

To:	Trust Board		
From:	MEDICAL DIRECTOR		
Date:	26 JULY 2012		
CQC regulation:	Outcome 16 – Assessing and Monitoring the Quality of Service Provision		
Title:	UHL STRATEGIC RISK REGISTER AND THE BOARD ASSURANCE FRAMEWORK (SRR/BAF) 2012-13		
Author/Responsible Director: Medical Director			
Purpose of the Report: To provide the Board with an updated SRR/BAF for assurance and scrutiny.			
The Report is provided to the Board for:			
Decision		Discussion	X
Assurance	X	Endorsement	X
Summary / Key Points:			
<ul style="list-style-type: none"> • There will be a refresh of the SRR/BAF in conjunction with the Board to provide UHL with a fully revised 2012/13 version. • Thirteen actions due for completion in June have been completed. There are two where the deadline of June has slipped to a later date. • Two risks (numbers 17 and 19) have all actions completed and have therefore reduced to the level of their previously identified target risk score. • The current associated with risks one and eight have reduced from their previous scores of 25 to 16 and 12 respectively. • The risk score associated with risk four (<i>'Failure to acquire and retain critical clinical services'</i>) has increased from 16 to 20 reflecting the government decision to close paediatric cardiac surgery services at Glenfield. 			
Recommendations			
Taking into account the contents of this report and its appendices the Board is invited to:			
(a) review and comment upon this iteration of the SRR/BAF, as it deems appropriate, with particular reference to the risks above.			
(b) note the actions identified within the framework to address any gaps in either controls or assurances (or both);			
(c) identify any areas in respect of which it feels that the Trust's controls are inadequate and do not, therefore, effectively manage the principal risks to the organisation meeting its objectives;			
(d) identify any gaps in assurances about the effectiveness of the controls in place to manage the principal risks; and consider the nature of, and timescale for, any further assurances to be obtained, in consequence;			
(e) identify any other actions which it feels need to be taken to address any			

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'significant control issues' to provide assurance on the Trust meeting its principal objectives.	
Previously considered at another corporate UHL Committee? Yes – Executive Team	
Strategic Risk Register Yes	Performance KPIs year to date No
Resource Implications (e.g. Financial, HR) N/A	
Assurance Implications Yes	
Patient and Public Involvement (PPI) Implications Yes.	
Equality Impact N/A	
Information exempt from Disclosure No	
Requirement for further review? Yes. Monthly at Executive Team meeting and Board meeting	

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT TO: TRUST BOARD

DATE: 26 JULY 2012

REPORT BY: MEDICAL DIRECTOR

SUBJECT: UHL INTEGRATED STRATEGIC RISK REGISTER / BOARD ASSURANCE FRAMEWORK (SRR/BAF) 2012-13

1. INTRODUCTION

- 1.1 This report provides the Board with:-
- a) A copy of the SRR / BAF as of 30 June 2012 (appendix one).
 - b) A summary of risk movements from the previous month (appendix two).
 - b) A summary of changes to actions (appendix three).
 - c) Suggested areas for scrutiny of the SRR/BAF (appendix four).
- 1.2 There will be a refresh of the SRR/BAF in conjunction with the Board to provide UHL with a fully revised 2012/13 version. An externally facilitated Trust Board development session is in the process of being arranged for this purpose. A range of dates from the Medical Director and the Director of Safety and Risk has been received and the Director of Corporate and Legal Affairs will work with the Chairman and Board members to set a date in the diary.

2. SRR/BAF 2012/13: POSITION AS OF 30 JUNE 2012

- 2.1 The SRR/BAF is updated by the risk owners and is presented to the Board on a monthly basis. Changes are highlighted in red in appendix one.
- 2.2 Thirteen actions due for completion in June have been completed. There are two where the deadline of June has slipped to a later date (see appendix three for details).
- 2.3 Three risks have had an extension to their deadline (risks two, 11 and 14). Details in relation to the reasons for extension are included in appendix three.
- 2.4 Two risks have all actions completed and have therefore reduced to the level of their previously identified target risk score. These are:
- Risk 17. *'Organisation may be overwhelmed by unplanned events'*
- Risk 19. *'Inadequate data protection and confidentiality standards'*
- Both these risks have reduced to a moderate level of residual risk and the TB is asked to consider whether further reductions would provide any benefits that would justify any additional time ,effort and cost or whether to accept the risks at their existing level.
- 2.5 The current associated with risks one and eight have reduced from their previous scores of 25 to 16 and 12 respectively reflecting the decision made by the ET that the previous risk scores had perhaps been overemphasised and that the amended scores reflected a more realistic position. Target risk

scores have also been reduced to provide a realistic projection of what we can achieve.

- 2.6 The risk score associated with risk four (*'Failure to acquire and retain critical clinical services'*) has increased from 16 to 20 reflecting the government decision to close paediatric cardiac surgery services at Glenfield.
- 2.7 To provide regular scrutiny of strategic risks on a cyclical basis Board members are invited to review the following risks against the parameters listed in appendix four.
- Risk 11 - *Lack of organisational IT exploitation*. (Previously presented Feb '12).
 - Risk 12 – *Non-delivery of operating framework targets*. (Previously presented Jan '12).
 - Risk 13 - *Skill shortages* (Previously presented Jan '12).

3. Recommendations

- 3.1 Taking into account the contents of this report and its appendices, and the presentation by the Director of Strategy, Chief Operating Officer and Director of HR in respect of risks 11, 12 and 13 the Board is invited to:
- (a) review and comment upon this iteration of the SRR/BAF, as it deems appropriate, with particular reference to the risks above.
 - (b) note the actions identified within the framework to address any gaps in either controls or assurances (or both);
 - (c) identify any areas in respect of which it feels that the Trust's controls are inadequate and do not, therefore, effectively manage the principal risks to the organisation meeting its objectives;
 - (d) identify any gaps in assurances about the effectiveness of the controls in place to manage the principal risks; and consider the nature of, and timescale for, any further assurances to be obtained, in consequence;
 - (e) identify any other actions which it feels need to be taken to address any 'significant control issues' to provide assurance on the Trust meeting its principal objectives.

P Cleaver
Risk and Assurance Manager
19 July 2012

PERIOD: 1 JUNE 2012 – 30 JUNE 2012



STRATEGIC GOALS

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

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

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

Objective	Risk	Cause /Consequence	Controls	Current Risk	Assurance On Controls	Positive Assurance	Gaps in Assurance (a) / Control (c)	Actions for Further Control	Target Risk	Due Date	Risk / Action Owner
a c	1. Continued overheating of emergency care system (Cross reference to risk 17)	Causes: Lack of middle grade/senior decision makers Effectiveness in reducing the numbers presenting at ED Lack of bed capacity and critical care capacity Small footprint Delays in discharge efficiency Re-beds Delays in discharge to community beds Late evening bed bureau arrivals Consequences Clinical risk within ED Major operational distraction to whole of UHL Financial loss (30% marginal rate and penalty costs) Poor winter planning – inefficient/sub-optimal care Insufficient bed capacity in particular on AMUs Poor patient experience	Increased recruitment of revised workforce (including ED consultants / middle grade Drs) Frail elderly project in place 'Right Time, Right Place' initiative LLR emergency Plan LLR ECN Project Ward Discharge metrics Common metrics for reporting across all stakeholders CQUIN linked to in patient flow efficiency Emergency Care is a key theme for regular discussion at ET Representatives from Clinical Commissioning Groups attend ET bi-monthly re emergency care Actions associated with recent trust bed capacity risk assessment	4x4=16 Business/Patients	Task Force minutes	Workforce changes progressing and new starters commenced	(c) Absence of an agreed action plan at present to divert attendances	Creation of emergency flow steering group	3x4=12	Jul 2012	Chief Executive
					Daily /weekly ED performance	Significantly improved ED 4 hour performance	(c) fragility in ED performance	External review of emergency care processes (Kings College)		Jul 2012	Chief Executive
					Trust Board ECN Report	Improving position for: EDD	(c) 'Right Time. Right Place' not effectively controlling all risks	Increased flexibility plans to be developed		Nov 2012	Chief Executive
					Monthly Trust Board UHL report	Discharge before 13.00 Ward/board rounds	(a) absence of assurance from partner agencies re: metric outcome	Completion of capital expansion (as agreed by PCT)		2013	Chief Executive
					Q & P report		(a) No clear metrics or accountabilities for EMAS performance	New Pathway projects in development		2012/13	Chief Executive
					ESIST report		c) No integrated strategy for UHL/LPT discharge and use of Community hospitals				
							(c) ED capital expansion				

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a b	2. New entrants to market (AWP/TCS)	<p><u>Cause</u> TCS agenda. (Elective care bundle/UCC). Impact of Health and Social Care Bill. – ‘Any willing provider Financial climate.</p> <p>Insufficient expertise for tendering at CBU or corporate level.</p> <p><u>Consequence</u> Downside: Loss of market share, business, services and revenue. Increased competition from competitors</p> <p>Upside: Opportunities to develop partnerships and grow income streams.</p>	<p>GP Head of Service to help secure referrals and improve service quality.</p> <p>Review of market analysis – quarterly at F&P Committee.</p> <p>Rigorous market assessment to clearly identify opportunities to create new markets</p> <p>Market share analysis and quarterly report, linked to SLR / PLICS</p> <p>Clinical involvement in Commissioning.</p> <p>Tendering process for services (elective care bundle & UCC).</p> <p>Links established with PCT Cluster regarding Elective care Bundle Tendering expertise reviewed for major procurements. Programme team with relevant resources agreed established to support Elective Care Bundle; external support agreed for other major procurements as required.</p>	4x3=12 Business	<p>GP Temperature Check. Completed in May 2011.</p> <p>F&P and Exec Team minutes on a quarterly basis where market share analysis has been discussed.</p> <p>Divisional and CBU market assessments and competitor analysis. Completed on an annual basis as part of the annual planning process.</p> <p>Market share analysis reported to F&P Quarterly.</p> <p>Commissioning meetings.</p> <p>Tendering meetings.</p> <p>Monthly meetings between CCGs and Exec Team</p> <p>Project team established to lead response to Elective Care Tender.</p>	<p>Improved services in areas that are important to our customers.</p> <p>Commissioner e.g. discharge letters</p>	<p>(a) Quarterly monitoring market gain/loss at Trust Board level.</p> <p>(a) Further development of market share vs quality vs profitability analysis.</p>	<p>Draft clinical Strategy completed further work identified to be completed. To be signed off by the Trust Board in August.</p> <p>Respond to ITT for Elective Care Tender.</p>	3x2=6	<p>Aug 2012</p> <p>Oct 2012.</p>	<p>Director of Strategy</p> <p>Director of F&P.</p>

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a b c	3 Deteriorating relationships with Clinical commissioning groups	<p>Context New Health act; competition/ collaboration & partnership contract</p> <p>Cause 1. Weak relationships with GPs as result of historical lack of engagement by UHL 2. Lack of understanding / trust between UHL leaders and CCG leaders 3. Lack of evidence of pathway redesign</p> <p>Consequence 1. High levels of GP (customer) dissatisfaction with UHL services. > loss of market share / revenue > lower hurdles for competition > No grass root support from GPs regardless of strength of CCG leader relationships.</p> <p>Consequence 2. 2. Breakdown in key relationships with commissioning decision makers. > Integration / pathway redesign harder > Contract negotiation over 'transformation' > Reputation</p>	<p>GP Head of Service GP relationships action plan part 2 GP value added > training / Podcasts Getting the basics right > GP Hotline GP Referrers Guide OP letters 20+ services now transmitting electronically Discharge letters within 24 hours GP newsletter</p> <p><u>Re-alignment</u> of senior clinicians and executive directors to clinical commissioning groups</p> <p>Involvement of UHL clinicians in contracting round to provide consistency and expertise</p> <p>Joint working groups to develop key strategies</p> <p>Event to welcome CCG Lay board members</p>	4x4=16 Business	<p>GP temperature check (part 3) in May 2012.</p> <p>Informal feedback from GPs re: Guide / hotline / letters</p> <p>CCG funding = £285k for letters & GP hotline</p> <p>1/4rly Market share analysis to F&P</p> <p>CCIG monthly meeting</p> <p>LLR Reconfiguration Board</p>	<p>GP temperature Check part 2 +ve</p> <p>20 services now transmitting</p> <p>Market share stable across <u>most</u> services</p> <p>CCG (agreement to 12/13 contract and C&C changes)</p> <p>Agreement of LLR Reconfig' joint vision and principles</p>	<p>Temperature check (part 3) results in June 12</p> <p>Anecdotal feedback on new initiatives</p> <p><u>All</u> letters transmitted electronically</p> <p>Ophthalmology first GP referral –ve 9% ENT –ve 12%</p>	<p>Empirical feedback on new initiatives</p> <p>Fully developed plan for ICE / Transcription interface</p> <p>Analyse and plan intervention to restore share.</p> <p>Be the successful bidder for the East Leicestershire & Rutland CCG.</p> <p>Shared understanding and monthly measurement of key metrics between CCGs and UHL</p>	3x3=9	<p>Jul 2012</p> <p>Sep 2012</p> <p>Jul 2012</p> <p>Dec 2012</p> <p>Jul 2012</p>	<p>Director of Comms</p> <p>Director of Comms</p> <p>Director of Comms</p> <p>Director of F&P</p> <p>COO</p>

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	3 (continued)		CCIG Right care Transformation			Emergency Gynae pathway Urgent medical clinics/ admission avoidance	Still few examples we can point to of redesigned pathways	Agree more services for rapid pathway redesign		Oct 2012	Director of Strategy

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

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a b	5. Lack of appropriate PbR income (Previously loss making services)	<p>Causes: Limited clinical engagement in clinical coding Relatively lean contracting team Failure to achieve key operational ratios defined by commissioners (e.g. New/Follow up OP ratios) Level of penalties for readmissions not based on clinical evidence Risk of new CCGs pursuing a “competition-based” agenda Sub-tariff commissioning</p> <p>Consequence: Service innovation constrained by contract penalties</p> <p>Services have to be internally cross subsidised</p> <p>Risk of increasing clinical risk through pursuit of inappropriate cost reductions</p> <p>Impact on Trust’s ability to deliver statutory targets (i.e. breakeven).</p>	<p>High level SLR analysis of service profitability</p> <p>Clinical coding project</p> <p>Introduction of coding control sheets</p> <p>Alignment of UHL clinical leads to clinical commissioning consortia (CCGs) and engagement in the contracting process</p> <p>Monitored rollout of PLICS to clinicians across the Trust.</p> <p>2012/13 CIP targets based on PLICS/ SR position</p>	4x3 =12 Financial	Monthly SLR/PLICS data	Counting and coding changes agreed for 2012/13 contracting round	(a) Still some underlying issues in data robustness	2012/ 13 Counting and coding & contract renewal process	4X3=12	Sep 2012	Director of F&P
					SLR/PLICS presentations	Positive Internal audit review of annual RCI (PLICS) cost attribution methodology		Increased team resources needed in PLICs team		Jul 2012	Director of F&P
					New PLICS licences secured			Focussed resource on strategic alignment		Q2 2012	Director of Strategy
					Monthly financial reporting						

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a b c d	6. Loss of liquidity	<p><u>Causes</u> Operating losses ytd. Cumulative impact of non standard contract</p> <p><u>Consequences</u> Unable to invest in core services or develop new services</p> <p>Failure to deliver EFL statutory target</p>	<p>Updated internal liquidity plan</p> <p>Daily cash monitoring</p> <p>12 month cash forecast</p> <p>Negotiations with suppliers</p> <p>Rolling 3m cash forecast</p>	4x5=20 Financial	<p>Weekly cash reporting</p> <p>Monthly reforecast</p>	<p>Maintaining positive cash balances</p> <p>Discussion at DoH escalation meeting to review TFA confirmed that DoH medium term loan could be provided immediately pre authorisation as FT</p>	<p>(c) Lack of solution to structural lack of liquidity is incomplete until contractual / I&E position is stabilised.</p>	<p>Strategic funding request to M&E SHA to be linked to the FT application.</p> <p>Strategic bid for transition funding being prepared with LLR commissioners.</p>	4X4=16	<p>Linked to FT application</p> <p>Jul 2012</p>	<p>Director of F&P</p> <p>Director of F&P</p>

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a b	7. Estates issues	Cause Lack of clear estate strategy since cancellation of Pathway	UHL Service Reconfiguration Board established, with representation from all Divisions.	4x4=16 Business/ Financial	Minutes of Service reconfiguration board reported to Exec Team.	LLR Space Utilisation Review	(c) Lack of agreed UHL Estates strategy	Further develop UHL Estates Strategy	3x3=9	Review Oct 2012	Director of Strategy
	Estates development strategy	Consequence Sub-optimum configuration of services.			Service activity and efficiency performance monitoring reported monthly to FM Board.	All site / estate proposals are reviewed by Site Reconfiguration Board Good PEAT scores	(c) No Integrated LLR Estates strategy (linked to agreed clinical model, capacity and assets)	Agree LLR service configuration /downsizing supported by most efficient use of estate.		Review Sep 2012	Director of Strategy
	Investment in Estate	Over provision of assets across LLR Significant backlog maintenance	Governance for site reconfiguration now expanded to include LLR implications and input. £6 million per year allocated to reducing backlog maintenance		Annual PEAT Scores	Capital Bid evaluation	(c) Backlog will take several years of investment to reduce.	Target backlog to high risk elements on an annual basis, where there are greater consequences from a failure.		Review Sep 2012	Director of Strategy
			Recruitment into vacancies			Capital / backlog programme of works.	(c) Estates staffing & recruitment and retention issues.	Develop more staff into key roles		Oct 2012	Director of Strategy
	Unplanned utility Service Interruption	Failure of electrical, water, gas, steam, infrastructure Consequences Service disruption, clinical/operational risk increased.	Planned Preventative Maintenance (PPM) schedules in place Emergency Planning & Business Contingency Plans in place for estates infrastructure failures		Testing programmes		(c) Limited number of Authorised Specialist Services in-house				
	Delayed implementation of LLR FM	Quality and / or cost issues Consequence Financial & operational. Potential efficiency losses.	Planned project Progression, risks identified Estates Vision in support of the clinical strategy.	Regular reviews	External scrutiny and validation	(c) External influences beyond UHL control, Economy, Political initiatives, Activity / Income generation	Maintain a risk log for the project. Gateway Review		Ju 2012 Mar 2013	Director of Strategy Director of Strategy	

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b	8.Deteriorating patient experience	Causes: Cancelled operations	Patient Experience plan and projects	4x3=12 Patients	Monthly patient polling	Improving polling scores	(c) Lack of assurance regarding patient experience feedback processes	Summary of patient experience feedback	2x3=6	Quarterly	COO
		Poor communications	Local awareness of LLR Emergency Care communication plan		Monthly Trust Board report	Increasing patients experience results / feedback					
		Increased waiting times for elective and emergency patients	Caring @ its Best		Real time patient feedback						
		Poor clinical outcomes	National Patient Survey		Patient Stories						
		Lack of patient information	Engagement of Age UK, LINKS		Patient Experience data presented with patient safety and outcome measures	Complaints reduction	c) Expectations of patients regarding care not being met	Undertake review of Divisional Patient Experience Projects for GRMC/TB		Jul 2012	COO
		Poor customer service	10 point plan		Net Promoter scores benchmarked with other trusts within SHA Cluster						
		Overheating of emergency care system leading over demand for AMU admissions.	Divisonal action plans for wards not in top quartile for Net Promoter Scores								
		Lack of engagement or consultation	Emergency co-ordinator					(c) Increasing waiting time for treatment of surgical emergencies			
		Consequences Patients not recommending or choosing UHL leading to reduced activity	Escalation thresholds		Exec and Non Exec safety walkabouts			Internal Waits Group to be established with key metrics		Monthly/ In progress	COO
		Contract penalties	Theatre and out-patient transformation project Cancellation validation Clinical quality and OPD/ED metrics Improved data analysis		Quarterly theatre reports	Reducing patient cancelled operations		Additional critical care capacity to be introduced		Jul 2012	COO
Reduced income from CQUIN monies	Engagement of consortia members and ECN for campaign	Divisional reports									
Increased complaints	Specialty Dashboard										
Reputation impact	Clinical Audit programme	Clinical Effectiveness minutes Clinical Metric results Q&P and Heat map report	Improving nursing metrics								
Failure to meet CQC requirements.	Internal wait group. Trolley monitoring process. FTC flexible labour. Redirection of BB trolley patients. Extra capacity metrics.	Clinical Metric results Q&P and Heat map report	Successful Patient Experience Conference May 2012		(a) No monitoring and reporting system for internal standards						
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b c	9. CIP Delivery (previously CIP requirement)	Risk of Quality being compromised, increased clinical risk Failure to achieve statutory breakeven duties Risk of delay/failure of FT project with uncertain consequences thereafter	CIP plan for 2012/13 CIPs assessed for impact on quality of care Pan-LLR QIPP plan Transformation board Head of Transformation and project managers for pan-Trust CIP schemes	5x4=20 Financial	Internal audit review of sample of schemes Weekly metrics Monthly divisional C&C meetings Monitored monthly through F and P Committee and Confirm and challenge TSO now established	External reports confirmed scrutiny of C&C meetings (process) Further headcount reductions delivered	(a) Lack of consistent recording (c) Lack of headcount reduction in first cut 2012/13 CIPs Executive leadership on Transformation now assigned to Director of Strategy (June '12)	Development of transformational CIPs will continue into Q2 2012/13	4x4=16	Quarter 2 2012/13	Director of F&P

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a b	10. Readmission rates don't reduce	<p>Contract penalties – for items other than inappropriate readmissions due to acute failings</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>Project board with divisional representation chaired by Divisional Director W&C</p> <p>Readmission action plans across all specialties</p> <p>Regular reporting of readmission trajectory</p> <p>Community readmission Project</p> <p>LPT implemented support for ED</p> <p>Working relationships between admissions board and community work streams</p> <p>Interim agreement with commissioners on 2011/12 readmissions penalty</p> <p>Third clinical audit on underlying causes of readmissions</p>	4x2=8 Financial/ Patients	<p>Monitoring of clinical project plans</p> <p>Q&P report</p> <p>Community 'flash' scorecard monitored by ECN and Medical Director</p>	<p>Strong clinical engagement</p> <p>Reduction in readmission rates</p> <p>Recent FTN paper on readmissions</p>	<p>(c) Still to agree scope of third clinical readmissions audit with commissioners</p> <p>(c) project manager has resigned – to be replaced (June '12)</p> <p>(c) Heavy dependence on Community Project board</p>	<p>Clinically based audit in Q1 to establish baselines from which appropriate work streams will be determined for 2012/13.</p>	4x2=8	Jul 2012	Director of F&P

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

Objective	Risk	Cause /Consequence	Controls	Current Risk	Assurance On Controls	Positive Assurance	Gaps in Assurance (a) / Control (c)	Actions for Further Control	Target Risk	Due Date	Risk / Action Owner
a b	11. IM&T Lack of organisational IT exploitation	<p>Causes Insufficient capacity and capability in IM&T</p> <p>Failure of NPfIT to deliver an integrated IT solution</p> <p>Organisational development has not focused on key IT skills and capabilities</p> <p>Lack of confidence in the delivery of benefits from IT systems</p> <p>Consequences Current systems complicated and disjointed leading to significant performance risk</p> <p>Majority of systems become obsolete or no longer supported by 2013/14</p> <p>Major disruption to service if changeover not managed well</p> <p>Communications with partners is compromised</p> <p>IM&T unable to support transformation of UHL processes</p> <p>Poor customer service from IM&T</p> <p>Insufficient commitment from clinical teams, with regard to training, to major IT projects causing delay to the projects and the delivery of the identified benefits</p>	<p>Chief Information Officer</p> <p>Communications with internal and external stakeholders</p> <p>New structure and operating model for IM&T</p> <p>Programme and project plan discipline including benefits realisation.</p> <p>IM&T KPIs reviewed as required via Q&PMG</p> <p>IT implementation plan</p> <p>IM&T Strategy Group</p> <p>UHL rolling programme of system/equipment replacement</p> <p>Managed Service contract for PACS approved and in place.</p> <p>LLR IM&T delivery Board</p> <p>Business partners to work with the divisions and clinicians to improve communications and involvement</p> <p>Some vacant posts filled with short term contracts for essential services</p>	4x3=12 Business	<p>CIO in post.</p> <p>IT strategy agreed by TB Nov 2011 implementation plan in place</p> <p>Project management documentation</p> <p>KPIs reviewed monthly by IM&T Board</p> <p>Minutes of IM&T strategy Group (quarterly)</p> <p>Daily Monitoring of help desk calls (reported monthly to IM&T Board)</p> <p>PACS performance metrics (reported monthly to IM&T Board)</p> <p>Delivery Board minutes (quarterly)</p>	<p>MOC Completed</p> <p>New Service Desk Team Leader in post (secondment) – performance increasing</p> <p>Incidence of PACS Failures reduced</p> <p>LLR IM&T Delivery Board Minutes</p> <p>Managed Business Partner procurement moving forward</p>	<p>(a) KPIs not reviewed outside IM&T</p> <p>(c) Vacancies in IM&T operations</p> <p>(a) KPIs not benchmarked with other Trusts.</p>	<p>Outline Business case to be developed for future systems</p> <p>Award contract to IM&T strategic partner</p>	3x3=9	<p>Next review Sep 2012</p> <p>Dec 2012</p>	<p>Director of Strategy</p> <p>Director of Strategy</p>
N.B. Action dates are end of month unless otherwise stated										Page 13	

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

Objective	Risk	Cause /Consequence	Controls	Current Risk	Assurance On Controls	Positive Assurance	Gaps in Assurance (a) / Control (c)	Actions for Further Control	Target Risk	Due Date	Risk / Action Owner
a b	12. Non-delivery of operating framework targets	Causes:	Backlog plan	3x4=12 Patients/ reputation/ financial	Monthly 18/52 minutes RTT performance reports Monthly heat map report Monthly Q&P report HII reports Quality schedule/CQUIN reports	Reducing patient waiting times evident	c) Impact of new target delivery with network trusts (a)Capacity and capability for continued delivery (c) impact of new operating framework targets for 12/13 (c) impact of national bowel screening targets (c) impact of national breast screening targets (c) IP plan for 2012	Quarterly contract with referring Trust Recruitment of CBU Manager vacancies External audit overview of cancer pathway UHL review of bowel screening referrals. UHL plan to be drafted for Breast Screening implementation. Identify milestones for Breast Screening Target delivery through meeting with commissioners, EMQA, Public Health, UHL Agree 2012 IP strategic objectives with quarterly monitoring at QPMG	3x2=6	Quarterly	COO
		External factors i.e. Pandemic	Agreed referral guidance Identified clinician capacity		Delivery of quality Schedule and CQUIN						
		Poor system management Demand greater than supply ability	Increased provision of capacity		Achievement of RTT targets						
		Inefficient administrative procedures	Access target monitoring as CIP's are implemented to ensure no impact.								
		Lack of clinician availability	Review of bed allocation								
		Consequences Patient care at risk	Staff recruited to support activity		Improving theatre efficiency and performance						
		Reduced choice – reduced activity	Transformational theatre project established Ensuring efficient utilisation of theatres								
		Risk of Contract penalties									
		Reduced income stream									
		Poor patient experience	Transformational Outpatient project established								
		Increased waiting times	Review of Out-patient management to support delivery of plan UHL Winter Plan		OP project PID and minutes reported to Monthly contract meeting Daily / weekly sitrep reporting						
		Failure to achieve FT			Quarterly self assessment results reported to UHL IPC and PCT						
Failure to meet MONITOR and CQC targets	UHL Infection Prevention Plan	Reducing level of CDT									
Deteriorating infection prevention measures	Ongoing review of compliance re medical Hand Hygiene training by CBU boards	Increasing numbers of medical staff receiving hand hygiene training (35% Jan 2012)									
Lack of critical care capacity	Plans to deliver maintenance of backlog plan										

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

Objective	Risk	Cause /Consequence	Controls	Current Risk	Assurance On Controls	Positive Assurance	Gaps in Assurance (a) / Control (c)	Actions for Further Control	Target Risk	Due Date	Risk / Action Owner
a b c d	13. Skill shortages	Cause No development of a learning and development culture	Use of EMSHA talent profile and incorporation into appraisal documentation	3x4=12 HR /Patients	Monthly reporting of appraisal rates to TB	Increased appraisal rate compliance	(a) Lack of regularised reporting on work to address targeted recruitment gaps	Review of frequency/reporting lines for the work to address targeted recruitment gaps to ensure regular reporting	2x4=8	Dec 2012	Director of HR
		No resource to invest in development opportunities	Leadership and Talent Management Strategy		OD and Workforce Committee Reports	Recruitment of advanced nurse practitioners Increase in midwife numbers Nurse: bed ratio meets national compliance	(a)Succession plan still in development	Link workforce redesign to the development of effective patient pathways, to reduce requirement on difficult to recruit posts and / or make the posts more attractive		Quarterly update	Director of HR
		Inability to release staff for education / training	Compliance with mandatory and statutory training requirements being monitored by Education leads		Specific reports to highlight shortage	Recruitment of post-graduate workforce Improvements in junior medical staff fill rates Partnership working between HEI / UHL commended by NMC	(c) Lack of engagement of clinicians.	Proactive steps being taken to address gaps in training for August, over recruit where required and take steps to make middle grade rotas more attractive		Review Aug 2012	Director of HR
		Inability to recruit and retain appropriately skilled staff	Associate Medical Director for Clinical Education		Analysis of reasons for joining/ leaving UHL	Reduction in premium workforce	(a) Need to understand the detail beneath the organisational figures	Work with Deanery/SHA Workforce Team to improve fill rates – project scope agreed now proceeding to implementation		Review Aug 2012	Director of HR
		Consequence Lack of sustainability of some middle grade rotas	Productive strategic relationships and joint working with training partners.		Gaps and rota monitoring is reviewed by the Trust Medical Workforce Groups and services Training and Development plans monitored via TED group and education leads	Consistently good turnover rate Improving national staff attitude and opinion results					
		Quality compromised, increased clinical risk	VITAL results have been collated and priority LBR modules for nursing / AHPs identified		Monthly budget reports						
		Compliance with external standards may be affected	Adherence to Divisional and Corporate Training Plans and continued development of alternatives models of training		Monthly TB report on turnover rates Local Staff Polling /National staff survey						
		Additional expenditure on agency staff	Monitoring temporary staff expenditure								
		High staff turnover rates									
N.B.	Action dates are end of month unless otherwise stated										
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UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – STRATEGIC RISK REGISTER/ BOARD ASSURANCE FRAMEWORK

Objective	Risk	Cause /Consequence	Controls	Current Risk	Assurance On Controls	Positive Assurance	Gaps in Assurance (a) / Control (c)	Actions for Further Control	Target Risk	Due Date	Risk / Action Owner
b c	14. Ineffective Clinical Leadership	<p>Cause Inability to effectively implement Organisational Development Strategy</p> <p>Consequence Inability to responsively change service model to meet changing healthcare needs</p>	Medical Engagement strategy	4x 3=12 Business	Medical Engagement survey (Warwick University)	Well attended Medical Staff Committee meetings	<p>c) ME scale not yet repeated</p> <p>(c) Problematic communications with clinical staff</p> <p>(a) No strong track record of confidence and experience of success in our medical leaders</p> <p>(c) No formal links with CGC agreed</p>	<p>Implementation of plan to improve communication with our consultant body (consultant web-site, web accessible e mail)</p> <p>Pilot of web based access</p> <p>Roll-out of technical solution if pilot is successful</p> <p>Releasing time for clinical leaders to engage constructively with CCGs</p>	4x2=8 Business	Review of progress Sep 2012	Medical Director
			UHL Leadership Academy		Review of Clinical Engagement Strategies at OD and Workforce Committee	Structured New consultant program				Jul 2012	Medical Director
			Work with Warwick University on medical engagement		Strong clinical engagement with Transformation workstream	Positive feedback from GP's				Dec 2012	Medical Director
			GP engagement strategy		Joint multi organisation clinically led working with LLR CCIG					Aug 2012	Medical Director
			Secondary care representation on CCG								
			Participation in NHS leadership framework scheme								
			Links continue to be developed with organisations with a successful track record.								
			CCG commitment to develop clinical leadership within UHL								

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

Objective	Risk	Cause /Consequence	Controls	Current Risk	Assurance On Controls	Positive Assurance	Gaps in Assurance (a) / Control (c)	Actions for Further Control	Target Risk	Due Date	Risk / Action Owner	
a b c d	15. Management Capability / stretch	<p>Causes Lack of development opportunities Lack of experience and skills Staff do not understand the environment we are transitioning into Size of the challenge Environment</p> <p>Consequences Inability to support changes to service model Lack of focus on key metrics and service delivery Gaps in middle management leadership Inadequate organisational development</p>	<p>Leadership development and interventions</p> <p>Development and building of organisational capacity and capability on processes to support service redesign</p> <p>Organisational development plan</p> <p>Exec led Workforce & OD group</p> <p>Skills capability review</p> <p>Mentoring and coaching training for Medical Leaders</p> <p>Annual business planning template including capacity and capability and leadership and governance</p> <p>8 point Staff Engagement action plan</p> <p>Review of divisional structures to identify areas for development/ improvement</p> <p>Appraisal and setting of stretching objectives aligned to the UHL Strategy</p> <p>IMT strategy to support clinical service redesign</p>	5x4=20 Business	OD and Workforce Committee Papers and reports	Implementation of CBU structural changes	(a) Areas that are not improving based on survey results (a) lack of Corporate alignment re: objectives	Supplement internal resource with external capability where required	4x4=16	Review Oct 2012	Director of HR	
					Trust Board reports					Ensure the right people in the right post with the right level of support	Six monthly results	Director of HR
					Local Staff Polling results					Ensure managers have the right training to fulfil their roles.	Review Oct 2012	Director of HR
					Local staff polling performance provided to Workforce and OD committee by Div Dirs					Integration of NHS Leadership framework within UHL	Review Jul 2012	Director of HR
					Monthly monitoring of appraisal levels in Q&P report					Develop effective succession planning for the '100'	Dec 2012	Director of HR
					Monthly confirm and challenge exercise with divisions					Strengthening of corporate directorate/ divisional infrastructure	Oct 2012	Chief Executive
										Review of leadership and talent management strategy as part of Organisational development plan refresh	Sep 2012	Director of HR

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

Objective	Risk	Cause /Consequence	Controls	Current Risk	Assurance On Controls	Positive Assurance	Gaps in Assurance (a) / Control (c)	Actions for Further Control	Target Risk	Due Date	Risk / Action Owner
b c d	16. Lack of innovation culture	<p>Cause Lack an innovation culture. Innovation seen as optional 'if we have time to spare'</p> <p>Lack of support when developing new models</p> <p>Too focussed on immediate operational issues (firefighting)</p> <p>Consequence Low staff morale</p> <p>Downside Outmoded models of delivery increasingly expensive and vulnerable</p> <p>Upside A health system that supports the spread and adoption of evidence-based innovative systems, products, practices and technologies.</p>	<p>Board level lead for innovation working with the SHA to further develop the NHS East Midlands Innovation Strategy</p> <p>UHL Transformation Programme to stimulate and drive an innovation culture within the organisation</p> <p>Deloitte and Finnamore to help identify areas of innovation</p> <p>Commercial Executive</p> <p>R&D Committee/ strategy</p> <p>PhD sponsored to examine how to successfully foster an entrepreneurial culture</p> <p>Shared learning with innovative organisations</p>	4x3=12 Business/ Financial	<p>CBU & Divisional Business Plans.</p> <p>UHL projects funded through the Regional Innovation Fund.</p> <p>Minutes of Commercial Executive (monthly)</p> <p>Minutes of R&D Committee (monthly)</p> <p>Transformation Programme project plans and highlight reports (Bi-weekly Transformation Board)</p> <p>Ideas forum on InSite</p>	<p>Success in last round of 2010/11 Regional Innovation Fund</p> <p>Successful Experimental Cancer Medicine Centre application</p> <p>Opening of 3 new patient centred research facilities</p> <p>Successful application for BRU capital funding</p> <p>Good clinical engagement with R&D Committee</p> <p>Increasing number of ideas generated</p>	<p>(a) Lack of a clear base line of current culture and future desired state.</p> <p>(a) Unclear uptake on others innovation.</p> <p>(c) Innovation not incentivised.</p> <p>(c) Lack of clinical engagement</p>	<p>Fully implement innovation elements of OD Plan.</p> <p>Establish clear mechanisms for incentivising innovation.</p>	3x2=6	<p>Apr 2013</p> <p>Nov 2012</p>	<p>Director of Strategy</p> <p>Director of Strategy</p>

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

Objective	Risk	Cause /Consequence	Controls	Current Risk	Assurance On Controls	Positive Assurance	Gaps in Assurance (a) / Control (c)	Actions for Further Control	Target Risk	Due Date	Risk / Action Owner
	<p>17. Organisation may be overwhelmed by unplanned events</p> <p>(Cross reference to risk 1 in the context of major internal incidents)</p>	<p>Cause Lack of sufficient capacity to deal with incidents causing a significant increase in admissions (e.g. major disaster, pandemic, etc)</p> <p>Industrial action</p> <p>Business continuity / disaster recovery plans not robust</p> <p>Failure of business critical systems (e.g. PACS)</p> <p>UHL Major Incident Plan becomes outdated and is not tested annually</p> <p>Overheating of emergency care process</p> <p>Consequences Poor patient experience.</p> <p>Trust reputation affected</p> <p>Inability to deliver required level of service</p> <p>Patient safety may be compromised</p> <p>Loss of income</p> <p>Failure to meet duties under the Civil Contingencies Act</p> <p>Delays to treatment of patients</p> <p>Loss of income</p> <p>Breaches of national targets</p>	<p>Local Resilience Forum</p> <p>Corporate Policy.</p> <p>Multi agency working across Leicestershire.</p> <p>Major incident/business continuity/ disaster recovery and Pandemic plans for UHL/ wider health community.</p> <p>Annual Emergency planning Report identifying practice</p> <p>Dedicated project managers/leads for major incident planning.</p> <p>Incident command training for managers and clinicians.</p> <p>Counter Terrorist Awareness training</p> <p>Winter plan review 'Exercise Cameron' table top</p> <p>UHL Pandemic Working Group</p> <p>UHL Business Continuity Group</p> <p>Industrial action contingency planning</p> <p>Regular systems maintenance programmes</p> <p>IT systems redundancies and multiple backup servers</p> <p>Support from manufacturers of equipment</p>	3x3=9 Patients/Financial/ Statutory	<p>Review of MIPs and capabilities by EMSHA, LLR resilience forum, Leics City PCT, local clinical networks during 2011/12.</p> <p>SHA Critical Care surge plan review July 2011</p> <p>SHA BCM review in 2010/11.</p> <p>Feedback from major incident exercises</p> <p>UHL self-assessment against core standard C24</p> <p>Emergency planning and Business Continuity committee meeting minutes</p>	<p>Majax (fire) feedback from partner agencies</p> <p>SHA using UHL winter plan as an exemplar</p> <p>Feedback from Trust Decontamination Incident</p> <p>Compliance with C24</p>	<p>(a)Plans not all fully tested in real situations.</p> <p>(a)The UHL Major Incident Plan not fully tested.</p> <p>(a) Testing of Winter Plan</p> <p>(c) Update plan in relation to CBRN</p>		3x3=9		COO

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

Objective	Risk	Cause /Consequence	Controls	Current Risk	Assurance On Controls	Positive Assurance	Gaps in Assurance (a) / Control (c)	Actions for Further Control	Target Risk	Due Date	Risk / Action Owner
abcd	18 Inadequate organisational development	<p>Cause Lack of specific development programme for change management. Inadequate recognition of changes required to organisational culture and correlation between actions and effects on organisational culture. Low levels of Staff Engagement.</p>	<p>Organisational development plan</p> <p>Non- Exec led Workforce & OD group</p> <p>Staff engagement Strategy, local staff polling and national staff survey</p>	4x4=16 Business/ Patients/Reputation	<p>Range of measurable success criteria reported to ET, Q&PMG and TB</p>	Increased % of staff satisfied in certain elements	<p>(a) Larger no. of staff responses required.</p> <p>(c) 2011 staff engagement 8 point plan not yet implemented (c) Board development content /structure requires revision</p>	<p>Revision and implementation of the staff engagement strategy and Leadership and Talent Management Strategy</p> <p>Review and revise 2011 Staff Engagement 8 point plan incorporating values and behaviours</p>	3x4=12	<p>Sep 2012</p> <p>Review Jul 2012</p>	<p>Director of HR</p> <p>Director of HR</p>
		<p>Board development knowledge based rather than skills based.</p> <p>Inadequate equipping of managers, leaders, staff for change.</p> <p>Consequences Poor quality and efficiency of service to patients and service delivery Poor Trust reputation Inconsistent behaviour against trust values Low staff morale</p>	<p>Board development programme</p> <p>Talent management / Leadership programme/ Clinical Leadership programme</p> <p>Performance monitoring via Trust Committees and intervention when necessary</p> <p>Divisional quality and performance meetings</p> <p>Performance Excellence programme</p> <p>Greater reward / recognition (e.g. Caring at its Best Awards)</p>		<p>Reports to Q&PMG, Workforce and OD Committee, and TB Reporting of projects and interventions as part of leadership programme</p> <p>National survey and local polling results</p>						

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

Objective	Risk	Cause /Consequence	Controls	Current Risk	Assurance On Controls	Positive Assurance	Gaps in Assurance (a) / Control (c)	Actions for Further Control	Target Risk	Due Date	Risk / Action Owner
abcd	19 Inadequate data protection and confidentiality standards	<p>Cause Lack of compliance with existing data protection and confidentiality standards. Inadequate recognition of minimum standards required to protect patient and key corporate information. Limited levels of Staff Engagement and understanding despite previous training approaches.</p> <p>Board compliance requirements knowledge based rather than skills based.</p> <p>Inadequate updating of managers, leaders, staff for managing personal information to compliance standard.</p> <p>Consequences Poor protection of highly sensitive personal data relating to patients and staff</p> <p>Damage to corporate reputation from data breaches</p> <p>Inconsistent behaviour against trust values</p> <p>Limited staff understanding</p>	<p>Information Governance Steering Group and associated strategy work programme</p> <p>SIRO assessment as part of monthly performance review</p> <p>Caldicott updates for monthly performance plan</p> <p>Annual Information Governance(IG) Toolkit compliance assessment in March</p> <p>Staff IG training strategy, local staff cascade sessions and online resources</p> <p>Integrated IG training programme</p> <p>Performance monitoring via IG Steering Group and intervention when necessary</p> <p>Divisional quality and performance meetings to include IG items</p> <p>IG spot-checks for clinical and non clinical areas</p>	4x3=12 Statutory/ reputational	<p>Range of measurable success criteria including new KPIs reported to SIRO and ET, Q&PMG and IG Steering Group</p> <p>National / local IG Compliance Audit Results reported to appropriate committees</p> <p>Reports to Q&PMG, IG Steering Group, and SIRO reporting of projects and interventions as part of leadership programme</p>	<p>Increased % of staff trained in IG to required standards</p> <p>Increased no of audits highlighting sound compliance</p> <p>Decreased no of data breaches and other information incidents</p>	<p>(c) Large no. of staff not trained to updated DoH standards in IG</p> <p>(c) IG spot-checks audit plans not fully tested in real situations.</p> <p>(c) Limited clinical engagement</p>		4x3=12		

APPENDIX TWO

UHL STRATEGIC RISKS SUMMARY REPORT – JUNE 2012

Risk No	Risk Title	Current Risk Exp (Jun 12)	Previous Risk (May 12)	Target Risk Score and Final Action Date	Risk Owner	Comment
9	CIP Delivery	20	20	16 – Quarter 2 12	Director of F&P	
6	Loss of Liquidity	20	20	16 – Linked to timescale for FT application	Director of F&P	
15	Management Capability / stretch	20	20	16 – Dec 12	Director of HR	
4	Failure to acquire and retain critical clinical services	20	16	9 – Apr 13	Director of Strategy	Risk score increased reflecting loss of paediatric cardiac surgery services.
1	Continued overheating of emergency care system	16	25	12 - 2013	Chief Executive	Current score reduced to reflect a more realistic picture taking into account recent improvements in ED performance. Target risk score reduced to provide a realistic projection of what we can achieve .
18	Inadequate organisational development	16	16	12 – Sep 12	Director of HR	
3	Relationships with Clinical commissioning groups	16	16	9 – Dec 12	Director of Comms	
7	Estates issues Under utilisation and investment in Estates	16	16	9 – Mar 13	Director of Strategy	
19	Inadequate data protection and confidentiality standards	12	16	12 – June 12	Director of Strategy/ IG Manager	Risk has achieved target score.
5	Lack of appropriate PbR income (previously Loss making services)	12	12	12 – Sept 12	Director of F&P	
11	IM&T Lack of IT strategy and exploitation	12	12	9 – Dec 12	Director of Strategy	Deadline extended due to delayed award of tender as a consequence delay in issue of tender. No increased risk.
14	Ineffective Clinical Leadership	12	12	8 – Dec 12	Medical Director	Deadline extended due to delays in technical solution. No additional risk due to this slippage.
13	Skill shortages	12	12	8 – Dec 12	Director of HR	
8	Deteriorating patient experience	12	25	6 – Jul 12	COO	Current score reduced to reflect a more realistic picture. Target score reduced from 20.
2	New entrants to market (AWP/TCS	12	12	6 – Oct 12	Director of Strategy	Deadline extended. Response to ITT for

APPENDIX TWO

UHL STRATEGIC RISKS SUMMARY REPORT – JUNE 2012

						Elective Care Tender postponed until Oct by PCTs. No additional risk with this slippage.
12	Non- delivery of operating framework targets	12	12	6 – Sep 12	COO	
16	Lack of innovation culture	12	12	6 – Apr 13	Director of Strategy	
17	Organisation may be overwhelmed by unplanned events	9	12	9 – May 12	COO	Risk has achieved target score.
10	Readmission rates don't reduce	8	8	8 – July 12	Director of F&P	

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

Risk No.	Action Description	Action Owner	Comment
1	Summit on Emergency Care	Chief Executive	Complete.
1	Winter Planning and Strategy Group	Chief Executive	Complete
2	Respond to ITT for Elective Care Tender	Director of Finance and Procurement	Deadline amended to reflect postponement by PCTs until October 2012.
8	Staff attitude and opinion survey results (that ultimately link to patient experience) to be reported to the UHL Workforce and OD Group	Director of HR	Complete.
8	Benchmark Net Promoter Scores with other Trusts within SHA Cluster	Chief Operating Officer	Complete.
8	Identify Action Plans within Divisions to address performance for wards not in top quartile for Net Promoter Scores	Chief Operating Officer	Complete.
11	Procure IM&T Strategic Partner to increase capacity and capability	Director of Strategy	Action removed as this is implicit within actions 'Issue of invitation to tender' and Award contract to IM&T strategic partner
11	Review KPIs quarterly through Q&P and ensure this includes benchmarking with other Trusts	Director of Strategy	Complete. CIO is now a member of QPMG and will schedule reports as required.
11	Issue of Invitation to Tender	Director of Strategy	Complete. Issued 15 June 2012.
11	Contract award to Partner	Director of Strategy	Deadline extended from September to December 2012 due to delay in issue of tender. No increased risk due to this slippage.
12	UHL plan to be drafted for Breast Screening implementation	Chief Operating Officer	Ongoing. Meeting held with commissioners, public health and accreditation

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

			<p>body. Series of actions agreed and milestones attributed. Breast Screening Director appointed. Revised plan for commissioners due end of July. Extended breast screening planned for November 2012. Deadline for plan extended to July 2012</p>
12	LLR review of surgical capacity and demand to be undertaken	Chief Operating Officer	<p>Complete Capacity plan presented by Finnamore. Trust roll-out being progressed. Business case for expanded surgical capacity and LOGI pathway review developed and submitted to commissioners – awaiting feedback.</p>
13	Workforce/OD Committee to receive update on Branding Project and to discuss the ongoing work re: strengthening of a UHL brand / ethos	Director of HR	<p>Complete.</p>
14	Implementation of plan to improve communication with our consultant body (consultant web-site, web accessible e-mail)	Medical Director	<p>Ongoing. The key issues causing delay are</p> <ul style="list-style-type: none"> • There is no certainty about the extension of NHSMail, provided free of charge, after 2013 • The cost of providing Microsoft Web mail, and associated services, would be in the region of £50/annum/user as we no longer have a NHS wide agreement • We cannot continue to use the current VPN/Citrix environment as there is a further issue with licence compliance <p>Various options from suppliers to mitigate these issues have been pursued and we are almost ready to pilot the access from mobile devices and we will be in a position by the beginning of July to pilot web based access. Scalability and support tests are</p>

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

			<p>required to ensure we will have a supportable system. Limited user acceptance testing needs to be performed so we can meet group's needs.</p> <p>If the pilot is successful then roll-out by end of 2012. Deadline extended to December 2012 with further review in September 2012. No further increase in risk anticipated due to this slippage.</p>
19	Implementation of the updated IG training strategy	Director of Strategy	Complete.
19	Implement Information Governance spot-checks for clinical and non clinical areas	Director of Strategy	Complete.
19	Clarify what is expected in terms of performance and compliance via improved marketing internally aimed at clinical staff	Director of Strategy	Complete. Data days introduced with further marketing scheduled during 2012
19	Report on case studies arising from police investigation into breach of policies.	Director of Strategy	Complete. External case studies available with internal case study to be completed on initiation of possible legal proceedings

AREAS OF SCRUTINY FOR THE UHL INTEGRATED STRATEGIC RISK REGISTER AND BOARD ASSURANCE FRAMEWORK

- 1) Are the Trust's strategic objectives S.M.A.R.T? i.e. are they :-
 - **S**pecific
 - **M**easurable
 - **A**chievable
 - **R**ealistic
 - **T**imescaled
- 2) Have the main risks to the achievement of the objectives been adequately identified?
- 3) Have the risk owners (i.e. Executive Directors) been actively involved in populating the SRR/BAF?
- 4) Are there any omissions or inaccuracies in the list of key controls?
- 5) Have all relevant data sources been used to demonstrate assurance on controls and positive assurances?
- 6) Is the SRR/BAF dynamic? Is there evidence of regular updates to the content?
- 7) Has the correct 'action owner' been identified?
- 8) Are the assigned risk scores realistic?
- 9) Are the timescales for implementation of further actions to control risks realistic?