

<b>To:</b>	<b>TRUST BOARD</b>										
<b>From:</b>	<b>MEDICAL DIRECTOR</b>										
<b>Date:</b>	7 <sup>th</sup> July 2011										
<b>CQC regulation:</b>	<b>Outcome 16 – Assessing and Monitoring the Quality of Service Provision</b>										
<b>Title:</b>	<b>UHL STRATEGIC RISK REGISTER AND THE BOARD ASSURANCE FRAMEWORK (SRR/BAF)</b>										
<b>Author/Responsible Director:</b> Risk and Assurance Manager/ Medical Director											
<b>Purpose of the Report:</b> To provide the Board with an updated SRR/BAF for assurance and scrutiny.											
<b>The Report is provided to the Board for:</b>											
<table border="1"> <tr> <td>Decision</td> <td></td> </tr> <tr> <td>Assurance</td> <td><b>X</b></td> </tr> </table>		Decision		Assurance	<b>X</b>	<table border="1"> <tr> <td>Discussion</td> <td><b>X</b></td> </tr> <tr> <td>Endorsement</td> <td><b>x</b></td> </tr> </table>		Discussion	<b>X</b>	Endorsement	<b>x</b>
Decision											
Assurance	<b>X</b>										
Discussion	<b>X</b>										
Endorsement	<b>x</b>										
<b>Summary / Key Points:</b>											
<p>The 2011/12 Strategic Risk Register / Board Assurance Framework (SRR/BAF) is in development using the risks set out by the Director of Finance and Procurement and progressed and extended by members of the Executive Team as the foundation of the document. The development of the new SRR / BAF has been in two phases as described in the covering report.</p>											
<b>Previously considered at another corporate UHL Committee ?</b> yes – Executive Team 21 June 2011											
<b>RECOMMENDATIONS:</b>											
The Trust Board is invited to:											
<ul style="list-style-type: none"> <li>a) Receive and note this report;</li> <li>b) Consider and endorse the format of the report;</li> <li>c) Confirm the strategic risks and contents of the assurance framework as identified in Appendix 1</li> </ul>											
<b>Strategic Risk Register</b>		<b>Performance KPIs year to date</b>									
Yes		N/A									
<b>Resource Implications (eg Financial, HR)</b>											
None											
<b>Assurance Implications</b>											
<p>This report provides Board assurance that the Trust's strategic risks:-          Are an accurate reflection of the principal risks to the achievement of the strategic objectives;          Are appropriately controlled;          That controls in place are effective;          Any actions for further control are implemented.</p>											
<b>Patient and Public Involvement (PPI) Implications</b>											
N/A											

## Trust Board Paper I

<b>Equality Impact</b> N/A
<b>Information exempt from Disclosure</b> No
<b>Requirement for further review ?</b> Yes. Monthly review of the SRR/BAF is required.

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**

**REPORT TO: TRUST BOARD**

**DATE: 7 JULY 2011**

**REPORT BY: MEDICAL DIRECTOR**

**SUBJECT: UHL STRATEGIC RISK REGISTER AND BOARD ASSURANCE  
FRAMEWORK (SRR/BAF) 2011/12**

---

**STRATEGIC RISK REGISTER/ASSURANCE FRAMEWORK 2011/12: POSITION  
AS OF 30 JUNE 2011**

- 1 The 2011/12 Strategic Risk Register / Board Assurance Framework (SRR/BAF) is in development using the risks set out by the Director of Finance and Procurement and progressed and extended by members of the Executive Team as the foundation of the document. The development of the new SRR / BAF has been in two phases as described below:

**PHASE ONE**

- Redesign of the format of the SRR/BAF.
- Linking of current strategic risks to the UHL objectives.
- Populating the risk register element of the SRR/BAF with risks previously identified by the Executive Team.
- Agreeing the risk owners
- Presentation of the SRR/BAF to the Board for consideration.

The first draft of this was presented at the last Board meeting.

**PHASE TWO**

- Developing the Assurance Framework element of the SRR/BAF. This work has required the Executive Directors to identify the key assurance sources and any gaps in control and /or assurance for each risk.
- 2 Risks identified on the previous SRR which do not feature on the current version will be incorporated into the operational risk register and monitored at QPMG.
- 3 An updated copy of the 2011/12 SRR/BAF is attached at Appendix 1. Seventeen strategic risks have been identified which threaten the achievement of the Trust's principal objectives. A lead Director has been agreed for each risk who will work to ensure sufficient control measures are in place and to reduce the risk score from the current net score to the target score.
- 4 It is important that the Board regularly reviews the SRR/BAF. Consideration needs to be given to the role of the Committees of the Board in reviewing strategic risks and the process the board should adopt for adequate review of each risk.
- 5 The Trust Board is invited to:

- a) Receive and note this report;
- b) Consider and endorse the format of the report;
- c) Confirm the strategic risks and contents of the assurance framework as identified in Appendix 1.

**Dr. Kevin Harris,  
Medical Director  
July 2011**

PERIOD: 1 MAY – 30 JUNE 2011



**STRATEGIC OBJECTIVES**

- a. Centre of a local acute emergency network
- b. The regional hospital of choice for planned care
- c. Nationally recognised for teaching, clinical and support services
- d. Internationally recognised specialist services supported by Research and Development

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – STRATEGIC RISK REGISTER/ BOARD ASSURANCE FRAMEWORK 2011/12**

Objective	Risk	Consequence	Controls	Net Risk Score (1 x L)	Assurance On Controls	Positive Assurance	Gaps in Assurance	Actions for Further Control	Target Risk Score (1 x L)	Due Date	Risk / Action Owner
<b>Risk Domain – Strategic / Local Health Economy</b>											
a c	<b>1. Continued overheating of emergency care system</b>	<p><u>Causes:</u> Lack of middle grade/senior decision makers</p> <p>Small footprint</p> <p>Delays in discharge efficiency</p> <p>Re-beds</p> <p>Delays in discharge to community beds</p> <p><u>Consequences</u> Clinical risk within ED</p> <p>Major operational distraction to whole of UHL</p> <p>Financial loss (30% marginal rate)</p> <p>Poor winter planning – inefficient/sub-optimal care</p>	<p>LLR ECN Project</p> <p>Monthly Trust Board reporting</p> <p>Increased recruitment of revised workforce</p> <p>Agreed footprint for capital</p>	5x4=20	<p>Task Force minutes</p> <p>Increased workforce</p> <p>Improving 4<sup>o</sup> Performance</p> <p>Trust Board ECN Report</p> <p>Trust Board UHL report</p> <p>Improvements of targets</p>			<p>Will require additional support to turn around</p> <p>LLR emergency plan to be implemented</p> <p>Need to agree common metrics for reporting across all stakeholders</p> <p>Absence of agreed action plan at present to:</p> <ul style="list-style-type: none"> <li>• Divert attendances</li> <li>• Reduce admissions</li> <li>• Fund in a sustainable manner</li> </ul>	4x3 =12	20/12/12	Chief Executive
a b	<b>2. New entrants to market (AWP/TCS)</b>	<p><u>Cause</u> TCS agenda. Re- tendering of services (elective care bundle/UCC). Impact of Health and Social Care Bill. Financial climate.</p> <p><u>Consequence</u> Downside: Loss of business, services and revenue. Increased competition from competitors</p> <p>Upside: Opportunities to develop partnerships and grow income streams.</p>	<p>Appointment of Head of Service to GPs to help secure referrals and improve service quality.</p> <p>Executive links to GPs.</p> <p>Review of market analysis. Clinical involvement in Commissioning .</p> <p>Tendering process for services (elective care bundle &amp; UCC).</p> <p>Market share analysis and quarterly report, linked to SLR / PLICs.</p>	3x4=12	<p>GP Temperature Check.</p> <p>Market share analysis.</p> <p>Tendering meetings.</p> <p>Commissioning meetings.</p> <p>Attendance at Consortia meetings.</p>	<p>Divisional/CBU business plans.</p> <p>Market share analysis.</p> <p>Divisional and CBU market assessments and competitor analysis.</p>	<p>Quarterly monitoring market gain/loss at Trust Board level.</p> <p>Further development of market share vs quality vs profitability analysis.</p>	<p>Identify opportunities to create new markets and be the new entrants to the market wherever possible.</p>	4x2=8	January 2012	Director of Strategy

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – STRATEGIC RISK REGISTER/ BOARD ASSURANCE FRAMEWORK 2011/12**

Objective	Risk	Consequence	Controls	Net Risk Score (l x L)	Assurance On Controls	Positive Assurance	Gaps in Assurance	Actions for Further Control	Target Risk Score (l x L)	Due Date	Risk / Action Owner
a b c	<b>3. Emerging GP commissioning consortia</b>	Lack of certainty/ continuity of commissioning  Loss of revenue  Damage to organisational reputation	GP Head of Service now appointed  Agreed alignment of senior clinicians and executive directors to Commissioning consortia	3x4=12	Account management structure with DDs and Exec's  Development of 'LLR Clinical Senate'  Improving our customer care, (letters / GP interface	Opening dialogue with GPs / consortia through GP break through event  OP letters project		To orientate the business around the needs of our customers  To work with commissioners and partners to redesign selected pathways and models  Identify capacity to support Divisions to undertake service redesign  Identify what 'best in class' looks like	2x3=6	November 2011	Director of Strategy/ Director of Comms
c d	<b>4. Specialist services centralisation and designation (eg: ECMO, Paediatric Cardiac Services, NUH as a level 1 major trauma centre)</b>	<u>Cause</u> Safety & sustainability of services. National Policy. National Service Reviews. National enquiries. Cost Effectiveness.  <u>Consequence</u> Downside: Significant loss of income, potential loss of other core services, increased exposure for loss making services cross subsidised by specialist services.  Upside: Retain local, regional and national profile, potential to grow services, improved recruitment and retention, increased R&D potential.	Risks identified through business plans.  EMCHC Strategy and Programme Boards.  Campaign to support paediatric cardiac services/repatriate services.  Commissioner support and engagement.  Major Trauma Network group.  ECMO NCG/Board engagement.  Review by Exec Team & Trust Board.	3x4=12	EMCHC reports & minutes.  Response numbers.  Feedback from public consultation.  Major Trauma Network minutes & actions.  Trust and Exec Team papers.  ECMO costing analysis	Divisional and CBU Business Plans.  ECMO contract in place.  Lead co-ordinating centre/national training for ECMO.  Safe & Sustainable option for Leicester shortlisted/best fit option.  Dialogue with NUH to maximise retention of trauma pts at UHL.	Do not yet have a clear strategy regarding those specialised services we want to provide, and those that we will support others to provide. Needs to be addressed through rigorous business planning	Closer links required with NUH and other tertiary centres.  Understand services which should be in our portfolio.  Develop business plans for each service.	3x2=6	On-going  January 2012	Director of Strategy

Risk Domain - Financial

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – STRATEGIC RISK REGISTER/ BOARD ASSURANCE FRAMEWORK 2011/12**

<b>Objective</b>	<b>Risk</b>	<b>Consequence</b>	<b>Controls</b>	<b>Net Risk Score (I x L)</b>	<b>Assurance On Controls</b>	<b>Positive Assurance</b>	<b>Gaps in Assurance</b>	<b>Actions for Further Control</b>	<b>Target Risk Score (I x L)</b>	<b>Due Date</b>	<b>Risk / Action Owner</b>
<b>a b</b>	<b>5. Loss making services</b>	<p>Missed efficiency opportunity – money wasted on inefficient services</p> <p>Risk of ‘cherry-picking’ of profitable services by commissioners</p>	<p>SLR analysis of service profitability now completed at high level</p> <p>Criteria for loss making services to be formally endorsed (no negative contribution post 2011/12, all services making 10% contribution to central overheads by end 2012 /13)</p>	<b>5x3=25</b>	Monthly SLR data to be introduced from June 2011 reporting			<p>Use market and internal intelligence to identify services that make money, don't make money and have the potential to make money</p> <p>Ensure business plans for each service demonstrate how the loss making service will make a contribution and then deliver a surplus.</p> <p>Identify at least 10 profitable services and actions plans implemented to address the deficits</p> <p>Incentivise services that make a profit using a balanced scorecard approach</p>	<b>3x3=9</b>		Chief Operating Officer / Director of Finance
<b>a b c d</b>	<b>6. Loss of liquidity</b>	<p>Unable to invest in core services or develop new services</p> <p>Weakness in negotiating position with partners</p>	<p>Updated internal liquidity plan</p> <p>SHA assistance in securing loan from NHS partners</p>	<b>4x4=16</b>				<p>Internal liquidity plan to be developed and implemented</p> <p>Restrictions to the UHL Capital Plan to generate cash</p>	<b>3x3=9</b>		Director of Finance and Procurement



**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – STRATEGIC RISK REGISTER/ BOARD ASSURANCE FRAMEWORK 2011/12**

Objective	Risk	Consequence	Controls	Net Risk Score (l x L)	Assurance On Controls	Positive Assurance	Gaps in Assurance	Actions for Further Control	Target Risk Score (l x L)	Due Date	Risk / Action Owner
a	7. Estates issues  Under utilisation and investment in Estates	Sub-optimum configuration of services.	Service Reconfiguration Board established, with representation from all Divisions.  Planned Preventative Maintenance (PPM) schedules in place  £6 million per year allocated to reducing backlog maintenance  Integrated Planning & LLR Asset information	4x4=16	Service activity and efficiency performance monitoring.	LLR Space Utilisation Review & workshops to inform UHL staff as to occupancy rates & utilisation of all areas, with potential identification of service reconfiguration in progress	Continued development of integrated Clinical & Estates strategy in progress	Develop and implement a targeted Estates Strategy in support of the clinical strategy	3x3=9	Dec 2011	Director of Strategy
		Significant backlog maintenance			PPM performance recorded as KPI	Maintaining estates and equipment beyond operational lifecycle	Recognition of sudden failure of plant/ equipment as we go further past operational lifecycles	Target backlog to high risk elements, where there are greater consequences from a failure		Ongoing	Director of Strategy
b		Over provision of assets across LLR	PPM, Emergency contingency plans, switching options		Capital meeting notes & Capital Bids & well developed UHL risk based replacement programme in place.	UHL agreed & TB approved capital funding	Conflicting estates/ clinical priorities	Develop LLR service strategy and support by most efficient use of estate		Dec 2011	Director of Strategy
		Downside scenario example – failure of electrical infrastructure			LLR Space Utilisation integrated into UHL Estate Strategy.	LLR Space Utilisation integrated into UHL Estate Strategy.	LLR Service strategy	Develop downsizing plans as part of Asset Steering Group. Identify potential disposal targets and risk assess disposal impacts			
		Upside – Potential for asset disposal in medium to long term	Integrated Planning through LLR Asset Steering Group		PPM schedules Emergency Planning Board	Back-up Generator testing  2011/2012 Space Utilisation report completed Full PPM & Emergency Planning & Business Contingency Plans in place.	Space utilisation Report to be presented at UHL ET.  Limited opportunity to test in live situations.				
					Service & estates strategy		Disposal to be identified in conjunction with potential land swaps.				

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – STRATEGIC RISK REGISTER/ BOARD ASSURANCE FRAMEWORK 2011/12**

Objective	Risk	Consequence	Controls	Net Risk Score (l x L)	Assurance On Controls	Positive Assurance	Gaps in Assurance	Actions for Further Control	Target Risk Score (l x L)	Due Date	Risk / Action Owner
<b>Risk Domain – Quality and Performance</b>											
<b>b</b>	<b>8.Deteriorating patient experience</b>	<p><b>Causes:</b> Increased waiting times Cancelled operations Poor communications</p> <p><b>Consequences</b> Patients not recommending or choosing UHL leading to reduced activity Contract penalties Reduced income from CQUIN monies Increased complaints</p>	<p>Monthly patient polling Patient Experience projects Hourly ward rounds 10 point plan Delivery of waiting times</p>	4x3=12	<p>Patient experience minutes Monthly Trust Board report Divisional reports Increasing patient experience results Complaints reduction</p>			<p>Streamlined and focussed Divisional activity on key patient experience indicators to improve patient experience survey results local and national Patient experience feedback presented in 'dashboard' format improving access and understanding by the Trust Improved data analysis illustrating trends and prediction of key risk areas Patient experience plan to steer Trust improvements Raise awareness of patient experience feedback in all staff groups Celebrate successes and promote across the organisation.</p>	3x2=6	June 2011 and ongoing	Chief Operating Officer
<b>b c</b>	<b>9. CIP requirement (driven by tariff)</b>	<p>Quality compromised, increased clinical risk Failure to achieve statutory breakeven duties Risk of delay/failure of FT project with uncertain consequences thereafter</p>	<p>CIP plan for 2011/12 Agree pan-LLR QIPP plan Appointment of Head of Transformation and project managers for pan-Trust CIP schemes</p>	4x5=20				<p>Quality assess all CIPS for impact on quality of care Develop and invest in a UHL wide approach to 'lean'</p>	4x4=16		Director of Finance and Procurement

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – STRATEGIC RISK REGISTER/ BOARD ASSURANCE FRAMEWORK 2011/12**

<b>Objective</b>	<b>Risk</b>	<b>Consequence</b>	<b>Controls</b>	<b>Net Risk Score (l x L)</b>	<b>Assurance On Controls</b>	<b>Positive Assurance</b>	<b>Gaps in Assurance</b>	<b>Actions for Further Control</b>	<b>Target Risk Score (l x L)</b>	<b>Due Date</b>	<b>Risk / Action Owner</b>
<b>a b</b>	<b>10. Readmission rates don't reduce</b>	<p>Contract penalties</p> <p>Leakage of money from NHS to LAs if no agreement on reablement</p> <p>Opportunity cost of readmissions e.g. less capacity</p> <p>Continuing risk of sub-optimal patient care</p>	<p>Readmission action plans across all specialties</p> <p>Project manager now appointed</p> <p>Regular reporting of readmission trajectory</p> <p>Target is to reduce admissions by 75% by the end of 2011/12 (net cost of £3.4m)</p>	<b>4x4=16</b>				A project board with representation from each division	<b>4x3=12</b>		Medical Director
<b>a b</b>	<b>11. IM&amp;T Lack of IT strategy and exploitation</b>	<p>Current systems complicated and disjointed leading to significant performance risk</p> <p>Majority of systems become obsolete or no longer supported by 2013/14</p> <p>Major disruption to service if changeover not managed well</p> <p>Communications with partners is compromised</p>	<p>New CIO appointed</p> <p>KPI reporting pack review by senior IM&amp;T team, to look at performance trending.</p> <p>Communications with internal and external stakeholders</p> <p>New structure and operating model for IM&amp;T</p> <p>Draft new IT strategy developed</p>	<b>3x4=12</b>	<p>John Clarke in post</p> <p>Monthly management information pack</p> <p>Various communications and events and events</p> <p>MOC in place and posts being recruited too.</p>	<p>LLR IM&amp;T Delivery Board Minutes</p>	<p>Business related KPIs</p>	<p>Business case to be developed for future systems</p> <p>Finalise and implement an IM&amp;T strategy including an improvement programme for the short, medium and long-term</p> <p>Further address IT service performance issues and PACS risks</p>	<b>3x3=9</b>	<p>Oct 2011</p> <p>Sept 2011</p> <p>Ongoing</p>	Director of Strategy

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – STRATEGIC RISK REGISTER/ BOARD ASSURANCE FRAMEWORK 2011/12**

Objective	Risk	Consequence	Controls	Net Risk Score (I x L)	Assurance On Controls	Positive Assurance	Gaps in Assurance	Actions for Further Control	Target Risk Score (I x L)	Due Date	Risk / Action Owner
a b	<b>12. Failure to deliver access targets</b>	Patient care at risk Reduced choice – reduced activity Risk of Contract penalties Reduced income stream Poor patient experience Increased waiting times Failure to achieve FT Failure to meet MONITOR and CQC targets Causes: External factors ie Pandemic Poor system management Demand greater than supply ability Inefficient procedures Lack of clinician availability	Agreed referral guidance is in place Identified clinician capacity Increased provision of capacity Backlog plan in place	3x4=12	Monthly 18/52 minutes Monthly Q&P report Monthly heatmap report Staff recruited to deliver activity Increased RTT performance		Delivery of backlog plan	Continue to monitor access targets as CIP's are implemented to ensure no impact.	2x2=4	End July 2011	Chief Operating Officer

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – STRATEGIC RISK REGISTER/ BOARD ASSURANCE FRAMEWORK 2011/12**

<b>Objective</b>	<b>Risk</b>	<b>Consequence</b>	<b>Controls</b>	<b>Net Risk Score (l x L)</b>	<b>Assurance On Controls</b>	<b>Positive Assurance</b>	<b>Gaps in Assurance</b>	<b>Actions for Further Control</b>	<b>Target Risk Score (l x L)</b>	<b>Due Date</b>	<b>Risk / Action Owner</b>
<b>a b c d</b>	<b>13. Skill shortages</b>	Sustainability of middle grade rotas	Monthly Trust Board reporting on turnover rates	<b>3x4=12</b>	Improved turnover rates		Need to ensure that the detail underneath the organisational figures are understood	Continue to build strategic relationships with training partners	<b>2x2=4</b>	1-11-11	Director of HR
		Certain nursing grades scarce	Specific reports on area of particular shortage for example, reports on position on trainee doctors recruitment leading up to August intake		Improved ability to recruit to areas of shortage			Work with partners to address gaps in training plans, over recruit where required and take steps to make middle grade rotas more attractive		On-going through the LLR work Force Board	
		Quality compromised, increased clinical risk	Reporting on ability to recruit and research on reasons for leaving and coming to UHL analysed and actions developed		Higher compliance with appraisal rates Trust Board reports	Link workforce redesign to the development of effective patient pathways, to reduce requirement on difficult to recruit posts and / or make the posts more attractive					
		Inadequate skills to deliver good quality patient care	Completion of appraisals for all staff		Organisational Development and Workforce Committee Reports	Continue to ensure compliance with both mandatory and statutory training requirements		Quarterly update			
		Additional expenditure on agency staff and the consequential reduction in quality this can result in	Adherence to Divisional and Corporate Training Plans and continued development of alternatives models of training		Improving Local Staff Polling Results						
			Monitoring of expenditure on temporary staff		Improving national staff attitude and opinion results						
<b>Risk Domain – Governance and Leadership</b>											

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – STRATEGIC RISK REGISTER/ BOARD ASSURANCE FRAMEWORK 2011/12**

<b>Objective</b>	<b>Risk</b>	<b>Consequence</b>	<b>Controls</b>	<b>Net Risk Score (l x L)</b>	<b>Assurance On Controls</b>	<b>Positive Assurance</b>	<b>Gaps in Assurance</b>	<b>Actions for Further Control</b>	<b>Target Risk Score (l x L)</b>	<b>Due Date</b>	<b>Risk / Action Owner</b>
<b>b c</b>	<b>14. Clinical Leadership</b>	Inability to responsively change service model to meet changing healthcare needs	Appointment of Assistant Medical Director with responsibility for medical engagement Development of Medical Engagement strategy Re-establish effective Trust wide MSC	4x3=12	Improvement in Medical Engagement survey (Warwick University)			Need to be clear what is expected in terms of performance  Ensure we have the right people in the right post with the right level of support  Ensure our clinical leaders have the right training to fulfil their roles  Improve communication with our consultant body  Review the Divisional structures 1 year on to see whether there are any further areas for development / improvement	4x2=8		Medical Director
<b>a b c d</b>	<b>15. Management Capability / stretch</b>	Inability to support changes to service model  Lack of focus on key metrics and service delivery  Gaps in middle management leadership	Provision of leadership development and interventions  Development and building of organisational capacity and capability on processes to support service redesign  Implementation of the IMT strategy to support clinical service redesign  Completion of appraisal and the setting of stretching objectives aligned to the UHL Strategy  8 point Staff Engagement action plan	4x4=16	Organisational Development and Workforce Committee Papers and reports  Trust Board reports  Improving Local Staff Poling results	Improving trends on staff polling results	Areas that are not improving base don survey results	Supplement internal resource with external capability where required e.g. Corporate CIP Projects)  Need to be clear about what is expected in terms of performance.  Ensure we have the right people in the right post with the right level of support  Ensure our managers have the right training to fulfil their roles.  Review the Divisional structures 1 year on to see whether there are any further areas for development / improvement.	3x2=6	August 2011  On-going  Six monthly results  Completed May 2011	Director of HR

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – STRATEGIC RISK REGISTER/ BOARD ASSURANCE FRAMEWORK 2011/12**

Objective	Risk	Consequence	Controls	Net Risk Score (l x L)	Assurance On Controls	Positive Assurance	Gaps in Assurance	Actions for Further Control	Target Risk Score (l x L)	Due Date	Risk / Action Owner
b c d	<p><b>16. Lack of innovation culture</b></p>	<p>Cause Lack an innovation culture. Innovation seen as optional 'if we have time to spare'.</p> <p>Consequence</p> <p>Downside Outmoded models of delivery increasingly expensive and vulnerable</p> <p>Upside A health system that supports the spread and adoption of evidence-based innovative systems, products, practices and technologies.</p>	<p>Nominated Board level lead for innovation working with the SHA to further develop the NHS East Midlands Innovation Strategy</p> <p>Regional Innovation Fund to increase the quantity, spread and speed of innovation, improve quality and increase productivity.</p> <p>East Midlands Quality Observatory agreeing key data sets to enable benchmarking of outcomes and improvements.</p>	3x3=9	<p>R&amp;D Strategy.</p> <p>CBU &amp; Divisional Business Plans.</p> <p>UHL projects funded through the Regional Innovation Fund.</p>	<p>Last round of 2010/11 Regional Innovation Fund UHL projects include "Think Glucose" and Nurse Led Community Based Hepatitis C Treatment Service.</p> <ul style="list-style-type: none"> <li>• The Health Foundation Shine Award for a project to increase the uptake of cardiac rehabilitation via the use of technology.</li> <li>• Da Vinci Health Technology Award for improvements in risk assessing for sudden death in heart attack survivors.</li> </ul>	<p>Innovation not incentivised.</p> <p>Lack an innovation culture.</p> <p>Unclear uptake on others innovation.</p>	<p>Develop an Innovation Strategy.</p> <p>Develop a systematic process for sharing, diffusion and adoption.</p> <p>Strengthening networks of innovators and innovation leaders.</p> <p>Incentivising innovation.</p> <p>Develop the culture for innovation.</p>	3x2=6		Director of Strategy

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – STRATEGIC RISK REGISTER/ BOARD ASSURANCE FRAMEWORK 2011/12**

Objective	Risk	Consequence	Controls	Net Risk Score (I x L)	Assurance On Controls	Positive Assurance	Gaps in Assurance	Actions for Further Control	Target Risk Score (I x L)	Due Date	Risk / Action Owner
a b c d	<b>17. Failure to acquire and failure to retain critical clinical services</b>	Loss of key 30 services  Potential “snowball” effect  Loss of key clinicians and academics  Inability to attract best quality clinical staff	Creation of strong academic recognition e.g. NIHR  Use of market share analysis  Use of PLICS data					Creation of upgraded NIHR status  Creation of partnership replacements – Pharmacy and Medical Technology  Brand creation  Estates strategy for Neurology space			Chief Executive