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| To: | Trust Board | | |
| From: | MEDICAL DIRECTOR | | |
| Date: | 25 OCTOBER 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: 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 | <input type="checkbox"/> | Discussion | <input checked="" type="checkbox"/> |
| Assurance | <input checked="" type="checkbox"/> | Endorsement | <input type="checkbox"/> |
| Summary / Key Points: | | | |
| <ul style="list-style-type: none"> No changes to risk scores since the previous report. SRR/BAF currently undergoing revision using outputs from a Board development session held on 1 October 2012. Key actions are outlined within the report to enable a fully revised SRR/BAF to be presented at the November TB meeting. | | | |
| 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 'significant control issues' to provide assurance on the Trust meeting its principal objectives. | | |
| (f) | Note the timescale for providing the Board with a fully revised 2012 SRR/BAF based on the outcomes for the previous Board development session | | |

Trust Board paper Z

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| | |
| 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: UHL TRUST BOARD

DATE: 25 OCTOBER 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 Trust Board (TB) with:-
- a) A copy of the SRR/BAF as of 30 September (appendix one).
 - b) A summary of actions due for completion during September 2012 (appendix two).
 - c) Suggested parameters for scrutiny of the SRR/BAF (appendix three).
 - d) A partially populated, refreshed SRR/BAF for 2012/13 based on the outcomes from the TB development session on 1 October (appendix four)

2. SRR/BAF 2012: POSITION AS OF 30 SEPTEMBER 2012

- 2.1 There are 15 actions that were due for completion during September and these are identified in appendix two. Due to the ongoing development of a revised SRR/BAF no information has been requested or forwarded for these actions and it is proposed that a verbal update is provided, if required, to the TB by the appropriate Directors.
- 2.2 No current or target risk scores have altered since the previous report.
- 2.3 To provide regular scrutiny of strategic risks on a cyclical basis, TB members are invited to review the following risks against the parameters listed in appendix three. These risks are common to both the existing iteration of the SRR/BAF and the revised version currently under development:
- Risk 1: *'Continued overheating of the emergency care system'*.
 - Risk 3: *'Deteriorating relationships with Clinical Commissioning Groups'*.
 - Risk 4: *'Failure to acquire and retain critical clinical services'*.

3. REVISED 2012 SRR/BAF

- 3.1 To revise the current content of the 2012/13 SRR/BAF a TB development session facilitated by Price Waterhouse Cooper (PWC) was held on 1 October. The purpose of the session was to identify the principal risks to the achievement of the Trust's strategic objectives (i.e. the steps required to achieve our strategic aims/goals). The objectives were identified as the key developments outlined in the UHL *'Strategic Direction'* document against which the Integrated Business Plan (IBP) will be aligned.
- 3.2 The output of the session was a number of risks that were subsequently scored in terms of their likelihood and consequence and these will provide the foundation of a revised SRR/BAF. Due to time constraints there was not an opportunity to discuss and refine the all the objectives and further work will be required by the Acting Director of Facilities and Acting Director of IM&T to

identify and assess the significant risks associated with the following objectives:

- *Better buildings, better services and better parking by working with local NHS organisations and private partners.*
- *Deliver information technology transformation by procuring a managed business partner.*

3.3 The revised SRR/BAF will provide a greater emphasis towards an assurance framework therefore making it a simpler document with more value for the TB, Audit Committee and Executive Team. It will be the principal document used by the UHL Audit Committee to provide assurance that we operate a robust system of internal control and to identify areas of potential weakness that may benefit from being included in the Internal Audit annual work plan.

3.4 Appendix four shows the revised template and describes the risks and the current risk score assigned by TB members.

3.5 To ensure that TB attention is focussed on significant risks it is proposed that only high or extreme strategic risks (i.e. scoring from 15 – 25) should form part of the SRR/BAF. This equates to a total of 15 risks split into the following categories:

| | |
|-----------------|-------------|
| Risk score 20 = | 1 |
| Risk score 16 = | 12 |
| Risk score 15 = | 2 |
| Total | = 15 |

There may be additional extreme or high risks identified following input from the Acting Director of Facilities and Acting Director of IM&T.

3.6 Any moderate risks will reside on the UHL operational risk register under the ownership of the appropriate director and will be escalated to the strategic register should the risk scores increase.

4. NEXT STEPS

4.1 A fully populated and revised SRR/BAF will be submitted to the November TB meeting and in order for this to be achieved the following actions are required.

- a. The Executive Team to advise the Director of Safety and Risk of director ownership for each risk/ objective.
- b. Directors to meet individually with the Risk and Assurance Manager during November to identify:
 - High level controls and assurances
 - Significant gaps in controls and or assurances.
 - Actions to address the gaps.
- c. The Medical Director to submit a fully populated document to the November TB meeting.

5. RECOMMENDATIONS

5.1 Taking into account the contents of this report and its appendices, TB is invited to:

- (a) review and comment upon this current 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.
- (f) Note the timescale for providing the Board with a fully revised 2012 SRR/BAF based on the outcomes for the previous Board development session

P Cleaver
Risk and Assurance Manager

20 October 2012

PERIOD: 1 SEPTEMBER 2012 – 30 SEPTEMBER 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 | Increased recruitment of revised workforce (including ED consultants / middle grade Drs) | 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 | External review of emergency care processes to commence 14 Sept 2012 Increased flexibility plans to be developed | 3x4=12 | Oct 2012 | Chief Executive |
| | | Effectiveness in reducing the numbers presenting at ED | Frail elderly project in place | | Daily /weekly ED performance | Significantly improved ED 4 hour performance | (c) fragility in ED performance | | | | |
| | | Lack of bed capacity and critical care capacity | 'Right Time, Right Place' initiative | | Trust Board ECN Report | Improving position for: EDD | (c) 'Right Time. Right Place' not effectively controlling all risks | | | | |
| | | Small footprint | LLR Emergency Plan | | Monthly Trust Board UHL report | Discharge before 13.00 Ward/board rounds | (a) absence of assurance from partner agencies re: metric outcome | | | | |
| | | Delays in discharge efficiency | LLR ECN Project | | Q & P report | | (a) No clear metrics or accountabilities for EMAS performance | | | | |
| | | Re-beds | ED referral pathway to next day clinics | | ESIST report | | (c) No integrated strategy for UHL/LPT discharge and use of Community hospitals | | | | |
| | | Delays in discharge to community beds | Ward Discharge metrics | | | | (c) ED capital expansion | | | | |
| | | Late evening bed bureau arrivals | Common metrics for reporting across all stakeholders | | | | | | | | |
| | | Consequences Clinical risk within ED | CQUIN linked to in patient flow efficiency | | | | | | | | |
| | | Major operational distraction to whole of UHL | Emergency Care is a key theme for regular discussion at ET | | | | | | | | |
| Financial loss (30% marginal rate and penalty costs) | Representatives from Clinical Commissioning Groups attend ET bi-monthly re emergency care | | | | | | | | | | |
| Poor winter planning – inefficient/sub-optimal care | Actions associated with recent trust bed capacity risk assessment | | | | | | | | | | |
| Insufficient bed capacity in particular on AMUs | | | | | | | | | | | |
| Poor patient experience | | | | | | | | | | | |

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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><u>Cause:</u> 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>Strategic Direction Document complete. Clinical strategy to be completed as part of IBP by end of October 2012.</p> <p>Respond to next steps regarding Elective Care Tender.</p> | 3x2=6 | <p>Oct 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 sign off of 12/13 AOP</p> <p>CCIG minutes</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>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>Sep 2012</p> <p>Sep 2012</p> <p>Dec 2012</p> <p>Sep 2012</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) | <p><u>Cause</u> National Reviews of specialist services. Sustainability. Cost Effectiveness. Recommendation made by JCPCT to not designate Leicester’s Paediatric Cardiac Surgery</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 Patient safety impacted in the short term. Impact on ECMO.</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. 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 Ongoing dialogue with other children’s cardiac centres to ensure strong proposal on sustainable network Co-location of ENT with Children’s Cardiac Services completed. Initial response strategy agreed for Children’s Cardiac Services</p> | 4x5=20 Financial/ reputation | <p>EMCHC reports & minutes (bi-weekly). Campaign response numbers. (Sept 2011). Feedback from public consultation. (Sept 2011) Major Trauma Network minutes & actions (quarterly). TB and Exec Team papers (monthly & weekly). Quarterly Network Meetings SLR Data in Business Plans</p> | <p>ECMO contract in place. Campaign response results Lead co-coordinating centre/national training for ECMO. 3 BRUS achieved in Sept 2011</p> | <p>Do not have an IBP with an agreed service profile for tertiary services.</p> | <p>Draft Clinical Strategy Draft IBP Achieve FT Status, which is critical for controlling own destiny and retaining / attracting critical services. Undertake lessons learnt review on Paediatric Cardiac Surgery Review – in progress Review all other services due to be reviewed nationally and ensure lessons learnt are applied</p> | 3x3=9 | <p>Review Sep 2012 Oct 2012 April 2014 Oct 2012 Apr 2013</p> | <p>Director of Strategy Director of Strategy Director of Strategy Director of Strategy Director of Strategy</p> |

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| a b | <p>5. Lack of appropriate PbR income</p> <p>(Previously loss making services)</p> | <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>Consequences: 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 | <p>Monthly SLR/PLICS data</p> <p>SLR/PLICS presentations</p> <p>New PLICS licences secured</p> <p>Monthly financial reporting</p> | <p>Counting and coding changes agreed for 2012/13 contracting round</p> <p>Positive Internal audit review of annual RCI (PLICS) cost attribution methodology</p> | <p>(a) Still some underlying issues in data robustness</p> | <p>2012/ 13 Counting and coding & contract renewal process</p> <p>Focussed resource on strategic alignment</p> | 4X3=12 | <p>Sep 2012</p> <p>Q2 2012</p> | <p>Director of F&P</p> <p>Director of F&P</p> |

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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>Oct 2012</p> | <p>Director of F&P</p> <p>Director of F&P</p> |

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| a b | 7. Estates | | | 4x4=16 Business/ Financial | | | | | 3x3=9 | | |
| | Estates development strategy | <u>Cause</u> Lack of clear estate strategy since cancellation of Pathway <u>Consequence</u> Sub-optimum configuration of services. | Service Reconfiguration Board established, with representation from all Divisions. | | Minutes of Service reconfiguration board reported to Exec Team. | LLR Space Utilisation Review All proposals are reviewed by Site Reconfiguration Board | (c) Lack of agreed Estates strategy | Further develop UHL Estates Strategy | | Review Oct 2012 | Acting Director of Estates & Facilities |
| | Investment in Estate | <u>Cause:</u> Over provision of assets across LLR <u>Consequence:</u> Significant backlog maintenance | PEAT inspections Governance for site reconfiguration now expanded to include LLR implications and input. £8 million per year allocated to reducing backlog maintenance | | Annual PEAT Scores Service activity and efficiency performance monitoring reported monthly to FM Board. | Good PEAT scores Capital Bid evaluation / backlog programme of works | (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. Lot 2 Estates & Facilities outsourcing opportunities for investment / development | | Review Sep 2012 | Acting Director of Estates & Facilities |
| | Unplanned utility Service Interruption | <u>Cause:</u> Failure of electrical, water, gas, steam, infrastructure <u>Consequences</u> Service disruption, clinical/ quality/safety operational risk increased. | Planned Preventative Maintenance (PPM) schedules in place Emergency Planning & Business Contingency Plans in place for estates infrastructure failures | | Frequent testing programmes. | Maintenance Performance KPIs reported to FM Board | (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. | | Oct 2012 | Acting Director of Estates & Facilities |
| | Delayed implementation of LLR FM | <u>Cause:</u> Quality and / or cost issues <u>Consequences</u> Financial & operational. Potential efficiency losses. | Planned project Progression, risks identified Estates Vision in support of the clinical strategy. | Regular reviews of risk log Positive Gateway Review at level 3 completed. | External scrutiny and validation | (c) External influences beyond UHL control, Economy, Political initiatives, Activity / Income generation | Gateway Review at Level 5 scheduled for FBC and contract award. | Dec 2012 | Acting Director of Estates & Facilities | | |

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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 | | |
| | | 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. | Net Promoter Scores reviewed identifying key areas & ranking of scores for focus | | Exec and Non Exec safety walkabouts | | | | | | | | | |
| | | Lack of engagement or consultation | Emergency co-ordinator | | Quarterly theatre reports | Reducing patient cancelled operations | | | | | | | (c) Increasing waiting time for treatment of surgical emergencies | |
| | | Consequences Patients not recommending or choosing UHL leading to reduced activity | Escalation thresholds | | Divisional reports | Improving nursing metrics | | | | | | | | |
| | | Contract penalties | Theatre and out-patient transformation project Cancellation validation Clinical quality and OPD/ED metrics Improved data analysis | | Specialty Dashboard | Successful Patient Experience Conference May 2012 | | | | | | | | (a) No monitoring and reporting system for internal standards |
| | | Reduced income from CQUIN monies | Engagement of consortia members and ECN for campaign | | Clinical Effectiveness minutes Clinical Metric results Q&P and Heat map report | Reduction in bed capacity x 2 wards | | | | | | | | |
| | | Increased complaints | | | Clinical Audit programme | | | | | | | | | |
| Reputation impact | | Internal wait group. Trolley monitoring process. FTC flexible labour. Redirection of BB trolley patients. Extra capacity metrics. | Results from clinical audit | | | | | | | | | | | |
| | | | Dignity Audit outcomes Metric outcomes | | | | | | | | | | | |
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|-----------|--|--|---|------------------|---|---|---|--|-------------|-------------------|---------------------|
| b c | 9. CIP Delivery (previously CIP requirement) | Risk of Quality being compromised, increased clinical risk | CIP plan for 2012/13 | 5x4=20 Financial | Internal audit review of sample of schemes | External reports confirmed scrutiny of C&C meetings (process) | (a) Lack of consistent recording (c) Lack of headcount reduction in first cut 2012/13 CIPs | Development of transformational CIPs will continue into Q2 2012/13 | 4x4=16 | Quarter 2 2012/13 | Director of F&P |
| | | Failure to achieve statutory breakeven duties | CIPs assessed for impact on quality of care Pan-LLR QIPP plan | | Weekly metrics | Further headcount reductions delivered | | | | | |
| | | Risk of delay/failure of FT project with uncertain consequences thereafter | Transformation board Head of Transformation and project managers for pan-Trust CIP schemes | | Monthly divisional C&C meetings Monitored monthly through F and P Committee and Confirm and challenge TSO now established | | Executive leadership on Transformation now assigned to Director of Strategy (June '12) | | | | |

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 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> | | 4x2=8 | | |

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>Acting Director of IM&T</p> <p>Acting Director of IM&T</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 | <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>Lack of critical care capacity</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 Ensuring efficient utilisation of theatres</p> <p>Transformational Outpatient project established</p> <p>Review of Out-patient management to support delivery of plan UHL Winter Plan</p> <p>UHL Infection Prevention Plan</p> <p>Ongoing review of compliance re medical Hand Hygiene training by CBU boards</p> <p>Plans to deliver maintenance of backlog plan</p> | 3x4=12 Patients/ reputation/ financial | <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 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>Increase in numbers of medical staff receiving hand hygiene training (35% Jan 2012)</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>(c) impact of national bowel screening targets</p> <p>(c) impact of national breast screening targets</p> <p>(c) IP plan for 2012</p> | <p>Quarterly contract with referring Trust</p> <p>Recruitment of CBU Manager vacancies</p> <p>External audit overview of cancer pathway</p> <p>Roll-out of capacity plan across specialities</p> | 3x2=6 | <p>Quarterly</p> <p>Review Sep 2012</p> <p>Sep 2012</p> <p>Jan 2013</p> | <p>COO</p> <p>COO</p> <p>COO</p> <p>DS</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 c d | 13. Skill shortages | <p>Cause No development of a learning and development culture</p> <p>No resource to invest in development opportunities</p> <p>Inability to release staff for education / training</p> <p>Inability to recruit and retain appropriately skilled staff</p> <p>Consequence Lack of sustainability of some middle grade rotas</p> <p>Quality compromised, increased clinical risk</p> <p>Compliance with external standards may be affected</p> <p>Additional expenditure on agency staff</p> <p>High staff turnover rates</p> | <p>Use of EMSHA talent profile and incorporation into appraisal documentation</p> <p>Leadership and Talent Management Strategy</p> <p>Compliance with mandatory and statutory training requirements being monitored by Education leads</p> <p>Associate Medical Director for Clinical Education</p> <p>Productive strategic relationships and joint working with training partners.</p> <p>VITAL results have been collated and priority LBR modules for nursing / AHPs identified</p> <p>Adherence to Divisional and Corporate Training Plans and continued development of alternatives models of training</p> <p>Monitoring temporary staff expenditure</p> | 3x4=12 HR /Patients | <p>Monthly reporting of appraisal rates to TB</p> <p>OD and Workforce Committee Reports</p> <p>Specific reports to highlight shortage</p> <p>Analysis of reasons for joining/ leaving UHL</p> <p>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</p> <p>Monthly budget reports</p> <p>Monthly TB report on turnover rates Local Staff Polling /National staff survey</p> | <p>Increased appraisal rate compliance</p> <p>Recruitment of advanced nurse practitioners Increase in midwife numbers Nurse: bed ratio meets national compliance Recruitment of post-graduate workforce Improvements in junior medical staff fill rates Partnership working between HEI / UHL commended by NMC</p> <p>Reduction in premium workforce</p> <p>Consistently good turnover rate Improving national staff attitude and opinion results</p> | <p>(a) Lack of regularised reporting on work to address targeted recruitment gaps</p> <p>(a)Succession plan still in development</p> <p>(c) Lack of engagement of clinicians.</p> <p>(a) Need to understand the detail beneath the organisational figures</p> | <p>Review of frequency/reporting lines for the work to address targeted recruitment gaps to ensure regular reporting</p> <p>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</p> <p>Review of Deanery/ Trust funding of trainee doctor positions being reviewed at speciality level.</p> | 2x4=8 | <p>Dec 2012</p> <p>Quarterly update</p> <p>Review Oct 2012</p> | <p>Director of HR</p> <p>Director of HR</p> <p>Director of HR</p> |
| | | <p>N.B. Action dates are end of month unless otherwise stated</p> | | | | | | | | | |

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

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|-----------|-------------------------------------|---|---|-----------------|--|--|---|---|----------------|--|---|
| 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> | <p>Medical Engagement strategy</p> <p>UHL Leadership Academy</p> <p>Work with Warwick University on medical engagement</p> <p>GP engagement strategy</p> <p>Secondary care representation on CCG</p> <p>Participation in NHS leadership framework scheme</p> <p>Links continue to be developed with organisations with a successful track record.</p> <p>CCG commitment to develop clinical leadership within UHL</p> | 4x3=12 Business | <p>Medical Engagement survey (Warwick University)</p> <p>Review of Clinical Engagement Strategies at OD and Workforce Committee</p> <p>Joint multi organisation clinically led working with LLR CCIG</p> | <p>Well attended Medical Staff Committee meetings</p> <p>Structured New consultant program</p> <p>Strong clinical engagement with Transformation workstream</p> <p>Positive feedback from GP's</p> | <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 – awaiting approval for funding from commissioners before implementing changes</p> | 4x2=8 Business | <p>Review of progress Sep 2012</p> <p>Review Sep 2012</p> <p>Dec 2012</p> <p>Sept 2012</p> | <p>Medical Director</p> <p>Medical Director</p> <p>Medical Director</p> <p>Medical Director</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 c d | 15. Management Capability / stretch | Causes | Leadership programme in place and communicated | 4x4=16 Business | OD and Workforce Committee Papers and reports | Implementation of CBU structural changes | (a) Areas that are not improving based on survey results | Supplement internal resource with external capability where required | 4x3=12 | Review Oct 2012 | Director of HR | | | | | | | |
| | | Lack of development opportunities | Engagement with Leadership Academy programmes | | | | | Trust Board reports | | (a) lack of Corporate alignment re: objectives | Ensure the right people in the right post with the right level of support | Six monthly results | Director of HR | | | | | |
| | | Lack of experience and skills | Talent management guidance | | | | | | | | Ensure managers have the right training to fulfil their roles. | Review Oct 2012 | Director of HR | | | | | |
| | | Staff do not understand the environment we are transitioning into | Development and building of organisational capacity and capability on processes to support service redesign | | | | | | | | Integration of NHS Leadership framework within UHL | Review Oct 2012 | Director of HR | | | | | |
| | | Size of the challenge | Organisational development plan | | | | | | | | Develop effective succession planning for the '100' | Dec 2012 | Director of HR | | | | | |
| | | Environment | Exec led Workforce & OD group | | | | | | | | Strengthening of corporate directorate/ divisional infrastructure | Oct 2012 | Chief Executive | | | | | |
| | | Consequences | Inability to support changes to service model | | | | | | | | Skills capability review | Local Staff Polling results | Improving Staff polling results | (a) Staff responses still poor | Leadership and talent management strategy, reviewed, as part of organisational development plan refresh, and to be disseminated through OD plan | Oct 2012 | Director of HR | |
| | | Lack of focus on key metrics and service delivery | Mentoring and coaching training for Medical Leaders | | | | | | | | (c) Ineffective succession planning | | | | | | | |
| | | Gaps in middle management leadership | Annual business planning template including capacity and capability and leadership and governance | | | | | | | | | | | | | | | (c) Lack of challenge and scrutiny of performance and quality at divisional level |
| | | Inadequate organisational development | 8 point Staff Engagement action plan | | | | | | | | | | | | | | | |
| | UHL has joined cohort 1 of Midlands and East Talent management champions | | | | | | | | | | | | | | | | | |
| | Review of divisional structures to identify areas for development/ improvement | Monthly monitoring of appraisal levels in Q&P report | Appraisal rates good | | | | | | | | | | | | | | | |
| | Appraisal and setting of stretching objectives aligned to the UHL Strategy | | | Monthly confirm and challenge exercise with divisions | | | | | | | | | | | | | | |

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

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|-------------|--------------------------------|--|--|----------------------------|---|---|--|--|-------------|---------------------------------|---|
| 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

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|-----------|---|--|--|--------------------------------------|--|--|---|---|-------------|---|--|
| 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>Staff engagement strategy and Leadership and Talent Management Strategy to be disseminated through OD plan</p> | 3x4=12 | Oct 2012 | Director of HR |
| | | <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>UHL has joined cohort 1 of Midlands and East Talent management champions</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> | | | | | <p>(a) '100' talent profile not adequately discussed at appraisal (c) Lack of performance monitoring / management at divisional levels (a) Inadequate evidence of change in behaviours (c) High volumes of complaints about staff attitudes/ behaviour c) Lack of clinical leadership development (c) Organisational values and behaviours not embedded</p> | <p>Creation and development of organisational development plan to support new strategy. OD plan to be implemented after approval from Executive Team</p> <p>Development of comprehensive leadership and development programmes: Medical development programme for HOS /CBU due to commence November 2012</p> |

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

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|-----------|--|--|---|--------------------------------|--|---|--|--|-------------|---|--|
| 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>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> | 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>Increased % of staff trained in IG to required standards</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>Ensure staff have updated methods for undertaking IG training to fulfil their roles.</p> <p>Strengthening of corporate directorate/ divisional information governance infrastructure</p> <p>Improve IG audit and performance reporting via IG Programme Board</p> | 4x2=8 | <p>Oct 2012</p> <p>Nov 2012</p> <p>Nov 2012</p> | <p>Director of Strategy (SIRO)</p> <p>Director of Strategy (SIRO)</p> <p>Director of Strategy (SIRO)</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>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> | | <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>Decreased no of data breaches and other information incidents</p> | | | | | | |

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

| Risk No. | Action Description | Action Owner | Comment |
|----------|---|---|------------------------------|
| 1 | Respond to recommendations of the July ECIST report | Chief Operating Officer | Verbal update to be provided |
| 3 | Fully developed plan for ICE / Transcription interface | Director of Communications | Verbal update to be provided |
| 3 | Analyse and plan intervention to restore share. | Director of Communications | Verbal update to be provided |
| 3 | Shared understanding and monthly measurement of key metrics between CCGs and UHL | Director of Communications | Verbal update to be provided |
| 4 | Draft Clinical Strategy | Director of Strategy | Verbal update to be provided |
| 5 | 2012/ 13 Counting and coding & contract renewal process | Director of Finance and Procurement | Verbal update to be provided |
| 7 | Agree LLR service configuration /downsizing supported by most efficient use of estate. Lot 2 Estates & Facilities outsourcing opportunities for investment / development | Acting Director of Estates and Facilities | Verbal update to be provided |
| 8 | Review volunteer roles within OP and ward areas | Director of Nursing Services | Verbal update to be provided |
| 8 | Review patient information relating to consent | Director of Nursing Services | Verbal update to be provided |
| 11 | Outline Business case to be developed for future systems | Acting Director of IM&T | Verbal update to be provided |

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

| Risk No. | Action Description | Action Owner | Verbal update to be provided |
|----------|---|-------------------------|------------------------------|
| 12 | External audit overview of cancer pathway | Chief Operating Officer | Verbal update to be provided |
| 12 | Recruitment of CBU Manager vacancies | Chief Operating Officer | Verbal update to be provided |
| 14 | Implementation of plan to improve communication with our consultant body (consultant web-site, web accessible e mail) | Medical Director | Verbal update to be provided |
| 14 | Pilot of web based access | Medical Director | Verbal update to be provided |
| 14 | Releasing time for clinical leaders to engage constructively with CCGs – awaiting approval for funding from commissioners before implementing changes | Medical Director | Verbal update to be provided |

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?

PERIOD:



STRATEGIC GOALS

- a. Safe, high quality care.
- b. Emergency care when you need it.
- c. Planned care when you choose it.
- d. Local care where possible.
- e. Nationally and internationally recognised clinical services.

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

SAMPLE PAGE

| TRUST STRATEGIC GOAL: | | Sample – Insert Trust Strategic Goal | | | | | |
|---|---|---|--|---|--|-------------------------------|------------------------------------|
| LINKED OBJECTIVE : | | Insert linked objective | | | | | |
| OBJECTIVE OWNER(i.e. accountable for its delivery): | | | | | | | |
| PRINCIPAL RISK(S) (INCLUDING CLASSIFICATION OF RISK): | CONTROL MEASURES | Current Score x L | ASSURANCE ON CONTROLS | GAPS IN CONTROL (C) / ASSURANCE (A) | ACTION PLAN TO ADDRESS GAPS IN ASSURANCE / CONTROL | Target Score x L | ACTION DUE DATE |
| <p>What could prevent the objective from being achieved? Specify impact.</p> <p>Classification of Risk:</p> <ul style="list-style-type: none"> - Clinical - Organisational - Financial | <p>What control measures or systems we have in place to assist secure delivery of the objective (describe process rather than management group)</p> | | <p>Where can we gain evidence relating to the effectiveness of the controls / systems which we are relying on?</p> <p>What does the evidence tell us in relation to the effectiveness of the controls / systems which are being relied on?</p> <p>Does the available assurance provide evidence that controls /systems, on which we are placing reliance, effective? Indicate if: management, internal audit or independent assurance.</p> | <p>(C) Where are we failing to put effective controls/ systems in place?</p> <p>(A) Where are we failing to gain evidence about the effectiveness of one or more of the key controls / systems which we are relying on?</p> | <p>Plans to address the gaps in control (C) and / or assurance (A)</p> | | <p>indicative completion dates</p> |

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

| TRUST STRATEGIC GOAL: 1 | | Safe, high quality care | | | | | |
|--|-------------------------|---|----------------------------------|--|---|-------------------------------|----------------------------|
| LINKED OBJECTIVE : 1 | | Improve reported levels of patient satisfaction (Patient experience) to put us in the top 20% of Trust's within the region | | | | | |
| OBJECTIVE OWNER(i.e. accountable for its delivery): | | | | | | | |
| PRINCIPAL RISK(S) (INCLUDING CLASSIFICATION OF RISK): | CONTROL MEASURES | Current Score x L | ASSURANCE ON CONTROLS | GAPS IN CONTROL (C) / ASSURANCE (A) | ACTION PLAN TO ADDRESS GAPS IN ASSURANCE / CONTROL | Target Score x L | ACTION DUE DATE |
| Inability to recruit, retain and motivate suitably qualified staff | | 5 x 3 = 15 | | | | | |
| Lack of patient experience strategy | | 4 x 3 = 12 | | | | | |
| Patient choice (linked to satisfaction) becomes greater driver of commissioning decisions and income | | 3 x 3 = 9 | | | | | |
| Inability to provide satisfactory environment (quality and quantity) | | 4 x 3 = 12 | | | | | |
| Inability to deliver efficient processes and systems | | 4 x 3 = 12 | | | | | |

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

| TRUST STRATEGIC GOAL: 1 | | Safe, high quality care | | | | | |
|--|-------------------------|--|----------------------------------|--|---|-------------------------------|----------------------------|
| LINKED OBJECTIVE : 2 | | Reduce avoidable harms including in-hospital falls, pressure ulcers, hospital acquired venous thrombo-embolism and catheter acquired urinary tract infections | | | | | |
| OBJECTIVE OWNER(i.e. accountable for its delivery): | | | | | | | |
| PRINCIPAL RISK(S) (INCLUDING CLASSIFICATION OF RISK): | CONTROL MEASURES | Current Score x L | ASSURANCE ON CONTROLS | GAPS IN CONTROL (C) / ASSURANCE (A) | ACTION PLAN TO ADDRESS GAPS IN ASSURANCE / CONTROL | Target Score x L | ACTION DUE DATE |
| Inability to recruit, retain, develop and motivate sufficient high quality staff | | 4 x 3 = 12 | | | | | |
| Inadequate "ownership" by ward staff of this challenge leading to a failure to deliver targets | | 4 x 3 = 12 | | | | | |
| Lack of clear quality strategy | | 4 x 3 = 12 | | | | | |
| Poor estate/ equipment not fit for purpose | | 4 x 3 = 12 | | | | | |

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

| TRUST STRATEGIC GOAL: | | Safe, high quality care | | | | | |
|--|-------------------------|---|----------------------------------|--|---|-------------------------------|----------------------------|
| LINKED OBJECTIVE : | | Lower mortality rate for both HSMR and SHMI to below 100 | | | | | |
| OBJECTIVE OWNER(i.e. accountable for its delivery): | | | | | | | |
| PRINCIPAL RISK(S) (INCLUDING CLASSIFICATION OF RISK): | CONTROL MEASURES | Current Score x L | ASSURANCE ON CONTROLS | GAPS IN CONTROL (C) / ASSURANCE (A) | ACTION PLAN TO ADDRESS GAPS IN ASSURANCE / CONTROL | Target Score x L | ACTION DUE DATE |
| Overwhelmed by demand, especially during winter | | 4 x 4 = 16 | | | | | |
| Failure to recruit, retain, develop and motivate appropriate staff | | 4 x 3 = 12 | | | | | |
| Unclear what the key causes of mortality and associated actions | | 4 x 2 = 8 | | | | | |
| We don't address poor clinical outcomes in specific areas | | 4 x 3 = 12 | | | | | |
| Inadequate coding of co-morbidities | | 4 x 3 = 12 | | | | | |

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

| TRUST STRATEGIC GOAL: | | Emergency care when you need it | | | | | |
|---|-------------------------|---|----------------------------------|--|---|-------------------------------|----------------------------|
| LINKED OBJECTIVE : | | Deliver a new emergency care model supported by a new emergency floor at the LRI | | | | | |
| OBJECTIVE OWNER(i.e. accountable for its delivery): | | | | | | | |
| PRINCIPAL RISK(S) (INCLUDING CLASSIFICATION OF RISK): | CONTROL MEASURES | Current Score x L | ASSURANCE ON CONTROLS | GAPS IN CONTROL (C) / ASSURANCE (A) | ACTION PLAN TO ADDRESS GAPS IN ASSURANCE / CONTROL | Target Score x L | ACTION DUE DATE |
| Risk of inadequate capital, revenue funding and financial return | | 4 x 4 = 16 | | | | | |
| Failure to agree and implement an appropriate clinical model which is acceptable both internally and externally | | 4 x 4 = 16 | | | | | |
| Excessive demand that overwhelms the ED and admissions units | | 4 x 4 = 16 | | | | | |

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

| TRUST STRATEGIC GOAL: | | Emergency care when you need it | | | | | |
|--|-------------------------|---|----------------------------------|--|---|-------------------------------|----------------------------|
| LINKED OBJECTIVE : | | Improve services for frail older people through development of dedicated nurse practitioners and physician assistants, development of an acute frailty unit and supporting CCGs in developing enhanced support for older people in the community | | | | | |
| OBJECTIVE OWNER(i.e. accountable for its delivery): | | | | | | | |
| PRINCIPAL RISK(S) (INCLUDING CLASSIFICATION OF RISK): | CONTROL MEASURES | Current Score x L | ASSURANCE ON CONTROLS | GAPS IN CONTROL (C) / ASSURANCE (A) | ACTION PLAN TO ADDRESS GAPS IN ASSURANCE / CONTROL | Target Score x L | ACTION DUE DATE |
| Out of hospital projects do not deliver | | 4 x 4 = 16 | | | | | |
| Staffing levels inadequate and difficulties in recruiting appropriately trained staff | | 4 x 3 = 12 | | | | | |
| Increase in this population group outpaces our ability to deliver growth in appropriate services | | 3 x 3 = 9 | | | | | |
| Lack of flexibility in NHS contracts | | 3 x 3 = 9 | | | | | |
| Quality standards fall below required level | | 4 x 3 = 12 | | | | | |
| Failure to exploit new technology | | 3 x 3 = 9 | | | | | |

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

| TRUST STRATEGIC GOAL: | | Emergency care when you need it | | | | | |
|--|-------------------------|---|----------------------------------|--|---|-------------------------------|----------------------------|
| LINKED OBJECTIVE : | | Engage with our primary care partners to make as much care as possible 'planned' | | | | | |
| OBJECTIVE OWNER(i.e. accountable for its delivery): | | | | | | | |
| PRINCIPAL RISK(S) (INCLUDING CLASSIFICATION OF RISK): | CONTROL MEASURES | Current Score x L | ASSURANCE ON CONTROLS | GAPS IN CONTROL (C) / ASSURANCE (A) | ACTION PLAN TO ADDRESS GAPS IN ASSURANCE / CONTROL | Target Score x L | ACTION DUE DATE |
| Failure to maintain effective aligned working relationships and deliver appropriate patient care | | 4 x 3 = 12 | | | | | |
| Differing opinions from each CCG | | 4 x 3 = 12 | | | | | |
| Not having a clearly defined strategy that is sustainable | | 4 x 3 = 12 | | | | | |

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

| TRUST STRATEGIC GOAL: | | Emergency care when you need it | | | | | |
|--|-------------------------|---|----------------------------------|--|---|-------------------------------|----------------------------|
| LINKED OBJECTIVE : | | Improve critical and intensive care services to provide an integrated service across two sites | | | | | |
| OBJECTIVE OWNER(i.e. accountable for its delivery): | | | | | | | |
| PRINCIPAL RISK(S) (INCLUDING CLASSIFICATION OF RISK): | CONTROL MEASURES | Current Score x L | ASSURANCE ON CONTROLS | GAPS IN CONTROL (C) / ASSURANCE (A) | ACTION PLAN TO ADDRESS GAPS IN ASSURANCE / CONTROL | Target Score x L | ACTION DUE DATE |
| Lack of clear clinical strategy and consequent clinical engagement | | 5 x 3 = 15 | | | | | |
| Inadequate investment to provide requisite critical care capability | | 4 x 3 = 12 | | | | | |
| Loss of paediatric cardiac work creates a major gap in paediatric intensive care | | 3 x 4 = 12 | | | | | |
| Failure to recruit and retain appropriately skilled staff | | 4 x 3 = 12 | | | | | |

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

| TRUST STRATEGIC GOAL: | | Nationally and internationally recognised clinical services | | | | | |
|--|-------------------------|--|----------------------------------|--|---|-------------------------------|----------------------------|
| LINKED OBJECTIVE : | | Deliver a successful Foundation Trust Application | | | | | |
| OBJECTIVE OWNER(i.e. accountable for its delivery): | | | | | | | |
| PRINCIPAL RISK(S) (INCLUDING CLASSIFICATION OF RISK): | CONTROL MEASURES | Current Score x L | ASSURANCE ON CONTROLS | GAPS IN CONTROL (C) / ASSURANCE (A) | ACTION PLAN TO ADDRESS GAPS IN ASSURANCE / CONTROL | Target Score x L | ACTION DUE DATE |
| Inability to sustain the requisite financial, operational, quality and clinical targets leads to a delay | | 4 x 4 = 16 | | | | | |
| Capacity and capability in workforce | | 4 x 3 = 12 | | | | | |
| Disconnect between board and wider organisation- do our people on the front line support this? | | 4 x 3 = 12 | | | | | |
| Failure to keep to timescales and deliverables | | 4 x 4 = 16 | | | | | |
| Loss of credibility to become a FT with the local partners | | 4 x 3 = 12 | | | | | |

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

| TRUST STRATEGIC GOAL: | | Nationally and internationally recognised clinical services | | | | | |
|---|-------------------------|--|----------------------------------|--|---|-------------------------------|----------------------------|
| LINKED OBJECTIVE : | | Deliver all Operational Targets | | | | | |
| OBJECTIVE OWNER(i.e. accountable for its delivery): | | | | | | | |
| PRINCIPAL RISK(S) (INCLUDING CLASSIFICATION OF RISK): | CONTROL MEASURES | Current Score x L | ASSURANCE ON CONTROLS | GAPS IN CONTROL (C) / ASSURANCE (A) | ACTION PLAN TO ADDRESS GAPS IN ASSURANCE / CONTROL | Target Score x L | ACTION DUE DATE |
| Lack of clinical ownership of targets | | 4 x 3 = 12 | | | | | |
| Old outdated estate not fit for purpose | | 4 x 4 = 16 | | | | | |
| Moving political/ commissioner playing field | | 3 x 3 = 9 | | | | | |
| Lack of Leadership transformation | | 4 x 3 = 12 | | | | | |
| Absence of an agreed UHL capacity plan which allows UHL to deliver Winter 2012 safely and achieve the 4 hour target | | 4 x 4 = 16 | | | | | |

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

| TRUST STRATEGIC GOAL: | | Nationally and internationally recognised clinical services | | | | | |
|---|-------------------------|--|----------------------------------|--|---|-------------------------------|----------------------------|
| LINKED OBJECTIVE : | | Achieve Financial Sustainability | | | | | |
| OBJECTIVE OWNER(i.e. accountable for its delivery): | | | | | | | |
| PRINCIPAL RISK(S) (INCLUDING CLASSIFICATION OF RISK): | CONTROL MEASURES | Current Score x L | ASSURANCE ON CONTROLS | GAPS IN CONTROL (C) / ASSURANCE (A) | ACTION PLAN TO ADDRESS GAPS IN ASSURANCE / CONTROL | Target Score x L | ACTION DUE DATE |
| Lack of organisational awareness, capability, capacity etc of finance and commercial | | 4 x 4 = 16 | | | | | |
| National funding settlements reduce further | | 4 x 4 = 16 | | | | | |
| Lack of convergence with commissioners | | 4 x 3 = 12 | | | | | |
| Inability to compete with more efficient external or private sector competitors leading to the loss of high margin services | | 3 x 3 = 9 | | | | | |
| Transformation/CIP does not go far enough | | 5 x 4 = 20 | | | | | |
| Lack of ownership and accountability for finance | | 4 x 4 = 16 | | | | | |

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

| | | | | | | | |
|--|-------------------------|--|----------------------------------|--|---|-------------------------------|----------------------------|
| TRUST STRATEGIC GOAL: | | Nationally and internationally recognised clinical services | | | | | |
| LINKED OBJECTIVE : | | Better buildings, better services and better parking by working with local NHS organisations and private partners | | | | | |
| OBJECTIVE OWNER(i.e. accountable for its delivery): | | | | | | | |
| PRINCIPAL RISK(S) (INCLUDING CLASSIFICATION OF RISK): | CONTROL MEASURES | Current Score x L | ASSURANCE ON CONTROLS | GAPS IN CONTROL (C) / ASSURANCE (A) | ACTION PLAN TO ADDRESS GAPS IN ASSURANCE / CONTROL | Target Score x L | ACTION DUE DATE |
| Risk of an unplanned event causing disruption to essential hospital services | | | | | | | |

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

| TRUST STRATEGIC GOAL: | | Nationally and internationally recognised clinical services | | | | | |
|--|-------------------------|--|----------------------------------|--|---|-------------------------------|----------------------------|
| LINKED OBJECTIVE : | | Deliver information technology transformation by procuring a managed business partner | | | | | |
| OBJECTIVE OWNER(i.e. accountable for its delivery): | | | | | | | |
| PRINCIPAL RISK(S) (INCLUDING CLASSIFICATION OF RISK): | CONTROL MEASURES | Current Score x L | ASSURANCE ON CONTROLS | GAPS IN CONTROL (C) / ASSURANCE (A) | ACTION PLAN TO ADDRESS GAPS IN ASSURANCE / CONTROL | Target Score x L | ACTION DUE DATE |
| Risk of a systems failure | | | | | | | |