mobilises' the Programme) and SOC to be made at the Partnership Board of 20th November 2014 • Better Care Together planning assumptions embedded in the Trust's 2015/16 planning round	• BCT resource plan, identifying all work books named leads (SRO, Implementation leads and clinical leads) • Workbooks for all 8 clinical work streams and 4 enabling groups • Feedback from September 2014 Delivery Board and Clinical Reference Group workshops • LLR BCT refreshed 5 year strategic plan approved by the BCT Partnership Board • Minutes and Action Log from the BCT Programme Board	(a) Final approval of the strategic plan, PID and SOC	Final approval of the strategic plan, PID and SOC to be made at the November 2014BCT Partnership Board (7.4)	Dec 2014

Effective partnerships with primary care and Leicestershire Partnership Trust (LPT):
1) Active engagement and leadership of the LLR Elective Care Alliance
2) LLR Urgent Care and Planned Care work streams in partnership with local GPs
3) A joint project has been established to test the concept of early transfer of sub-acute care to a community hospitals setting or home in partnership with LPT. The impact of this is reflected in UHLs, LPTs the LLR BCT 5 year plans
4) Mutual accountability for the delivery of shared objectives are reflected in the LLR BCT 5 year directional plan
5) Active engagement in the BCT LTC work stream. Mutual accountability for the delivery of shared objectives are reflected in the LLR BCT 5 year directional plan
	• Minutes of the June public Trust Board meeting:
	  o Trust Board approved the LLR BCT 5 year directional plan and UHLs 5 year directional plan on 16 June, 2014
	  o Urgent care and planned care work streams reflected in both of these plans
	• BCT resource plan, identifying all work books named leads (SRO, Implementation leads and clinical leads agreed at the BCT Partnership Board (formerly the BCT Programme Board) meeting held on 21st August 2014
	    Workbooks for all 8 clinical work streams and 4 enabling groups underway – progress overseen by implementation
		(a) Final approval of the strategic plan, PID and SOC	See action 7.4	Dec 2014

	group and the Strategy Delivery Group which reports to BCT Partnership Board.			

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – BOARD ASSURANCE FRAMEWORK

Principal risk 8	Failure to respond appropriately to specialised service specification.	Overall level of risk to the achievement of the objective	Current score 5 x 3 = 15	Target score 4 x 2 = 8
Executive Risk Lead(s)	Director of Strategy			
Link to strategic objectives	Responsive services which people choose to use (secondary, specialised and tertiary care) Integrated care in partnership with others (secondary, specialised and tertiary care)			

Key Controls(What control measures or systems are in place to assist secure delivery of the objective)	Assurance Source (Provide examples of recent reports considered by Board or committee where delivery of the objectives is discussed and where the board can gain evidence that controls are effective).	Gaps in Assurance (a)/ Control (c) (i.e. What are we not doing - What gaps in systems, controls and assurance have been identified)	Actions to Address Gaps	Timescale/ Action Owner
(i) **Regional partnerships:** UHL is actively engaging with partners with a view to: • establishing a Leicestershire Northamptonshire and Rutland partnership for the specialised service infrastructure in partnership with Northampton General Hospital and Kettering General Hospital • establishing a provider collaboration across the East Midland's as a whole • Developing an engagement strategy for the delivery of the long term vision for and East Midlands network for both acute and specialised services	Minutes of the April 2014 Trust Board meeting: ○ Paper presented to the April 2014 UHL Trust Board meeting, setting out the Trust's approach to regional partnerships Project Initiation Document (PID): ○ Developed as part of UHL's Delivering Care at its Best (DC@IB) ○ Reviewed at the June 2014 Executive Strategy Board (ESB) meeting ○ Updates (DC@IB Highlight Report reviewed at ESB meetings	(c) No Head of External Partnership Development or administrative support (c) Lack of Programme Plan	Appoint Head of Partnerships and admin support (8.2) Programme Plan to be developed (8.3)	Dec 2014 DS Apr 2015 DS
(ii) Academic and commercial partnerships. **(iii)** Local partnerships	Project Initiation Document (PID): ○ Developed as part of UHL's Delivering Care at its Best (DC@IB) ○ Reviewed at the August 2014 Executive Strategy Board (ESB) meeting ○ Updates (DC@IB Highlight Report reviewed at ESB meetings	(c) Lack of PID for local partnerships		
Specialised Services specifications: CMGs addressing Specialised Service derogation plans	Plans issued to CMGs in February 2014. Follow up meetings being convened for w/c 14th July 2014to identify progress to date.	(a) Currently no mechanism in place to monitor progress	UHL to confirm compliance / non-compliance against service specifications to Area Team by end Oct 2014 (8.6)	Oct 2014 DS

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – BOARD ASSURANCE FRAMEWORK

Principal risk 9	Failure to implement network arrangements with partners.	Overall level of risk to the achievement of the objective	Current score 4 x 2 = 8	Target score 3 x 2 = 6
Executive Risk Lead(s)	Director of Strategy			
Link to strategic objectives	Integrated care in partnership with others (secondary, specialised and tertiary care)			

Key Controls(What control measures or systems are in place to assist secure delivery of the objective)	Assurance Source (Provide examples of recent reports considered by Board or committee where delivery of the objectives is discussed and where the board can gain evidence that controls are effective).	Gaps in Assurance (a)/ Control (c) (i.e. What are we not doing - What gaps in systems, controls and assurance have been identified)	Actions to Address Gaps	Timescale/ Action Owner
Regional partnerships	See risk 8	See risk 8	See risk 8	See risk 8
Academic and commercial partnerships	See risk 8	See risk 8	See risk 8	See risk 8
Local partnerships	See risk 8	See risk 8	See risk 8	See risk 8
Delivery of Better Care Together:	See risk 7	See risk 7	See risk 7	See risk 7

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – BOARD ASSURANCE FRAMEWORK

Principal risk 10	Failure to develop effective partnership with primary care and LPT.	Overall level of risk to the achievement of the objective	Current score 4 x 3 = 12	Target score 4 x 2 = 8
Executive Risk Lead(s)	Director of Strategy			
Link to strategic objectives	Integrated care in partnership with others (secondary, specialised and tertiary care)			

Key Controls(What control measures or systems are in place to assist secure delivery of the objective)	Assurance Source (Provide examples of recent reports considered by Board or committee where delivery of the objectives is discussed and where the board can gain evidence that controls are effective).	Gaps in Assurance (a)/ Control (c) (i.e. What are we not doing - What gaps in systems, controls and assurance have been identified)	Actions to Address Gaps	Timescale/ Action Owner
Effective partnerships with LPT	See risk 7	See risk 7 for other gaps c) UHLs and LPTs 5 year plans yet to be reconciled and developed in enough detail to support operational delivery.	See risk 7 for other actions PID & draft Terms of Reference to be reviewed at the August 2014 ESB meeting. (10.1)	Oct 2014 DS/COO –
Effective partnerships with primary care	See risk 7	(c) Work Programme for the Alliance yet to be agreed	Work Programme for the Alliance to be developed (10.2)	Oct 2014 DS

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – BOARD ASSURANCE FRAMEWORK

Principal risk 11	Failure to meet NIHR performance targets.	Overall level of risk to the achievement of the objective	Current score 3 x 2 = 6	Target score 3 x 2= 6
Executive Risk Lead(s)	Medical Director			
Link to strategic objectives	Enhanced reputation in research, innovation and clinical education			

Key Controls(What control measures or systems are in place to assist secure delivery of the objective)	Assurance Source (Provide examples of recent reports considered by Board or committee where delivery of the objectives is discussed and where the board can gain evidence that controls are effective).	Gaps in Assurance (a)/ Control (c) (i.e. What are we not doing - What gaps in systems, controls and assurance have been identified)	Actions to Address Gaps	Timescale/ Action Owner
Action Plan developed in response to the introduction of national metrics and potential for financial sanctions	Performance in Initiation & Delivery of Clinical Research (PID) reports from NIHR – to CE and R&D (quarterly) UHL R&D Executive (monthly) R&D Report to Trust Board (quarterly) R&D working with CMG Research Leads to educate and embed understanding of targets across CMGs (regular; as required)	No gaps identified		

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – BOARD ASSURANCE FRAMEWORK

Principal risk 12	Failure to retain BRU status.	Overall level of risk to the achievement of the objective	Current score 3 x 2 = 6	Target score 3 x 2 = 6
Executive Risk Lead(s)	Medical Director			
Link to strategic objectives	Enhanced reputation in research, innovation and clinical education			

Key Controls(What control measures or systems are in place to assist secure delivery of the objective)	Assurance Source (Provide examples of recent reports considered by Board or committee where delivery of the objectives is discussed and where the board can gain evidence that controls are effective).	Gaps in Assurance (a)/ Control (c) (i.e. What are we not doing - What gaps in systems, controls and assurance have been identified)	Actions to Address Gaps	Timescale/ Action Owner
Maintaining relationships with key partners to support joint NIHR/ BRU infrastructure	Joint BRU Board (bimonthly) Annual Report Feedback from NIHR for each BRU (annual) UHL R&D Executive (monthly) R&D Report to Trust Board (quarterly) Athena Swan Silver Status by University of Leicester and Loughborough University. (The Athena Swan charter applies to higher education institutions)	No gaps identified		

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – BOARD ASSURANCE FRAMEWORK

Principal risk 13	Failure to provide consistently high standards of medical education.	Overall level of risk to the achievement of the objective		Current score 3 x 3 = 9	Target score 2 x 2 = 4
Executive Risk Lead(s)	Medical Director				
Link to strategic objectives	Enhanced reputation in research, innovation and clinical education				

Key Controls(What control measures or systems are in place to assist secure delivery of the objective)	Assurance Source (Provide examples of recent reports considered by Board or committee where delivery of the objectives is discussed and where the board can gain evidence that controls are effective).	Gaps in Assurance (a)/ Control (c) (i.e. What are we not doing - What gaps in systems, controls and assurance have been identified)	Actions to Address Gaps	Timescale/ Action Owner
Medical Education Strategy	Department of Clinical Education (DCE) Business Plan and risk register are discussed at regular DCE Team Meetings and information given to the Trust Board quarterly Medical Education issues championed by Trust Chairman Bi-monthly UHL Medical Education Committee meetings (including CMG representation) Oversight by Executive Workforce Board Appointment processes for educational roles established KPI are measured using the: • UHL Education Quality Dashboard • CMG Education Leads and stakeholder meetings • GMC Trainee Survey results • UHL trainee survey • Health Education East Midlands Accreditation visits	(c) Transparent and accountable management of postgraduate medical training tariff is not yet established (c) Transparent and accountable management of SIFT funding not yet identified in CMGs (proposal prepared for EWB) (c) Job Planning for Level 2 (SPA) Educational Roles not written into job descriptions (c) Appraisal not performed for Educational Roles	To work with Finance to ensure transparency and accountability of undergraduate and postgraduate medical training tariffs (13.1) Ensure appropriate Consultant Job descriptions include job planning (13.2) Develop appraisal methodology for educational roles (13.3) Disseminate agreed	Oct 2014 MD Jan 2015 MD Jan 2015 MD Feb 2015

				MD
			appraisal methodology to CMG s (13.4)	MD
		Trainee Drs in community – anomalous location in DCE budgets	Work to relocate anomalous budgets to HR as other Foundation doctor contracts (13.5)	Apr 2015 MD
UHL Education Committee	CMG Education Leads sit on Committee. Education Committee delivers to the Workforce Board twice monthly and Prof. Carr presents to the Trust Board Quarterly.	No system of appointing to College Tutor Roles	Develop more robust system of appointment and appraisal of disparate roles by separating College Tutor roles in order to be able to appoint and appraise as College Tutors	Jan 2015 MD

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – BOARD ASSURANCE FRAMEWORK

Principal risk 14	Lack of effective partnerships with universities.	Overall level of risk to the achievement of the objective	Current score 3 x 2 = 6	Target score 3 x 2= 6
Executive Risk Lead(s)	Medical Director			
Link to strategic objectives	Enhanced reputation in research, innovation and clinical education			

Key Controls(What control measures or systems are in place to assist secure delivery of the objective)	Assurance Source (Provide examples of recent reports considered by Board or committee where delivery of the objectives is discussed and where the board can gain evidence that controls are effective).	Gaps in Assurance (a)/ Control (c) (i.e. What are we not doing - What gaps in systems, controls and assurance have been identified)	Actions to Address Gaps	Timescale/ Action Owner
Maintaining relationships with key academic partners	Joint Strategic Meeting (University of Leicester and UHL Trust)

Joint BRU Board (quarterly)

UHL R&D Executive (monthly) | No gaps identified | | |

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – BOARD ASSURANCE FRAMEWORK

Principal risk 15	Failure to adequately plan the workforce needs of the Trust.	Overall level of risk to the achievement of the objective	Current score 4 x 3 = 12	Target score 4 x 2 = 8
Executive Risk Lead(s)	Director of Human Resources			
Link to strategic objectives	Delivering services through a caring, professional, passionate and valued workforce			

Key Controls(What control measures or systems are in place to assist secure delivery of the objective)	Assurance Source (Provide examples of recent reports considered by Board or committee where delivery of the objectives is discussed and where the board can gain evidence that controls are effective).	Gaps in Assurance (a)/ Control (c) (i.e. What are we not doing - What gaps in systems, controls and assurance have been identified)	Actions to Address Gaps	Timescale/ Action Owner
UHL Workforce Plan (by staff group)	Reduction in number of 'hotspots' for staff shortages across UHL reported as part of workforce plan update. Executive Workforce Board will consider progress in relation to the overarching workforce plan through highlight report from CMG action plans.	(c) Workforce planning difficult to forecast more than a year ahead as changes are often dependent on transformation activities outside UHL (e.g. social services/ community services and primary care and broad based planning assumptions around demographics and activity).	Develop an integrated approach to workforce planning with LPT so we can plan workforce to deliver the right care in right place at the right time. (15.1) Establish a joint group of strategy, finance and workforce leads to share plans and numbers (15.2)	Oct 2014 DHR Oct 2014 DHR
		(c) Difficulty in recruiting to hotspots as frequently reflect a national shortage occupation (e.g. nurses)	Establish Multi-professional new roles group to devise and monitor processes for creation of new roles (15.3) Develop Innovative	Oct 2014 CN Mar 2015

			approaches to recruitment and retention to address shortages. (15.4)	DHR
Nursing Recruitment Trajectory and international recruitment plan in place for nursing staff	Overall nursing vacancies are monitored and reported monthly by the Board and NET as part of the Quality and Performance Report NHS Choices will be publishing the planned and actual number of nurses on each shift on every inpatient ward in England			
Development of an Employer Brand and Improved Recruitment Processes	Reports of the LIA recruitment project Reports to Executive Workforce Board regarding innovative approaches to recruitment	(c) Capacity to develop and build employer brand marketing	Deliver our Employer Brand group to share best practice and develop social media techniques to promote opportunities at UHL (15.6)	Mar 2015 DHR
		(c) Capacity to build innovative approaches to recruitment of future service/ operational managers	Development of internship model and potential management trainee model supported by robust education programme and education scheme. (15.7)	Nov 2014 DHR
		(c) capacity to build innovative approaches to consultant recruitment	Consultant recruitment review team to develop professional assessment centre approach to recruitment	April 2015 DHR

			utilising outputs to produce a development programme (15.8)	

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – BOARD ASSURANCE FRAMEWORK

Principal risk 16	Inability to recruit and retain staff with appropriate skills.	Overall level of risk to the achievement of the objective	Current score 4 x 3 = 12	Target score 4 x 2 = 8
Executive Risk Lead(s)	Director of Human Resources			
Link to strategic objectives	Delivering services through a caring, professional, passionate and valued workforce			

Key Controls(What control measures or systems are in place to assist secure delivery of the objective)	Assurance Source (Provide examples of recent reports considered by Board or committee where delivery of the objectives is discussed and where the board can gain evidence that controls are effective).	Gaps in Assurance (a)/ Control (c) (i.e. What are we not doing - What gaps in systems, controls and assurance have been identified)	Actions to Address Gaps	Timescale/ Action Owner
Refreshed Organisational Development Plan (2014-16) including five work streams: 'Live our Values' by embedding values in HR processes including values based recruitment, implementing our Reward and Recognition Strategy (2014-16) and continuing to showcase success through Caring at its Best Awards	Quarterly reports to EWB and Trust Board and measured against implementation plan milestones set out in PID	(a) Improvements required in 'measuring how we are doing'	Team Health Dashboard to be developed and implemented (16.1)	Dec 2014 DHR
'Improve two-way engagement and empower our people' by implementing the next phase of Listening into Action (see Principal Risk 16), building on medical engagement, experimenting in autonomy incentivisation and shared governance and further developing health and wellbeing and Resilience Programmes.	Quarterly reports to and EWB and measured against Implementation Plan Milestones set out in PID	No gaps identified		
'Strengthen leadership' by implementing the Trust's Leadership into Action Strategy (2014-16) with particular emphasis on 'Trust Board Effectiveness', 'Technical Skills Development' and 'Partnership Working'	Quarterly reports to EWB and bi-monthly reports to UHL LETG. Measured against implementation Plan milestones set out in PID	No gaps identified		
'Enhance workplace learning' by building on training capacity and resources, improvements in medical education and developing new roles	Quarterly report to EQB, EWB and bi-monthly reports to UHL LETG and LLR WDC. Measured against implementation plan milestones set out in PID	(a) eUHL System requires significant improvement in centrally managing all development activity (c) Robust processes required in relation to e-learning development	eUHL system updates required to meet Trust needs (16.2) Robust ELearning policy and procedures to be developed (16.3)	Mar 2015 DHR Oct 2014 DHR
'Quality Improvement and innovation' by implementing quality improvement education, continuing to develop quality improvement	Quarterly reports to EQB and EWB and measured against implementation plan milestones set out in	No gaps identified		

networks and creating a Leicester Improvement and Innovation Centre	PID.			
Appraisal and Objective Setting in line with Strategic Direction	Appraisal rates reported monthly via Quality and Performance Report. Appraisal performance features on CMG/Directorate Board Meetings. Board/CMG Meetings to monitor the implementation of agreed local improvement actions	No gaps identified		

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – BOARD ASSURANCE FRAMEWORK

Principal risk 17	Failure to improve levels of staff engagement	Overall level of risk to the achievement of the objective		Current score 3 x 3 = 9	Target score 3 x 2 = 6
Executive Risk Lead(s)	Director of Human Resources				
Link to strategic objectives	Delivering services through a caring, professional, passionate and valued workforce				

Key Controls(What control measures or systems are in place to assist secure delivery of the objective)	Assurance Source (Provide examples of recent reports considered by Board or committee where delivery of the objectives is discussed and where the board can gain evidence that controls are effective).	Gaps in Assurance (a)/ Control (c) (i.e. What are we not doing - What gaps in systems, controls and assurance have been identified)	Actions to Address Gaps	Timescale/ Action Owner
Year 2 Listening into Action (LiA) Plan (2014 to 2015) including five work streams: Work stream One: **Classic LiA** • Two waves of Pioneering teams to commence (with 12 teams per wave) using LiA to address changes at a ward/department/pathway level	Quarterly reports to Executive Workforce Board (EWB) and Trust Board Updates provided to LiA Sponsor group on success measures per team and reports on Pulse Check improvements Annual Pulse Check Survey conducted (next due in Feb 2015) Update reports provided to JSCNC meetings	(a Lack of triangulation of LiA Pulse Check Survey results with National Staff Opinion Survey and Friends and Family Test for Staff	Team Health Dashboard to be developed – mock up to be presented to EWB at September 2014 meeting (Please see Principal Risk 15) (17.1)	Mar 2015 DHR
Work stream Two: **Thematic LiA** • Supporting senior leaders to host Thematic LiA activities. These activities will respond to emerging priorities within Executive Directors' portfolios. Each Thematic event will be hosted and led by a member of the Executive Team or delegated lead.	Quarterly reports to Executive Workforce Board (EWB) and Trust Board Updates provided to LiA Sponsor group on each thematic activity Update reports provided to JSCNC meetings	No gaps identified		
Work stream Three: **Management of Change LiA** • LiA Engagement Events held as a precursor to change projects associated with service transformation and / or HR Management of Change (MoC) initiatives.	Quarterly reports to Executive Workforce Board (EWB) and Trust Board Updates provided to LiA Sponsor group on each thematic activity Update reports provided to JSCNC meetings	(c Reliant on IBM / HR to notify LiA Team of MoC activity	Ensure IBM aware of requirements. (17.2) HR Senior Team aware of need to include Engagement event prior to formal	Mar 2015 DHR Mar 2015 DHR

		consultation (with MoC impacting on staff – (more than 25 people) (17.3)	
Work stream Four: **Enabling LiA** • Provide support to delivering UHL strategic priorities (Caring At its Best), where employee engagement is required.	Quarterly reports to Executive Workforce Board (EWB) and Trust Board Updates provided to LiA Sponsor group on each thematic activity Update reports provided to JSCNC meetings	(C) Resource requirements in terms of people and physical resources difficult to anticipate from LiA activity linked to Caring at its Best engagement events	Include as regular agenda item on LiA sponsor group identifying activity and anticipated resources required (17.4)	Mar 2015 DHR
Work stream Five: **Nursing into Action (NiA)** • Support all nurse led Wards or Departments to host a listening event aimed at improving quality of care provided to patients and implement any associated actions.	Quarterly reports to Executive Workforce Board (EWB) and Trust Board Updates provided to LiA Sponsor group every 6 months on success measures per set and reports on Pulse Check improvements Update reports provided to JSCNC meetings Monthly updates to Nursing Executive Team (NET) meetings via Heads of Nursing per CMG	No gaps identified		
Annual National Staff Opinion and Attitude Survey	Annual Survey report presented to EWB and Trust Board Analysis of results in comparison to previous year's results and to other similar organisations presented to EWB and Trust Board annually Updates on CMG / Corporate actions taken to address improvements to National Survey presented to EWB Staff sickness levels may also provide an indicator of staff satisfaction and performance and are reported monthly to Board via Quality and Performance report Results of National staff survey and local patient	(a) Lack of triangulation of National Staff Survey results with local Pulse Check Results (Work stream One: Classic LiA / Work stream Five: NiA) and other indicators of staff engagement such as Friends and Family Test for Staff	Please see action 17.1	Mar 2015 DHR

	polling reported to Board on a six monthly basis. Improving staff satisfaction position.			
Friends and Family Test for NHS Staff	Quarterly survey results for Quarter 1, 2 and 4 to be submitted to NHS England for external publication: Submission commencing 28 July 2014 for quarter 1 with NHS England publication commencing September 2014 Local results of response rates to be CQUIN Target for 2014/15 – to conduct survey in Quarter 1 (achieved)	(a) Survey completion criteria variable between NHS organisations per quarter. Survey to include 'NHS Workers' and not restricted to UHL staff therefore creating difficulty in comparisons between organisations as unable to identify % response rates. No guidance available regarding how NHS England will present the data published in September 2014, i.e. same format at FFT for Patients or format for National Staff Opinion and Attitude Survey. Lack of triangulation of Friends and Family Test for Staff results with local Pulse Check Results (Work stream One: Classic LiA / Work stream Five: NiA) and other indicators of staff engagement such as National Staff Survey	Develop draft internal reports in development in readiness for possible analysis methodology used by NHS England in September 2014. (17.6) Please see action 17.1	Oct 2014 DHR Mar 2015 DHR

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – BOARD ASSURANCE FRAMEWORK

Principal risk 18	Lack of effective leadership capacity and capability	Overall level of risk to the achievement of the objective	Current score 3 x 3 = 9	Target score 3 x 2 = 6
Executive Risk Lead(s)	Director of Human Resources			
Link to strategic objectives	A clinically and financially sustainable NHS Foundation Trust			

Key Controls(What control measures or systems are in place to assist secure delivery of the objective)	Assurance Source (Provide examples of recent reports considered by Board or committee where delivery of the objectives is discussed and where the board can gain evidence that controls are effective).	Gaps in Assurance (a)/ Control (c) (i.e. What are we not doing - What gaps in systems, controls and assurance have been identified)	Actions to Address Gaps	Timescale/ Action Owner
Leadership into Action Strategy (2014:16) including six work streams: 'Providing Coaching and Mentoring' by developing an internal coaching and mentoring network, with associated framework and guidance which will be piloted in agreed areas (targeting clinicians at phase 1).	Quarterly Reports to Executive Workforce Board (EWB) as part of Organisational Development Plan and Learning, Education and Development Update as set out in Risk 16.	UHL Coaching and Mentoring Framework requires development	Improve internal coaching and mentoring training provision in collaboration with HEEM and at phase 1 establish process for assigning coaches and mentors to newly appointed clinicians (18.2)	December 2014 DHR
'Shadowing and Buddying' by creating shadowing opportunities and devising a buddy system for new clinicians or those appointed into new roles.	Quarterly Reports to Executive Workforce Board as part of Organisational Development Plan and Learning, Education and Development Update as set out in Risk 16.	Buddying / Shadowing System Requires Development	System being developed in partnership with HEEM and Assistant Medical Director to ensure support provided to newly appointed Consultants at initial phase (18.3)	April 2015 DHR
'Improving local communications and 360 degree feedback' by developing and implementing a 360 Degree feedback Tool for all leaders and developing nurse leaders to facilitate Listening Events in all ward and clinical department areas as set out in Risk 17.	Quarterly Reports to Executive Workforce Board as part of Organisational Development Plan and Learning, Education and Development Update as set out in Risk 16.	360 Feedback Tool not yet developed		

| | Updates provided to LiA Sponsor group every 6 months on success measures

Monthly updates to Nursing Executive Team (NET) meetings via Heads of Nursing per CMG | | | |
|---|---|---|---|---|
| 'Shared Learning Networks' by creating and supporting learning networks across the Trust, developing action learning sets across disciplines and initiating paired learning. | Quarterly Reports to Executive Workforce Board as part of Organisational Development Plan and Learning, Education and Development Update as set out in Risk 16. | | | |
| 'Talent Management and Succession Planning' by developing a talent management and succession planning framework, reporting on talent profile across the senior leadership community, aligning talent activity to pay progression and ensuring succession plans are in place for business critical roles. | Quarterly Reports to Executive Workforce Board as part of Organisational Development Plan and Learning, Education and Development Update as set out in Risk 16. | Talent Management and Succession Planning Framework requires development at regional and national level with alignment to the new NHS Health Care Leadership Model | Support national and regional Talent Management and Succession Planning Projects by National NHS Leadership Academy , EMLA and NHS Employers (18.5) | March 2015 DHR |
| 'Leadership Management and Team Development' by developing leaders in key areas, team building across CMG leadership teams, tailored Trust Board Development and devising a suite of internal eLearning programmes | Quarterly Reports to Executive Workforce Board as part of Organisational Development Plan and Learning, Education and Development Update as set out in Risk 16. | Improvement required in senior leadership style and approach as identified as part of Board Effectiveness Review (2014) | Board Coach (on appointment) to facilitate Board Development Session (18.6)

Update of UHL Leadership Qualities and Behaviours to reflect Board Development, UHL 5 Year Plan and new NHS Healthcare Leadership Model (18.7) | October 2014

January 2015 CE / DHR |

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – BOARD ASSURANCE FRAMEWORK

Principal risk 19	Failure to deliver financial strategy (including CIP).	Overall level of risk to the achievement of the objective		Current score 5 x 3 = 15	Target score 5 x 2 = 10
Executive Risk Lead(s)	Director of Finance				
Link to strategic objectives	A clinically and financially sustainable NHS Foundation Trust				

Key Controls (What control measures or systems are in place to assist secure delivery of the objective)	Assurance Source (Provide examples of recent reports considered by Board or committee where delivery of the objectives is discussed and where the board can gain evidence that controls are effective).	Gaps in Assurance (a)/ Control (c) (i.e. What are we not doing - What gaps in systems, controls and assurance have been identified)	Actions to Address Gaps	Timescale/ Action Owner
Delivering recurrent balance via effective management controls including SFIs, SOs and on-going Finance Training Programme Health System External Review has defined the scale of the financial challenge and possible solutions UHL Service & Financial Strategy including Reconfiguration/ SOC	Monthly progress reports to F&P Committee, Executive Board, & Trust Board Development Sessions TDA Monthly Meetings Chief Officers meeting CCGs/Trusts TDA/NHSE meetings Trust Board Monthly Reporting UHL Programme Board, F&P Committee, Executive Board & Trust Board	(C) Lack of supporting service strategies to deliver recurrent balance	Production of a FRP to deliver recurrent balance within six years (19.2)	Dec 2014 DDF
CIP performance management including CIP s as part of integrated performance management	Monthly reports to F&P committee and Trust Board. Formal sign-off documents with CMGs as part of agreement of IBPs	(C) CIP Quality Impact Assessments not yet agreed internally or with CCGs (c) PMO structure not yet in place to ensure continuity of function following departure of Ernst & Young	Expedite agreement (19.5) PMO Arrangements need to be finalised (19.6)	Oct 2014 DDF Oct 2014 DDF
Managing financial performance to deliver recurrent balance via SFI and SOs and utilising overarching financial governance processes	Monthly progress reports to Finance and Performance (F&P) Committee, Executive Board and Trust board.	(c) Finance department having difficulties in recruiting to finance posts leading to temporary staff being employed.	Restructuring of financial management via MoC (19.8)	Oct 2014 DDF

Financially and operationally deliverable by contract signed off by UHL and CCGs and Specialised Commissioning on 30/6/14	Agreed contracts document through the dispute resolution process/arbitration Regular updates to F&P Committee, Executive Board, Escalation meeting between CEOs/CCG Accountable Officers			
Securing capital funding by linking to Strategy, Strategic Outline Case (SOC) and Health Systems Review and Service Strategy	Regular reporting to F&P Committee, Executive Board and Trust Board	(c) Lack of clear strategy for reconfiguration of services.	Production of Business Cases to support Reconfiguration and Service Strategy (19.10)	Review monthly DDF
Obtaining sufficient cash resources by agreeing short term borrowing requirements with TDA	Monthly reporting of cash flow to F&P Committee and Trust Board	(c) Lack of service strategy to deliver recurrent balance	Agreement of long-term loans as part of June Service and Financial plan (19.11)	Oct 2014 DDF

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – BOARD ASSURANCE FRAMEWORK

Principal risk 20	Failure to deliver internal efficiency and productivity improvements.	Overall level of risk to the achievement of the objective	Current score 4 x 4 = 16	Target score 3 x 2 = 6
Executive Risk Lead(s)	Chief Operating Officer			
Link to strategic objectives	A clinically and financially sustainable NHS Foundation Trust			

Key Controls(What control measures or systems are in place to assist secure delivery of the objective)	Assurance Source (Provide examples of recent reports considered by Board or committee where delivery of the objectives is discussed and where the board can gain evidence that controls are effective).	Gaps in Assurance (a)/ Control (c) (i.e. What are we not doing - What gaps in systems, controls and assurance have been identified)	Actions to Address Gaps	Timescale/ Action Owner
CIP performance management including CIP s as part of integrated performance management	Monthly reports to F&P committee and Trust Board. Formal sign-off documents with CMGs as part of agreement of IBPs	(c) CIP Quality Impact Assessments not yet agreed internally or with CCGs (c) PMO structure not yet in place to ensure continuity of function following departure of Ernst & Young	Please see action 19.5 (Risk 19) Please see action 19.6 (Risk 19)	
Cross cutting themes are established.	Executive Lead identified. Monthly reports to F&P committee and Trust Board	(A) Not all cross cutting themes have agreed plans and targets for delivery	Agree plans and targets through the monthly cross cutting theme delivery board (20.1)	August 2014 COO

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – BOARD ASSURANCE FRAMEWORK

Principal risk 21	Failure to maintain effective relationships with key stakeholders	Overall level of risk to the achievement of the objective	Current score 5x3=15	Target score 5x2=10
Executive Risk Lead(s)	Director of Marketing and Communications			
Link to strategic objectives	A clinically and financially sustainable NHS Foundation Trust			

Key Controls(What control measures or systems are in place to assist secure delivery of the objective)	Assurance Source (Provide examples of recent reports considered by Board or committee where delivery of the objectives is discussed and where the board can gain evidence that controls are effective).	Gaps in Assurance (a)/ Control (c) (i.e. What are we not doing - What gaps in systems, controls and assurance have been identified)	Actions to Address Gaps	Timescale/ Action Owner
Stakeholder Engagement Strategy (including a clinical task force to drive the improvements that come out of learning lessons to improve care)	Annual Stakeholder surveys presented to the Board Feedback from stakeholders in Board 360 as part of Foresight review. BCT strategy and planning Regular meeting with: CCGs and GPs and Health watch(s) Mercury Panel MPs and local politicians TDA / NHSE On-going review of effectiveness of clinical task force via EQB and QAC	(c) No structured key account management approach to commercial relationships (c) Commissioner (clinical) relationships can be too transactional i.e. not creative / transformational.	TBA with DS / DoF (21.2)	TBA

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – BOARD ASSURANCE FRAMEWORK

Principal risk 22	Failure to deliver service and site reconfiguration programme and maintain the estate effectively.	Overall level of risk to the achievement of the objective	Current score 5 x 2 = 10	Target score 5 x 1 = 5
Executive Risk Lead(s)	Director of Strategy			
Link to strategic objectives	A clinically and financially sustainable NHS Foundation Trust			

Key Controls(What control measures or systems are in place to assist secure delivery of the objective)	Assurance Source (Provide examples of recent reports considered by Board or committee where delivery of the objectives is discussed and where the board can gain evidence that controls are effective).	Gaps in Assurance (a)/ Control (c) (i.e. What are we not doing - What gaps in controls and assurance have been identified)	Actions to Address Gaps	Timescale/ Action Owner
Capital Monitoring Investment Committee Chaired by the Director of Finance & Procurement – meets monthly. All capital projects are subject to robust monitoring and control within a structured delivery platform to provide certainty of delivery against time, cost and scope. Project scope is monitored and controlled through an iterative process in the development of the project from briefing, through feasibility and into design, construction, commissioning and Post Project Evaluation. Project budget is developed at feasibility stage to enable informed decisions for investment and monitored and controlled throughout design, procurement and construction delivery. Project timescale is established from the outset with project milestone aspirations developed at feasibility stage. Process to follow: • Business case development • Full business case approvals • TDA approvals • Availability of capital • Planning permission • Public Consultation • Commissioner support	Minutes of the Capital Monitoring Investment Committee meetings. Capital Planning & Delivery Status Reports. Minutes of the March 2014 public Trust Board meeting - Trust Board approved the 2014/15 Capital Programme. Project Initiation Document (PID) (as part of UHL's Delivering Care at its Best) and minutes of the May 2014 Executive Strategy Board (ESB) meeting. Estates Strategy - submitted to the NTDA on 20th June in conjunction with the Trust's 5 year directional plan.	(C) Lack of integrated governance framework for the delivery of a sustainable clinical services strategy	Reconfiguration Board (reporting to ESB) to be established (22.2) DoH Heath Gateway Team to carry out a Gateway 0 review of the reconfiguration project commencing 20th October, over 4 days	Oct 2014 DS Oct 2014 DS

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – BOARD ASSURANCE FRAMEWORK

Principal risk 23	Failure to effectively implement EPR programme	Overall level of risk to the achievement of the objective		Current score 5 x 3 = 15	Target score 3 x 3 = 9
Executive Risk Lead(s)	Chief Information Officer				
Link to strategic objectives	Enabled by excellent IM&T				

Key Controls(What control measures or systems are in place to assist secure delivery of the objective)	Assurance Source (Provide examples of recent reports considered by Board or committee where delivery of the objectives is discussed and where the board can gain evidence that controls are effective).	Gaps in Assurance (a)/ Control (c) (i.e. What are we not doing - What gaps in systems, controls and assurance have been identified)	Actions to Address Gaps	Timescale/ Action Owner
Governance in place to manage the procurement of the solution	EPR project board with executive and Non-Executive members. Standard boards in place to manage IBM; Commercial board, transformation board and the joint governance board. UHL reports progress to the CCG IM&T Strategy Board			
Clinical acceptability of the final solution	Clinical sign-off of the specification. Clinical representation on the leadership of the project. The creation of a clinically led (Medical Director) EPR Board which oversees the management of the programme. Highlight reports on objective achievement go through to the Joint Governance Board, chaired by the CEO. The main themes and progress are discussed at the IM&T clinical advisory group.	(C) Not all clinicians can be part of the process	Continue to communicate with the wider/non-involved clinicians throughout the procurement process (23.6)	Oct2014 CIO
Transition from procurement to delivery is a tightly controlled activity	EPR board has a view of the timeline. Trust Board and ESB have had an outline view of the delivery timelines.	(c) No detailed plan is in place for the delivery phase of the project until the vendor is chosen	When the final vendor is chosen we will create and communicate the detail delivery plan and its dependencies.	Oct 2014 CIO

		(23.5)	

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – BOARD ASSURANCE FRAMEWORK

Principal risk 24	Failure to implement the IM&T strategy and key projects effectively *Note: Projects are defined, in IM&T, as those pieces of work, which require five or more days of IM&T activity.*	Overall level of risk to the achievement of the objective		Current score 5 x 3 = 15	Target score 3 x 3 = 9
Executive Risk Lead(s)	Chief Information Officer				
Link to strategic objectives	Enabled by excellent IM&T				

Key Controls(What control measures or systems are in place to assist secure delivery of the objective)	Assurance Source (Provide examples of recent reports considered by Board or committee where delivery of the objectives is discussed and where the board can gain evidence that controls are effective).	Gaps in Assurance (a)/ Control (c) (i.e. What are we not doing - What gaps in systems, controls and assurance have been identified)	Actions to Address Gaps	Timescale/ Action Owner
Project Management to ensure we are only proceeding with appropriate projects	Project portfolio reviewed by the ESB every two months. Agreements in place with finance and procurement to catch projects not formally raised to IM&T.			
Ensure appropriate governance arrangements around the deliverability of IM&T projects	Projects managed through formal methodologies and have the appropriate structures, to the size of project, in place. KPIs are in place for the managed business partner and are reported to the IM&T service delivery board			
Signed off capital plan for 2014/15 and 2015/16	2 year plan in place and a 5 year technical in place highlighting future requirements - signed off by the capital governance routes			
Formalised process for assessing a project and its objectives	All projects go through a rigorous process of assessment before being accepted as a proposal	(C) Lack of transparency of the process and unachievable delivery expectations based on the priority of the project	All CMGs to hold formal monthly meeting with IM&T service delivery lead where these issues can be solved (24.3)	Review Oct 2014 CIO/CMGs

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST
ACTION TRACKER FOR THE 2014/15 BOARD ASSURANCE FRAMEWORK (BAF)

Monitoring body (Internal and/or External):	UHL Executive Team
Reason for action plan:	Board Assurance Framework
Date of this review	**September 2014**
Frequency of review:	Monthly
Date of last review:	August 2014

REF	ACTION	SENIOR LEAD	OPS LEAD	COMPLETION DATE	PROGRESS UPDATE	STATUS
1	**Lack of progress in implementing UHL Quality Commitment.**					
1.1	Corporate leads to embed QC into organisation	CN	DCQ	September 2014	**Complete.** QC included in CEO brief September. QC reporting included in EQB work programme. QC included in CMG reviews.	5
1.2	Corporate leads to develop KPIs	CN	DCQ	September 2014	**Complete.** KPIs in place for work streams/committees.	5
1.3	Corporate leads to complete action plans	CN	DCQ	September 2014	**Complete.** Action plans systematically being reviewed at EQB as part of EQB work programme.	5
1.4	Include 'discharge letters' and 'clerking documentation' into QC	CN		November 2014		4
2	**Failure to implement LLR emergency care improvement plan.**					
2.2	CEO and Dr Sturgess to agree plans to ensure his legacy is sustainable	Chief Executive		~~August 2014~~ September 2014	**Complete.** 2 week re-engagement agreed for Feb 2015. Approach being embedded through work of EQSG.	5
3	**Failure to effectively implement UHL Emergency Care quality programme.**					
3.1	Subgroup to focus on the front end of the pathway to ensure progress within ED	COO	M Ardron	September 2014	Update awaited	4
4	**Delay in the approval of the Emergency Floor Business Case.**					

Status key:	5	Complete	4	On track	3	Some delay – expect to completed as planned	2	Significant delay – unlikely to be completed as planned	1	Not yet commenced	0	Objective Revised

4.1	Regular communication with NTDA	MD		March 2015	Regular communication with the NTDA about the required timeline for approval of the ED business case has continued to ensure all parties understand the critical time dependencies within the scheme. Communication will continue until the submission dates and beyond to keep the NTDA on track therefore this action will be on-going until March 2015. Deadline extended to reflect this.		4
5	**Failure to deliver RTT improvement plan.**						
5.1	Action plans to be developed in key specialities – general surgery and ENT to regain trajectory	COO		~~September~~ October 2014	Currently behind planned backlog reduction. Additional activity (including super weekends to continue into November)		3
5.2	Await publication of IST report and act on findings and recommendations	COO		~~August~~ October 2014	IST report received. UHL plan to implement findings and recommendations to be developed by 10/14. Deadline extended to reflect this		4
6	**Failure to achieve effective patient and public involvement**						
6.1	Update the PPI/stakeholder engagement strategy	DMC		Dec 2014/ Jan 2015	In progress board development session held in Sept 14. Final to the Board Dec/ Jan. Deadline extended to reflect this		3
6.2	Revised PPI plan			N/A	This action replicates 6.1 above and will therefore be deleted from future versions of the action tracker		N/A
6.3	OD team involvement to reenergise the vision and purpose of Patient Advisors	DMC	PPIMM	~~October~~ November 2014	Date agreed for this session November. Deadline extended to reflect this		3
7	**Failure to effectively implement Better Care together (BCT) strategy.**						
7.3	Detailed work books to be developed	DS		October 2014	**Complete.** BCT workbooks completed and submitted by workbook leads		5
7.4	Final approval of the strategic plan, PID and SOC to be made at the November 2014BCT Partnership Board	DS		December 2014			4

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8	**Failure to respond appropriately to specialised service specification.**					
8.2	Appoint Head of External Partnership development and admin support	DS		December 2014	Interviews for Head of Partnerships held 10th October 2014	4
8.3	Programme Plan to be developed	DS		April 2015		4
8.4	Contracts Team to develop monthly reporting tool to track progress	DS		September 2014	**Complete.** Contracts Team now monitoring CMG compliance against specialised services	5
8.5	PIDs to be developed for academic, commercial and local partnerships and overarching highlight report to be presented at the August 2014 ESB for sign off.	DMC		~~August~~ October 2014	**Complete.** PID for Academic agreed at the 08/14 ESB, Local Partnerships captured within the Delivering Caring at its Best (DC@IB)	5
8.6	UHL to confirm compliance / non-compliance against service specifications to Area Team by end Oct 2014	DS		October 2014		4
9	**Failure to implement network arrangements with partners.**					
	Actions, 8.1, 8.2, 8.3 and 8.5 refer to risk 9. Action 7.3 refer to risk 7, therefore refer above for progress				See risks 7 & 8	
9.2	*Action removed from BAF / action tracker by DS following further review of content of risk number 9.*	N/A		N/A	See risks 7 & 8	N/A
10	**Failure to develop effective partnership with primary care and LPT.**					
10.1	PID & draft Terms of Reference to be reviewed at the August 2014 ESB meeting.	DS/ COO		~~August~~ October 2014	Agreed at 08/14 ESB, Local Partnerships to be captured within the Delivering Caring at its Best (DC@IB) PID for comms, engagement & marketing. PID to be presented at the 10/14 ESB meeting. Deadline extended to reflect this	3

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10.2	Work Programme for the Alliance to be developed (10.2). *Action reworded 10/9/14*	DS		~~August~~ October 2014	Alliance Work programme to be presented at the October Alliance Leadership Board. An Alliance Highlight Report will be presented at the 10/14 ESB meeting. Deadline extended to reflect this		4
10.4	Detailed work books to be developed by 19th September 2014	DS		October 2014	**Complete.** See action 7.3		5
11	**Failure to meet NIHR performance targets.**						
12	**Failure to retain BRU status.**						
13	**Failure to provide consistently high standards of medical education.**						
13.1	To work with Finance to ensure transparency and accountability of undergraduate and postgraduate medical training tariffs *(reworded October 2014)*	MD	AMD (CE)	October 2014			4
13.2	Ensure appropriate Consultant Job descriptions include job planning	MD	AMD (CE)	January 2015			4
13.3	Develop appraisal methodology for educational roles	MD	AMD (CE)	January 2015			4
13.4	Disseminate approved appraisal methodology to CMGs.	MD	AMD (CE)	~~December~~ February 2015	Date changed as appraisal methodology will not be developed until January 2015 (see action 13.3)		3
13.5	Work to relocate anomalous budgets to HR as other Foundation doctor contracts	MD	AMD (CE)	~~January~~ April 2015	Budgets will be relocated at the beginning of 2015/16 financial year to avoid potential confusion of transferring part year budgets. Deadline changed to reflect this.		3
14	**Lack of effective partnerships with universities.**						
15	**Failure to adequately plan the workforce needs of the Trust.**						
15.1	Develop an integrated approach to workforce planning with LPT in order that we can plan an overall workforce to deliver the right care in right place at the right time.	DHR		October 2014	Group has been established to link workforce, strategy and finance. Second meeting 26/8/14. Meeting to be held 15 October to focus on implications of UHL bed reduction for 2015/16		4

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15.2	Establish a joint group of strategy, finance and workforce leads to share plans and numbers	DHR			October 2014	See 15.1. Next meeting scheduled for 23 October. Detailed discussions to be captured in Workforce Workbook – requires input from Clinical Work stream leads on predicted workforce changes	4
15.3	Establish multi-professional new roles group to devise and monitor processes for the creation of new roles	CN			October 2014	Date set for first meeting. Terms of Reference drafted. Discussed with CMGs. First meeting 29 Sept. Three subgroups established to progress Assistant/Advanced Practitioners and Physician Associates	4
15.4	Develop Innovative approaches to recruitment and retention to address shortages.	DHR			March 2015	Medical Workforce Strategy in place which addresses mechanisms to improve recruitment and retention	4
15.6	Delivering our Employer Brand group to share best practice and development social media techniques to promote opportunities at UHL	DHR			March 2015	Webpage review originally planned for end of August now changed to end December). Marketing materials prepared for Jobs Show Event in September. Hotspots areas now producing career profiles which are successfully attracting into difficult to recruit areas	4
15.7	Development of internship model and potential management trainee model supported by robust education programme and education scheme	DHR			November 2014	Five internships planned to commence in 10/14 – advertisement in place. Trainee management proposal to be shared with Executive Workforce Board 16/9/14. Trainee Management Model approved in principle. Work to scope education programme underway. View to advertise Jan/Feb 2015.	4
15.8	Consultant recruitment review team to develop professional assessment centre approach to recruitment utilising outputs to produce a development programme	DHR			April 2015	Proposal prepared for review by DHR and MD. Agreed to make small adjustments to selection process in first instance and evaluate impact.	4
16	**Inability to recruit and retain staff with appropriate skills.**						

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16.1	Team Health Dashboard to be developed and implemented	DHR			~~September 2014~~ December 2014	Organisational Health Dashboard mock up presented to the Executive Workforce Board on 16 September 2014. This will be refined to take into account feedback and the full dashboard functionality will be live from the end of December 2014. Deadline extended to reflect this.		4
16.2	eUHL system updates required to meet Trust needs	DHR			March 2015	Working through single supplier specification with Head of Procurement and IBM colleagues		4
16.3	Robust ELearning policy and procedures to be developed to reflect P&GC approach	DHR			October 2014	Draft document produced. This will form part of the Core Training Policy currently under development.		4
17	**Failure to improve levels of staff engagement**							
17.1	Team Health Dashboard to be developed – mock up to be presented to EWB at September 2014	DHR			March 2015	Please refer to Item 16.1		4
17.2	Ensure IBM aware of requirements.	DHR			March 2015	CIO aware of LiA MoC associated with IBM related projects. Meetings held with IBM representatives to coach and guide on LiA principles and approach. LiA process included in pilot phase of Managed Print roll out at Glenfield. Further plans to include LiA in pilot of Paediatric Areas for Electronic Document Record Management		4
17.3	HR Senior Team aware of need to include Engagement event prior to formal consultation (with MoC impacting on staff – more than 25 people)	DHR			March 2015	MoC (HR) including LiA as a precursor to formal consultation. A number of events have been concluded using LiA. A specific resource for LiA MoC has been developed		4
17.4	Include as regular agenda item on LiA sponsor group identifying activity and anticipated resources required	DHR			March 2015	Each of the LiA Work streams is included as standing items on LiA Sponsor Group meetings.		4

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17.5	National data on UHL workforce numbers to be used by NHS England to get a sense of how many staff completed the survey	NHS England		September 2014	**Complete**		5
17.6	Develop draft internal reports in development in readiness for possible analysis methodology used by NHS England in September 2014.	DHR		~~September~~ October 2014	**Friends and Family Test for Staff:** Submission of first UNIFY report submitted to NHS England in compliance with deadline and CQUIN target. Internal analysis of free text themes being undertaken. UHL data to be included in CE Briefing. Awaiting information on how the data will be analysed and published by NHS England. Deadline extended to reflect this		4
18	**Lack of effective leadership capacity and capability**						
18.1	Leadership into Action Strategy to be reviewed by Executive Workforce Board in September 2014	DHR		September 2014	**Complete.** Strategy presented at the meeting of 16 September 2014. The strategy will be refined to reflect EWB feedback and live from the end of October 2014		5
18.2	Improve internal coaching and mentoring training provision in collaboration with HEEM and at phase 1 establish process for assigning coaches and mentors to newly appointed clinicians	DHR		December 2014	Mentoring / Coaching development programme in place. Bespoke Consultant Programme planned for 10/14 in partnership with HEEM		4
18.3	'Shadowing and Buddying' System being developed in partnership with HEEM and Assistant Medical Director to ensure support provided to newly appointed Consultants at initial phase (18.3)	DHR		April 2015	Consultant Forum in place		4
18.5	Support national and regional Talent Management and Succession Planning Projects by National NHS Leadership Academy , EMLA and NHS Employers	DHR		March 2015	UHL staff nominated to access National Leadership Academy Programme based on talent conversations.		4

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18.6	Board Coach (on appointment) to facilitate Board Development Session	DHR		October 2014	Board development session planned for 16/10/14. DHR in discussion with The Foresight Partnership on the appointment of Board 'Coach'. Sue Rubinstein has agreed to act as the Board Coach but is subject to agreement with the Trust Chairman.	4
18.7	Update of UHL Leadership Qualities and Behaviours to reflect Board Development, UHL 5 Year Plan and new NHS Healthcare Leadership Model	DHR/ CE		January 2015	As above, at the initial phase the Trust Board will discuss and agree : (a) the overall leadership model the Board and Executive Team are seeking to build; and (b) the Board culture that it is seeking to shape and exemplify.	4
19	**Failure to deliver financial strategy (including CIP).**					
19.2	Production of a FRP to deliver recurrent balance within three years	DDF		~~August Review September 2014~~ December 2014	On track, though the timescale is 6 years subject to TDA approval of the LTFM. Awaiting formal feedback from the TDA on the LTFM submitted on 20/6/14. Following the Board to Board with the TDA further work will be required on the financial strategy before December 2014	3
19.5	Expedite agreement of CIP quality impact assessments with UHL and CCGs	DDF		~~August Review September~~ October 2014	UHL continues to submit CIP quality impact statements to the CCGs where appropriate, following sign off by the Chief Nurse and Medical Director. We have also requested quality impact statements from the CCGs for their QIPP plans	3
19.6	PMO Arrangements need to be finalised	DDF		~~August~~ October 2014	Whilst the structure is agreed we have extended the EY contract until the end of 10/14. Deadline extended to reflect this	3

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19.8	Restructuring of financial management via MoC	DDF		~~July Review August~~ October 2014	MoC consultation ended 6/6/14; recruitment to vacant posts on-going. All senior posts have now been successfully recruited to – all will be in post by the end of 10/14. Deadline extended to reflect this	3
19.10	Business Cases to support Reconfiguration and Service Strategy	DDF		~~July Review September 2014~~ On-going as per individual business case timeline	The TDA have now confirmed that the previously submitted IBP/LTFM will act as the overall SOC. Individual business cases will be submitted to the Trust Board and TDA as per the overall reconfiguration strategy	4
19.11	Agreement of long-term loans as part of June Service and Financial plan	DDF		~~June August~~ October 2014	The Trust has received a £29m cash loan in line with the Plan and trajectory submitted to the TDA. Application for further loans submitted and on-going work with the TDA between now and 17/10/14 when the application will be formally reviewed by ITFF panel. Application submitted to the ITFF panel for review at the meeting on 17 October 2014.	3
20	**Failure to deliver internal efficiency and productivity improvements.**					
20.1	Agree plans and targets for cross-cutting themes through the monthly cross cutting theme delivery board	COO		August 2014	Update awaited	4
21	**Failure to maintain effective relationships with key stakeholders**					
21.1	Qualitative survey by Trust Internal Audit (PWC)	DMC		October 2014	**Complete.** Draft received from PWC. For consideration at future Audit Committee and Board	5
21.2	TBA DS & DF			TBA		

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21.3	Create a platform to launch Clinical Task Group	MD		September 2014	**Complete.** A clinical task force has been created to drive the improvements that come out of learning lessons to improve care. All LLR health partners are involved. An LiA event has been held (Oct14) and further cross community engagement events are planned over the next 3 months. Progress will be tracked through EQB and QAC and via 3 monthly reports to the TB. In addition UHL clinicians remain fully engaged with CRG of BCT through deputy MD.	5
22	**Failure to deliver service and site reconfiguration programme and maintain the estate effectively**.					
22.2	Reconfiguration Board (reporting to ESB) to be established – 1st meeting in Oct 2014	DS		October 2014	First reconfiguration Board meeting 14th October 2014	4
22.3	DoH Heath Gateway Team to carry out a Gateway 0 review of the reconfiguration project.	DS		October 2014	Gateway review commences 20th October 2014	4
23	**Failure to effectively implement EPR programme**					
23.5	When the final vendor is chosen we will create and communicate the detail delivery plan and its dependencies.	CIO		~~September~~ October 2014	Plans are being developed to take this forward and the final selection will be happening in October in support of the FBC production. Currently we are working with the final two vendors to maintain a competitive conversation. Deadline extended to reflect this.	3
23.6	Continue to communicate with the wider/non-involved clinicians throughout the procurement process	CIO		October 2014		4
24	**Failure to implement the IM&T strategy and key projects**					
24.1	Develop, disseminate and implement the new prioritisation matrix	CIO		~~August~~ September 2014	**Complete.** This is now operating but will be reviewed monthly to ensure that it is meeting the needs of UHL	5

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| 24.3 | CMGs to hold formal monthly meeting with IM&T service delivery lead where issues can be solved | CIO | | ~~September~~ Review October 2014 | Not yet in place for all CMGs Not all CMGs have returned a representative. This has been escalated for resolution. | 3 |

Key

CEO	Chief Executive
DF	Director of Finance
MD	Medical Director
AMD	Assistant Medical Director
COO	Chief Operating Officer
DHR	Director of Human Resources
DDHR	Deputy Director of Human Resources
DS	Director of Strategy
DR&D	Director of R&D
DMC	Director of Marketing and Communications
DCQ	Director of Clinical Quality
CIO	Chief Information Officer
CMIO	Chief Medical Information Officer
CD	Clinical Director
CMGM	Clinical Management Group Manager
DDF	Deputy Director Finance
CN	Chief Nurse
AMD (CE)	Associate Medical Director (Clinical Education)
PPIMM	PPI and Membership Manager

| Status key: | **5** | Complete | **4** | On track | **3** | Some delay – expect to completed as planned | **2** | Significant delay – unlikely to be completed as planned | **1** | Not yet commenced | **0** | Objective Revised |

Risk ID	CMG	Risk Title	Current Risk Score	Target Risk Score	Movement from previous month
2423	RRC	Outstanding clinic letters and inability to act on results impacting on patient safety in respiratory services	25	6	NEW
2236	Emergency and Specialist Medicine	There is a risk of overcrowding due to the design and size of the ED footprint	25	16	↔
2234	Emergency and Specialist Medicine	There is a medical staffing shortfall resulting in a risk of an understaffed Emergency Department impacting on patient care	20	6	↔
2333	ITAPS	Lack of paediatric cardiac anaesthetists to maintain a WTD compliant rota leading to service disruption and loss of resilience	20	8	↔
2398	ITAPS	There is a risk of patient cancellations due to the limited number of Cardiac Scrub Nurses with competence to perform the task	20	6	↔
698	Clinical Support and Imaging	Risk to the production of aseptic pharmaceutical products	20	3	↔
2391	Women's and Children's	Inadequate numbers of Junior Doctors to support the clinical services within Gynaecology & Obstetrics	20	8	↔
2409	Women's and Children's	There is an insufficient number or middle-grade doctors, both registrars and SHO's to provide adequate service cover	20	10	↔
847	Women's and Children's	Lack of Capacity in maternity services	20	12	↔
2330	Medical Directorate	Risk of increased mortality due to ineffective implementation of best practice for identification and treatment of sepsis	20	6	↔
2403	Nursing	Changes in the organisational structure have adversely affected water management arrangements in UHL	20	4	↔
2404	Nursing	Inadequate management of Vascular Access Devices resulting in increased morbidity and mortality	20	8	↔
2414	CHUGS	There is a risk that Endoscopy LGH will not pass JAG accreditation	16	4	NEW
2422	CHUGS	There is a risk to patient safety and quality due to the nurse staffing levels on SAU LRI	16	4	NEW
2320	CHUGS	Inadequate staffing levels in therapy radiography and radiotherapy physics causing a serious radiotherapy treatment error	16	4	↔
2343	RRC	There is a risk that an increase in demand for asthma and allergy nurse services will impact on patient safety	16	6	↔
2399	ITAPS	Risk of not being able to deliver enough theatre additional sessions to meet the RTT Target for the Trust.	16	2	↔
2193	ITAPS	Risk of unplanned loss of theatre and/or recovery capacity at the LRI	16	4	↔
2194	ITAPS	Risk of unplanned loss of theatre, recovery or Critical Care capacity across UHL due to insufficient nursing staffing	16	4	↔
2191	Musculoskeletal and Specialist Surgery	Follow up backlogs and capacity issues in Ophthalmology	16	8	↔
607	Clinical Support and Imaging	Failure of UHL BT to fully comply with BCSH guidance and BSQR in relation to traceability and positive patient identification	16	4	↔
2300	Clinical Support and Imaging	There is a risk of not meeting the national guidelines for out of hours Vascular cover	16	4	↔
2248	Clinical Support and Imaging	Lack of IR(ME)R training records held across the Trust	16	4	↔
2384	Women's and Children's	There is an increased risk in the incidence of babies being born with HIE (moderate & severe) within UHL	16	8	↔
2153	Women's and Children's	Shortfall in the number of qualified nurses in Children's Hospital including ECMO staffing and Capacity	16	8	↔
2237	Medical Directorate	Risk of results of outpatient diagnostic tests not being reviewed or acted upon resulting in patient harm.	16	8	↔
2338	Medical Directorate	There is a risk of patients not receiving medication and patients receiving the incorrect medication due to an unstable homecare	16	9	↔
2093	Medical Directorate	Athena Swan - potential Biomedical Research Unit funding issues.	16	4	↔
2325	Nursing	Risk to patient/staff safety due to security staff not assisting with restraint	16	6	↔
2247	Nursing	There are 500 Registered Nurse vacancies in UHL leading to a deterioration in service and adverse effect on financial position	16	12	↔
2316	Operations	Flooding from fluvial and pluvial sources	16	12	↔
2341	Operations	Long term follow up outpatient appointments not made	16	2	↔
2318	Operations	Blocked drains causing leaks and localized flooding of sewage	16	2	↔
1693	Strategy	Risk of inaccuracies in clinical coding	16	8	↔
2354	RRC	Overcrowding in the Clinical Decisions Unit	15	3	↔
949	Emergency and Specialist Medicine	Inadequate toxicity monitoring for DMARDS	15	3	↑
2328	ITAPS	Risk of inadvertent wrong route administration of anaesthetic medicines during epidural and regional anaesthesia.	15	5	↔
2380	Clinical Support and Imaging	Risk of breach of Same Sex Accommodation Legislation	15	3	↔
1196	Clinical Support and Imaging	No comprehensive out of hours on call rota and PM cover for consultant Paediatric radiologists	15	2	↔
2407	Women's and Children's	Failure to meet national non admitted target of 18 weeks	15	3	↔
2278	Women's and Children's	Risk that the Leicester Fertility Centre could have its licence for the provision of treatment and services withdrawn	15	6	↔
2402	Nursing	Inappropriate Decontamination practise within UHL may result in harm to patients and staff	15	3	↔
1551	Nursing	Failure to manage Category C documents on UHL Document Management system (Insite)	15	9	↔