Agenda Item: Trust Board Paper Q

<u>**TRUST BOARD – 2ND APRIL 2015**</u>

UHL RISK REPORT INCORPORATING THE BOARD ASSURANCE FRAMEWORK 2014/15

DIRECTOR:	ANDREW FURLONG – MEDICAL DIRECTOR
AUTHOR:	PETER CLEAVER – RISK AND ASSURANCE MANAGER
DATE:	2ND APRIL 2015
PURPOSE:	This report provides the Trust Board (TB) with:- a) A copy of the UHL BAF and action tracker as of 28th February 2015. b) Notification of any new extreme or high risks opened during February 2015. The TB is invited to: • review and comment upon this iteration of the BAF, as it deems appropriate: • note the actions identified to address any gaps in either controls or assurances (or both); • identify any areas which it feels that the Trust's controls are inadequate and do not effectively manage the principal risks to our objectives; • identify any gaps in assurances about the effectiveness of the controls to manage the principal risks and consider the nature of, and timescale for, any further assurances to be obtained; • identify any other actions necessary to address any 'significant control issues' in order to provide assurance on the Trust meeting its principal objectives; • Note the extension to the timescale for the 2015/16 BAF.
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

	⌄	7. A clinically and financially sustainable NHS Foundation Trust
	⌄	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: **2nd APRIL 2015**

REPORT BY: **ANDREW FURLONG – MEDICAL DIRECTOR**

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

----

1.   INTRODUCTION

1.1   This report provides the Trust Board (TB) with:-
 a)   A copy of the UHL BAF and action tracker as of 28th February 2015.
 b)   Notification of new extreme or high risks opened during February 2015.

2.   BAF POSITION AS OF 28TH FEBRUARY 2015

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 with changes also highlighted in red. We ask the TB to note the following points:

 - Delayed completion of action numbers 8.7, 15.6, 15.9, 16.3, 17.11, 18.4, 18.6, and 18.7. These have moved to an amber RAG rating within the action tracker; however we do not feel that the level of risk has increased due to these delays.

 - We have received no updates in relation to action numbers 19.2 and 20.2 and the executive leads for these actions are asked to provide a verbal update, if required, to the TB.

2.2   We propose that the strategic objective below is discussed and reviewed:

 - *'An effective, joined-up emergency care system'* (incorporating risk numbers 2, 3 and 4)

3.   DEVELOPMENT OF THE UHL 2015/16 BAF

3.2   We are still awaiting confirmation of the UHL 'Quality Commitment' priorities and final approval of the Annual Operating Plan (AOP). The production of the 2015/16 BAF is dependent upon the timescales associated with the above as we must ensure that the priorities within the AOP are the same as those already identified via previous BAF workshops. The intention was to submit a 2015/16 BAF to the TB by May 2015 however we note that TB approval for the AOP is not scheduled until May and so the timescale for submission of the 2015/16 BAF is likely to slip to June 2015. Up until that time the TB will continue to receive updates to the 2014/15 version.

4.   EXTREME AND HIGH RISK REPORT.

4.1   No extreme or high risks have opened during February 2015.

5.   RECOMMENDATIONS

5.1   The TB is invited to:

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

(b) note the actions identified 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 effectively manage the principal risks to our objectives;

(d) identify any gaps in assurances about the effectiveness of the controls to manage the principal risks and consider the nature of, and timescale for, any further assurances to be obtained;

(e) identify any other actions necessary to address any 'significant control issues' in order to provide assurance on the Trust meeting its principal objectives;

(f) Note the extension to the timescale for the 2015/16 BAF.

Peter Cleaver,
Risk and Assurance Manager,
26th March 2015.

UHL BOARD ASSURANCE FRAMEWORK 2014/15
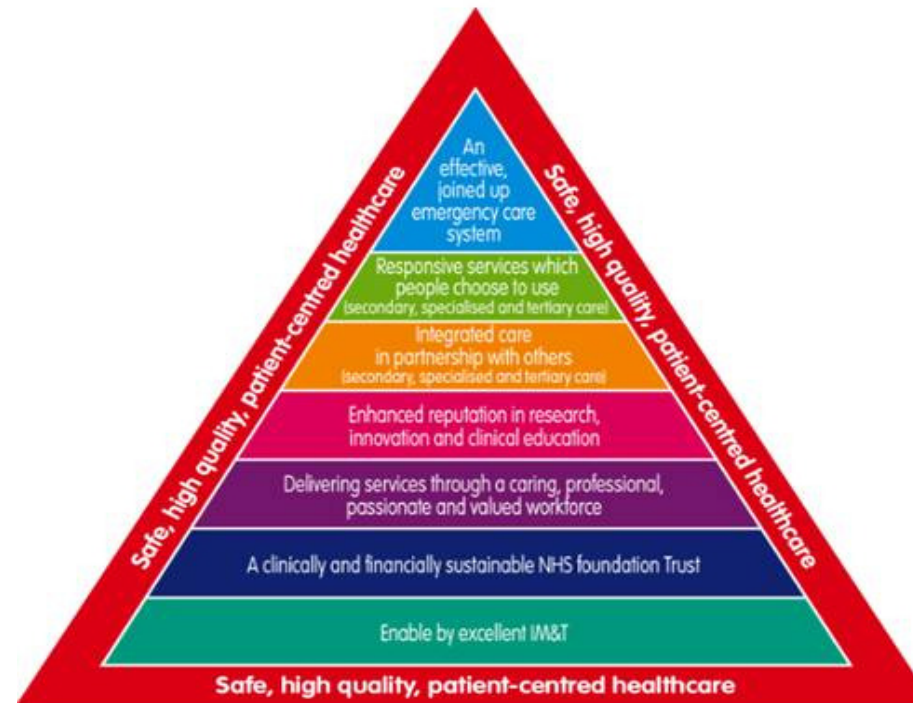
STRATEGIC OBJECTIVES

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: FEBRUARY 2015

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	20	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	16	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	9	6
13.		Failure to provide consistently high standards of medical education.	MD	9	4
14.		Lack of effective partnerships with universities.	MD	9	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	9	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.	No gaps identified		
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. Summary report scheduled for EQB February 2015	2015/16 priorities not yet identified	Discussion at EQB March re 15/16 priorities with report to QAC at the end of March	CN Mar 2015
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 5 = 20	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.	(C) Emergency admissions are not reducing (C) Discharges are not increasing and delayed discharge rate has not changed	Review effectiveness of specific LLR improvement actions to deliver a reduction in admissions and increase in discharges (2.4)	LLR MD review Feb 2015
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.	(C) IS's time with the health economy finishes in mid-November 2014	Arrangements for IS to return for a two week period (2.5)	Mar 2015 RM
Allocation of winter monies	Allocation of winter monies is regularly discussed in the LLR steering group	None	N/A	

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) Emergency admissions are not reducing (C) Discharges are not increasing and delayed discharge rate has not changed	Review effectiveness of specific LLR improvement actions to deliver a reduction in admissions and increase in discharges (3.1)	Feb 2015 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	Feb 2015 COO
Further change leadership support has been identified to help embed the required clinically led changes	Trust Board are sighted on actions and plans coming out of the EQSG meeting.	C) Emergency admissions are not reducing (C) Discharges are not increasing and delayed discharge rate has not changed	As 3.1	Feb 2015 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)	On-going 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 4x4=16	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
Weekly RTT meeting with commissioners to monitor overall compliance with plan	Trust Board receives a monthly report detailing performance against plan	(c) There is a revised admitted trajectory which is awaiting agreement with TDA and CCG. UHL is in line with the revised trajectory.		
Weekly meeting with key specialities to monitor detailed compliance with plan	Trust Board receives a monthly report detailing performance against plan	(c) As above		
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	(c) Recommendations from IST report not yet implemented.	Act on findings from recently published IST report (5.2)	Mar 2015 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.			

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. 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			

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 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 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) Lack of Programme Plan	Programme Plan to be developed (8.3)	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	PID for Local Partnerships to be developed by the Head of Local Partnerships (8.7)	Mar 2015 DS
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.			

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	See risk 7	
Effective partnerships with primary care	See risk 7			

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 3 = 9	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)	(c) Requirement to replace senior staff and increase critical mass of senior academic staff in each of the three BRUs.	BRUs to re-consider theme structures for renewal, identifying potential new theme leads. (12.1) BRUs to identify potential recruits and work with UoL/LU to structure recruitment packages. (12.2) UHL to use RCF to pump prime appointments if possible and LU planning new academic appointments to support lifestyle BRU. (12.3)	Jun 2015 MD June 2015 MD Jun 2015 MD
	Athena Swan Silver Status by University of Leicester and Loughborough University. (The Athena Swan charter applies to higher	(c) Athena Swan Silver not yet achieved by UoL and Loughborough	UoL and LU to ensure successful applications for	Mar2016 MD

	education institutions)	University. This will be required for eligibility for NIHR awards	Silver swan status and. Individual medical school depts will need to separately apply for Athena Swan Silver status. (12.4)	
			Special meeting of Joint BRU Board: planning to secure BRU funding at the next NIHR competition. Further meetings planned. (12.5)	Mar 2015 MD

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
	  Trainee Survey results
	• UHL trainee survey
	  Health Education East Midlands			

	Accreditation visits			
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.	(c) No system of appointing to College Tutor Roles (c) UHL does not support 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 (13.6)	Apr 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 3=9	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 Developing relationships with key academic partners. Existing well established partners: • University of Leicester • Loughborough University	Minutes of joint UHL/UoL Strategy meetings Minutes of Joint BRU Board Minutes of NCSEM Management Board	(c) New relationships need to be developed and nurtured with the new VC and President for UHL. New Dean of Medical School expected 2015.	LU strategy to be discussed at joint BRU board. (14.2) UHL membership of NCSEM management board (14.3) Meeting with LU VC, UHL MD, UHL DRD and BRU Director to discuss strategy (14.4) Develop regular meeting with DMU (14.5)	Mar 2015 Mar 2015 Jun 2015 Jun 2015
Developing partnerships; • De Montfort University • University of Nottingham • University College London (Life Study) • Cambridge University (100k project)	100k genome and Life study reports to ESB monthly. Joint meetings held with R&D team for NUH - reported through R&D Exec minutes to ESB. EM CLAHRC Management Board reports via R&D Exec to ESB	(c) Contacts with DMU could be developed more closely		

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) including an integrated approach to workforce planning with LPT.	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). (c) Difficulty in recruiting to hotspots as frequently reflect a national shortage occupation (e.g. nurses)	Develop Innovative approaches to recruitment and retention to address shortages. (15.4) Develop new roles that address competency and skill gaps in service delivery areas (15.9)	Jun 2015 DHR Jun 2015 DHR

			Develop Workforce Planning Template to include detailed plans by staff group relating to reduction and growth which triangulate with finance and activity (15.10)	Apr 2015
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)	Jun 2015 DHR
		(c) capacity to build innovative approaches to consultant recruitment	Consultant recruitment review team to develop professional assessment centre approach to recruitment utilising outputs to produce a development programme (15.8)	April 2015 DHR

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			
'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 'development and 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 May 2015 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: Year 3 Listening into Action (LiA) Plan (2015 to 2016) to be developed in March 2015 for next 12 months. To include continued work with 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 to be conducted March 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		
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			
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			

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		
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	(c) Lack of a clear system for sharing lessons learned and success outcomes from each of the NiA Ward / Department areas to maximise spread of learning and sharing best practice.	Success outcomes to be shared with nursing workforce via new annual Nursing Conference – first one scheduled for April 2015. (17.10)	Mar 2016 DHR/ Chief Nurse
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 polling reported to Board on a six monthly basis. Improving staff satisfaction position.	(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	Workshop on 2014 survey results priorities and actions to be shared via management forums and CE Briefing . (17.11)	Apr 2015 DHR
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:	(a) Survey completion criteria variable		

	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)	between NHS organisations per quarter. (a) Survey to include 'NHS Workers' and not restricted to UHL staff therefore creating difficulty in comparisons between organisations as unable to identify % response rates. (c) 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. (a) 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	Workshop outputs to lead to 2015/16 engagement plan for the Trust – to be shared via appropriate management forums and CE Briefing (March & April 2015). TB and ET Paper for March 2015. (17.13)	Mar 2016 DHR
Workforce Sickness Absence levels	Attendance management policy and procedures available to staff and managers. Compliance reports via Workforce Informatics Manager sent to CMGs monthly to support management of individual cases.	(a) Lack of triangulation between the use of premium rate staff to support non-compliance with UHL	Annual performance target set with CMG breakdown available per month	Mar 2016

	ESR recording of attendance. Monthly reports available to CMGs / Corporate Divisions HR CMG Teams support front line managers to manage staff in line with policy Sickness levels reported via CE Briefings per month Sickness levels incorporated into Organisational Health Dashboard monthly reporting via EWB quarterly meetings and available to CMG HR Leads via SharePoint Sickness absence rates reported to UHL Leadership Community via CE Briefings per month	target for 2014/15 sickness absence rates, with increasing levels of sickness reported for some CMGs / staff groups	for CMG Board Meetings. (17.15) Workforce KPIs included in Quarterly CMG Workforce meetings from January 2015 – to be attended by HR CMG Leads and Workforce Development Manager (17.16) Premium spend / pay group to be established in February 2015 as part of the CIP Workforce Charter to review use of premium pay and reasons for use – to support CMGs to identify links to, for example, sickness absence, recruitment, & increased activities during 2015/16 (17.17)	Mar 2016 /17
Mutuals in Health Pathfinder Programme	Submitted application to Cabinet Office (CO) and Department of Health (DH) to participate in the programme as one of the Trusts nationally. Selected to participate in the Pathfinder	a) Due to tight timeframes for delivery of the Feasibility Report	Feasibility Report (by 31 March 2015 with Trust Board approval. To be	Mar 2015 DHR

	Programme – 1st January 2015 – 31 March 2015 Mutuals Programme Board established – January 2015 chaired by CEO. Programme Lead identified (Assistant Director of OD & Learning) to work with the assigned external partners (Hempsons, Stepping Out & Albion) Monthly update reports to Executive Team. Progress Report to be presented to EWB in March 2015	(FBC) will the Trust Board and Executive Team be fully signed up to the final produced report and proposals for transferability of lessons learned to UHL service and workforce models.	presented to TB in March and EWB in March 2015 (17.18)
	Programme of work relates to delivery of 3 pillars identified for UHL – 1. Exploring organisational forms with whole Trust 2. Autonomous Incentivised Teams – elective orthopaedics & trauma team 3. Improving engagement within UHL Production of a Feasibility Report (Business Case) to DH/CO by 31 March 2014 Attendance at national workshops to learn from other Trusts – knowledge transfer. Organise internal workshops on each of the 3 pillars and encourage appropriate attendance by CMG Managers and nominated staff. Pathfinder Programme Risk Register to be managed by external partners with CO/DH.		

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.			
'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.	(c) 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)	Apr 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. 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	(a) 360 Feedback Tool not yet developed	Present update on Learner Management System developments and NHS Healthcare Leadership Model Resources to support the provision of 360 Feedback (18.4)	Mar 2015

'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.	(c) 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)	Mar 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.	(c) 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)	Mar 2015 Mar 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 financial strategy to accelerate the recovery programme (19.2)	Feb 2015 DF
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 CIP Quality Impact assessments			
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.			
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,			

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – BOARD ASSURANCE FRAMEWORK

	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)	On-going action - Review monthly DF
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 an outcome of submission of SOC/ business cases (19.11)	On-going action – Review March 2015 DF

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) Not all PMO posts have been recruited to	Recruit substantive staff to vacant posts (20.2)	Feb 2015 COO
Cross cutting themes are established.	Executive Lead identified. Monthly reports to F&P committee and Trust Board			

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.		

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. A paper briefing the TB on the outcome of the DH Gateway 0 review and the actions taken to address them in the form of a Programme Brief and governance arrangements was presented to the December 2014 TB meeting			

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	EPR Board now needs to be re-shaped from procurement to delivery		
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.			
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.	EPR Board now needs to be re-shaped from procurement to delivery		

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 3x3 = 9	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			

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	**February 2015**
Frequency of review:	Monthly
Date of last review:	January 2015

REF	ACTION	SENIOR LEAD	OPS LEAD	COMPLETION DATE	PROGRESS UPDATE	STATUS
1	**Lack of progress in implementing UHL Quality Commitment.**					
2	**Failure to implement LLR emergency care improvement plan.**					
2.4	Review effectiveness of specific LLR improvement actions to deliver a reduction in admissions and increase in discharges	COO / LLR MD		Review ~~December 2014~~ February 2015	The actions taken are not consistently having the desired effect. The required changes are being tracked through the LLR urgent care working group	2
2.5	Arrangements for IS to return for a two week in January 2015 (2.5)	COO		~~January 2015~~ March 2015	IS's availability has changed and we are working with the new CMGD to review the best way to use IS's experience if he returns in March 2015	3
3	**Failure to effectively implement UHL Emergency Care quality programme.**					
3.1	Review effectiveness of specific LLR improvement actions to deliver a reduction in admissions and increase in discharges. **NB:** *Original action reworded by COO – Dec 2014*	COO		February 2015	The actions taken are not consistently having the desired effect. The required changes are being tracked through the LLR urgent care working group	2
4	**Delay in the approval of the Emergency Floor Business Case.**					
4.1	Regular communication with NTDA	MD		March 2015	Communication will continue until the submission dates and beyond to keep the NTDA on track.	4
5	**Failure to deliver RTT improvement plan.**					
5.1	Action plans to be developed in key specialities to regain trajectory in admitted RTT	COO		~~September~~ ~~October~~ ~~December 2014~~ ~~February 2015~~ April 2015	**Complete.** Action plans completed.	5

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

5.2	Act on findings from recently published IST report	COO		~~August~~ ~~October 2014~~ March 2015	UHL plan to implement findings and recommendations to be developed. IST commissioned to be working with the Trust until end March 2015, Project plan developed and action deadline extended to reflect this.	4
6	**Failure to achieve effective patient and public involvement**					
6.1	Update the PPI/stakeholder engagement strategy	DMC		February 2015	**Complete.** Board endorsed new PPI and Engagement Strategy and plan March 2015	5
7	**Failure to effectively implement Better Care together (BCT) strategy.**					
8	**Failure to respond appropriately to specialised service specification.**					
8.3	Programme Plan to be developed	DS		April 2015		4
8.7	PID for Local Partnerships to be developed by the Head of Local Partnerships	DS		~~December 2014~~ ~~February 2015~~ March 2015	The PID is to come to the March BCT UHL Programme Board- the reason for the delay is all work streams are to submit their PIDs to the March meeting for discussion, before going on to the Executive Strategy Board. Timescale for completion extended to reflect this.	3
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	
10	**Failure to develop effective partnership with primary care and LPT.**					
11	**Failure to meet NIHR performance targets.**					
12	**Failure to retain BRU status.**					
12.1	BRUs to re-consider theme structures for renewal, identifying potential new theme leads. (12.1)	MD	DR&D	June 2015	Awaiting National Guidance on structure required for future bids	4
12.2	BRUs to identify potential recruits and work with UoL/LU to structure recruitment packages.	MD	DR&D	June 2015		4

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

12.3	UHL to use RCF to pump prime appointments if possible and LU planning new academic appointments to support lifestyle BRU.	MD	DR&D	June 2015			4
12.4	UoL and LU to ensure successful applications for Silver swan status and. Individual medical school depts will need to separately apply for Athena Swan Silver status.	MD	DR&D	March 2016	VC and President has re-constituted group leading Medical School Bid with appointment of new project manager.		4
12.5	Special meeting of Joint BRU Board: planning to secure BRU funding at the next NIHR competition. Further meetings planned.	MD	DR&D	March 2015			4
13	**Failure to provide consistently high standards of medical education.**						
13.1	To work with Finance and CMGs to ensure transparency and accountability of undergraduate and postgraduate medical training tariffs *(reworded October 2014)*	MD	AMD (CE)	~~October 2014~~ July 2015	**Complete.** Department of Education and Finance have completed the identification of SIFT and MADEL income in CMG budgets. There is now work to be commenced with CMGs to identify SIFT and MADEL expenditure. This will be progressed following planned meetings with CMGs and CMG Medical Education Leads.		5
13.2	Ensure appropriate Consultant Job descriptions include job planning	MD	AMD (CE)	April 2015	**Complete.** The department of Clinical Education has completed the frameworks that will enable the identification of educational roles. The medical appraisal software now has the appropriate module activated and Director of Medical Education gives a regular update at appraiser training sessions.		5
13.4	Disseminate approved appraisal methodology to CMGs.	MD	AMD (CE)	~~December~~ February 2015	**Complete**		5

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

13.5	Work to relocate anomalous budgets to HR as other Foundation doctor contracts	MD	AMD (CE)	~~January~~ April 2015	**Complete.** Discussion with Acting Director of HR indicated that transfer of this budget was not considered appropriate.	5
13.6	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	MD	AMD (CE)	~~January 2015~~ April 2015	We have a role description agreed between UHL and HEEM – however unlike other Trusts UHL does not support College Tutor roles. A paper is being prepared for the April UHL Executive team to address this issue. Timescale for completion extended to reflect this	3
14	**Lack of effective partnerships with universities.**					
14.2	LU strategy to be discussed at joint BRU board.	MD	DR&D	March 2015		4
14.3	UHL membership of NCSEM management board	MD	DR&D	March 2015	Currently MD and DR&I attending	4
14.4	Meeting with LU VC, UHL MD, UHL DRD and BRU Director to discuss strategy	MD	DR&D	June 2015	Invitation sent to LU VC	4
14.5	Develop regular meeting with DMU	MD	DR&D	June 2015	Regular meetings established at Exec level – relevant subgroups established	4
15	**Failure to adequately plan the workforce needs of the Trust.**					
15.4	Develop Innovative approaches to recruitment and retention to address shortages.	DHR		June 2015	Medical Workforce Strategy to be updated following feedback from HEEM quality visit and the Clinical Senate. and incorporated into a Workforce Board Thinking Session in May or June Timescale for completion extended to reflect this Services are developing a portfolio to reflect provision in better attracting consultant to services	3

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

15.6	Delivering our Employer Brand group to share best practice and development social media techniques to promote opportunities at UHL	DHR		~~March 2015~~ June 2015	Service areas need to provide an overview of the future of their services for use when advertising consultant posts. The timescales for developing this must link with plans for confirmation of CMG future operating models. These are scheduled to be completed by June 2015. Timescale extended to reflect this.	3
15.8	Consultant recruitment review team to develop professional assessment centre approach to recruitment utilising outputs to produce a development programme	DHR		April 2015	Consultant recruitment process has been improved to incorporate unseen presentations. This started in January 2015 and will be evaluated	4
15.9	Develop new roles that address competency and skill gaps in service delivery areas	DHR		~~March 2015~~ June 2015	UHL New Roles Group with the remit of delivering new roles in Assistant Practitioner, Advanced Practitioner and Physician Assistant. . The first cohort has commenced training and includes 8 assistant practitioners. HEEM Funding of £250k has been approved to enable LLR providers to introduce US Physicians Assistants into the workforce. This programme is behind original schedule as the timescales are within the control of the National Physician Associate Project Board. Precise numbers are being confirmed by UHL. Timescale extended to reflect this issue	3

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

15.10	Refine the workforce elements of the Operational Planning cycle to ensure robust workforce plans to support organisational transformation, activity and finance	DHR		April 2015	Final submission of workforce plan will be March 31 2015. The first confirm and challenge of these plans has taken place. These plans have also been challenged to ensure they deliver quality standards. Final submission of these plans is scheduled for April 2015. The NTDA has slipped the timescales for submissions we are on track to submit plans for the 7 April and the final submission in May.	3
15.11	Development of Cross Cutting Programme to support focus on workforce efficiency, productivity and development	DOF and DHR		February 2015	**Complete.** There will now be three work streams with the long term workforce planning forming part of the UHL Better Care Together Programme Board. This will be an on-going work plan through 2015/16	5
16	**Inability to recruit and retain staff with appropriate skills.**					
16.2	eUHL system updates required to meet Trust needs	DHR		March 2015	Awaiting confirmation of tender waiving process in order to continue to use OCB Media for the development a Learning Management System. A Business Case is scheduled to be presented to the Capital Investment Committee on 13 March 2015.	4

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

16.3	Robust ELearning policy and procedures to be developed to reflect P&GC approach	DHR		~~February 2015~~ May 2015	The E-learning policy and procedures will form part of the Core Training Policy which has been submitted to Policy and Guidelines Committee (PGC). Currently awaiting PGC feedback. Deadline extended to reflect this. Changes are required to the Core Training Policy. Consultation will take place during April 2015 prior to revised policy submission to PGC during May 15. Timescale extended to reflect this	3
17	**Failure to improve levels of staff engagement**					
17.10	Success outcomes to be shared with nursing workforce via new annual Nursing Conference –scheduled for April 2015.	DHR/ CN		March 2016	Nursing Conference being planned.	4
17.11	Workshop on 2014 survey results priorities and actions to be shared via management forums and CE Briefing	DHR		~~March 2015~~ April 2015	National results known and have been analysed and compared to the previous year. A paper will be submitted to the Trust Board in April 2015. Timescale for completion extended to reflect this.	3
17.13	Workshop outputs to lead to 2015/16 engagement plan for the Trust – to be shared via appropriate management forums and CE Briefing (March & April 2015). TB and ET Paper for March 2015.	DHR		March 2016	Awaiting the outputs from the second workshop (TBC – March 2015)	4
17.15	Annual performance target set with CMG breakdown available per month for CMG Board Meetings.	DHR		March 2016	To be discussed at March EWB meeting	4
17.16	Workforce KPIs included in Quarterly CMG Workforce meetings from January 2015 – to be attended by HR CMG Leads and Workforce Development Manager	DHR		March 2016	HR Leads identified to attend Workforce KPI Quarterly meetings.	4

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

17.17	Premium spend / pay group to be established in February 2015 as part of the CIP Workforce Charter to review use of premium pay and reasons for use – to support CMGs to identify links to, for example, sickness absence, recruitment, & increased activities during 2015/16.	DHR		March 2016/17	First meeting held in February 2015. Programme Board scheduled for 2015. We have identified current premium spend reports and distribution to CMGs and in March plan to undertake a deep dive within ED, Ward 28 and CDU. Aim to profile premium spend reduction within March/April.	4
17.18	Feasibility Report by 31 March 2015 with Trust Board approval. To be presented to TB in March and EWB in March 2015	DHR		March 2015	Update to be provided on Mutuals in Health pathfinder Programme at EWB and TB in March 2015	4
18	**Lack of effective leadership capacity and capability**					
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 and key development identified to support the newly appointed consultants Three day Mentoring Programme initially for Consultants, but second and third pilot Programmes are Multi-Professional. Pilot will finish in March 2015. Quality Assurance Standards being developed. Quarterly Mentoring Forum arranged. To build UHL capacity to provide Mentoring Training Faculty. HEEM are keen to be involved with Buddy development which will start in May 2015	4
18.4	Present update on Learner Management System developments and NHS Healthcare Leadership Model Resources to support the provision of 360 Feedback	DHR		~~February 2015~~ March 2015	Report to be presented to Executive Workforce Board on 17 March setting out 360 Degree Feedback System options and associated costing. Deadline for completion extended to reflect this.	3

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

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. Report on talent profile of Senior Leadership Community to be presented to Executive Workforce Board during March 2015	4
18.6	Board Coach (on appointment) to facilitate Board Development Session	DHR		~~October 2014~~ ~~February 2015~~ March 2015	Board Coach identified subject to agreement with the Trust Chairman. Awaiting decision and deadline extended to reflect this	3
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~~ March 2015	As above, at the initial phase the Trust Board will discuss and agree : (a) the overall leadership model; (b) The Board culture that it is seeking to shape and exemplify. Paper to be presented on national NHS Healthcare Leadership Model to Executive Workforce Board during March 2015	3
19	**Failure to deliver financial strategy (including CIP).**					
19.2	Production of a financial strategy to accelerate the recovery programme	DF		~~August Review September 2014~~ February 2015	Amending the consolidated capital investment Program. Refreshed financial strategy to be presented to TB and TDA during February 2015. Timescale reflected to reflect this.	4
19.10	Business Cases to support Reconfiguration and Service Strategy	DF		~~July Review September 2014~~ On-going as per individual business case timeline	BCT SOC approved by UHL and all LLR partners. SOC submitted to TDA and NHS England and are awaiting approval. Individual business cases will be submitted to the Trust Board and TDA as per the overall reconfiguration strategy	4

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

19.11	Agreement of long-term loans as an outcome of submission of SOC/ business cases	DF		~~June~~ ~~August~~ On-going action – review March 2015	Trust received a £29m cash loan in line with the Plan and trajectory submitted to the TDA. Application for further loans (via SOC/business cases)to be submitted as necessary		4
20	**Failure to deliver internal efficiency and productivity improvements.**						
20.2	Recruit substantive staff to vacant posts to ensure continuity of function of PMO	COO		February 2015	On track. One vacancy out of eight remains		4
21	**Failure to maintain effective relationships with key stakeholders**						
22	**Failure to deliver service and site reconfiguration programme and maintain the estate effectively**.						
23	**Failure to effectively implement EPR programme**						
24	**Failure to implement the IM&T strategy and key projects**						

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)

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

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