

To:	Trust Board						
From:	Medical Director						
Date:	5 JANUARY 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) 2011/12						
Author/Responsible Director: Risk and Assurance Manager/ 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:							
<table border="1"> <tr> <td>Decision</td> <td></td> </tr> </table>		Decision		<table border="1"> <tr> <td>Discussion</td> <td>X</td> </tr> </table>		Discussion	X
Decision							
Discussion	X						
<table border="1"> <tr> <td>Assurance</td> <td>X</td> </tr> </table>		Assurance	X	<table border="1"> <tr> <td>Endorsement</td> <td>X</td> </tr> </table>		Endorsement	X
Assurance	X						
Endorsement	X						

Trust Board Paper H

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 that the Trust is 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 (eg Financial, HR) N/A	
Assurance Implications Yes	
Patient and Public Involvement (PPI) Implications No	
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: 5 JANUARY 2012
REPORT BY: MEDICAL DIRECTOR
SUBJECT: UHL STRATEGIC RISK REGISTER AND BOARD ASSURANCE
FRAMEWORK (SRR/BAF) 2011/12

1. INTRODUCTION

1.1 This report provides the Board with:-

- a) A copy of the SRR / BAF as of 22 December 2011 (appendix 1).
- b) A summary of risk movements from the previous month (appendix 2).
- b) A summary of changes to actions (appendix 3).
- c) Suggested areas for scrutiny of the SRR/BAF (appendix 4).

1.2 At the November Board meeting the following comments were noted:

- a. A request for a narrative to include an explanation of any movement in individual risk scores
- b. An explanation is required for any extensions to/ slippage on action timescales and to be included in appendix 3 ('Summary of Changes') of the TB report.
- c. Executive Team monthly review of the SRR/BAF must include seeking assurance that slippage on actions creates no additional risk.

Wherever possible points a and b above will be included in SRR/BAF reports and point c will be addressed by the Executive Team.

2. STRATEGIC RISK REGISTER/ BOARD ASSURANCE FRAMEWORK 2011/12: POSITION AS OF 22 DECEMBER 2011

2.1 The 2011/12 Strategic Risk Register / Board Assurance Framework (SRR/BAF) has been developed 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.

2.2 The SRR/BAF is updated on a monthly basis by the risk owners and is presented to the Executive Team on a monthly basis for consideration prior to submission to the Board. Changes have been agreed by the risk owners and are highlighted in red.

2.3 The Board is asked to note that due to the earlier than normal production of this report it does not include updated information for risks 5, 6, 9, and 10. The Director of Finance and Procurement will provide a verbal update of progress to the Board if required.

2.4 There are 3 risks where risk scores have changed from the previous month, these are:

- Risk 2 – Reduction in current risk score reflecting additional controls in place.
- Risk 8 – Increase in current risk score, reflecting adverse public opinion around patient experience.
- Risk 11 – Reduction in current risk score to reflect approval and subsequent implementation of the IM&T strategy.

- 2.5 At the request of the Director of Strategy a new risk reflecting issues around information governance has been added as risk 19.
- 2.6 The risk owner for risk 3 is now the Director of Communications (Previously Director of Strategy).
- 2.7 A total of 13 actions have been completed during this reporting period and a further 6 have had their deadlines extended. A summary of changes to actions including explanations for slippage is shown at appendix 3.
- 2.8 To provide regular scrutiny of risks on a cyclical basis a small number of risks will be selected at each meeting for Board members to review against the parameters listed in appendix 4. The following risks are forwarded for review:

Risk 12 – Non-delivery of Operating Framework targets

Risk 13 – Skill shortages

Risk 14 – Ineffective clinical leadership

3. Taking into account the contents of this report and its appendices, and the presentation by the Chief Operating Officer, the Director of Human Resources and the Medical Director respectively in relation to risks 12, 13 and 14, the Trust 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
22 December 2011

PERIOD: 25 NOVEMBER – 22 DECEMBER 2011



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 22/12/12

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	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><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>	4x3=12	<p>GP Temperature Check. Completed in May 2011.</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>(c) Systematic analysis of market share at Divisional and CBU Boards.</p> <p>(c) Insufficient tendering expertise at CBU/corporate level</p>	<p>Complete rigorous market assessment to clearly identify opportunities to create new markets and be the new entrants wherever possible</p> <p>Implement Quarterly market share reporting and impact analysis on Strategy at CBU, Divisional and Trust wide level.</p> <p>Develop a training plan for CBUs and contract leads for utilising market share data to inform strategy</p> <p>Develop clinical strategy that effectively responds to market analysis</p> <p>Review tendering expertise and ensure sufficient resource aligned to qualified opportunities identified in market assessment</p>	3x2=6	Dec 12	Director of Strategy
			<p>F&P and Exec Team minutes on a quarterly basis where market share analysis has been discussed.</p>		<p>Market share analysis and quarterly report, linked to SLR / PLICS</p>	<p>Jan 12</p>		Director of Comms			
			<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>Jan 12</p>		Director of Comms			
			<p>Clinical involvement in Commissioning.</p>		<p>Commissioning meetings.</p>	<p>Jan12</p>		Director of Strategy			
			<p>Insufficient expertise for tendering at CBU or corporate level.</p> <p>Tendering process for services (elective care bundle & UCC).</p> <p>Links established with PCT Cluster regarding Elective care Bundle and discussions taking place with Planned care to ensure sufficient resources for a credible bid</p>		<p>Tendering meetings.</p> <p>Monthly meetings between CCGs and Exec Team</p>	<p>Jan 12</p>		Director of Strategy			

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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	3 Relationships with Clinical commissioning groups	<p>Cause NHS reforms</p> <p>Requirement for clinical input into commissioning</p> <p>Weak relationships with GPs as result of historical lack of engagement by UHL</p> <p>Consequence Lack of certainty/ continuity of commissioning through transition</p> <p>CCG management capacity and capability during the transition</p> <p>Loss of revenue</p> <p>Lack of GP support for UHL strategy</p>	<p>GP Head of Service</p> <p>'LLR Clinical Senate'</p> <p>LLR Strategy</p> <p>Alignment 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>	4x4=16	<p>GP temperature check completed in May 2011.</p> <p>Minutes from Clinical Senate (monthly)</p> <p>Notes from Account management structure with DDs and Execs(at least quarterly).</p> <p>Quarterly reports of market share to UHL Finance and Performance Committee</p> <p>Monthly Q&P reports monitoring discharge letter turnaround</p>	<p>Building clinician to clinician relationships through the LLR senate</p> <p>Proactive approach from GP consortia</p> <p>Clinical engagement with CCG chairs</p> <p>Improving customer care (e.g. OP letters project)</p> <p>Attendance of ET members at the Collaborative Commissioning Board</p> <p>GP input into readmissions and clinical coding projects</p>	<p>(a) Few examples we can point to of redesigned pathways</p> <p>(a) Difficult feedback through DeLoitte from CCGs and Cluster</p>	Obtain PCT and CCG convergence with annual plan and IBP	3x3=9	Apr 12	Director of Comms

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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
c p	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)	<p><u>Cause</u> National Reviews of specialist services</p> <p>Potential 'snowball effect'</p> <p>Cost Effectiveness.</p> <p><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</p> <p><u>Upside:</u> Retain local, regional and national profile, potential to grow services, improved recruitment and retention, increased R&D potential.</p>	<p>EMCHC Strategy and Programme Boards.</p> <p>Risks identified through business plans.</p> <p>Campaign to support paediatric cardiac services/repatriate services.</p> <p>Commissioner support and engagement.</p> <p>Major Trauma Network group established.</p> <p>ECMO NCG/Board engagement.</p> <p>Regular review by Exec Team & Trust Board.</p> <p>Strong academic recognition</p> <p>Joint planning with NUH re tertiary services</p> <p>Ongoing dialogue with other children's cardiac centres to ensure strong proposal on sustainable network</p>	3x4=12	<p>EMCHC reports & minutes (bi-weekly).</p> <p>Campaign response numbers. (Sept 2011).</p> <p>Feedback from public consultation. (Sept 2011)</p> <p>Major Trauma Network minutes & actions (quarterly).</p> <p>TB and Exec Team papers (monthly & weekly).</p> <p>ECMO costing analysis</p> <p>Quarterly Network Meetings</p>	<p>ECMO contract in place.</p> <p>Campaign response results</p> <p>Lead co-ordinating centre/national training for ECMO.</p> <p>Leicester in highest scoring option for Safe & Sustainable</p> <p>3 BRUS achieved in Sept 2011</p>	(c) Do not have an agreed service profile for tertiary services	<p>Marketing strategy for focus services we agree to develop</p> <p>Rigorous SLR analysis and business planning</p>	3x3=9	<p>Dec 11</p> <p>Jan 12</p>	<p>Director of Strategy</p> <p>Director of Strategy</p>

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – STRATEGIC RISK REGISTER/ BOARD ASSURANCE FRAMEWORK 22/12/12

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	5. Loss making services	Causes: Inefficient services	High level SLR analysis of service profitability	5x5=25	Monthly SLR/PLICS data	Counting and coding changes	(a) Still some underlying issues in data robustness	Portfolio review in Q3 2011/12	4X4=16	Nov 11.	Director of F&P
		Poor use of clinical capacity	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)		Monthly pay expenditure reports		(c) Major deterioration in 2011/12 forecast outturn due to losses in key CBUs.	Root cause analysis of systems issues causing data 'breakage'		Dec 11	COO
		Poor controls on pay resources	Review of each service line to identify position		SLR/PLICS presentations	Usage of PLICS (but uneven)	(a) Failure to deliver the forecast to date	Set 2012/13 CIP targets based on PLICS/ SR position		Run rates to be positive by end 2012/13.	Director of F&P
		Lack of innovation	External benchmarking		Internal audit review of RCI (PLICS) cost attribution methodology	Positive Internal audit review of annual RCI (PLICS) cost attribution methodology		Transactional changes to incentivise behaviour			Director of F&P
		Poor SLR/PLICS position	Targeted turnaround support introduced to focus on main loss making CBUs (Medicine, Cardiothoracic Surgery, Planned Care)					External financial turnaround support		Nov 2013	Director of F&P
		Lack of full PbR income	External financial turnaround support					External review of contract terms –by SHA		Nov 2011	Director of F&P
		Consequence: Risk of 'cherry-picking' of profitable services by commissioners									
		Disinvestment of clinical services									
		Recruitment challenges Missed efficiency opportunity – money wasted on inefficient services									
		Impact on Trust's ability to deliver statutory targets (i.e. breakeven).									

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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	6. Loss of liquidity	<u>Causes</u> Operating losses ytd Non standard contract <u>Consequences</u> Unable to invest in core services or develop new services Failure to deliver EFL statutory target	Updated internal liquidity plan Daily cash monitoring 12 month cash forecast SHA assistance in securing loan from NHS partners Internal liquidity plan Restrictions to the UHL Capital Plan to generate cash Negotiations with suppliers	5x5=25	Weekly cash reporting Monthly reforecast	Maintaining positive cash balances Improvement in creditor days Deloitte and Finnamore review of cash and liquidity	(c) Lack of solution to structural lack of liquidity	Implementing rolling 3m cash forecast Response needed following Nov '11 pronouncement by Secretary of State re new criteria for financial assistance for pipeline FTs. Follow up with Director of provider element	4X4=16	Now started – in Oct reporting cycle Jan 12	Director of F&P Chief Executive

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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	7. Estates issues	Cause Lack of clear estate strategy since cancellation of Pathway	Service Reconfiguration Board established, with representation from all Divisions.	4x4=16	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	Apr 12	Director of Strategy
	Under utilisation and investment in Estates	Consequence Sub-optimum configuration of services. The efficient provision of services in many areas is restricted by the physical limitations of the buildings and by less than optimum clinical adjacencies. Over provision of assets across LLR Significant backlog maintenance Upside – Potential for asset disposal in medium to long term Downside scenario example – failure of electrical infrastructure	Governance for site reconfiguration now expanded to include LLR implications and input. £6 million per year allocated to reducing backlog maintenance		All site / estate proposals are reviewed monthly by Site reconfiguration Board. Service activity and efficiency performance monitoring reported monthly to FM Board . External audit of Estate by CAPITA reported to ET. Annual PEAT Scores Capital meeting notes & Capital Bids progress. UHL risk based replacement programme in place. PPM Performance reported to FM Board. Testing programmes .	Good PEAT scores	(c) No Integrated LLR Estates strategy (linked to agreed clinical model, capacity and assets)	Develop an LLR Estates Vision in support of the clinical strategy. Agree LLR service configuration supported by most efficient use of estate Agree downsizing plans as part of LLR Estates Strategy.		Dec 11 Mar 12 Mar 12	Director of Strategy Director of Strategy Director of Strategy
<p>N.B. Action dates are end of month unless otherwise stated</p>											<p>Page 8</p>

Head of Estates and Facilities

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – STRATEGIC RISK REGISTER/ BOARD ASSURANCE FRAMEWORK 22/12/12

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	8.Deteriorating patient experience	Causes: Cancelled operations	Monthly patient polling	5x3=15	Patient experience minutes	Improving polling scores	(c) Lack of assurance regarding patient experience feedback processes	Summary of patient experience feedback	5x2=10	Quarterly	COO		
		Poor communications	Patient Experience plan and projects		Monthly Trust Board report	Increasing patients experience results / feedback		Audit to be undertaken (PWC) on patient experience feedback processes. Report will be provided		Dec 12	DoN		
		Increased waiting times for elective and emergency patients	Local awareness of LLR Emergency Care communication plan		Real time patient feedback								
		Poor clinical outcomes	Caring @ its Best Divisional projects and dashboard		Patient Stories								
		Lack of patient information	National Patient Survey		Patient Experience data presented with patient safety and outcome measures	Complaints reduction				c) Expectations of patients regarding care not being met	Pilot of focussed patient support and information to be introduced	Jan 12	COO
		Poor customer service											
		Lack of engagement or consultation	10 point plan		Outcomes of 10 point plan reported to G&RMC (Sept 11)						Introduction of Trust Working Group led by Rob Sayer	Dec 11 review in 3 months	Medical Director
		Consequences Patients not recommending or choosing UHL leading to reduced activity	Delivery of waiting times		Quarterly theatre reports						Introduction of emergency co-ordinator	Dec 11	COO
		Contract penalties	Theatre and out-patient transformation project								Introduction of escalation thresholds	Dec 11	Clinical Director (planned Care)
		Reduced income from CQUIN monies	Review of patient cancellations		Divisional reports	Reducing patient cancelled operations						Jan 12	COO
		Increased complaints	Specialty Dashboard										
		Reputation impact	Engagement of Age UK, LINKS		Clinical Effectiveness minutes Clinical Metric results								
		Clinical quality and OPD/ED metrics											
		Improved data analysis illustrating trends and prediction of key risk areas.	Q&P and Heat map report	Improving nursing metrics									
		Engagement of consortia members and ECN for campaign	GRMC minutes										

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

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – STRATEGIC RISK REGISTER/ BOARD ASSURANCE FRAMEWORK 22/12/12

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	9. CIP requirement (driven by tariff)	<p>Risk of Quality being compromised, increased clinical risk</p> <p>Failure to achieve statutory breakeven duties</p> <p>Risk of delay/failure of FT project with uncertain consequences thereafter</p>	<p>CIP plan for 2011/12</p> <p>Pan-LLR QIPP plan</p> <p>Transformation board</p> <p>Head of Transformation and project managers for pan-Trust CIP schemes</p> <p>External turnaround support (to Dec 12)</p> <p>Planned reduction in WTE for 2011/12</p>	5x5=25	<p>Internal audit review of sample of schemes</p> <p>Weekly metrics</p> <p>Monthly divisional C&C meetings</p> <p>Monitored monthly through F and P & Confirm and challenge</p>	<p>External reports confirmed scrutiny of C&C meetings (process)</p>	<p>(a) Lack of Project Management Office</p> <p>(a) Lack of consistent recording</p>	<p>Quality assess all CIPs for impact on quality of care</p> <p>Deloitte and Finnamore supported review of 11/12 CIP schemes and M7 reforecast. Bridges into 12/13 planning</p>	4x5=20	<p>Nov 11 updated recovery plan</p> <p>Nov11 – updated divisional / CBU forecasts for 2011/12</p>	<p>Divisional Directors</p> <p>Director of F&P</p>
a b	10. Readmission rates don't reduce	<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>Project board with divisional representation</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 admssions board and community workstreams</p>	4x3=12	<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>(c) Heavy dependence on Community Project board</p>	<p>Discussion with Commissioners on in-year use of reablement money</p>	4x2=8	Nov 11	Director of Finance

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – STRATEGIC RISK REGISTER/ BOARD ASSURANCE FRAMEWORK 22/12/12

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</p> <p>IT implementation plan</p> <p>IM&T Strategy Group</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>	4x3=12	<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>LLR IM&T Delivery Board Minutes</p> <p>Incidence of PACS Failures reduced</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>(a) Help desk performance deteriorated due to increased vacancies</p>	<p>Outline Business case to be developed for future systems</p> <p>Temporary recruitment to vacant posts with contractors, need for review in March</p> <p>Review KPIs quarterly through Q&P and ensure this includes benchmarking</p> <p>Procure IM&T Strategic Partner to increase capacity and capability</p>	3x3=9	Dec 11	Director of Strategy
										Mar 12	Director of Strategy
										Mar 12	Director of Strategy
										May 12	Director of Strategy

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – STRATEGIC RISK REGISTER/ BOARD ASSURANCE FRAMEWORK 22/12/12

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	<p>Causes:</p> <p>External factors i.e. Pandemic</p> <p>Poor system management Demand greater than supply ability</p> <p>Inefficient administrative procedures</p> <p>Lack of clinician availability</p> <p>Consequences Patient care at risk</p> <p>Reduced choice – reduced activity</p> <p>Risk of Contract penalties</p> <p>Reduced income stream</p> <p>Poor patient experience</p> <p>Increased waiting times</p> <p>Failure to achieve FT</p> <p>Failure to meet MONITOR and CQC targets</p> <p>Deteriorating infection prevention measures</p>	<p>Backlog plan</p> <p>Agreed referral guidance Identified clinician capacity</p> <p>Increased provision of capacity</p> <p>Access target monitoring as CIP's are implemented to ensure no impact.</p> <p>Review of bed allocation</p> <p>Staff recruited to support activity</p> <p>Transformational theatre project established</p> <p>Ensuring efficient utilisation of theatres</p> <p>Transformational Outpatient project established</p> <p>Review of Out-patient management to support delivery of plan</p> <p>UHL Winter Plan</p> <p>UHL Infection Prevention Plan</p>	3x4=12	<p>Monthly 18/52 minutes RTT performance reports Monthly heat map report Monthly Q&P report HII reports Quality schedule/CQUIN reports</p> <p>Theatre Board progress report</p> <p>Monthly monitoring of theatre utilisation to theatre project Board</p> <p>OP project PID and minutes reported to Monthly contract meeting</p> <p>Daily / weekly sitrep reporting</p> <p>Quarterly self assessment results reported to UHL IPC and PCT</p>	<p>Reducing patient waiting times evident</p> <p>Delivery of quality Schedule and CQUIN</p> <p>Achievement of RTT targets</p> <p>Improving theatre efficiency and performance</p> <p>Reducing level of CDT</p>	<p>(c) Plans to deliver maintenance of backlog plan (Gen surg, ENT, Ophthalmic)</p> <p>(c) Diagnostic capacity for target maintenance</p> <p>c) Impact of new target delivery with network trusts</p> <p>(a)Capacity and capability for continued delivery</p> <p>(c) impact of new operating framework targets for 12/13</p> <p>a) Lack of evidence to demonstrate attendance of stat / Man training (requirement for NHSLA L2 compliance)</p>	<p>Proposed plan for contract meeting and work with Commissioners to provide a solution</p> <p>Review diagnostic capacity for Operating Framework delivery (Bowel screening)</p> <p>Discussions ongoing with Commissioners for additional activity to meet specialty specific 18 week targets</p> <p>Review compliance re medical Hand Hygiene training.</p>	3x2=6	<p>Dec 11</p> <p>Apr 12</p> <p>Jan 12</p> <p>Dec 11</p>	<p>COO</p> <p>COO/CN/Div Manager CSD</p> <p>COO/CN</p> <p>Medical Director/ CBU Leads</p>

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – STRATEGIC RISK REGISTER/ BOARD ASSURANCE FRAMEWORK 22/12/12

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	Monthly reporting of appraisal rates to TB	Increased appraisal rate compliance			2x4=8			
		No resource to invest in development opportunities	Leadership and Talent Management Strategy		OD and Workforce Committee Reports						Feb 12	Asst Dir Nursing Services
		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 advanced nurse practitioners	(a)Succession plan in development	Review of post-reg LBR modules at DMU and University of Leicester commencing Dec 2011 – identifying priorities for workforce development		Quarterly update	Director of HR	
		Inability to recruit and retain appropriately skilled staff			Analysis of reasons for joining/ leaving UHL	Increase in midwife numbers	(c) Lack of engagement of clinicians.	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				
	Consequence Lack of sustainability of some middle grade rotas			Gaps and rota monitoring is reviewed by the Trust Medical Workforce Groups and services	Recruitment of post-graduate workforce	Improvements in junior medical staff fill rates			Review Oct 11	Director of HR		
	Quality compromised, increased clinical risk	Productive strategic relationships and joint working with training partners	Training and Development plans monitored via TED group and education leads		Reduction in premium workforce	Partnership working between HEI / UHL commended by NMC	(a) Need to understand the detail beneath the organisational figures	Work with partners to address gaps in training plans, over recruit where required and take steps to make middle grade rotas more attractive (Finnamore and Deloitte)		Feb 12	Asst Dir Nursing Services	
	Compliance with external standards may be affected	Adherence to Divisional and Corporate Training Plans and continued development of alternatives models of training		Monthly budget reports	Consistently good turnover rate			Triangulate VITAL results with Caring at its Best Dashboards to prioritise training for clinical areas or individuals with poor VITAL scores or metric results				
	Additional expenditure on agency staff	Monitoring temporary staff expenditure		Monthly TB report on turnover rates	Improving national staff attitude and opinion results			Work with partners to address gaps in training plans, over recruit where required and take steps to make middle grade rotas more attractive (Finnamore and Deloitte)		Review Jan 11	Director of HR	
	High staff turnover rates			Monthly TB report on turnover rates				Work with Deanery to improve fill rates		Review Jan 12	Director of HR	

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

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – STRATEGIC RISK REGISTER/ BOARD ASSURANCE FRAMEWORK 22/12/12

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>	Assistant Medical Director with responsibility for clinical engagement	4x4=16	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>Agree process for ongoing assessment of ME</p> <p>Implementation of plan to improve communication with our consultant body (consultant web-site, web accessible e mail)</p> <p>Develop links with organisations with successful track record.</p> <p>Participation in NHS leadership framework scheme</p> <p>Ensure secondary care representation on medical groups</p>	4x2=8	Jan 12	Medical Director
			Contracts for CBU Medical Leads		Review of Clinical Engagement Strategies at OD and Workforce Committee	Structured New consultant program				Review of progress Dec 11	Medical Director
			Medical Engagement strategy		Reports to LLR 'Senate'	Strong clinical engagement with Transformation workstream				Feb 12	Medical Director
			UHL Leadership Academy							Jan 12	Director of HR
			Adoption of NHS leadership framework							Jan 12	Medical Director
Work with Warwick University on medical engagement											
Monthly CBU Medical Lead meetings											
GP engagement strategy											

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – STRATEGIC RISK REGISTER/ BOARD ASSURANCE FRAMEWORK 22/12/12

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	Causes	Leadership development and interventions	5x4=20	OD and Workforce Committee Papers and reports	Implement-ation of CBU structural changes	(a) Areas that are not improving based on survey results	Supplement internal resource with external capability where required	3x2=6	Review Dec 11	Director of HR																												
		Lack of development opportunities	Development and building of organisational capacity and capability on processes to support service redesign		Trust Board reports			(a) lack of Corporate alignment re: objectives		Clarify what is expected in terms of performance.	Dec 11	Director of HR																											
		Lack of experience and skills	Organisational development plan							Ensure the right people in the right post with the right level of support	Six monthly results	Director of HR																											
		Staff do not understand the environment we are transitioning into	Exec led Workforce & OD group								Ensure managers have the right training to fulfil their roles.	Dec 11	Director of HR																										
		Size of the challenge	8 point Staff Engagement action plan									Local Staff Polling results	Improving Staff polling results	(a) Staff responses still poor	Consider ways to increase participation in staff polling including divisional targets on participation	Dec 11	Chief Executive																						
		Environment														Review of divisional structures to identify areas for development/ improvement	Monthly monitoring of appraisal levels in Q&P report	Appraisal rates good	(c) Ineffective succession planning	Develop effective succession planning for the '100'	Jan 12	Director of HR																	
		Consequences																			Appraisal and setting of stretching objectives aligned to the UHL Strategy	Monthly confirm and challenge exercise with divisions	(c) Lack of challenge and scrutiny of performance and quality at divisional level	Skills capability review to be performed at divisional/ CBU level and reported to Workforce and OD Committee	Develop a common definition for 'capability' and reflect in talent management profile	Dec 11	Director of HR												
		Inability to support changes to service model																								IMT strategy to support clinical service redesign					Mar 12	Director of HR							
		Lack of focus on key metrics and service delivery																																		Dec 11	Director of HR		
		Gaps in middle management leadership																																					
Inadequate organisational development									Jan 12																														

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – STRATEGIC RISK REGISTER/ BOARD ASSURANCE FRAMEWORK 22/12/12

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	Cause Lack an innovation culture. Innovation seen as optional 'if we have time to spare'	Board level lead for innovation working with the SHA to further develop the NHS East Midlands Innovation Strategy	4x3=12	CBU & Divisional Business Plans.	Success in last round of 2010/11 Regional Innovation Fund 3 successful BRU applications	(a) Lack of a clear base line of current culture and future desired state.	Understand and remedy the factors that currently block innovation.	3x2=6	Review Dec 11	Director of Strategy
		Lack of support when developing new models	UHL Transformation Programme to stimulate and drive an innovation culture within the organisation		UHL projects funded through the Regional Innovation Fund.		(a) Unclear uptake on others innovation.	Develop a systematic process for sharing, diffusion and adoption.		Review Dec 11	Director of Strategy
		Too focussed on immediate operational issues (firefighting)	Deloitte and Finnamore to help identify areas of innovation				(c) Innovation not incentivised.	Establish clear mechanisms for incentivising innovation.		Mar 12	Director of Strategy
		Consequence Low staff morale	Commercial Executive		Minutes of Commercial Executive (monthly)		(c) Lack of clinical engagement				
	Downside Outmoded models of delivery increasingly expensive and vulnerable	R&D Committee/ strategy	Minutes of R&D Committee (monthly)	Good clinical engagement with R&D Committee							
	Upside A health system that supports the spread and adoption of evidence-based innovative systems, products, practices and technologies.	PhD sponsored to examine how to successfully foster an entrepreneurial culture	Transformation Programme project plans and highlight reports (Bi-weekly Transformation Board)		(c) Inability to learn from others due to lack of opportunity to spend time outside of current issues	Continue to invite innovative organisations to share learning			Jan 12	Director of Strategy	
			Ideas forum on InSite	Increasing number of ideas generated							

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – STRATEGIC RISK REGISTER/ BOARD ASSURANCE FRAMEWORK 22/12/12

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>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>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>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>	4x3=12	<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>	Olympics preparedness exercise	3x3=9	Jan 12.	COO/BCL

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – STRATEGIC RISK REGISTER/ BOARD ASSURANCE FRAMEWORK 22/12/12

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>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</p> <p>Poor Trust reputation</p> <p>Inconsistent behaviour against trust values</p> <p>Low staff morale</p>	Organisational development plan	4x3=12	Range of measurable success criteria reported to ET, Q&PMG and TB				3x3=9		
			Non- Exec led Workforce & OD group		National / local Staff Survey Results	Increased % of staff satisfied in certain elements	(a) Larger no. of staff responses required.	Implementation of the staff engagement strategy and Leadership and Talent Management Strategy		Mar 12	Director of HR
			Staff engagement Strategy, local staff polling and national staff survey				(c) 2011 staff engagement 8 point plan not yet implemented	Implement 2011 staff engagement 8 point plan		Review Mar 12	Director of HR
			Board development programme		Reports to Q&PMG, Workforce and OD Committee, and TB		(c) Board development content /structure requires revision				
			Talent management / Leadership programme/ Clinical Leadership programme		Reporting of projects and interventions as part of leadership programme		(a) '100' talent profile not adequately discussed at appraisal				
			Performance monitoring via Trust Committees and intervention when necessary			Increased No of staff performance managed.	(c) Lack of performance monitoring / management at divisional levels				
			Divisional quality and performance meetings				(a) Inadequate evidence of change in behaviours	Define the organisation-wide intervention to support embedding of values and behaviours		Dec 12	Director of HR
			Performance Excellence programme		National survey and local polling results		(c) High volumes of complaints about staff attitudes/ behaviour				
			Greater reward / recognition (e.g. Caring at its Best Awards)			Increased No of staff reporting a positive and valued appraisal	c) Lack of clinical leadership development	Develop and implement medical leadership programme		Mar 12	Director of HR
							(c) Organisational values and behaviours not embedded	Define organisational approach in embedding UHL values and behaviours		Apr 12 Dec 12	Director of HR

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

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – STRATEGIC RISK REGISTER/ BOARD ASSURANCE FRAMEWORK 22/12/12

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>	3x3=9	<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>	<p>Implementation of the updated IG training strategy</p> <p>Implement IG spot-checks for clinical and non clinical areas</p> <p>Clarify what is expected in terms of performance and compliance via improved marketing internally aimed at clinical staff</p>	2x2=4	Jun 2012	Director of Strategy / IG Manager

Appendix 2

UHL STRATEGIC RISKS SUMMARY REPORT - DECEMBER 2011

Risk No	Risk Title	Current Risk Exp (Dec 2011)	Prev Month Risk Exp (Nov 2011)	Target Risk Score and Final Action Date	Risk Owner	Comment
9	CIP Requirement	25	25	20 – Nov 11	Director of F&P	Awaiting information on actions.
5	Loss Making Services	25	25	16 - End of 2012/13	Director of F&P	Awaiting information on actions.
6	Loss of Liquidity	25	25	16 – Jan 12	Director of F&P	Deadline extended to reflect ongoing discussions with SHA. Awaiting information on other actions associated with this risk.
1	Continued overheating of emergency care system	20	20	16 - 2013	Chief Executive	
15	Management Capability / stretch	20	16	6 – Mar 12	Director of HR	
3	Relationships with Clinical commissioning groups	16	16	9 – Dec 12	Director of Strategy	
7	Estates issues Under utilisation and investment in Estates	16	16	9 – April 12	Director of Strategy	
14	Ineffective Clinical Leadership	16	16	8 – Feb 12	Medical Director	
8	Deteriorating patient experience	15	9	10 – Dec 12	Chief Operating Officer	Current risk score increased reflecting discussions at previous TB meeting. Deadline extended to implement audit of patient experience processes.
11	IM&T Lack of IT strategy and exploitation	12	16	9 – May 12	Director of Strategy	Score reduced reflecting approval of IM&T strategy at November TB.
2	New entrants to market (AWP/TCS)	12	16	6 – Jan 12	Director of Strategy	Score reducing as more controls in place.
4	Failure to acquire and retain critical clinical services	12	12	9 – Dec 12	Director of Strategy	
17	Organisation may be overwhelmed by unplanned events	12	12	9 – Jan 12	Chief Operating Officer	Deadline extended to reflect deferment of Olympics preparedness testing.
18	Inadequate organisational development	12	12	9 – Mar 12	Director of HR	
10	Readmission rates don't reduce	12	12	8 – Nov 11	Director of F&P	Awaiting information on actions
13	Skill shortages	12	12	8 – Feb 12	Director of HR	
12	Non- delivery of operating framework targets	12	12	6 – Apr 12	Chief Operating Officer	
16	Lack of innovation culture	12	12	6 – Mar 12	Director of Strategy	
19	Inadequate data protection and confidentiality standards	9	n/a	4 – Jun 12	Director of Strategy/ IG Manager	New risk

UHL SRR/BAF SUMMARY OF CHANGES TO ACTIONS – DECEMBER 2011

Risk No.	Action Description	Action Owner	Comment
1	Development and agreement of a plan to: <ul style="list-style-type: none"> • Divert attendances • Reduce admissions via bed bureau Fund in a sustainable manner 	Chief Executive	Completed. 'Right Time, Right Place' initiative launched 22/11/11
1	Need to agree at ECN common metrics for reporting across all stakeholders	Chief Executive	Completed.
1	Identification of additional capacity if partner metrics do not achieve	Chief Executive	Ongoing. Agreement has been requested by end of December 11. Deadline extended to reflect this. No additional risk caused by delay.
1	Capacity plan B if ECN does not meet metrics (ECN 'Lock-in' session scheduled for 22/11/11) Develop strategy via ECN	Chief Executive	All UHL metrics met, however outcome from ECN 'lock-in session' was not as comprehensive as anticipated. Further work required. Deadline extended to Jan 2012. No additional risk caused by the delay.
2	Complete rigorous market assessment to clearly identify opportunities to create new markets and be the new entrants wherever possible.	Director of Strategy	Completed
3	Jointly develop LLR strategy	Director of Strategy	Completed.
4	Ongoing dialogue with other children's cardiac centres to ensure strong proposal on sustainable network	Director of Strategy	Completed.
5	Portfolio review in Q3 2011/12	Director of Finance and Procurement	Awaiting Information
5	External financial turnaround support External review of contract terms –by SHA	Director of Finance and Procurement	Awaiting information

UHL SRR/BAF SUMMARY OF CHANGES TO ACTIONS – DECEMBER 2011

Risk No.	Action Description	Action Owner	Comment
6	Response needed following Nov '11 pronouncement by Secretary of State re new criteria for financial assistance for pipeline FTs	Chief Executive	Ongoing. System QIPP discussed and first request to SHA Director of Operations and Performance. To be followed up with Director of Provider element in January 2012. No additional risks caused by delay.
8	Local awareness of LLR Emergency Care communication plan	Chief Operating Officer	Completed
9	Detailed workforce plan for 11/12 CIP programme	Director of HR	Complete. Detailed worked wte figures reduction for 2011/12 are monitored monthly through F and P & Confirm and challenge
9	Project Management Office to be established	Chief Executive (previously Chief Operating Officer)	Completed.
9	Quality assess all CIPs for impact on quality of care	Divisional Directors/ Managers	Awaiting information
9	Deloitte and Finnamore supported review of 11/12 CIP schemes and M7 reforecast. Bridges into 12/13 planning	Director of Finance and Procurement	Awaiting information
10	Closer working relationships required between project boards	Medical Director	Completed. Chairman of readmissions board has established working relationships with community workstreams.
10	Discussion with Commissioners on in-year use of reablement money	Director of Finance and Procurement	Awaiting information
11	Recruitment to vacant posts	Director of Strategy	Ongoing. Current vacancies filled with temporary staff. Situation to be reviewed again in March.
13	Work with partners to address gaps in training plans, over recruit where required and take steps to make middle grade rotas more attractive (Finnamore and Deloitte)	Director of HR	Ongoing (review due October 2011). Difficulties being encountered with filling existing vacancies and not currently able to over recruit. There is a meeting on 15 th December with the Medical Education Commissioning Manager and the Recruitment Manager at the Deanery to take forward the over recruitment plan for August 2012. Next review Jan 11
13	Continue to build strategic relationships with training partners	Director of HR	Completed. Now a control

UHL SRR/BAF SUMMARY OF CHANGES TO ACTIONS – DECEMBER 2011

Risk No.	Action Description	Action Owner	Comment
13	Divisional / directorate leads to provide training needs information	Divisional Directors / Managers	Action reworded and additional points developed to provide more clarity. Training needs information will now be identified via triangulation of Caring @its Best and Vital results and this work will require an extension to the original deadline to February 2012. There is no additional risk associated with this delay.
13	Continue to ensure compliance with statutory and mandatory training requirements	Director of HR	Completed
17	Continue work to develop UHL MIP and appendices via the Emergency Planning Committee	Chief Operating Officer	Completed
17	Olympics preparedness exercise	Chief Operating Officer	Ongoing. This has been deferred by the Local Resilience Forum and a date is awaited. There is no increased risk due to this delay and the deadline for completion is extended to Jan 2012
18	Increased emphasis on Board Development Programme	Chief Executive	Complete. Further ET 'time out' on 14 December 11 to review ET work on Board development programme

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?