

**TRUST BOARD – 27 NOVEMBER 2014**

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

<b>DIRECTOR:</b>	RACHEL OVERFIELD – CHIEF NURSE
<b>AUTHOR:</b>	PETER CLEAVER – RISK AND ASSURANCE MANAGER
<b>DATE:</b>	27 NOVEMBER 2014
<b>PURPOSE:</b>	<p>This report is provided to enable Trust Board scrutiny of the contents of the Board Assurance Framework (BAF) and to inform of recently opened significant operational risks within UHL.</p> <p>Taking into account the contents of this report and its appendices the TB is invited to:</p> <ul style="list-style-type: none"> <li>(a) review and comment upon this iteration of the BAF, as it deems appropriate;</li> <li>(b) note the actions identified within the framework to address any gaps in either controls or assurances (or both);</li> <li>(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;</li> <li>(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;</li> <li>(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;</li> <li>(f) Note the operational risks listed at appendix three.</li> <li>(g) Consider and advise, in light of the earlier than usual TB meeting in December 2014, whether a BAF report will be required for submission or whether further updates can be provided in the January 2015 BAF report.</li> </ul>
<b>PREVIOUSLY CONSIDERED BY:</b>	<b>UHL EXECUTIVE TEAM</b>
<b>Objective(s) to which issue relates *</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> 1. Safe, high quality, patient-centred healthcare</li> <li><input checked="" type="checkbox"/> 2. An effective, joined up emergency care system</li> <li><input checked="" type="checkbox"/> 3. Responsive services which people choose to use (secondary, specialised and tertiary care)</li> <li><input checked="" type="checkbox"/> 4. Integrated care in partnership with others (secondary, specialised and tertiary care)</li> </ul>

	<input checked="" type="checkbox"/> 5. Enhanced reputation in research, innovation and clinical education <input checked="" type="checkbox"/> 6. Delivering services through a caring, professional, passionate and valued workforce <input checked="" type="checkbox"/> 7. A clinically and financially sustainable NHS Foundation Trust <input checked="" type="checkbox"/> 8. Enabled by excellent IM&T
<b>Please explain any Patient and Public Involvement actions taken or to be taken in relation to this matter:</b>	N/A
<b>Please explain the results of any Equality Impact assessment undertaken in relation to this matter:</b>	N/A
<b>Risk Register/ Board Assurance Framework *</b>	<input type="checkbox"/> <b>Organisational Risk Register</b> <input checked="" type="checkbox"/> <b>Board Assurance Framework</b> <input type="checkbox"/> <b>Not Featured</b>
<b>ACTION REQUIRED *</b> For decision <input checked="" type="checkbox"/> For assurance <input checked="" type="checkbox"/> For information <input checked="" type="checkbox"/>	

- ♦ 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: 27<sup>th</sup> NOVEMBER 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 UHL BAF and action tracker as of 31<sup>st</sup> October 2014.
  - b) Notification of any new extreme or high risks opened during October 2014

**2. BAF POSITION AS OF 30<sup>th</sup> 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. Some updates to actions were not available at time of writing and these are listed in the table below. The UHL Risk and Assurance Manager (RAM) has arranged to meet with the newly appointed Director of Finance to discuss the BAF and an update of progress of those actions will be provided in the next iteration of the BAF.

<b>Action No.</b>	<b>Executive Lead</b>	<b>Date for completion</b>	<b>Comment</b>
3.1	Chief Operating Officer (COO)	September 2014	
19.5	Director of Finance (DF)	October 2014	RAM to meet with DF on 2/12/14
19.6	DF	October 2014	RAM to meet with DF on 2/12/14
19.8	DF	October 2014	RAM to meet with DF on 2/12/14
19.11	DF	October 2014	RAM to meet with DF on 2/12/14
20.1	COO	August 2014	

- b. Action 5.1 has deteriorated to a red RAG rating on the action tracker due to the non-achievement of the admitted RTT trajectory.

- c. The deadline for completion for action 5.2 has been extended from October 2014 to March 2015 reflecting the fact that following receipt of the IST report into RTT backlogs the actions/ recommendations now have to be implemented.
  - d. Action 10.1 has been removed at the request of the Director of Strategy (DS) as the action is already encompassed in a previous BAF entry.
  - e. Completion of action 17.6 is delayed due to NHS England failing to publish benchmarking data in relation to Friends and Family test for staff.
  - f. Completion of action 18.6 is delayed whilst a decision is awaited as to whether a member of the 'Foresight Partnership' should act as 'Board coach'.
  - g. Actions associated with principal risk 19 have are now under the ownership of the newly appointed DF (see 2.2 a).
  - h. There remains a gap in control associated with principal risk 21 with no associated action(s). The risk owner (Director of Marketing and Communications) has previously advised that the action should be agreed between the DF and DS who have subsequently been asked to expedite the identification of the action(s) and advise the corporate risk team accordingly to enable in future iterations of the BAF.
  - i. Principal risks 23 and 24 have no gaps in control or assurance identified and the TB is asked to consider revising the current risk score to the level of the target risk score (i.e. 15 to 9) unless further gaps and actions are identified.
- 2.3 It has previously been 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:

*'Enhanced reputation in research, innovation and clinical education'*  
(incorporating principal risks 11, 12, 13 and 14).

- 2.4 In light of the earlier than usual TB meeting in December there is a significantly shorter window for the executive team to provide the updates for the BAF and action tracker. The TB is therefore asked to consider and advise whether there is a requirement for a BAF report to the December TB meeting or whether updates for November and December should be incorporated in the January 2015 BAF report.

### **3. EXTREME AND HIGH RISK REPORT.**

- 3.1 To assist the TB in maintaining awareness of current operational risks scoring 15 or above (i.e. 'high' or 'extreme' risks), the TB is asked to note that three new high risks have opened during October 2014, as listed in the table overleaf. A full description for each of these risks is included at appendix three, for information purposes.

<b>Risk ID</b>	<b>Risk Title</b>	<b>Risk Score</b>	<b>CMG/ Directorate</b>
2424	There is a risk the process of manual top-up epidurals in maternity at the LRI could impact on safety and quality of service	20	Women's & Children's
2388	There is risk of delivering a poor and potentially unsafe service to patients presenting in ED with mental health conditions	16	Emergency and Specialist Medicine
2426	Compromised safety for patients with complex nutritional requirements	15	Clinical Support and Imaging

#### **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 operational risks listed at appendix three.
- (g) Consider and advise, in light of the earlier than usual TB meeting in December 2014, whether a BAF report will be required for submission or whether further updates can be provided in the January 2015 BAF report.

Peter Cleaver,  
Risk and Assurance Manager,  
20 November 2014.

# UHL BOARD ASSURANCE FRAMEWORK 2014/15



**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – BOARD ASSURANCE FRAMEWORK**

**STRATEGIC OBJECTIVES**

<b>Objective</b>	<b>Description</b>	<b>Objective Owner(s)</b>
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: OCTOBER 2014**

<b>Risk No.</b>	<b>Link to objective</b>	<b>Risk Description</b>	<b>Risk owner</b>	<b>Current Score</b>	<b>Target Score</b>
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

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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%)

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<b>Principal risk 1</b>	Lack of progress in implementing UHL Quality Commitment.	<b>Overall level of risk to the achievement of the objective</b>	<b>Current score</b> 4 x 3 = 12	<b>Target score</b> 4 x 2 = 8
<b>Executive Risk Lead(s)</b>	Chief Nurse			
<b>Link to strategic objectives</b>	Provide safe, high quality, patient centred healthcare			
<b>Key Controls</b> (What control measures or systems are in place to assist secure delivery of the objective)	<b>Assurance Source</b> (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).	<b>Gaps in Assurance (a)/ Control (c)</b> (i.e. What are we not doing - What gaps in systems, controls and assurance have been identified)	<b>Actions to Address Gaps</b>	<b>Timescale/ Action Owner</b>
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		

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<b>Principal risk 2</b>	Failure to implement LLR emergency care improvement plan.	<b>Overall level of risk to the achievement of the objective</b>	<b>Current score</b> 4 x 4 = 16	<b>Target score</b> 3 x 2 = 6
<b>Executive Risk Lead(s)</b>	Chief Operating Officer			
<b>Link to strategic objectives</b>	An effective joined up emergency care system			
<b>Key Controls</b> (What control measures or systems are in place to assist secure delivery of the objective)	<b>Assurance Source</b> (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).	<b>Gaps in Assurance (a)/ Control (c)</b> (i.e. What are we not doing - What gaps in systems, controls and assurance have been identified)	<b>Actions to Address Gaps</b>	<b>Timescale/ Action Owner</b>
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 Dec 2014
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 in January 2015 (2.5)	Jan 2015 RM
Allocation of winter monies	Allocation of winter monies is regularly discussed in the LLR steering group	None	N/A	

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<b>Principal risk 3</b>	Failure to effectively implement UHL Emergency Care quality programme.	<b>Overall level of risk to the achievement of the objective</b>	<b>Current score</b> 4 x 4 = 16	<b>Target score</b> 3 x 2 = 6
<b>Executive Risk Lead(s)</b>	Chief Operating Officer			
<b>Link to strategic objectives</b>	An effective joined up emergency care system			
<b>Key Controls</b> (What control measures or systems are in place to assist secure delivery of the objective)	<b>Assurance Source</b> (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).	<b>Gaps in Assurance (a)/ Control (c)</b> (i.e. What are we not doing - What gaps in systems, controls and assurance have been identified)	<b>Actions to Address Gaps</b>	<b>Timescale/ Action Owner</b>
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

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<b>Principal risk 4</b>	Delay in the approval of the Emergency Floor Business Case.	<b>Overall level of risk to the achievement of the objective</b>	<b>Current score</b> 4 x 3 = 12	<b>Target score</b> 3 x 2 = 6
<b>Executive Risk Lead(s)</b>	Medical Director			
<b>Link to strategic objectives</b>	An effective joined up emergency care system			
<b>Key Controls</b> (What control measures or systems are in place to assist secure delivery of the objective)	<b>Assurance Source</b> (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).	<b>Gaps in Assurance (a)/ Control (c)</b> (i.e. What are we not doing - What gaps in systems, controls and assurance have been identified)	<b>Actions to Address Gaps</b>	<b>Timescale/ Action Owner</b>
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

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<b>Principal risk 5</b>	Failure to deliver RTT improvement plan.	<b>Overall level of risk to the achievement of the objective</b>	<b>Current score</b> 3 x 3 = 9	<b>Target score</b> 3 x 2 = 6
<b>Executive Risk Lead(s)</b>	Chief Operating Officer			
<b>Link to strategic objectives</b>	Responsive services which people choose to use (secondary, specialised and tertiary care)			
<b>Key Controls</b> (What control measures or systems are in place to assist secure delivery of the objective)	<b>Assurance Source</b> (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).	<b>Gaps in Assurance (a)/ Control (c)</b> (i.e. What are we not doing - What gaps in systems, controls and assurance have been identified)	<b>Actions to Address Gaps</b>	<b>Timescale/ Action Owner</b>
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)	Dec 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	Dec 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	(c) <b>recommendations from IST report not yet implemented.</b>	Act on findings from recently published IST report (5.2)	Mar 2015 COO

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<b>Principal risk 6</b>	Failure to achieve effective patient and public involvement	<b>Overall level of risk to the achievement of the objective</b>	<b>Current score</b> 4x3=12	<b>Target score</b> 4x2=8
<b>Executive Risk Lead(s)</b>	Director of Marketing and Communications			
<b>Link to strategic objectives</b>	Responsive services which people choose to use (secondary, specialised and tertiary care)			
<b>Key Controls</b> (What control measures or systems are in place to assist secure delivery of the objective)	<b>Assurance Source</b> (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).	<b>Gaps in Assurance (a)/ Control (c)</b> (i.e. What are we not doing - What gaps in systems, controls and assurance have been identified)	<b>Actions to Address Gaps</b>	<b>Timescale/ Action Owner</b>
<ol style="list-style-type: none"> <li>1. PPI / stakeholder engagement Strategy Named PPI leads in all CMGs</li> <li>2. PPI reference group meets regularly to assess progress against CMG PPI plans</li> <li>3. Patient Advisors appointed to CMGs</li> <li>4. Patient Advisor Support Group Meetings receive regular updates on PPI activity and advisor involvement</li> <li>5. Bi-monthly Membership Engagement Forums</li> <li>6. Health watch representative at UHL Board meeting</li> <li>7. PPI input into recruitment of Chair / Exec' Directors</li> <li>8. Quarterly meetings with LLR Health watch organisations, including Q's from public.</li> <li>9. Quarterly meetings with Leicester Mercury Patient Panel</li> </ol>	<p>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.</p>	<p>PPI/ stakeholder engagement strategy requires revision</p> <p>Time available for CMG leads to devote to PPI activity Incomplete PPI plans in some CMGs PA vacancies (4) Single handed PPI resource corporately</p>	<p>Update the PPI/stakeholder engagement strategy (6.1)</p> <p>OD team involvement to reenergise the vision and purpose of Patient Advisors (6.3)</p>	<p>Dec 2014 DMC</p> <p>Nov 14 DMC</p>

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<b>Principal risk 7</b>	Failure to effectively implement Better Care together (BCT) strategy.	<b>Overall level of risk to the achievement of the objective</b>	<b>Current score</b> 4 x 3 = 12	<b>Target score</b> 4 x 2 = 8
<b>Executive Risk Lead(s)</b>	Director of Strategy			
<b>Link to strategic objectives</b>	Responsive services which people choose to use (secondary, specialised and tertiary care) Integrated care in partnership with others (secondary, specialised and tertiary care)			
<b>Key Controls</b> (What control measures or systems are in place to assist secure delivery of the objective)	<b>Assurance Source</b> (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).	<b>Gaps in Assurance (a)/ Control (c)</b> (i.e. What are we not doing - What gaps in systems, controls and assurance have been identified)	<b>Actions to Address Gaps</b>	<b>Timescale/ Action Owner</b>
<b>Better Care Together (BCT) Strategy:</b> <ul style="list-style-type: none"> <li>UHL actively engaged in the Better Care Together governance structure, from an operational to strategic level</li> <li>Better Care Together plans co-created in partnership with LLR partners</li> <li>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 20<sup>th</sup> November 2014</li> <li>Better Care Together planning assumptions embedded in the Trust’s 2015/16 planning round</li> </ul>	<ul style="list-style-type: none"> <li>BCT resource plan, identifying all work books named leads (SRO, Implementation leads and clinical leads)</li> <li>Workbooks for all 8 clinical work streams and 4 enabling groups</li> <li>Feedback from September 2014 Delivery Board and Clinical Reference Group workshops</li> <li>LLR BCT refreshed 5 year strategic plan approved by the BCT Partnership Board</li> <li>Minutes and Action Log from the BCT Programme Board</li> </ul>	(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 2014 BCT Partnership Board (7.4)	Dec 2014
<b>Effective partnerships with primary care and Leicestershire Partnership Trust (LPT):</b> <ol style="list-style-type: none"> <li>Active engagement and leadership of the LLR Elective Care Alliance</li> <li>LLR Urgent Care and Planned Care work streams in partnership with local GPs</li> <li>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</li> <li>Mutual accountability for the delivery of shared objectives are reflected in the LLR BCT 5 year directional plan</li> <li>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</li> </ol>	<ul style="list-style-type: none"> <li>Minutes of the June public Trust Board meeting: <ul style="list-style-type: none"> <li>Trust Board approved the LLR BCT 5 year directional plan and UHLs 5 year directional plan on 16 June, 2014</li> <li>Urgent care and planned care work streams reflected in both of these plans</li> </ul> </li> <li>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</li> </ul>	(a) Final approval of the strategic plan, PID and SOC	See action 7.4	Dec 2014

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	group and the Strategy Delivery Group which reports to BCT Partnership Board.			
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## UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – BOARD ASSURANCE FRAMEWORK

<b>Principal risk 8</b>	Failure to respond appropriately to specialised service specification.	<b>Overall level of risk to the achievement of the objective</b>	<b>Current score</b> 5 x 3 = 15	<b>Target score</b> 4 x 2 = 8
<b>Executive Risk Lead(s)</b>	Director of Strategy			
<b>Link to strategic objectives</b>	Responsive services which people choose to use (secondary, specialised and tertiary care) Integrated care in partnership with others (secondary, specialised and tertiary care)			
<b>Key Controls</b> (What control measures or systems are in place to assist secure delivery of the objective)	<b>Assurance Source</b> (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).	<b>Gaps in Assurance (a)/ Control (c)</b> (i.e. What are we not doing - What gaps in systems, controls and assurance have been identified)	<b>Actions to Address Gaps</b>	<b>Timescale/ Action Owner</b>
(i) <b>Regional partnerships:</b> UHL is actively engaging with partners with a view to: <ul style="list-style-type: none"> <li>establishing a Leicestershire Northamptonshire and Rutland partnership for the specialised service infrastructure in partnership with Northampton General Hospital and Kettering General Hospital</li> <li>establishing a provider collaboration across the East Midlands as a whole</li> <li>Developing an engagement strategy for the delivery of the long term vision for and East Midlands network for both acute and specialised services</li> </ul>	Minutes of the April 2014 Trust Board meeting: <ul style="list-style-type: none"> <li>Paper presented to the April 2014 UHL Trust Board meeting, setting out the Trust's approach to regional partnerships</li> </ul> Project Initiation Document (PID): <ul style="list-style-type: none"> <li>Developed as part of UHL's Delivering Care at its Best (DC@IB)</li> <li>Reviewed at the June 2014 Executive Strategy Board (ESB) meeting</li> <li>Updates (DC@IB Highlight Report reviewed at ESB meetings</li> </ul>	(c) Lack of Programme Plan	Programme Plan to be developed (8.3)	Apr 2015 DS
(ii) Academic and commercial partnerships.	Project Initiation Document (PID): <ul style="list-style-type: none"> <li>Developed as part of UHL's Delivering Care at its Best (DC@IB)</li> <li>Reviewed at the August 2014 Executive Strategy Board (ESB) meeting</li> <li>Updates (DC@IB Highlight Report reviewed at ESB meetings</li> </ul>	(c) Lack of PID for local partnerships	PID for Local Partnerships to be developed by the Head of Local Partnerships (8.7)	Dec 2014 DS
(iii) Local partnerships				
<b>Specialised Services specifications:</b> CMGs addressing Specialised Service derogation plans	Plans issued to CMGs in February 2014. Follow up meetings being convened for w/c 14 <sup>th</sup> July 2014 to identify progress to date.			

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – BOARD ASSURANCE FRAMEWORK**

<b>Principal risk 9</b>	Failure to implement network arrangements with partners.	<b>Overall level of risk to the achievement of the objective</b>	<b>Current score</b> 4 x 2 = 8	<b>Target score</b> 3 x 2 = 6
<b>Executive Risk Lead(s)</b>	Director of Strategy			
<b>Link to strategic objectives</b>	Integrated care in partnership with others (secondary, specialised and tertiary care)			
<b>Key Controls</b> (What control measures or systems are in place to assist secure delivery of the objective)	<b>Assurance Source</b> (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).	<b>Gaps in Assurance (a)/ Control (c)</b> (i.e. What are we not doing - What gaps in systems, controls and assurance have been identified)	<b>Actions to Address Gaps</b>	<b>Timescale/ Action Owner</b>
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**

<b>Principal risk 10</b>	Failure to develop effective partnership with primary care and LPT.	<b>Overall level of risk to the achievement of the objective</b>	<b>Current score</b> 4 x 3 = 12	<b>Target score</b> 4 x 2 = 8
<b>Executive Risk Lead(s)</b>	Director of Strategy			
<b>Link to strategic objectives</b>	Integrated care in partnership with others (secondary, specialised and tertiary care)			
<b>Key Controls</b> (What control measures or systems are in place to assist secure delivery of the objective)	<b>Assurance Source</b> (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).	<b>Gaps in Assurance (a)/ Control (c)</b> (i.e. What are we not doing - What gaps in systems, controls and assurance have been identified)	<b>Actions to Address Gaps</b>	<b>Timescale/ Action Owner</b>
Effective partnerships with LPT	See risk 7	See risk 7 for other gaps	See risk 7 for other actions	
Effective partnerships with primary care	See risk 7			

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – BOARD ASSURANCE FRAMEWORK**

<b>Principal risk 11</b>	Failure to meet NIHR performance targets.	<b>Overall level of risk to the achievement of the objective</b>	<b>Current score</b> 3 x 2 = 6	<b>Target score</b> 3 x 2 = 6
<b>Executive Risk Lead(s)</b>	Medical Director			
<b>Link to strategic objectives</b>	Enhanced reputation in research, innovation and clinical education			
<b>Key Controls</b> (What control measures or systems are in place to assist secure delivery of the objective)	<b>Assurance Source</b> (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).	<b>Gaps in Assurance (a)/ Control (c)</b> (i.e. What are we not doing - What gaps in systems, controls and assurance have been identified)	<b>Actions to Address Gaps</b>	<b>Timescale/ Action Owner</b>
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**

<b>Principal risk 12</b>	Failure to retain BRU status.	<b>Overall level of risk to the achievement of the objective</b>	<b>Current score</b> 3 x 2 = 6	<b>Target score</b> 3 x 2 = 6
<b>Executive Risk Lead(s)</b>	Medical Director			
<b>Link to strategic objectives</b>	Enhanced reputation in research, innovation and clinical education			
<b>Key Controls</b> (What control measures or systems are in place to assist secure delivery of the objective)	<b>Assurance Source</b> (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).	<b>Gaps in Assurance (a)/ Control (c)</b> (i.e. What are we not doing - What gaps in systems, controls and assurance have been identified)	<b>Actions to Address Gaps</b>	<b>Timescale/ Action Owner</b>
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

<b>Principal risk 13</b>	Failure to provide consistently high standards of medical education.	<b>Overall level of risk to the achievement of the objective</b>	<b>Current score</b> 3 x 3 = 9	<b>Target score</b> 2 x 2 = 4
<b>Executive Risk Lead(s)</b>	Medical Director			
<b>Link to strategic objectives</b>	Enhanced reputation in research, innovation and clinical education			
<b>Key Controls</b> (What control measures or systems are in place to assist secure delivery of the objective)	<b>Assurance Source</b> (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).	<b>Gaps in Assurance (a)/ Control (c)</b> (i.e. What are we not doing - What gaps in systems, controls and assurance have been identified)	<b>Actions to Address Gaps</b>	<b>Timescale/ Action Owner</b>
Medical Education Strategy	<p>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</p> <p>Medical Education issues championed by Trust Chairman</p> <p>Bi-monthly UHL Medical Education Committee meetings (including CMG representation)</p> <p>Oversight by Executive Workforce Board</p> <p>Appointment processes for educational roles established</p> <p>KPI are measured using the:</p> <ul style="list-style-type: none"> <li>• UHL Education Quality Dashboard</li> <li>• CMG Education Leads and stakeholder meetings</li> <li>• GMC Trainee Survey results</li> <li>• UHL trainee survey</li> <li>• Health Education East Midlands Accreditation visits</li> </ul>	<p>(c) Transparent and accountable management of postgraduate medical training tariff is not yet established</p> <p>(c) Transparent and accountable management of SIFT funding not yet identified in CMGs (proposal prepared for EWB)</p> <p>(c) Job Planning for Level 2 (SPA) Educational Roles not written into job descriptions</p> <p>(c) Appraisal not performed for Educational Roles</p>	<p>To work with Finance to ensure transparency and accountability of undergraduate and postgraduate medical training tariffs (13.1)</p> <p>Ensure appropriate Consultant Job descriptions include job planning (13.2)</p> <p>Develop appraisal methodology for educational roles (13.3)</p> <p>Disseminate agreed</p>	<p>Jan 2015 MD</p> <p>Jan 2015 MD</p> <p>Jan 2015 MD</p> <p>Feb 2015</p>

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – BOARD ASSURANCE FRAMEWORK**

		Trainee Drs in community – anomalous location in DCE budgets	<p>appraisal methodology to CMG s (13.4)</p> <p>Work to relocate anomalous budgets to HR as other Foundation doctor contracts (13.5)</p>	<p>MD</p> <p>Apr 2015 MD</p>
UHL Education Committee	<p>CMG Education Leads sit on Committee. Education Committee delivers to the Workforce Board twice monthly and Prof. Carr presents to the Trust Board Quarterly.</p>	No system of appointing to College Tutor Roles	<p>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</p>	<p>Jan 2015 MD</p>

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – BOARD ASSURANCE FRAMEWORK**

<b>Principal risk 14</b>	Lack of effective partnerships with universities.	<b>Overall level of risk to the achievement of the objective</b>	<b>Current score</b> 3 x 2 = 6	<b>Target score</b> 3 x 2= 6
<b>Executive Risk Lead(s)</b>	Medical Director			
<b>Link to strategic objectives</b>	Enhanced reputation in research, innovation and clinical education			
<b>Key Controls</b> (What control measures or systems are in place to assist secure delivery of the objective)	<b>Assurance Source</b> (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).	<b>Gaps in Assurance (a)/ Control (c)</b> (i.e. What are we not doing - What gaps in systems, controls and assurance have been identified)	<b>Actions to Address Gaps</b>	<b>Timescale/ Action Owner</b>
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**

<b>Principal risk 15</b>	Failure to adequately plan the workforce needs of the Trust.	<b>Overall level of risk to the achievement of the objective</b>	<b>Current score</b> 4 x 3 = 12	<b>Target score</b> 4 x 2 = 8
<b>Executive Risk Lead(s)</b>	Director of Human Resources			
<b>Link to strategic objectives</b>	Delivering services through a caring, professional, passionate and valued workforce			
<b>Key Controls</b> (What control measures or systems are in place to assist secure delivery of the objective)	<b>Assurance Source</b> (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).	<b>Gaps in Assurance (a)/ Control (c)</b> (i.e. What are we not doing - What gaps in systems, controls and assurance have been identified)	<b>Actions to Address Gaps</b>	<b>Timescale/ Action Owner</b>
UHL Workforce Plan (by staff group) including <b>an integrated approach to workforce planning with LPT.</b>	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)	Mar 2015 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			

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – BOARD ASSURANCE FRAMEWORK**

	inpatient ward in England			
Development of an Employer Brand and Improved Recruitment Processes	Reports of the LIA recruitment project	(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
	Reports to Executive Workforce Board regarding innovative approaches to recruitment	(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 utilising outputs to produce a development programme (15.8)	April 2015 DHR

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – BOARD ASSURANCE FRAMEWORK**

<b>Principal risk 16</b>	Inability to recruit and retain staff with appropriate skills.	<b>Overall level of risk to the achievement of the objective</b>	<b>Current score</b> 4 x 3 = 12	<b>Target score</b> 4 x 2 = 8
<b>Executive Risk Lead(s)</b>	Director of Human Resources			
<b>Link to strategic objectives</b>	Delivering services through a caring, professional, passionate and valued workforce			
<b>Key Controls</b> (What control measures or systems are in place to assist secure delivery of the objective)	<b>Assurance Source</b> (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).	<b>Gaps in Assurance (a)/ Control (c)</b> (i.e. What are we not doing - What gaps in systems, controls and assurance have been identified)	<b>Actions to Address Gaps</b>	<b>Timescale/ Action Owner</b>
<b>Refreshed Organisational Development Plan (2014-16)</b> 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  Jan 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		

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – BOARD ASSURANCE FRAMEWORK**

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

<b>Principal risk 17</b>	Failure to improve levels of staff engagement	<b>Overall level of risk to the achievement of the objective</b>	<b>Current score</b> 3 x 3 = 9	<b>Target score</b> 3 x 2 = 6
<b>Executive Risk Lead(s)</b>	Director of Human Resources			
<b>Link to strategic objectives</b>	Delivering services through a caring, professional, passionate and valued workforce			
<b>Key Controls</b> (What control measures or systems are in place to assist secure delivery of the objective)	<b>Assurance Source</b> (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).	<b>Gaps in Assurance (a)/ Control (c)</b> (i.e. What are we not doing - What gaps in systems, controls and assurance have been identified)	<b>Actions to Address Gaps</b>	<b>Timescale/ Action Owner</b>
<b>Year 2 Listening into Action (LiA) Plan (2014 to 2015)</b> including five work streams:  Work stream One: <b>Classic LiA</b> <ul style="list-style-type: none"> <li>Two waves of Pioneering teams to commence (with 12 teams per wave) using LiA to address changes at a ward/department/pathway level</li> </ul>	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: <b>Thematic LiA</b> <ul style="list-style-type: none"> <li>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.</li> </ul>	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: <b>Management of Change LiA</b> <ul style="list-style-type: none"> <li>LiA Engagement Events held as a precursor to change projects associated with service transformation and / or HR Management of Change (MoC) initiatives.</li> </ul>	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

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – BOARD ASSURANCE FRAMEWORK**

			consultation (with MoC impacting on staff – (more than 25 people) (17.3)	
<p>Work stream Four: <b>Enabling LiA</b></p> <ul style="list-style-type: none"> <li>Provide support to delivering UHL strategic priorities (Caring At its Best), where employee engagement is required.</li> </ul>	<p>Quarterly reports to Executive Workforce Board (EWB) and Trust Board</p> <p>Updates provided to LiA Sponsor group on each thematic activity</p> <p>Update reports provided to JSCNC meetings</p>	<p>(C) Resource requirements in terms of people and physical resources difficult to anticipate from LiA activity linked to Caring at its Best engagement events</p>	<p>Include as regular agenda item on LiA sponsor group identifying activity and anticipated resources required (17.4)</p>	<p>Mar 2015 DHR</p>
<p>Work stream Five: <b>Nursing into Action (NiA)</b></p> <ul style="list-style-type: none"> <li>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.</li> </ul>	<p>Quarterly reports to Executive Workforce Board (EWB) and Trust Board</p> <p>Updates provided to LiA Sponsor group every 6 months on success measures per set and reports on Pulse Check improvements</p> <p>Update reports provided to JSCNC meetings</p> <p>Monthly updates to Nursing Executive Team (NET) meetings via Heads of Nursing per CMG</p>	<p>No gaps identified</p>		
<p>Annual National Staff Opinion and Attitude Survey</p>	<p>Annual Survey report presented to EWB and Trust Board</p> <p>Analysis of results in comparison to previous year's results and to other similar organisations presented to EWB and Trust Board annually</p> <p>Updates on CMG / Corporate actions taken to address improvements to National Survey presented to EWB</p> <p>Staff sickness levels may also provide an indicator of staff satisfaction and performance and are reported monthly to Board via Quality and Performance report</p> <p>Results of National staff survey and local patient</p>	<p>(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</p>	<p>Please see action 17.1</p>	<p>Mar 2015 DHR</p>

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – BOARD ASSURANCE FRAMEWORK**

	polling reported to Board on a six monthly basis. Improving staff satisfaction position.			
Friends and Family Test for NHS Staff	<p>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</p> <p>Local results of response rates to be</p> <p>CQUIN Target for 2014/15 – to conduct survey in Quarter 1 (achieved)</p>	<p>(a) Survey completion criteria variable between NHS organisations per quarter.</p> <p>Survey to include ‘NHS Workers’ and not restricted to UHL staff therefore creating difficulty in comparisons between organisations as unable to identify % response rates.</p> <p>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.</p> <p>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</p>	<p>Develop draft internal reports in development in readiness for possible analysis methodology used by NHS England in September 2014. (17.6)</p> <p>Please see action 17.1</p>	<p>Dec 2014 DHR</p> <p>Mar 2015 DHR</p>

## UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – BOARD ASSURANCE FRAMEWORK

<b>Principal risk 18</b>	Lack of effective leadership capacity and capability	<b>Overall level of risk to the achievement of the objective</b>	<b>Current score</b> 3 x 3 = 9	<b>Target score</b> 3 x 2 = 6
<b>Executive Risk Lead(s)</b>	Director of Human Resources			
<b>Link to strategic objectives</b>	A clinically and financially sustainable NHS Foundation Trust			
<b>Key Controls</b> (What control measures or systems are in place to assist secure delivery of the objective)	<b>Assurance Source</b> (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).	<b>Gaps in Assurance (a)/ Control (c)</b> (i.e. What are we not doing - What gaps in systems, controls and assurance have been identified)	<b>Actions to Address Gaps</b>	<b>Timescale/ Action Owner</b>
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)	Dec 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)	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.	360 Feedback Tool not yet developed		

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – BOARD ASSURANCE FRAMEWORK**

	<p>Updates provided to LiA Sponsor group every 6 months on success measures</p> <p>Monthly updates to Nursing Executive Team (NET) meetings via Heads of Nursing per CMG</p>			
‘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)	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.	Improvement required in senior leadership style and approach as identified as part of Board Effectiveness Review (2014)	<p>Board Coach (on appointment) to facilitate Board Development Session (18.6)</p> <p>Update of UHL Leadership Qualities and Behaviours to reflect Board Development, UHL 5 Year Plan and new NHS Healthcare Leadership Model (18.7)</p>	<p>Feb 2015</p> <p>Jan 2015 CE / DHR</p>

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – BOARD ASSURANCE FRAMEWORK**

<b>Principal risk 19</b>	Failure to deliver financial strategy (including CIP).	<b>Overall level of risk to the achievement of the objective</b>	<b>Current score</b> 5 x 3 = 15	<b>Target score</b> 5 x 2 = 10
<b>Executive Risk Lead(s)</b>	Director of Finance			
<b>Link to strategic objectives</b>	A clinically and financially sustainable NHS Foundation Trust			
<b>Key Controls</b> (What control measures or systems are in place to assist secure delivery of the objective)	<b>Assurance Source</b> (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).	<b>Gaps in Assurance (a)/ Control (c)</b> (i.e. What are we not doing - What gaps in systems, controls and assurance have been identified)	<b>Actions to Address Gaps</b>	<b>Timescale/ Action Owner</b>
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 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	(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 DF  Oct 2014 DF
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 DF

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – BOARD ASSURANCE FRAMEWORK**

Financially and operationally deliverable by contract signed off by UHL and CCGs and Specialised Commissioning on 30/6/14	<p>Agreed contracts document through the dispute resolution process/arbitration</p> <p>Regular updates to F&amp;P Committee, Executive Board,</p> <p>Escalation meeting between CEOs/CCG Accountable Officers</p>			
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 <b>DF</b>
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 <b>DF</b>

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – BOARD ASSURANCE FRAMEWORK**

<b>Principal risk 20</b>	Failure to deliver internal efficiency and productivity improvements.	<b>Overall level of risk to the achievement of the objective</b>	<b>Current score</b> 4 x 4 = 16	<b>Target score</b> 3 x 2 = 6
<b>Executive Risk Lead(s)</b>	Chief Operating Officer			
<b>Link to strategic objectives</b>	A clinically and financially sustainable NHS Foundation Trust			
<b>Key Controls</b> (What control measures or systems are in place to assist secure delivery of the objective)	<b>Assurance Source</b> (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).	<b>Gaps in Assurance (a)/ Control (c)</b> (i.e. What are we not doing - What gaps in systems, controls and assurance have been identified)	<b>Actions to Address Gaps</b>	<b>Timescale/ Action Owner</b>
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**

<b>Principal risk 21</b>	Failure to maintain effective relationships with key stakeholders	<b>Overall level of risk to the achievement of the objective</b>	<b>Current score</b> 5x3=15	<b>Target score</b> 5x2=10
<b>Executive Risk Lead(s)</b>	Director of Marketing and Communications			
<b>Link to strategic objectives</b>	A clinically and financially sustainable NHS Foundation Trust			
<b>Key Controls</b> (What control measures or systems are in place to assist secure delivery of the objective)	<b>Assurance Source</b> (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).	<b>Gaps in Assurance (a)/ Control (c)</b> (i.e. What are we not doing - What gaps in systems, controls and assurance have been identified)	<b>Actions to Address Gaps</b>	<b>Timescale/ Action Owner</b>
Stakeholder Engagement Strategy (including a clinical task force to drive the improvements that come out of learning lessons to improve care)	<p>Annual Stakeholder surveys presented to the Board</p> <p>Feedback from stakeholders in Board 360 as part of Foresight review.</p> <p>BCT strategy and planning</p> <p>Regular meeting with: CCGs and GPs and Health watch(s) Mercury Panel MPs and local politicians TDA / NHSE</p> <p>On-going review of effectiveness of clinical task force via EQB and QAC</p>	<p>(c) No structured key account management approach to commercial relationships</p> <p>(c) Commissioner (clinical) relationships can be too transactional i.e. not creative / transformational.</p>	TBA with DS / DF (21.2)	TBA

## UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – BOARD ASSURANCE FRAMEWORK

<b>Principal risk 22</b>	Failure to deliver service and site reconfiguration programme and maintain the estate effectively.	<b>Overall level of risk to the achievement of the objective</b>	<b>Current score</b> 5 x 2 = 10	<b>Target score</b> 5 x 1 = 5
<b>Executive Risk Lead(s)</b>	Director of Strategy			
<b>Link to strategic objectives</b>	A clinically and financially sustainable NHS Foundation Trust			
<b>Key Controls</b> (What control measures or systems are in place to assist secure delivery of the objective)	<b>Assurance Source</b> (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).	<b>Gaps in Assurance (a)/ Control (c)</b> (i.e. What are we not doing - What gaps in controls and assurance have been identified)	<b>Actions to Address Gaps</b>	<b>Timescale/ Action Owner</b>
<p>Capital Monitoring Investment Committee Chaired by the Director of Finance &amp; Procurement – meets monthly.</p> <p>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.</p> <p>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.</p> <p>Project budget is developed at feasibility stage to enable informed decisions for investment and monitored and controlled throughout design, procurement and construction delivery.</p> <p>Project timescale is established from the outset with project milestone aspirations developed at feasibility stage.</p> <p>Process to follow:</p> <ul style="list-style-type: none"> <li>• Business case development</li> <li>• Full business case approvals</li> <li>• TDA approvals</li> <li>• Availability of capital</li> <li>• Planning permission</li> <li>• Public Consultation</li> <li>• Commissioner support</li> </ul>	<p>Minutes of the Capital Monitoring Investment Committee meetings.</p> <p>Capital Planning &amp; Delivery Status Reports.</p> <p>Minutes of the March 2014 public Trust Board meeting - Trust Board approved the 2014/15 Capital Programme.</p> <p>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.</p> <p>Estates Strategy - submitted to the NTDA on 20<sup>th</sup> June in conjunction with the Trust's 5 year directional plan.</p>	<p>(C) Lack of integrated governance framework for the delivery of a sustainable clinical services strategy</p>	<p>Action plan an resource plan in response to the Gateway 0 review to be developed (22.4)</p>	<p>Dec 14</p>

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – BOARD ASSURANCE FRAMEWORK**

<b>Principal risk 23</b>	Failure to effectively implement EPR programme	<b>Overall level of risk to the achievement of the objective</b>	<b>Current score</b> 5 x 3 = 15	<b>Target score</b> 3 x 3 = 9
<b>Executive Risk Lead(s)</b>	Chief Information Officer			
<b>Link to strategic objectives</b>	Enabled by excellent IM&T			
<b>Key Controls</b> (What control measures or systems are in place to assist secure delivery of the objective)	<b>Assurance Source</b> (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).	<b>Gaps in Assurance (a)/ Control (c)</b> (i.e. What are we not doing - What gaps in systems, controls and assurance have been identified)	<b>Actions to Address Gaps</b>	<b>Timescale/ Action Owner</b>
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.			
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.			

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – BOARD ASSURANCE FRAMEWORK**

<b>Principal risk 24</b>	Failure to implement the IM&T strategy and key projects effectively <i>Note: Projects are defined, in IM&amp;T, as those pieces of work, which require five or more days of IM&amp;T activity.</i>	<b>Overall level of risk to the achievement of the objective</b>	<b>Current score</b> 5 x 3 = 15	<b>Target score</b> 3 x 3 = 9
<b>Executive Risk Lead(s)</b>	Chief Information Officer			
<b>Link to strategic objectives</b>	Enabled by excellent IM&T			
<b>Key Controls</b> (What control measures or systems are in place to assist secure delivery of the objective)	<b>Assurance Source</b> (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).	<b>Gaps in Assurance (a)/ Control (c)</b> (i.e. What are we not doing - What gaps in systems, controls and assurance have been identified)	<b>Actions to Address Gaps</b>	<b>Timescale/ Action Owner</b>
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)**

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

REF	ACTION	SENIOR LEAD	OPS LEAD	COMPLETION DATE	PROGRESS UPDATE	STATUS
<b>1</b>	<b>Lack of progress in implementing UHL Quality Commitment.</b>					
1.4	Include 'discharge letters' and 'clerking documentation' into QC	CN		November 2014		4
<b>2</b>	<b>Failure to implement LLR emergency care improvement plan.</b>					
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	On track	4
2.5	Arrangements for IS to return for a two week in January 2015 (2.5)	COO		January 2015	On track	4
<b>3</b>	<b>Failure to effectively implement UHL Emergency Care quality programme.</b>					
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
<b>4</b>	<b>Delay in the approval of the Emergency Floor Business Case.</b>					
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

<b>Status key:</b>	<b>5</b> Complete	<b>4</b> On track	<b>3</b> Some delay – expect to completed as planned	<b>2</b> Significant delay – unlikely to be completed as planned	<b>1</b> Not yet commenced	<b>0</b> Objective Revised
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<b>5</b>	<b>Failure to deliver RTT improvement plan.</b>					
5.1	Action plans to be developed in key specialities – general surgery and ENT to regain trajectory	COO		September October December 2014	Currently behind planned backlog reduction. Additional activity (including super weekends to continue into November) Plans to achieve Trust admitted performance in November will not be realised, backlogs over 18 weeks have reduced but not significantly enough. Weekend working set to continue past November for General surgery.	2
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
<b>6</b>	<b>Failure to achieve effective patient and public involvement</b>					
6.1	Update the PPI/stakeholder engagement strategy	DMC		December 2014/ January 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
<b>7</b>	<b>Failure to effectively implement Better Care together (BCT) strategy.</b>					
7.4	Final approval of the strategic plan, PID and SOC to be made at the November 2014 BCT Partnership Board	DS		December 2014		4
<b>8</b>	<b>Failure to respond appropriately to specialised service specification.</b>					
8.2	Appoint Head of External Partnership development and admin support	DS		December 2014	<b>Complete.</b> Head Partnerships appointed – start date to be confirmed	5
8.3	Programme Plan to be developed	DS		April 2015		4

8.6	UHL to confirm compliance / non-compliance against service specifications to Area Team by end Oct 2014	DS		October 2014	<b>Complete</b> – UHL Service Specification Review – Status Report submitted to the Area Team	5
8.7	PID for Local Partnerships to be developed by the Head of Local Partnerships	DS		December 2014		4
9	<b>Failure to implement network arrangements with partners.</b>					
	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	<i>Action removed from BAF / action tracker by DS following further review of content of risk number 9.</i>	N/A		N/A	See risks 7 & 8	N/A
10	<b>Failure to develop effective partnership with primary care and LPT.</b>					
10.1	<b>Action removed from upon request of DS as action encompassed in risk 7.</b>	N/A		N/A	See risk 7	N/A
10.2	Work Programme for the Alliance to be developed (10.2). <i>Action reworded 10/9/14</i>	DS		August October 2014	<b>Complete.</b> Report setting out the Alliance work programme submitted to the September 2014 Alliance Patient and Public Partnership Group	5
11	<b>Failure to meet NIHR performance targets.</b>					
12	<b>Failure to retain BRU status.</b>					
13	<b>Failure to provide consistently high standards of medical education.</b>					
13.1	To work with Finance to ensure transparency and accountability of undergraduate and postgraduate medical training tariffs ( <i>reworded October 2014</i> )	MD	AMD (CE)	October 2014 January 2015	Work on investigating this is taking longer than anticipated and requires coordination with the new Director of Finance.	3
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	Information to support appraisers developed and include in appraiser development sessions. A new module in Prep is being explored to support appraisal of education roles	4
13.4	Disseminate approved appraisal methodology to CMGs.	MD	AMD (CE)	<del>December</del> 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)	<del>January</del> 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	<b>Lack of effective partnerships with universities.</b>					
15	<b>Failure to adequately plan the workforce needs of the Trust.</b>					
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	<b>Complete.</b> Group has been established to link workforce, strategy and finance. A bed reduction workforce meeting will be held with LPT on 20 November	5
15.2	Establish a joint group of strategy, finance and workforce leads to share plans and numbers	DHR		October 2014	<b>Complete.</b> See 15.1. Meetings continue to look at overall workforce capacity in LLR and risks with respect to vacancies.	5
15.3	Establish multi-professional new roles group to devise and monitor processes for the creation of new roles	CN		October 2014	<b>Complete.</b> First meeting 29 Sept. Three subgroups established to progress Assistant/Advanced Practitioners and Physician Associates	5
15.4	Develop Innovative approaches to recruitment and retention to address shortages.	DHR		March 2015	Medical Workforce Strategy in place and to be updated following feedback from HEEM quality visit and the Clinical Senate. Aim to present to January Board	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). Resource identified to develop website. 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 interns commenced in post in October. Trainee management proposal 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
<b>16</b>	<b>Inability to recruit and retain staff with appropriate skills.</b>					
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 and will be shared with the Leadership Community in November 14 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. Draft documents will be consulted on during November 14	4

16.3	Robust ELearning policy and procedures to be developed to reflect P&GC approach	DHR		January 2015	The E-learning policy and procedures will form part of the Core Training Policy currently under development and due for final approval by end of January 2015. Deadline extended to reflect this	4
<b>17</b>	<b>Failure to improve levels of staff engagement</b>					
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

17.6	Develop draft internal reports in development in readiness for possible analysis methodology used by NHS England in September 2014.	DHR		September <del>October</del> December 2014	<b>Friends and Family Test for Staff:</b> 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. Cannot be benchmarked against other organisations as NHS England has still not published results. Awaiting information from NHS England on analysis methodology. Deadline extended to reflect this	4
<b>18</b>	<b>Lack of effective leadership capacity and capability</b>					
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 completed 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

18.6	Board Coach (on appointment) to facilitate Board Development Session	DHR		October 2014 February 2015	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. . Awaiting decision and deadline extended to reflect this	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	<b>Failure to deliver financial strategy (including CIP).</b>					
19.2	Production of a FRP to deliver recurrent balance within three years	DF		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	DF		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	DF		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
19.8	Restructuring of financial management via MoC	DF		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	DF		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	DF		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
<b>20</b>	<b>Failure to deliver internal efficiency and productivity improvements.</b>					
20.1	Agree plans and targets for cross-cutting themes through the monthly cross cutting theme delivery board	COO		August 2014	Update awaited	4
<b>21</b>	<b>Failure to maintain effective relationships with key stakeholders</b>					
21.2	TBA by DS & DF			TBA	Update awaited	
<b>22</b>	<b>Failure to deliver service and site reconfiguration programme and maintain the estate effectively.</b>					

22.2	Reconfiguration Board (reporting to ESB) to be established – 1 <sup>st</sup> meeting in Oct 2014	DS		October 2014	<b>Complete.</b> First reconfiguration Board meeting held 14th October 2014	5
22.3	DoH Heath Gateway Team to carry out a Gateway 0 review of the reconfiguration project.	DS		October 2014	<b>Complete.</b> Report from review to be reviewed at the November 2014 ESB meeting	5
22.4	Action plan an resource plan in response to the Gateway 0 review to be developed	DS		December 2014	On track.	4
<b>23</b>	<b>Failure to effectively implement EPR programme</b>					
23.5	When the final vendor is chosen we will create and communicate the detail delivery plan and its dependencies.	CIO		<del>September</del> October 2014	<b>Complete.</b> This plan has been socialised with the significant stakeholders as part of the FBC process. This will be then shared wider after the best commercial price has been achieved in this phase of the procurement.	5
23.6	Continue to communicate with the wider/non-involved clinicians throughout the procurement process	CIO		October 2014	<b>Complete.</b> Communication plans are in place and stakeholders continue to be kept up to date with the progress of the procurement	5
<b>24</b>	<b>Failure to implement the IM&amp;T strategy and key projects</b>					
24.3	CMGs to hold formal monthly meeting with IM&T service delivery lead where issues can be solved	CIO		<del>September</del> Review October 2014	<b>Complete.</b> Framework for meetings now in place and meetings are currently being arranged	5

### 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

Risk ID	Speciality	Risk Title	Review Date Opened	Description of Risk	Risk subtype	Controls in place	Impact	Likelihood	Current Risk Score	Action summary	Target Risk Score	Risk Owner	BAF reference:
2424	Maternity Women's and Children's	There is a risk the process of manual top-up epidurals in maternity at the LRI could impact on safety and quality of service	15/11/2014 03/10/2014	<p>Causes:</p> <p>The maternity consultant anaesthetists on the delivery suite at the LRI have raised concerns about the over infusion of the new Sapphire epidural pumps when the patient presses the bolus button. The pumps have been delivering variable (under) doses of epidural drugs and were not consistent with the dose programmed. Due to patient safety the Sapphire epidural pumps have been removed from use and the service has commenced midwife top-up epidurals for pain during labour.</p> <p>The sapphire epidural pump does not contain the software to allow delivery of an epidural bolus down a 16 gauge epidural catheter. 16 gauge epidural catheter is most common in the UK, however the rest of the world uses an 18 gauge and the 18g is what the company Q Core based in Israel have used when writing the software.</p> <p>Consequences:</p> <p>Serious patient safety issues from drawing up wrong medication and wrong route administration.</p> <p>Patient safety and patient experience issues due to women not receiving adequate top-ups of analgesia.</p> <p>Increase in general anaesthetic risks in theatre.</p> <p>Staff time and resource taken to manually draw up the dose</p> <p>Staff psychological harm.</p> <p>Potential for an increase in complaints/litigation from patient</p> <p>Adverse publicity and reputation of the service.</p>	Quality	<p>Service has commenced midwife top-up epidurals for pain during labour.</p> <p>All service staff briefed about current process and the withdrawal of Sapphire pumps from use.</p> <p>Regular communication with the manufacturer - most recent by way of a conference call on 1st Oct 2014 where it has been identified that the sapphire epidural pump does not contain the software to allow delivery of an epidural bolus down a 16 gauge epidural catheter. A 16 gauge epidural catheter is most common in the UK whereas the rest of the world generally use an 18 gauge and it is the 18 gauge that the manufacturer (based in Israel) used when writing the software. The manufacturer have provided assurance to UHL Medical Physics that they will issue the updated software (for a 16 gauge epidural catheter) by Monday 6th Oct.</p> <p>As additional safety bags will be weighed at the start and end of therapy, with information recorded so it can be cross checked to recognise any that seem wildly different from the expected volume change as guided by the number of bolus doses given.</p>	Major	Almost certain	20	Manufacturer to write new software to allow delivery of an epidural bolus down a 16 gauge epidural catheter. Following receipt of new software appropriate testing will be carried out and findings acted on as a matter of priority - Software due 06/10/14 and roll out by end of Oct. Risk to be reviewed by 15 Nov 2014.	9	EBROU	a

Risk ID	Speciality	Risk Title	Review Date Opened	Description of Risk	Risk subtype	Controls in place	Impact	Likelihood	Current Risk Score	Action summary	Target Risk Score	Risk Owner	BAF reference:
2388	Emergency and Specialist Medicine	There is risk of delivering a poor and potentially unsafe service to patients presenting in ED with mental health conditions	30/11/2014 29/10/2014	<p>Causes:</p> <p>An increase of over 20% in ED attendances relating to mental health conditions in the past 5yrs.</p> <p>Inappropriate referrals into the ED of patients with mental health conditions.</p> <p>Limited resources and experience of staff in the ED to manage mental health conditions.</p> <p>The number of security staff has not increased with the increase in patient numbers (and are unable to restrain patients currently- see associated risk).</p> <p>The facilities in which to manage this patient group are inadequate for this patient group as not currently staffed.</p> <p>Poor systems in place between UHL, LPT, Police &amp; EMAS to manage this patient group.</p> <p>High workload issues in the ED overall and overcapacity.</p> <p>National shortage of mental health beds, leading to placement delays for patients requiring in patient mental health beds.</p> <p>CAMHS service is limited.</p> <p>Consequences:</p> <p>Potentially vulnerable patients are able to leave the ED and are therefore at risk of coming to harm.</p> <p>There have been incidents reported where patients have been able to self harm whilst in the ED.</p> <p>Patients receive sub optimal care in terms of their mental health.</p> <p>Increased and serious incidents reported regarding various Patients' privacy and dignity is adversely affected.</p> <p>Risk of staff physical and mental injury/harm.</p>	Patients	<p>Security staff allocated to ED via SLA agreement (can intervene if staff become at risk).</p> <p>Violence &amp; Aggression policy.</p> <p>Staff in ED undergo training with regard to mental health.</p> <p>Staff attend personal awareness training.</p> <p>Mental health pathway and assessment process in place in ED.</p> <p>Mental health triage nurse based in MH assessment area of ED, covering UCC and ED.</p> <p>ED Mental Health Nurse Practitioner employed in ED.</p> <p>Medical lead for mental health identified in ED from Consultant body.</p>	Major	Likely	16	<p>Task &amp; Finish group to review security arrangements in terms of Control &amp; Restraint practice in ED - 30/11/14.</p> <p>Missing persons process for ED to append to UHL Missing Patients Policy - 31/12/14.</p> <p>Agreement of role of security staff in ED and agree service level agreement to reflect this - 30/11/14.</p> <p>Training to be available for ED staff with regard to management of aggressive patients, to include breakaway techniques - 30/11/14.</p> <p>Roll out of Mental Health Study Day for ED staff during 2014/15 - 31/03/15.</p> <p>Develop plans in line with Government's "Mandate" to ensure no one in crisis will be turned away by - 31/03/15.</p> <p>Partnership working group set up to include UHL, LPT, EMAS &amp; Police to look at improving response times and access to assessment for people with MH issues. Local area will have its own crisis care declaration including a joint statement which demonstrates the Concordat principles - 31/12/14.</p>	6	J/E	a

Risk ID	Speciality	Risk Title	Review Date Opened	Description of Risk	Risk subtype	Controls in place	Impact	Likelihood	Current Risk Score	Action summary	Target Risk Score	Risk Owner	BAF reference:
2426	Dietetics Clinical Support and Imaging	Compromised safety for patients with complex nutritional requirements	31/12/2014 28/10/2014	<p>Causes: Increased workload with greater number of patient referrals. Inability to staff the PN round daily due to shortage of staffing resource.</p> <p>Consequences: Increased length of stay, prescription errors, delays in reviewing patients, reduced quality of care, loss of patency of lines and reduced efficiency around checking patients' blood results. Delayed response to complex Home Parenteral Nutrition patients' contacts/referrals due to further increase in inpatient workload. Increased risk of prescribing errors due high workload and pressures to respond quickly. Insufficient nursing and dietetic cover to action promptly the increasing numbers of all referrals in-house and in the community, resulting in a number of patients receiving delayed reviews. Increased levels of stress amongst the team, which could result in increased sickness absence, which would further exacerbate the risks above. Risks to patient safety due to not being reviewed daily, particularly unstable patients. HIFNET bid will fail due to current staffing establishment. Loss of regional and national intestinal failure status. Loss of income from HIFNET bid. This will affect other services throughout the Trust (e.g. bar</p>	Patients	Temporary controls following previous risk assessment December 2013, in the form of funding 1.0 WTE at Band 6 nurse and 0.21 at Band 8a nurse and 1.0 WTE Band 6 Dietician, on a temporary basis, currently in place until 30/3/15.	Moderate	Almost certain	15	<ol style="list-style-type: none"> <li>1. Review possibility of capping numbers of HPN referrals with the clinical teams. Review possibility of capping inpatient PN tailored bags - 31/12/14.</li> <li>2. Consider converting temporary posts to permanent contracts to ensure continuity of staffing and training needs - 31/12/14.</li> <li>3. Urgent review of the NST service to ascertain requirements for further uplift in staffing levels - 31/12/14.</li> <li>4. Consider the option to Identify and facilitate professional checking by qualified pharmacist of the HPN prescriptions on a daily basis - 31/12/14.</li> <li>5. Review current response times for enteral and HOS referrals, with a view to lengthening (current standard is within 24 hours) on a short term basis, to reduce pressure on the team - 31/12/14.</li> <li>6. Complete stress risk assessments on all members of the nutrition nurse team and take any identified actions - 31/12/14.</li> <li>7. Urgent review of job plans to all members of the NST to meet high risk priorities - 31/12/14.</li> <li>8. Audit readmissions of HPN patients - 31/12/14.</li> <li>9. To create and develop a specialist pharmacist post dedicated to nutrition in line with the current Ph</li> </ol>	3	MSC	a