

To:	Trust Board
From:	Rachel Overfield - Chief Nurse
Date:	28th August 2014
CQC regulation:	Outcome 16 – Assessing and Monitoring the Quality of Service Provision

Title:	UHL RISK REPORT INCORPORATING THE BOARD ASSURANCE FRAMEWORK (BAF) 2014-15										
Author/Responsible Director:	Chief Nurse										
Purpose of the Report:	<p>This report provides the Trust Board (TB) with:-</p> <p>a) A copy of the UHL BAF and action tracker as of 31st July 2014.</p> <p>b) Notification of any new extreme or high risks opened during July 2014</p>										
The Report is provided to the Board for:	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 25%;">Decision</td> <td style="width: 10%;"></td> <td style="width: 25%;">Discussion</td> <td style="width: 10%;"></td> </tr> <tr> <td>Assurance</td> <td>X</td> <td>Endorsement</td> <td></td> </tr> </table>			Decision		Discussion		Assurance	X	Endorsement	
Decision		Discussion									
Assurance	X	Endorsement									
Summary :	<ul style="list-style-type: none"> In relation to the 2014/15 BAF the TB is asked to note the following: <p>The 'controls' element of the BAF now reflects the processes and plans in place to secure the delivery of each objective.</p> <p>The 'current risk scores' for risks 11, 12 and 14 have been reduced to the target scores as no gaps in control or assurance have been noted..</p> <p>Completion dates are under discussion and are yet to be agreed in relation to actions 8.3 and 21.2,</p> <p>Previous action 9.2 has been removed following further review of the BAF content by the Director of Strategy.</p> Three new high risks have opened on the UHL organisational risk register during July 2014 										
Recommendations:	<p>Taking into account the contents of this report and its appendices the TB is invited to:</p> <p>(a) review and comment upon this iteration of the BAF, as it deems appropriate:</p> <p>(b) note the actions identified within the framework to address any gaps in either controls or assurances (or both);</p> <p>(c) identify any areas which it feels that the Trust's controls are inadequate and do not, therefore, effectively manage the principal risks to the organisation achieving its objectives;</p> <p>(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;</p>										

Trust Board paper R

(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.	
Board Assurance Framework Yes	Performance KPIs year to date N/A
Resource Implications (eg 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 review by the TB	

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT TO: UHL TRUST BOARD
DATE: 28th AUGUST 2014
REPORT BY: RACHEL OVERFIELD - CHIEF NURSE
SUBJECT: UHL BOARD ASSURANCE FRAMEWORK 2014/15

1 INTRODUCTION

- 1.1 This report provides the Trust Board (TB) with:-
- a) A copy of the revised UHL BAF as of 31st July 2014.
 - b) Notification of any new extreme or high risks opened during July 2014.
 - c) Notification of all extreme and high risks that are on the UHL risk register as of 31st July 2014.

2. 2014/15 BAF AS OF 31st JULY 2014

- 2.1 Following the endorsement of the 2014/15 BAF at the July TB meeting all actions associated with each BAF entry have been recorded on the 2014/15 'action tracker' and respective directors have updated the action tracker to show progress up to and including 31st July 2014.
- 2.2 A copy of the 2014/15 BAF is attached at appendix 1 with changes since the previous version highlighted in red text. A copy of the action tracker is attached at appendix 2.
- 2.3 All risks from the 2013/14 BAF have been subsumed into the 2014/15 version with the exception of risks around business continuity and in this instance the risks will be transferred to the organisational risk register under the ownership of the '*Operations*' directorate.
- 2.4 In relation to the 2014/15 BAF the TB is asked to note the following points:
- a. The 'controls' element of the BAF now reflects the processes and plans in place to secure the delivery of each objective.
 - b. The 'current risk scores' for risks 11, 12 and 14 have been reduced to the target scores as no gaps in control or assurance have been noted.
 - c. Completion dates are under discussion and are yet to be agreed in relation to actions 8.3 and 21.2,
 - d. Previous action 9.2 has been removed following further review of the BAF content by the DS.
 - e. As previously agreed the TB will continue to review 3 BAF risks at each meeting. The sequencing of this will be in numerical order of the risks and therefore the following risks will be presented:
 - Risk 1 – Lack of progress in implementing the Quality Commitment. (Chief Nurse)
 - Risk 2 - Failure to implement LLR emergency care improvement plan. (Chief Operating Officer)

- Risk 3 - Failure to effectively implement UHL Emergency Care quality programme. (Chief Operating Officer).

3. EXTREME AND HIGH RISK REPORT.

3.1 Three new high risks have opened on the UHL organisational risk register during July 2014 as described below. The details of these risks are included at appendix 3 for information.

Risk ID	Risk Title	Risk	CMG/Corporate Directorate
2398	There is a risk of patient cancellations due to the limited number of Cardiac Scrub Nurses with competence to perform the task	20	ITAPS
2399	Risk of not being able to deliver enough theatre additional sessions to meet the RTT Target for the Trust	16	ITAPS
2400	Ward 23 has significantly reduced nursing staffing levels increasing a risk of harm and quality of patient delivery	16	Emergency & Specialist Medicine

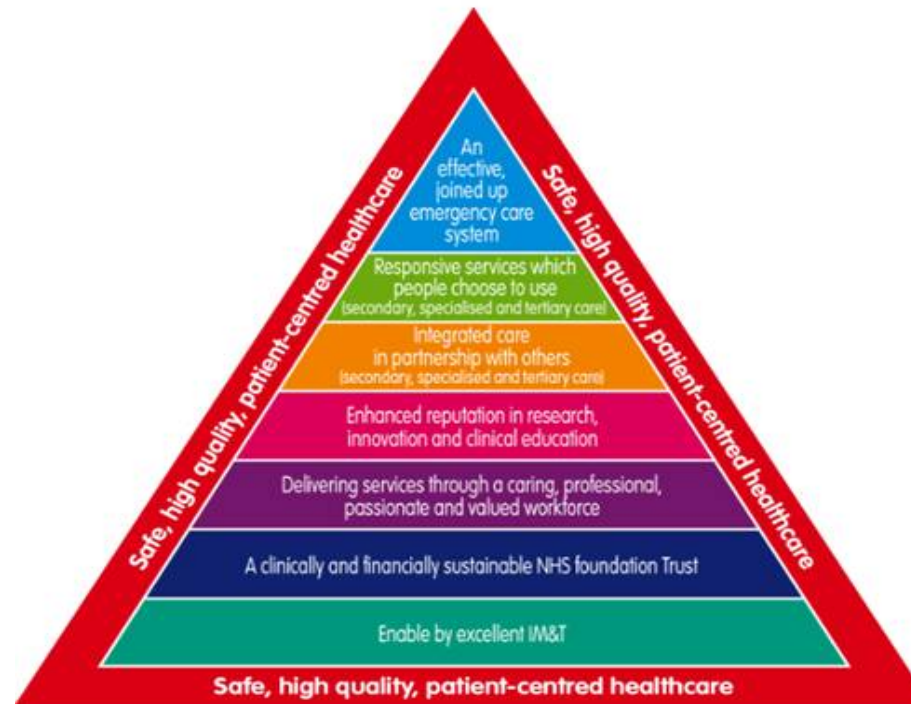
4. RECOMMENDATIONS

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

- review and comment upon this iteration of the BAF, as it deems appropriate;
- note the actions identified within the framework to address any gaps in either controls or assurances (or both);
- identify any areas which it feels that the Trust's controls are inadequate and do not, therefore, effectively manage the principal risks to the organisation achieving its objectives;
- 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;
- 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;

Peter Cleaver
 Risk and Assurance Manager
 20th August 2014

UHL BOARD ASSURANCE FRAMEWORK 2014/15



UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – BOARD ASSURANCE FRAMEWORK

STRATEGIC OBJECTIVES

Objective	Description	Objective Owner(s)
a	Safe, high quality, patient centred healthcare	Chief Nurse
b	An effective, joined up emergency care system	Chief Operating Officer
c	Responsive services which people choose to use (secondary, specialised and tertiary care)	Director of Strategy / Chief Operating Officer/ Director of Marketing & Communications
d	Integrated care in partnership with others(secondary, specialised and tertiary care)	Director of Strategy
e	Enhanced reputation in research, innovation and clinical education	Medical Director
f	Delivering services through a caring, professional, passionate and valued workforce	Director of Human Resources
g	A clinically and financially sustainable NHS Foundation Trust	Director of Finance
h	Enabled by excellent IM&T	Chief Executive / Chief Information Officer

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – BOARD ASSURANCE FRAMEWORK

PERIOD: JULY 2014

Risk No.	Link to objective	Description	Risk owner	Current Score C x L	Target Score C x L
1.	Safe, high quality, patient centred healthcare	Lack of progress in implementing UHL Quality Commitment.	CN	12	8
2.	An effective joined up emergency care system	Failure to implement LLR emergency care improvement plan.	COO	12	6
3.		Failure to effectively implement UHL Emergency Care quality programme	COO	12	6
4.		Delay in the approval of the Emergency Floor Business Case.	MD	9	6
5.	Responsive services which people choose to use (secondary, specialised and tertiary care)	Failure to deliver RTT improvement plan.	COO	9	6
6.		Failure to achieve effective patient and public involvement	DMC	12	8
7.		Failure to effectively implement Better Care together (BCT) strategy.	DS	12	8
8.		Failure to respond appropriately to specialised service specification.	DS	15	8
	Integrated care in partnership with others (secondary, specialised and tertiary care)	Failure to effectively implement Better Care together (BCT) strategy.(See 7 above)	DS		
9.		Failure to implement network arrangements with partners.	DS	8	6
10.		Failure to develop effective partnership with primary care and LPT.	DS	12	8
11.	Enhanced reputation in research, innovation and clinical education	Failure to meet NIHR performance targets.	MD	6	6
12.		Failure to retain BRU status.	MD	6	6
13.		Failure to provide consistently high standards of medical education.	MD	9	4
14.		Lack of effective partnerships with universities.	MD	6	6
15.	Delivering services through a caring, professional, passionate and valued workforce	Failure to adequately plan workforce needs of the Trust.	DHR	12	8
16.		Inability to recruit and retain staff with appropriate skills.	DHR	12	8
17.		Failure to improve levels of staff engagement.	DHR	9	6
18.	A clinically and	Lack of effective leadership capacity and capability	DHR	9	6

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – BOARD ASSURANCE FRAMEWORK

19.	financially sustainable NHS Foundation Trust	Failure to deliver the financial strategy (including CIP).	DF	15	10
20.		Failure to deliver internal efficiency and productivity improvements.	COO	16	6
21.		Failure to maintain effective relationships with key stakeholders	DMC	15	10
22.		Failure to deliver service and site reconfiguration programme and maintain the estate effectively.	DS	10	5
23.	Enabled by excellent IM&T	Failure to effectively implement EPR programme.	CIO	15	9
24.		Failure to implement the IM&T strategy and key projects effectively	CIO	15	9

Consequence and Likelihood Descriptors:

Impact/Consequence			Likelihood	
5	Extreme	Catastrophic effect upon the objective, making it unachievable	5	Almost Certain (81%+)
4	Major	Significant effect upon the objective, thus making it extremely difficult/ costly to achieve	4	Likely (61% - 80%)
3	Moderate	Evident and material effect upon the objective, thus making it achievable only with some moderate difficulty/cost.	3	Possible (41% - 60%)
2	Minor	Small, but noticeable effect upon the objective, thus making it achievable with some minor difficulty/ cost.	2	Unlikely (20% - 40%)
1	Insignificant	Negligible effect upon the achievement of the objective.	1	Rare (Less than 20%)

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – BOARD ASSURANCE FRAMEWORK

Principal risk 1	Lack of progress in implementing UHL Quality Commitment.	Overall level of risk to the achievement of the objective	Current score 4 x 3 = 12	Target score 4 x 2 = 8
Executive Risk Lead(s)	Chief Nurse			
Link to strategic objectives	Provide safe, high quality, patient centred healthcare			
Key Controls (What control measures or systems are in place to assist secure delivery of the objective)	Assurance Source (Provide examples of recent reports considered by Board or committee where delivery of the objectives is discussed and where the board can gain evidence that controls are effective).	Gaps in Assurance (a)/ Control (c) (i.e. What are we not doing - What gaps in systems, controls and assurance have been identified)	Actions to Address Gaps	Timescale/ Action Owner
Corporate leads agreed for all component parts of the Quality Commitment.	Q&P Report. Reports to EQB and QAC.	(c) Quality Commitment not fully embedded within organisation	Corporate leads to embed QC into organisation (1.1)	September 2014 Chief Nurse
Objectives agreed for all parts of the Quality Commitment.	Reports to EQB and QAC based on key outcome/KPIs.	(a) KPIs for QC not fully developed	Corporate leads to develop KPIs (1.2)	September 2014 Chief Nurse
Clear action plans agreed for all parts of the Quality Commitment.	Action plans reviewed regularly at EQB and annually reported to QAC. Annual reports produced.	(c) Some action plans remain outstanding.	Corporate leads to complete action plans (1.3)	September 2014 Chief Nurse
Committee structure is in place to ensure delivery of key work streams – led by appropriate senior individuals with appropriate support.	Regular committee reports. Annual reports. Achievement of KPIs.	No gaps identified		

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – BOARD ASSURANCE FRAMEWORK

Principal risk 2	Failure to implement LLR emergency care improvement plan.	Overall level of risk to the achievement of the objective	Current score 4 x 3 = 12	Target score 3 x 2 = 6
Executive Risk Lead(s)	Chief Operating Officer			
Link to strategic objectives	An effective joined up emergency care system			
Key Controls (What control measures or systems are in place to assist secure delivery of the objective)	Assurance Source (Provide examples of recent reports considered by Board or committee where delivery of the objectives is discussed and where the board can gain evidence that controls are effective).	Gaps in Assurance (a)/ Control (c) (i.e. What are we not doing - What gaps in systems, controls and assurance have been identified)	Actions to Address Gaps	Timescale/ Action Owner
Establishment of emergency care delivery and improvement group with named sub groups	Meetings are minuted with actions circulated each week. Trust Board emergency care report references the LLR steering group actions.			
Appointment of Dr Ian Sturgess to work across the health economy	Weekly meetings between Dr Sturgess, UHL CEO and UHL COO. Dr Sturgess attends Trust Board.	(c) Dr Sturgess is contracted to finish work here in mid-November 2014.	CEO and Dr Sturgess to agree plans to ensure his legacy is sustainable (2.2)	Aug 2014 CE
Allocation of winter monies	Allocation of winter monies is regularly discussed in the LLR steering group			

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – BOARD ASSURANCE FRAMEWORK

Principal risk 3	Failure to effectively implement UHL Emergency Care quality programme.	Overall level of risk to the achievement of the objective	Current score 4 x 3 = 12	Target score 3 x 2 = 6
Executive Risk Lead(s)	Chief Operating Officer			
Link to strategic objectives	An effective joined up emergency care system			
Key Controls (What control measures or systems are in place to assist secure delivery of the objective)	Assurance Source (Provide examples of recent reports considered by Board or committee where delivery of the objectives is discussed and where the board can gain evidence that controls are effective).	Gaps in Assurance (a)/ Control (c) (i.e. What are we not doing - What gaps in systems, controls and assurance have been identified)	Actions to Address Gaps	Timescale/ Action Owner
Emergency care action team meeting has been remodelled as the 'emergency quality steering group' (EQSG) chaired by CEO and significant clinical presence in the group. Four sub groups are chaired by three senior consultants and chief nurse.	Trust Board are sighted on actions and plans coming out of the EQSG meeting.	(C) Progress has been made with actions outside of ED and we now need to see the same level of progress inside it	Subgroup to focus on the front end of the pathway to ensure progress within ED (3.1)	Sep 2014 COO
Reworked emergency plans are focussing on the new dashboard with clear KPIs which indicates which actions are working and which aren't	Dashboard goes to EQSG and Trust Board	(C) ED performance against national standards	As above	Sep 2014 COO

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – BOARD ASSURANCE FRAMEWORK

Principal risk 4	Delay in the approval of the Emergency Floor Business Case.	Overall level of risk to the achievement of the objective	Current score 3 x 3 = 9	Target score 3 x 2 = 6
Executive Risk Lead(s)	Medical Director			
Link to strategic objectives	An effective joined up emergency care system			
Key Controls (What control measures or systems are in place to assist secure delivery of the objective)	Assurance Source (Provide examples of recent reports considered by Board or committee where delivery of the objectives is discussed and where the board can gain evidence that controls are effective).	Gaps in Assurance (a)/ Control (c) (i.e. What are we not doing - What gaps in systems, controls and assurance have been identified)	Actions to Address Gaps	Timescale/ Action Owner
Monthly ED project program board to ensure submission to NTDA as required Gateway review process Engagement with stakeholders	Monthly reports to Executive Team and Trust Board Gateway review	(c) Inability to control NTDA internal approval processes	Regular communication with NTDA (4.1)	Aug 2014 MD

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – BOARD ASSURANCE FRAMEWORK

Principal risk 5	Failure to deliver RTT improvement plan.	Overall level of risk to the achievement of the objective	Current score 3 x 3 = 9	Target score 3 x 2 = 6
Executive Risk Lead(s)	Chief Operating Officer			
Link to strategic objectives	Responsive services which people choose to use (secondary, specialised and tertiary care)			
Key Controls (What control measures or systems are in place to assist secure delivery of the objective)	Assurance Source (Provide examples of recent reports considered by Board or committee where delivery of the objectives is discussed and where the board can gain evidence that controls are effective).	Gaps in Assurance (a)/ Control (c) (i.e. What are we not doing - What gaps in systems, controls and assurance have been identified)	Actions to Address Gaps	Timescale/ Action Owner
Fortnightly RTT meeting with commissioners to monitor overall compliance with plan	Trust Board receives a monthly report detailing performance against plan	(c) UHL is behind trajectory on its admitted RTT plan	Action plans to be developed in key specialities – general surgery and ENT to regain trajectory (5.1)	Sept 2014 COO
Weekly meeting with key specialities to monitor detailed compliance with plan	Trust Board receives a monthly report detailing performance against plan	(c) UHL is behind trajectory on its admitted RTT plan	As above	Sep 2014 COO
Intensive support team back in at UHL (July 2014) to help check plan is correct	IST report including recommendations to be presented to Trust Board	(a) Report has not been seen yet	Await publication of report and act on findings and recommendations (5.2)	Aug 2014 COO

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – BOARD ASSURANCE FRAMEWORK

Principal risk 6	Failure to achieve effective patient and public involvement	Overall level of risk to the achievement of the objective	Current score 4x3=12	Target score 4x2=8
Executive Risk Lead(s)	Director of Marketing and Communications			
Link to strategic objectives	Responsive services which people choose to use (secondary, specialised and tertiary care)			
Key Controls (What control measures or systems are in place to assist secure delivery of the objective)	Assurance Source (Provide examples of recent reports considered by Board or committee where delivery of the objectives is discussed and where the board can gain evidence that controls are effective).	Gaps in Assurance (a)/ Control (c) (i.e. What are we not doing - What gaps in systems, controls and assurance have been identified)	Actions to Address Gaps	Timescale/ Action Owner
<ol style="list-style-type: none"> 1. PPI / stakeholder engagement Strategy Named PPI leads in all CMGs 2. PPI reference group meets regularly to assess progress against CMG PPI plans 3. Patient Advisors appointed to CMGs 4. Patient Advisor Support Group Meetings receive regular updates on PPI activity and advisor involvement 5. Bi-monthly Membership Engagement Forums 6. Health watch representative at UHL Board meeting 7. PPI input into recruitment of Chair / Exec' Directors 8. Quarterly meetings with LLR Health watch organisations, including Q's from public. 9. Quarterly meetings with Leicester Mercury Patient Panel 	<p>Emergency floor business case (Chapel PPI activity) PPI Reference group reports to QAC July Board Development session discussion about PPI resource. Health watch updates to the Board Patient Advisor Support Group and Membership Forum minutes to the Board.</p>	<p>PPI/ stakeholder engagement strategy requires revision</p> <p>Time available for CMG leads to devote to PPI activity Incomplete PPI plans in some CMGs PA vacancies (4) Single handed PPI resource corporately</p>	<p>Update the PPI/stakeholder engagement strategy (6.1)</p> <p>Revised PPI plan (6.2)</p> <p>OD team involvement to reenergise the vision and purpose of Patient Advisors (6.3)</p>	<p>Sep 2014 DMC</p> <p>Sept 14 DMC</p> <p>Oct 14 DMC</p>

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – BOARD ASSURANCE FRAMEWORK

Principal risk 7	Failure to effectively implement Better Care together (BCT) strategy.	Overall level of risk to the achievement of the objective	Current score 4 x 3 = 12	Target score 4 x 2 = 8
Executive Risk Lead(s)	Director of Strategy			
Link to strategic objectives	Responsive services which people choose to use (secondary, specialised and tertiary care) Integrated care in partnership with others (secondary, specialised and tertiary care)			
Key Controls (What control measures or systems are in place to assist secure delivery of the objective)	Assurance Source (Provide examples of recent reports considered by Board or committee where delivery of the objectives is discussed and where the board can gain evidence that controls are effective).	Gaps in Assurance (a)/ Control (c) (i.e. What are we not doing - What gaps in systems, controls and assurance have been identified)	Actions to Address Gaps	Timescale/ Action Owner
Better Care Together Strategy: 1) UHL actively engaged in the Better Care Together governance structure, from an operational to strategic level: <ul style="list-style-type: none"> • John Adler - the Chair of the Strategy Delivery Group • Kate Shields - member of the LLR Strategy Delivery Group • Peter Hollinshead / Simon Sheppard - members of the finance sub-group 2) Better Care Together plans co-created in partnership with LLR partners e.g. sub-acute project with LPT	LLR Better Care Together Executive Summary (directional plan): <ul style="list-style-type: none"> ○ received and approved at the June 2014 UHL Trust Board meeting 	(c) Work plan for June to September 2014 yet to developed	Work plan to be developed by the LLR BCT Strategy Delivery Group to be considered by the BCT Programme (7.1)	Aug 2014 DS
Effective partnerships with primary care and Leicestershire Partnership Trust (LPT): 1) Active engagement and leadership of the LLR Elective Care Alliance 2) LLR Urgent Care and Planned Care work streams in partnership with local GPs 3) A joint project has been established to test the concept of early transfer of sub-acute care to a community hospitals setting or home in partnership with LPT. The impact of this is reflected in UHLs, LPTs the LLR BCT 5 year plans. 4) Mutual accountability for the delivery of shared objectives are reflected in the LLR BCT 5 year directional plan	Minutes of the June public Trust Board meeting: <ul style="list-style-type: none"> ○ Trust Board approved the LLR BCT 5 year directional plan and UHLs 5 year directional plan on 16 June, 2014 ○ urgent care and planned care work streams reflected in both of these plans 	(c) respective partnership plans need not yet reconciled or developed in a greater level of detail to support operational delivery.	Work plans to be reconciled and developed by the LLR BCT Strategy Delivery Group to be considered by LLR BCT Programme (7.2)	Aug 2014 DS/ COO

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – BOARD ASSURANCE FRAMEWORK

Principal risk 8	Failure to respond appropriately to specialised service specification.	Overall level of risk to the achievement of the objective	Current score 5 x 3 = 15	Target score 4 x 2 = 8
Executive Risk Lead(s)	Director of Strategy			
Link to strategic objectives	Responsive services which people choose to use (secondary, specialised and tertiary care) Integrated care in partnership with others (secondary, specialised and tertiary care)			
Key Controls (What control measures or systems are in place to assist secure delivery of the objective)	Assurance Source (Provide examples of recent reports considered by Board or committee where delivery of the objectives is discussed and where the board can gain evidence that controls are effective).	Gaps in Assurance (a)/ Control (c) (i.e. What are we not doing - What gaps in systems, controls and assurance have been identified)	Actions to Address Gaps	Timescale/ Action Owner
(i) Regional partnerships: UHL is actively engaging with partners with a view to: <ul style="list-style-type: none"> establishing a Leicestershire Northamptonshire and Rutland partnership for the specialised service infrastructure in partnership with Northampton General Hospital and Kettering General Hospital establishing a provider collaboration across the East Midland's as a whole Developing an engagement strategy for the delivery of the long term vision for and East Midlands network for both acute and specialised services 	Minutes of the April 2014 Trust Board meeting: <ul style="list-style-type: none"> Paper presented to the April 2014 UHL Trust Board meeting, setting out the Trust's approach to regional partnerships Project Initiation Document (PID): Developed as part of UHL's Delivering Care at its Best Reviewed at the June 2014 Executive Strategy Board (ESB) meeting 	(c) No Head of External Partnership Development or administrative support	Highlight report to be presented at the August 2014 ESB meeting for approval. (8.1)	Aug 2014 DS
		(c) Lack of Programme Plan	Appoint Head of Partnerships and admin support (8.2)	Dec 2014 DS
		Programme Plan to be developed (8.3)	TBA DS	
(ii) Academic and commercial partnerships.		(c) Lack of PID for academic and commercial partnerships	PIDs to be developed and overarching highlight report to be presented at the August 2014 ESB for sign off. (8.5)	DR&D Aug 2014
(iii) Local partnerships		(c) Lack of PID for local partnerships		Aug 2014 DMC
Specialised Services specifications: CMGs addressing Specialised Service derogation plans	Plans issued to CMGs in February 2014. Follow up meetings being convened for w/c 14 th July 2014 to identify progress to date.	(a) Currently no mechanism in place to monitor progress	Contracts Team to develop monthly reporting tool to track progress (8.4)	Sep 2014 DS

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – BOARD ASSURANCE FRAMEWORK

Principal risk 9	Failure to implement network arrangements with partners.	Overall level of risk to the achievement of the objective	Current score 4 x 2 = 8	Target score 3 x 2 = 6
Executive Risk Lead(s)	Director of Strategy			
Link to strategic objectives	Integrated care in partnership with others (secondary, specialised and tertiary care)			
Key Controls (What control measures or systems are in place to assist secure delivery of the objective)	Assurance Source (Provide examples of recent reports considered by Board or committee where delivery of the objectives is discussed and where the board can gain evidence that controls are effective).	Gaps in Assurance (a)/ Control (c) (i.e. What are we not doing - What gaps in systems, controls and assurance have been identified)	Actions to Address Gaps	Timescale/ Action Owner
Directional 5 year Integrated Business Plan (IBP) submitted to the NHS Trust Development Authority (NTDA) defines three principle partnership networks to support the integration of services (Local, regional and academic). These will progress in a structured and methodical way. Clear lines of reporting have been established through the Executive Strategy Board (ESB) Delivering Care at its Best structure. Highlight reports will be presented to monitor progress. Regional partnerships: UHL is actively engaging with partners with a view to: <ul style="list-style-type: none"> establishing a Leicestershire Northamptonshire and Rutland partnership for the specialised service infrastructure in partnership with Northampton General Hospital and Kettering General Hospital establishing a provider collaboration across the East Midland's as a whole Developing an engagement strategy for the delivery of the long term vision for and East Midlands network for both acute and specialised services 	Minutes of the April 2014 Trust Board meeting: <ul style="list-style-type: none"> Paper presented to the April 2014 UHL public Trust Board meeting, describing the development of an East Midlands Provider Partnership Project Initiation Document (PID): <ul style="list-style-type: none"> Developed as part of UHL's Delivering Care at its Best Reviewed at the June 2014 ESB meeting 	(c) No Head of External Partnership Development or administrative support (c) Lack of Programme Plan	See action 8.1 and 8.2 See action 8.3	See action 8.1 and 8.2 See action 8.3
Academic and commercial partnerships		c) Lack of PID for academic and commercial partnerships	See action 8.5	See action 8.5
Local partnerships		(c) Lack of PID for local partnerships		

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – BOARD ASSURANCE FRAMEWORK

<p>Delivery of Better Care Together:</p> <p>1) UHL is actively engaged in the Better Care Together governance structure, from an operational to strategic level:</p> <ul style="list-style-type: none"> • John Adler is the Chair of the Strategy Delivery Group • Kate Shields is a member of the LLR Strategy Delivery Group • DF and DDF are members of the finance sub-group <p>2) Better Care Together plans are co-created in partnership with LLR partners e.g. sub-acute project with LPT</p>	<p>LLR Better Care Together Executive Summary (directional plan):</p> <ul style="list-style-type: none"> ○ received and approved at the June 2014 UHL Trust Board meeting 	<p>(C) Lack of detailed delivery plans to be</p>	<p>Work plan developed by the LLR BCT Strategy Delivery Group to be considered by the BCT Programme Board (9.2)</p>	<p>August 2014 DS</p>
---	--	---	---	----------------------------------

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – BOARD ASSURANCE FRAMEWORK

Principal risk 10	Failure to develop effective partnership with primary care and LPT.	Overall level of risk to the achievement of the objective	Current score 4 x 3 = 12	Target score 4 x 2 = 8
Executive Risk Lead(s)	Director of Strategy			
Link to strategic objectives	Integrated care in partnership with others (secondary, specialised and tertiary care)			
Key Controls (What control measures or systems are in place to assist secure delivery of the objective)	Assurance Source (Provide examples of recent reports considered by Board or committee where delivery of the objectives is discussed and where the board can gain evidence that controls are effective).	Gaps in Assurance (a)/ Control (c) (i.e. What are we not doing - What gaps in systems, controls and assurance have been identified)	Actions to Address Gaps	Timescale/ Action Owner
Effective partnerships with LPT: A joint project has been established to test the concept of early transfer of sub-acute care to be delivered in community Hospitals or home in partnership with LPT for specific cohorts of patients e.g. frail older person The impact of this is reflected in UHLs, LPTs the LLR BCT 5 year plans.	Reflected in UHL directional 5 year plan presented to TB June 20 2014	(c) UHLs and LPTs 5 year plans yet to be reconciled and developed in enough detail to support operational delivery.	PID & draft Terms of Reference to be reviewed at the August 2014 ESB meeting. (10.1)	Aug 2014 DS/COO
Effective partnerships with primary care: Elective Care Alliance established with agreed terms of reference for the Leadership Board and other sub groups thereby allowing structured engagement and partnership working with local GPs through the LLR Provider Company LTD. Joint business plan under development.	Minutes of the March 2014 Trust Board meeting: <ul style="list-style-type: none"> o establishment of the Alliance formally approved by Trust Board in March, 2014 Minutes of ESB meetings: <ul style="list-style-type: none"> o Progress against plan is reported to the ESB 	(c) Alliance Business Plan and our own plans not yet reconciled and developed in enough detail to support operational delivery.	Business plan to be finalised prior to consideration by the ESB and then the Trust (10.2)	Aug 2014 DS
Effective partnerships with primary care and LPT: Active engagement and leadership of the LLR Urgent Care and Planned Care work streams in partnership with local GPs. Mutual accountability for the delivery of shared objectives reflected in the LLR BCT 5 year plan.	Minutes of the June public Trust Board meeting: <ul style="list-style-type: none"> o Trust Board approved the LLR BCT 5 year directional plan and UHLs 5 year directional plan on 16 June, 2014 o urgent care and planned care work streams reflected in both of these plans 	(c) Respective plans not yet reconciled or detailed to support operational delivery.	Work plan developed by the LLR BCT Strategy Delivery Group to be considered by the LLR BCT Programme Board. (10.3)	Aug 2014 DS

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – BOARD ASSURANCE FRAMEWORK

Principal risk 11	Failure to meet NIHR performance targets.	Overall level of risk to the achievement of the objective	Current score 3 x 2 = 6	Target score 3 x 2 = 6
Executive Risk Lead(s)	Medical Director			
Link to strategic objectives	Enhanced reputation in research, innovation and clinical education			
Key Controls (What control measures or systems are in place to assist secure delivery of the objective)	Assurance Source (Provide examples of recent reports considered by Board or committee where delivery of the objectives is discussed and where the board can gain evidence that controls are effective).	Gaps in Assurance (a)/ Control (c) (i.e. What are we not doing - What gaps in systems, controls and assurance have been identified)	Actions to Address Gaps	Timescale/ Action Owner
Action Plan developed in response to the introduction of national metrics and potential for financial sanctions	Performance in Initiation & Delivery of Clinical Research (PID) reports from NIHR – to CE and R&D (quarterly) UHL R&D Executive (monthly) R&D Report to Trust Board (quarterly) R&D working with CMG Research Leads to educate and embed understanding of targets across CMGs (regular; as required)	No gaps identified		

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – BOARD ASSURANCE FRAMEWORK

Principal risk 12	Failure to retain BRU status.	Overall level of risk to the achievement of the objective	Current score 3 x 2 = 6	Target score 3 x 2 = 6
Executive Risk Lead(s)	Medical Director			
Link to strategic objectives	Enhanced reputation in research, innovation and clinical education			
Key Controls (What control measures or systems are in place to assist secure delivery of the objective)	Assurance Source (Provide examples of recent reports considered by Board or committee where delivery of the objectives is discussed and where the board can gain evidence that controls are effective).	Gaps in Assurance (a)/ Control (c) (i.e. What are we not doing - What gaps in systems, controls and assurance have been identified)	Actions to Address Gaps	Timescale/ Action Owner
Maintaining relationships with key partners to support joint NIHR/ BRU infrastructure	Joint BRU Board (bimonthly) Annual Report Feedback from NIHR for each BRU (annual) UHL R&D Executive (monthly) R&D Report to Trust Board (quarterly) Athena Swan Silver Status by University of Leicester and Loughborough University. (The Athena Swan charter applies to higher education institutions)	No gaps identified		

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – BOARD ASSURANCE FRAMEWORK

Principal risk 13	Failure to provide consistently high standards of medical education.	Overall level of risk to the achievement of the objective	Current score 3 x 3 = 9	Target score 2 x 2 = 4
Executive Risk Lead(s)	Medical Director			
Link to strategic objectives	Enhanced reputation in research, innovation and clinical education			
Key Controls (What control measures or systems are in place to assist secure delivery of the objective)	Assurance Source (Provide examples of recent reports considered by Board or committee where delivery of the objectives is discussed and where the board can gain evidence that controls are effective).	Gaps in Assurance (a)/ Control (c) (i.e. What are we not doing - What gaps in systems, controls and assurance have been identified)	Actions to Address Gaps	Timescale/ Action Owner
Medical Education Strategy	<p>Department of Clinical Education (DCE) Business Plan and risk register are discussed at regular DCE Team Meetings and information given to the Trust Board quarterly</p> <p>Medical Education issues championed by Trust Chairman</p> <p>Bi-monthly UHL Medical Education Committee meetings (including CMG representation)</p> <p>Oversight by Executive Workforce Board</p> <p>Appointment processes for educational roles established</p> <p>KPI are measured using the:</p> <ul style="list-style-type: none"> • UHL Education Quality Dashboard • CMG Education Leads and stakeholder meetings • GMC Trainee Survey results • UHL trainee survey • Health Education East Midlands Accreditation visits 	<p>(c) Transparent and accountable management of postgraduate medical training tariff is not yet established</p> <p>(c) Transparent and accountable management of SIFT funding not yet identified in CMGs (proposal prepared for EWB)</p> <p>(c) Job Planning for Level 2 (SPA) Educational Roles not written into job descriptions</p> <p>(c) Appraisal not performed for Educational Roles</p>	<p>To work with Finance to address all funding issues (13.1)</p> <p>Ensure appropriate Consultant Job descriptions include job planning (13.2)</p> <p>Develop appraisal methodology for educational roles (13.3)</p> <p>Disseminate agreed</p>	<p>Oct 2014 MD</p> <p>Jan 2015 MD</p> <p>Jan 2015 MD</p> <p>Jan 2015</p>

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – BOARD ASSURANCE FRAMEWORK

		Trainee Drs in community – anomalous location in DCE budgets	<p>appraisal methodology to CMG s (13.4)</p> <p>Work to relocate to HR as other Foundation doctor contracts (13.5)</p>	<p>MD</p> <p>Dec 2014 MD</p>
UHL Education Committee	CMG Education Leads sit on Committee. Education Committee delivers to the Workforce Board twice monthly and Prof. Carr presents to the Trust Board Quarterly.	No system of appointing to College Tutor Roles	Develop more robust system of appointment and appraisal of disparate roles by separating College Tutor roles in order to be able to appoint and appraise as College Tutors	Jan 2015 MD

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – BOARD ASSURANCE FRAMEWORK

Principal risk 14	Lack of effective partnerships with universities.	Overall level of risk to the achievement of the objective	Current score 3 x 2 = 6	Target score 3 x 2 = 6
Executive Risk Lead(s)	Medical Director			
Link to strategic objectives	Enhanced reputation in research, innovation and clinical education			
Key Controls (What control measures or systems are in place to assist secure delivery of the objective)	Assurance Source (Provide examples of recent reports considered by Board or committee where delivery of the objectives is discussed and where the board can gain evidence that controls are effective).	Gaps in Assurance (a)/ Control (c) (i.e. What are we not doing - What gaps in systems, controls and assurance have been identified)	Actions to Address Gaps	Timescale/ Action Owner
Maintaining relationships with key academic partners	Joint Strategic Meeting (University of Leicester and UHL Trust) Joint BRU Board (quarterly) UHL R&D Executive (monthly)	No gaps identified		

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – BOARD ASSURANCE FRAMEWORK

			Develop Innovative approaches to recruitment and retention to address shortages. (15.4)	Mar 2015 DHR
Nursing Recruitment Trajectory and international recruitment plan in place for nursing staff	Overall nursing vacancies are monitored and reported monthly by the Board and NET as part of the Quality and Performance Report NHS Choices will be publishing the planned and actual number of nurses on each shift on every inpatient ward in England			
Development of an Employer Brand and Improved Recruitment Processes	Reports of the LIA recruitment project	(c) Capacity to develop and build employer brand marketing	Delivering our Employer Brand group to share best practice and development social media techniques to promote opportunities at UHL (15.6)	Mar 2015 DHR
	Reports to Executive Workforce Board regarding innovative approaches to recruitment	(c) Capacity to build innovative approaches to recruitment of future service/ operational managers	Development of internship model and potential management trainee model supported by robust education programme and education scheme. (15.7)	Nov 2014 DHR
		(c) capacity to build innovative approaches to consultant recruitment	Consultant recruitment review team to develop professional assessment centre approach to	April 2015 DHR

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – BOARD ASSURANCE FRAMEWORK

			recruitment utilising outputs to produce a development programme (15.8)	
--	--	--	---	--

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – BOARD ASSURANCE FRAMEWORK

Principal risk 16	Inability to recruit and retain staff with appropriate skills.	Overall level of risk to the achievement of the objective	Current score 4 x 3 = 12	Target score 4 x 2 = 8
Executive Risk Lead(s)	Director of Human Resources			
Link to strategic objectives	Delivering services through a caring, professional, passionate and valued workforce			
Key Controls (What control measures or systems are in place to assist secure delivery of the objective)	Assurance Source (Provide examples of recent reports considered by Board or committee where delivery of the objectives is discussed and where the board can gain evidence that controls are effective).	Gaps in Assurance (a)/ Control (c) (i.e. What are we not doing - What gaps in systems, controls and assurance have been identified)	Actions to Address Gaps	Timescale/ Action Owner
Refreshed Organisational Development Plan (2014-16) including five work streams: 'Live our Values' by embedding values in HR processes including values based recruitment, implementing our Reward and Recognition Strategy (2014-16) and continuing to showcase success through Caring at its Best Awards	Quarterly reports to EWB and Trust Board and measured against implementation plan milestones set out in PID	(a) Improvements required in 'measuring how we are doing'	Team Health Dashboard to be developed – mock up to be presented to EWB at September Meeting (16.1)	Sep 2014 DHR
'Improve two-way engagement and empower our people' by implementing the next phase of Listening into Action (see Principal Risk 16), building on medical engagement, experimenting in autonomy incentivisation and shared governance and further developing health and wellbeing and Resilience Programmes.	Quarterly reports to and EWB and measured against Implementation Plan Milestones set out in PID	No gaps identified		
'Strengthen leadership' by implementing the Trust's Leadership into Action Strategy (2014-16) with particular emphasis on 'Trust Board Effectiveness', 'Technical Skills Development' and 'Partnership Working'	Quarterly reports to EWB and bi-monthly reports to UHL LETG. Measured against implementation Plan milestones set out in PID	No gaps identified		
'Enhance workplace learning' by building on training capacity and resources, improvements in medical education and developing new roles	Quarterly report to EQB, EWB and bi-monthly reports to UHL LETG and LLR WDC. Measured against implementation plan milestones set out in PID	(a) eUHL System requires significant improvement in centrally managing all development activity (c) Robust processes required in relation to e-learning development	eUHL system updates required to meet Trust needs (16.2) Robust ELearning policy and procedures to be developed (16.3)	Mar 2015 DHR Oct 2014 DHR
'Quality Improvement and innovation' by implementing quality	Quarterly reports to EQB and EWB and measured	No gaps identified		

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – BOARD ASSURANCE FRAMEWORK

improvement education, continuing to develop quality improvement networks and creating a Leicester Improvement and Innovation Centre	against implementation plan milestones set out in PID.			
Appraisal and Objective Setting in line with Strategic Direction	Appraisal rates reported monthly via Quality and Performance Report. Appraisal performance features on CMG/Directorate Board Meetings. Board/CMG Meetings to monitor the implementation of agreed local improvement actions	No gaps identified		

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – BOARD ASSURANCE FRAMEWORK

Principal risk 17	Failure to improve levels of staff engagement	Overall level of risk to the achievement of the objective	Current score 3 x 3 = 9	Target score 3 x 2 = 6
Executive Risk Lead(s)	Director of Human Resources			
Link to strategic objectives	Delivering services through a caring, professional, passionate and valued workforce			
Key Controls (What control measures or systems are in place to assist secure delivery of the objective)	Assurance Source (Provide examples of recent reports considered by Board or committee where delivery of the objectives is discussed and where the board can gain evidence that controls are effective).	Gaps in Assurance (a)/ Control (c) (i.e. What are we not doing - What gaps in systems, controls and assurance have been identified)	Actions to Address Gaps	Timescale/ Action Owner
Year 2 Listening into Action (LiA) Plan (2014 to 2015) including five work streams: Work stream One: Classic LiA <ul style="list-style-type: none"> Two waves of Pioneering teams to commence (with 12 teams per wave) using LiA to address changes at a ward/department/pathway level 	Quarterly reports to Executive Workforce Board (EWB) and Trust Board Updates provided to LiA Sponsor group on success measures per team and reports on Pulse Check improvements Annual Pulse Check Survey conducted (next due in Feb 2015) Update reports provided to JSCNC meetings	(a Lack of triangulation of LiA Pulse Check Survey results with National Staff Opinion Survey and Friends and Family Test for Staff	Team Health Dashboard to be developed – mock up to be presented to EWB at September 2014 meeting (Please see Principal Risk 15) (17.1)	Mar 2015 DHR
Work stream Two: Thematic LiA <ul style="list-style-type: none"> Supporting senior leaders to host Thematic LiA activities. These activities will respond to emerging priorities within Executive Directors’ portfolios. Each Thematic event will be hosted and led by a member of the Executive Team or delegated lead. 	Quarterly reports to Executive Workforce Board (EWB) and Trust Board Updates provided to LiA Sponsor group on each thematic activity Update reports provided to JSCNC meetings	No gaps identified		
Work stream Three: Management of Change LiA <ul style="list-style-type: none"> LiA Engagement Events held as a precursor to change projects associated with service transformation and / or HR Management of Change (MoC) initiatives. 	Quarterly reports to Executive Workforce Board (EWB) and Trust Board Updates provided to LiA Sponsor group on each thematic activity Update reports provided to JSCNC meetings	(c Reliant on IBM / HR to notify LiA Team of MoC activity	Ensure IBM aware of requirements. (17.2) HR Senior Team aware of need to include Engagement event prior to formal	Mar 2015 DHR Mar 2015 DHR

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – BOARD ASSURANCE FRAMEWORK

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

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – BOARD ASSURANCE FRAMEWORK

	polling reported to Board on a six monthly basis. Improving staff satisfaction position.			
Friends and Family Test for NHS Staff	<p>Quarterly survey results for Quarter 1, 2 and 4 to be submitted to NHS England for external publication: Submission commencing 28 July 2014 for quarter 1 with NHS England publication commencing September 2014</p> <p>Local results of response rates to be</p> <p>CQUIN Target for 2014/15 – to conduct survey in Quarter 1 (achieved)</p>	<p>(a) Survey completion criteria variable between NHS organisations per quarter.</p> <p>Survey to include ‘NHS Workers’ and not restricted to UHL staff therefore creating difficulty in comparisons between organisations as unable to identify % response rates.</p> <p>No guidance available regarding how NHS England will present the data published in September 2014, i.e. same format at FFT for Patients or format for National Staff Opinion and Attitude Survey.</p> <p>Lack of triangulation of Friends and Family Test for Staff results with local Pulse Check Results (Work stream One: Classic LiA / Work stream Five: NiA) and other indicators of staff engagement such as National Staff Survey</p>	<p>National data on UHL workforce numbers to be used by NHS England to get a sense of how many staff completed the survey (Same calculations being used for all other Trusts so variables consistent nationally). (17.5)</p> <p>Develop draft internal reports in development in readiness for possible analysis methodology used by NHS England in September 2014. (17.6)</p> <p>Please see action 17.1</p>	<p>First report published by NHS England Sep 2014</p> <p>Sep 2014 DHR</p> <p>Mar 2015 DHR</p>

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – BOARD ASSURANCE FRAMEWORK

Principal risk 18	Lack of effective leadership capacity and capability	Overall level of risk to the achievement of the objective	Current score 3 x 3 = 9	Target score 3 x 2 = 6
Executive Risk Lead(s)	Director of Human Resources			
Link to strategic objectives	A clinically and financially sustainable NHS Foundation Trust			
Key Controls (What control measures or systems are in place to assist secure delivery of the objective)	Assurance Source (Provide examples of recent reports considered by Board or committee where delivery of the objectives is discussed and where the board can gain evidence that controls are effective).	Gaps in Assurance (a)/ Control (c) (i.e. What are we not doing - What gaps in systems, controls and assurance have been identified)	Actions to Address Gaps	Timescale/ Action Owner
Leadership into Action Strategy (2014:16) including six work streams: 'Providing Coaching and Mentoring' by developing an internal coaching and mentoring network, with associated framework and guidance which will be piloted in agreed areas (targeting clinicians at phase 1).	Quarterly Reports to Executive Workforce Board (EWB) as part of Organisational Development Plan and Learning, Education and Development Update as set out in Risk 16.	Leadership into Action Strategy not yet approved UHL Coaching and Mentoring Framework requires development	Strategy to be reviewed by EWB (18.1) Improve internal coaching and mentoring training provision in collaboration with HEEM and at phase 1 establish process for assigning coaches and mentors to newly appointed clinicians (18.2)	September 2014 DHR December 2014 DHR
'Shadowing and Buddying' by creating shadowing opportunities and devising a buddy system for new clinicians or those appointed into new roles.	Quarterly Reports to Executive Workforce Board as part of Organisational Development Plan and Learning, Education and Development Update as set out in Risk 16.	Buddying / Shadowing System Requires Development	System being developed in partnership with HEEM and Assistant Medical Director to ensure support provided to newly appointed Consultants at initial phase (18.3)	April 2015 DHR
'Improving local communications and 360 degree feedback' by	Quarterly Reports to Executive Workforce Board as	360 Feedback Tool not	360 System	August

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – BOARD ASSURANCE FRAMEWORK

<p>developing and implementing a 360 Degree feedback Tool for all leaders and developing nurse leaders to facilitate Listening Events in all ward and clinical department areas as set out in Risk 17.</p>	<p>part of Organisational Development Plan and Learning, Education and Development Update as set out in Risk 16.</p> <p>Updates provided to LiA Sponsor group every 6 months on success measures</p> <p>Monthly updates to Nursing Executive Team (NET) meetings via Heads of Nursing per CMG</p>	<p>yet developed</p>	<p>Specification to be produced (18.4)</p>	<p>2014 DHR / CIO</p>
<p>'Shared Learning Networks' by creating and supporting learning networks across the Trust, developing action learning sets across disciplines and initiating paired learning.</p>	<p>Quarterly Reports to Executive Workforce Board as part of Organisational Development Plan and Learning, Education and Development Update as set out in Risk 16.</p>	<p>No gaps identified</p>		
<p>'Talent Management and Succession Planning' by developing a talent management and succession planning framework, reporting on talent profile across the senior leadership community, aligning talent activity to pay progression and ensuring succession plans are in place for business critical roles.</p>	<p>Quarterly Reports to Executive Workforce Board as part of Organisational Development Plan and Learning, Education and Development Update as set out in Risk 16.</p>	<p>Talent Management and Succession Planning Framework requires development at regional and national level with alignment to the new NHS Health Care Leadership Model</p>	<p>Support national and regional Talent Management and Succession Planning Projects by National NHS Leadership Academy , EMLA and NHS Employers (18.5)</p>	<p>March 2015 DHR</p>
<p>'Leadership Management and Team Development' by developing leaders in key areas, team building across CMG leadership teams, tailored Trust Board Development and devising a suite of internal eLearning programmes</p>	<p>Quarterly Reports to Executive Workforce Board as part of Organisational Development Plan and Learning, Education and Development Update as set out in Risk 16.</p>	<p>Improvement required in senior leadership style and approach as identified as part of Board Effectiveness Review (2014)</p>	<p>Board Coach (on appointment) to facilitate Board Development Session (18.6)</p> <p>Update of UHL Leadership Qualities and Behaviours to reflect Board Development, UHL 5 Year Plan and new NHS Healthcare Leadership Model (18.7)</p>	<p>October 2014</p> <p>January 2015 CEO / DHR</p>

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – BOARD ASSURANCE FRAMEWORK

Principal risk 19	Failure to deliver financial strategy (including CIP).	Overall level of risk to the achievement of the objective	Current score 5 x 3 = 15	Target score 5 x 2 = 10
Executive Risk Lead(s)	Director of Finance			
Link to strategic objectives	A clinically and financially sustainable NHS Foundation Trust			
Key Controls (What control measures or systems are in place to assist secure delivery of the objective)	Assurance Source (Provide examples of recent reports considered by Board or committee where delivery of the objectives is discussed and where the board can gain evidence that controls are effective).	Gaps in Assurance (a)/ Control (c) (i.e. What are we not doing - What gaps in systems, controls and assurance have been identified)	Actions to Address Gaps	Timescale/ Action Owner
Delivering recurrent balance via effective management controls including SFIs, SOs and on-going Finance Training Programme Health System External Review has defined the scale of the financial challenge and possible solutions UHL Service & Financial Strategy including Reconfiguration/ SOC	Monthly progress reports to F&P Committee, Executive Board, & Trust Board Development Sessions TDA Monthly Meetings Chief Officers meeting CCGs/Trusts TDA/NHSE meetings Trust Board Monthly Reporting UHL Programme Board, F&P Committee, Executive Board & Trust Board	(C) Lack of supporting service strategies to deliver recurrent balance	Production of a FRP to deliver recurrent balance within six years (19.2)	Aug 2014 DDF
CIP performance management including CIP s as part of integrated performance management	Monthly reports to F&P committee and Trust Board. Formal sign-off documents with CMGs as part of agreement of IBPs	(C) CIP Quality Impact Assessments not yet agreed internally or with CCGs (c) PMO structure not yet in place to ensure continuity of function following departure of Ernst & Young	Expedite agreement (19.5) PMO Arrangements need to be finalised (19.6)	Aug 2014 DDF Aug 2014 DDF
Managing financial performance to deliver recurrent balance via SFI and SOs and utilising overarching financial governance processes	Monthly progress reports to Finance and Performance (F&P) Committee, Executive Board and Trust board.	(c) Finance department having difficulties in recruiting to finance posts leading to temporary staff being	Restructuring of financial management via MoC (19.8)	Review Aug 2014 DDF

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – BOARD ASSURANCE FRAMEWORK

		employed.		Jul 2014 DDF
Financially and operationally deliverable by contract signed off by UHL and CCGs and Specialised Commissioning on 30/6/14	<p>Agreed contracts document through the dispute resolution process/arbitration</p> <p>Regular updates to F&P Committee, Executive Board,</p> <p>Escalation meeting between CEOs/CCG Accountable Officers</p>			
Securing capital funding by linking to Strategy, Strategic Outline Case (SOC) and Health Systems Review and Service Strategy	Regular reporting to F&P Committee, Executive Board and Trust Board	(c) Lack of clear strategy for reconfiguration of services.	Production of Business Cases to support Reconfiguration and Service Strategy (19.10)	Review Sep 2014 DDF
Obtaining sufficient cash resources by agreeing short term borrowing requirements with TDA	Monthly reporting of cash flow to F&P Committee and Trust Board	(c) Lack of service strategy to deliver recurrent balance	Agreement of long-term loans as part of June Service and Financial plan (19.11)	Aug 2014 DDF

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – BOARD ASSURANCE FRAMEWORK

Principal risk 20	Failure to deliver internal efficiency and productivity improvements.	Overall level of risk to the achievement of the objective	Current score 4 x 4 = 16	Target score 3 x 2 = 6
Executive Risk Lead(s)	Chief Operating Officer			
Link to strategic objectives	A clinically and financially sustainable NHS Foundation Trust			
Key Controls (What control measures or systems are in place to assist secure delivery of the objective)	Assurance Source (Provide examples of recent reports considered by Board or committee where delivery of the objectives is discussed and where the board can gain evidence that controls are effective).	Gaps in Assurance (a)/ Control (c) (i.e. What are we not doing - What gaps in systems, controls and assurance have been identified)	Actions to Address Gaps	Timescale/ Action Owner
CIP performance management including CIP s as part of integrated performance management	Monthly reports to F&P committee and Trust Board. Formal sign-off documents with CMGs as part of agreement of IBPs	(c) CIP Quality Impact Assessments not yet agreed internally or with CCGs (c) PMO structure not yet in place to ensure continuity of function following departure of Ernst & Young	Please see action 19.5 Please see action 19.6	Aug 2014 DDF Aug 2014 DDF
Cross cutting themes are established.	Executive Lead identified. Monthly reports to F&P committee and Trust Board	(A) Not all cross cutting themes have agreed plans and targets for delivery	Agree plans and targets through the monthly cross cutting theme delivery board (20.1)	August 2014 COO

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – BOARD ASSURANCE FRAMEWORK

Principal risk 21	Failure to maintain effective relationships with key stakeholders	Overall level of risk to the achievement of the objective	Current score 5x3=15	Target score 5x2=10
Executive Risk Lead(s)	Director of Marketing and Communications			
Link to strategic objectives	A clinically and financially sustainable NHS Foundation Trust			
Key Controls (What control measures or systems are in place to assist secure delivery of the objective)	Assurance Source (Provide examples of recent reports considered by Board or committee where delivery of the objectives is discussed and where the board can gain evidence that controls are effective).	Gaps in Assurance (a)/ Control (c) (i.e. What are we not doing - What gaps in systems, controls and assurance have been identified)	Actions to Address Gaps	Timescale/ Action Owner
Stakeholder Engagement Strategy	<p>Annual Stakeholder surveys presented to the Board Feedback from stakeholders in Board 360 as part of Foresight review.</p> <p>BCT strategy and planning</p> <p>Regular meeting with: CCGs and GPs and Health watch(s) Mercury Panel MPs and local politicians TDA / NHSE</p>	<p>(a) Survey is quantitative and therefore improvement actions harder to identify</p> <p>(c) No structured key account management approach to commercial relationships</p> <p>(c) Commissioner (clinical) relationships can be too transactional i.e. not creative / transformational.</p>	<p>Qualitative survey by Trust Internal Audit (PWC) (21.1)</p> <p>TBA with DoS / DoF (21.2)</p> <p>Create a platform to launch Clinical Task Group (21.3)</p>	<p>Oct 14 DMC</p> <p>TBA</p> <p>Sept 14 MD</p>

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – BOARD ASSURANCE FRAMEWORK

Principal risk 22	Failure to deliver service and site reconfiguration programme and maintain the estate effectively.	Overall level of risk to the achievement of the objective	Current score 5 x 2 = 10	Target score 5 x 1 = 5
Executive Risk Lead(s)	Director of Strategy			
Link to strategic objectives	A clinically and financially sustainable NHS Foundation Trust			
Key Controls (What control measures or systems are in place to assist secure delivery of the objective)	Assurance Source (Provide examples of recent reports considered by Board or committee where delivery of the objectives is discussed and where the board can gain evidence that controls are effective).	Gaps in Assurance (a)/ Control (c) (i.e. What are we not doing - What gaps in controls and assurance have been identified)	Actions to Address Gaps	Timescale/ Action Owner
<p>Capital Monitoring Investment Committee Chaired by the Director of Finance & Procurement – meets monthly.</p> <p>All capital projects are subject to robust monitoring and control within a structured delivery platform to provide certainty of delivery against time, cost and scope.</p> <p>Project scope is monitored and controlled through an iterative process in the development of the project from briefing, through feasibility and into design, construction, commissioning and Post Project Evaluation.</p> <p>Project budget is developed at feasibility stage to enable informed decisions for investment and monitored and controlled throughout design, procurement and construction delivery.</p> <p>Project timescale is established from the outset with project milestone aspirations developed at feasibility stage.</p> <p>Process to follow:</p> <ul style="list-style-type: none"> • Business case development • Full business case approvals • TDA approvals • Availability of capital • Planning permission • Public Consultation • Commissioner support 	<p>Minutes of the Capital Monitoring Investment Committee meetings.</p> <p>Capital Planning & Delivery Status Reports.</p> <p>Minutes of the March 2014 public Trust Board meeting - Trust Board approved the 2014/15 Capital Programme.</p> <p>Project Initiation Document (PID) (as part of UHL's Delivering Care at its Best) and minutes of the May 2014 Executive Strategy Board (ESB) meeting.</p> <p>Estates Strategy - submitted to the NTDA on 20th June in conjunction with the Trust's 5 year directional plan.</p>	(C) Patient and public engagement strategy	Highlight report to be presented at the August 2014 ESB meeting for sign off. (22.1)	Aug 2014 DS

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – BOARD ASSURANCE FRAMEWORK

Principal risk 23	Failure to effectively implement EPR programme	Overall level of risk to the achievement of the objective	Current score 5 x 3 = 15	Target score 3 x 3 = 9
Executive Risk Lead(s)	Chief Information Officer			
Link to strategic objectives	Enabled by excellent IM&T			
Key Controls (What control measures or systems are in place to assist secure delivery of the objective)	Assurance Source (Provide examples of recent reports considered by Board or committee where delivery of the objectives is discussed and where the board can gain evidence that controls are effective).	Gaps in Assurance (a)/ Control (c) (i.e. What are we not doing - What gaps in systems, controls and assurance have been identified)	Actions to Address Gaps	Timescale/ Action Owner
Governance in place to manage the procurement of the solution	EPR project board with executive and Non-Executive members. Standard boards in place to manage IBM; Commercial board, transformation board and the joint governance board. UHL reports progress to the CCG IM&T Strategy Board	(C) OBC/FBC approval with NTDA	Work closely with finance, procurement and the NTDA to navigate the approvals process to submit OBC (23.1)	Aug 2014 CIO
Clinical acceptability of the final solution	Clinical sign-off of the specification. Clinical representation on the leadership of the project. The creation of a clinically led (Medical Director) EPR Board which oversees the management of the programme. Highlight reports on objective achievement go through to the Joint Governance Board, chaired by the CEO. The main themes and progress are discussed at the IM&T clinical advisory group.	(C) Not all clinicians can be part of the process	Continue to communicate with the wider/non-involved clinicians throughout the procurement process	Oct2014 CIO
Transition from procurement to delivery is a tightly controlled activity	EPR board has a view of the timeline. Trust Board and ESB have had an outline view of the delivery timelines.	(c) No detailed plan is in place for the delivery phase of the project until the vendor is chosen	When the final vendor is chosen we will create and communicate the detail delivery plan and its	Sep 2014 CIO

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – BOARD ASSURANCE FRAMEWORK

			dependencies. (23.5)	
--	--	--	-------------------------	--

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – BOARD ASSURANCE FRAMEWORK

Principal risk 24	Failure to implement the IM&T strategy and key projects effectively <i>Note: Projects are defined, in IM&T, as those pieces of work, which require five or more days of IM&T activity.</i>	Overall level of risk to the achievement of the objective	Current score 5 x 3 = 15	Target score 3 x 3 = 9
Executive Risk Lead(s)	Chief Information Officer			
Link to strategic objectives	Enabled by excellent IM&T			
Key Controls (What control measures or systems are in place to assist secure delivery of the objective)	Assurance Source (Provide examples of recent reports considered by Board or committee where delivery of the objectives is discussed and where the board can gain evidence that controls are effective).	Gaps in Assurance (a)/ Control (c) (i.e. What are we not doing - What gaps in systems, controls and assurance have been identified)	Actions to Address Gaps	Timescale/ Action Owner
Project Management to ensure we are only proceeding with appropriate projects	Project portfolio reviewed by the ESB every two months. Agreements in place with finance and procurement to catch projects that are not formally raised to IM&T.	(C) Formal prioritisation matrix	Develop, disseminate and implement the new matrix (24.1)	Aug 2014 CIO
Ensure appropriate governance arrangements around the deliverability of IM&T projects	Projects managed through formal methodologies and have the appropriate structures, to the size of project, in place. KPIs are in place for the managed business partner and are reported to the IM&T service delivery board	(C) Lack of ownership at CMG level for IT projects	All IT projects requested by CMGs to be formally signed off through their governance (24.2)	Aug 2014 CIO
Signed off capital plan for 2014/15 and 2015/16	2 year plan in place and a 5 year technical in place highlighting future requirements - signed off by the capital governance routes	(A) In year requirements which could not be reasonable forecasted cause unsustainable pressure within existing resources	Please see action 24.1	Aug 2014 CIO
Formalised process for assessing a project and its objectives	All projects go through a rigorous process of assessment before being accepted as a proposal	(C) Lack of transparency of the process and unachievable delivery expectations based on the priority of the project	All CMGs to hold formal monthly meeting with IM&T service delivery lead where these issues can be solved	Sep 2014 CIO/CMGs

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST
ACTION TRACKER FOR THE 2014/15 BOARD ASSURANCE FRAMEWORK (BAF)

Monitoring body (Internal and/or External):	Executive Team
Reason for action plan:	Board Assurance Framework
Date of this review	July 2014
Frequency of review:	Monthly
Date of last review:	N/A

REF	ACTION	SENIOR LEAD	OPS LEAD	COMPLETION DATE	PROGRESS UPDATE	STATUS
1	Lack of progress in implementing UHL Quality Commitment.					
1.1	Corporate leads to embed QC into organisation	CN	DCQ	September 2014	QC included in CEO brief September. QC included in Q&P reporting QC included in CMG reviews.	4
1.2	Corporate leads to develop KPIs	CN	DCQ	September 2014	KPIs in place for most QC work streams/committees. Expect to complete September.	4
1.3	Corporate leads to complete action plans	CN	DCQ	September 2014	On track – systematically being reviewed at EQB as part of EQB work programme.	4
2	Failure to implement LLR emergency care improvement plan.					
2.1	Chair of group will confirm membership of LLR meeting and sub group activities	COO	D Briggs	August 2014	Complete.	5
2.2	CEO and Dr Sturgess to agree plans to ensure his legacy is sustainable	Chief Executive		August 2014	Discussions commenced. Likely contract for re-visits to ensure momentum is maintained.	4
2.3	Dr Sturgess to chair a group to recommend how the money can be allocated/ used most effectively.	COO	D Briggs	July 2014	Complete.	5
3	Failure to effectively implement UHL Emergency Care quality programme.					
3.1	Subgroup to focus on the front end of the pathway to ensure progress within ED	COO	M Ardron	September 2014		4
4	Delay in the approval of the Emergency Floor Business Case.					
4.1	Regular communication with NTDA	MD		August 2014		4

Status key:	5 Complete	4 On track	3 Some delay – expect to completed as planned	2 Significant delay – unlikely to be completed as planned	1 Not yet commenced	0 Objective Revised
--------------------	-------------------	-------------------	--	--	----------------------------	----------------------------

5	Failure to deliver RTT improvement plan.					
5.1	Action plans to be developed in key specialities – general surgery and ENT to regain trajectory	COO		September 2014		4
5.2	Await publication of report and act on findings and recommendations	COO		August 2014		4
6	Failure to achieve effective patient and public involvement					
6.1	Update the PPI/stakeholder engagement strategy	DMC		September 2014		4
6.2	Revised PPI plan	DMC	PPIMM	September 2014		4
6.3	OD team involvement to reenergise the vision and purpose of Patient Advisors	DMC	PPIMM	October 2014		4
7	Failure to effectively implement Better Care together (BCT) strategy.					
7.1	Work plan to be developed by the LLR BCT Strategy Delivery Group to be considered by the BCT Programme	DS		August 2014		4
7.2	Work plans to be reconciled and developed by the LLR BCT Strategy Delivery Group to be considered by LLR BCT Programme	DS/COO		August 2014		4
8	Failure to respond appropriately to specialised service specification.					
8.1	Highlight report to be presented at the August 2014 ESB meeting for approval.	DS		August 2014		4
8.2	Appoint Head of External Partnership development and admin support	DS		December 2014		4
8.3	Programme Plan to be developed	DS		TBA		
8.4	Contracts Team to develop monthly reporting tool to track progress	DS		September 2014		4
8.5	PIDs to be developed for academic, commercial and local partnerships and overarching highlight report to be presented at the August 2014 ESB for sign off.	DR&D/ DMC		August 2014		4

9	Failure to implement network arrangements with partners.					
	Actions 8.1, 8.2, 8.3 and 8.5 also refer to risk 9, therefore refer above for progress					
9.2	<i>Action removed from BAF / action tracker by DS following further review of content of risk number 9.</i>	N/A		N/A		N/A
10	Failure to develop effective partnership with primary care and LPT.					
10.1	PID & draft Terms of Reference to be reviewed at the August 2014 ESB meeting.	DS/ COO		August 2014		4
10.2	Business plan to be finalised prior to consideration by the ESB and then the Trust (10.2)	DS		August 2014		4
10.3	Work plan developed by the LLR BCT Strategy Delivery Group to be considered by the LLR BCT Programme Board.	DS		August 2014		4
11	Failure to meet NIHR performance targets.					
12	Failure to retain BRU status.					
13	Failure to provide consistently high standards of medical education.					
13.1	To work with Finance to address all funding issues relating to medical training tariff	MD	AMD (CE)	October 2014		4
13.2	Ensure appropriate Consultant Job descriptions include job planning	MD	AMD (CE)	January 2015		4
13.3	Develop appraisal methodology for educational roles	MD	AMD (CE)	January 2015		4
13.4	Disseminate approved appraisal methodology to CMGs.	MD	AMD (CE)	December 2014		4
13.5	Work to relocate anomalous budgets to HR as other Foundation doctor contracts	MD	AMD (CE)	January 2015		4
14	Lack of effective partnerships with universities.					
15	Failure to adequately plan the workforce needs of the Trust.					

15.1	Develop an integrated approach to workforce planning with LPT in order that we can plan an overall workforce to deliver the right care in right place at the right time.	DHR		October 2014	Group has been established to link workforce, strategy and finance. Second meeting 26 August	4
15.2	Establish a joint group of strategy, finance and workforce leads to share plans and numbers	DHR		October 2014	See 15.1	4
15.3	Establish multi-professional new roles group to devise and monitor processes for the creation of new roles	CN		October 2014	Date set for first meeting. Terms of Reference drafted. Discussed with CMGs.	4
15.4	Develop Innovative approaches to recruitment and retention to address shortages.	DHR		March 2015	Medical Workforce Strategy in place which addresses mechanisms to improve recruitment and retention	4
15.5	Continuation of International recruitment plan	CN		On-going action	Complete. Plan in place for rolling recruitment for next 12 months.	5
15.6	Delivering our Employer Brand group to share best practice and development social media techniques to promote opportunities at UHL	DHR		March 2015	Webpage review planned for end of August	4
15.7	Development of internship model and potential management trainee model supported by robust education programme and education scheme	DHR		November 2014	Five internships planned to commence in October – advertisement in place. Trainee management proposal to be shared with Executive Workforce Board 16 September	4
15.8	Consultant recruitment review team to develop professional assessment centre approach to recruitment utilising outputs to produce a development programme	DHR		April 2015	Proposal prepared for review by DHR and MD	4
16	Inability to recruit and retain staff with appropriate skills.					

16.1	Team Health Dashboard to be developed – mock up to be presented to EWB at September Meeting	DHR		September 2014	Team Health Dashboard currently in development. Number of scoping meetings held with key stakeholders to consider potential data inclusion. Meeting with Assistant Director of Information booked to scope dashboard content and to ensure compliance with Trust dashboard format.	4
16.2	eUHL system updates required to meet Trust needs	DHR		March 2015	A eUHL System Replacement Specification will be delivered by the 20 August 2014.	4
16.3	Robust ELearning policy and procedures to be developed to reflect P&GC approach	DHR		October 2014	Draft produced in consultation with Deputy Medical Director, Director of Clinical Quality and relevant Educational Leads. This will form part of the Core Training Policy currently under development.	4
17	Failure to improve levels of staff engagement					
17.1	Team Health Dashboard to be developed – mock up to be presented to EWB at September 2014	DHR		March 2015	Please refer to Item 16.1	4
17.2	Ensure IBM aware of requirements.	DHR		March 2015	CIO aware of LiA MoC associated with IBM related projects. Meetings held with IBM representatives to coach and guide on LiA principles and approach. As a result LiA process included in pilot phase of Managed Print roll out at Glenfield. Further plans to include LiA in pilot of Paediatric Areas for Electronic Document Record Management	4
17.3	HR Senior Team aware of need to include Engagement event prior to formal consultation (with MoC impacting on staff – more than 25 people)	DHR		March 2015	MoC (HR) are including LiA as a precursor to formal consultation. A number of events have been concluded using LiA. A specific resource for LiA MoC has been developed	4

17.4	Include as regular agenda item on LiA sponsor group identifying activity and anticipated resources required	DHR		March 2015	Each of the LiA Work streams is included as standing items on LiA Sponsor Group meetings.	4
17.5	National data on UHL workforce numbers to be used by NHS England to get a sense of how many staff completed the survey (Same calculations being used for all other Trusts so variables consistent nationally).	NHS England		September 2015		4
17.6	Develop draft internal reports in development in readiness for possible analysis methodology used by NHS England in September 2014.	DHR		September 2015	Friends and Family Test for Staff: Submission of first UNIFY report submitted to NHS England in compliance with deadline and CQUIN target. Internal analysis of free text themes being undertaken. UHL data to be included in CE Briefing (August 2014). Awaiting information on how the data will be analysed and published by NHS England. Received email from NHS England Insight Team on 23 July 2014:	4
18	Lack of effective leadership capacity and capability					
18.1	Leadership into Action Strategy to be reviewed by Executive Workforce Board in September 2014	DHR		September 2014		4
18.2	Improve internal coaching and mentoring training provision in collaboration with HEEM and at phase 1 establish process for assigning coaches and mentors to newly appointed clinicians	DHR		December 2014		4
18.3	'Shadowing and Buddying' System being developed in partnership with HEEM and Assistant Medical Director to ensure support provided to newly appointed Consultants at initial phase (18.3)	DHR		April 2015		4
18.4	360 System Specification to be produced	DHR		August 2014		4

18.5	Support national and regional Talent Management and Succession Planning Projects by National NHS Leadership Academy , EMLA and NHS Employers	DHR		March 2015		4
18.6	Board Coach (on appointment) to facilitate Board Development Session	DHR		October 2014		4
18.7	Update of UHL Leadership Qualities and Behaviours to reflect Board Development, UHL 5 Year Plan and new NHS Healthcare Leadership Model	DHR/ CE		January 2015		4
19	Failure to deliver financial strategy (including CIP).					
19.1	Implement Finance Training Programme	DDF		July 2014	Complete. The finance training programme has started with the first CMG session being ESM on the 7 th July. Will be rolled out across the Trust.	5
19.2	Production of a FRP to deliver recurrent balance within three years	DDF		August 2014	On track, though the timescale is 6 years subject to TDA approval of the LTFM	4
19.3	Health System External Review to define the scale of the financial challenge and possible solutions (19.3)	DDF		July 2014	Complete. Health system review has completed the initial phase of the programme and reported back to NHSE / TDA / Monitor on the scale of the challenge Directional plan for the system to close the financial gap in 5 years' time	5
19.4	Production of UHL Service & Financial Strategy including Reconfiguration/ SOC	DDF		July 2014	Complete. Submitted on the 20 June as part of the 5 year IBP and LTFM	5
19.5	Expedite agreement of CIP quality impact assessments with UHL and CCGs	DDF		August 2014	On track	4
19.6	PMO Arrangements need to be finalised	DDF		August 2014	On track – being led by the COO	4
19.7	Production of IBP(Activity, Capacity, Operational Targets, Workforce, CIPS, Budgets, Capital & Risks) (19.7)	DDF		July 2014	Complete. IBP and LTFM submitted on 20 June	5

19.8	Restructuring of financial management via MoC	DDF		July Review August 2014	MoC consultation ended 6 June; recruitment to vacant posts on-going	3
19.9	Negotiate realistic contracts with CCGs and Specialised Commissioning - QIPP - Fines & Penalties - MRET rebase - Counting & Coding CCG Non Recurring Funding	DDF		July 2014	Complete. Contracts signed 30 June 2014	5
19.10	Business Cases to support Reconfiguration and Service Strategy	DDF		July Review September 2014	The TDA have now confirmed that the IBP/LTFM submitted on the 20 June will act as the overall SOC. Individual business cases will be submitted to the Trust Board and TDA.	4
19.11	Agreement of long-term loans as part of June Service and Financial plan	DDF		June August 2014	The Trust is in receipt of a £29m cash loan in line with the Plan and trajectory submitted to the TDA. The application for further loans will be submitted to the TDA on the 22 August 2014.	4
20	Failure to deliver internal efficiency and productivity improvements.					
20.1	Agree plans and targets for cross-cutting themes through the monthly cross cutting theme delivery board	COO		August 2014		4
21	Failure to maintain effective relationships with key stakeholders					
21.1	Qualitative survey by Trust Internal Audit (PWC)	DMC		October 2014		4
21.2	TBA			TBA		
21.3	Create a platform to launch Clinical Task Group	MD		September 2014		4
22	Failure to deliver service and site reconfiguration programme and maintain the estate effectively.					
22.1	Highlight report re PPI strategy to be presented at the August 2014 ESB meeting for sign off.	DS		August 2014		4
23	Failure to effectively implement EPR programme					

23.1	Work closely with finance, procurement and the NTDA to navigate the approvals process to submit OBC	CIO		August 2014	OBC is complete and we are now engaging with the NTDA prior to the Trust board in August	4
23.2	Ensure all clinicians have an opportunity to contribute to development of specification	CIO		July 2014	Complete. All levels of Clinical staff were invited to take part in the specification and scoring of the potential EPR vendors. We have a wide mix of people working with IM&T and IBM to take this work forward	5
23.3	Re-align the timetable to ensure best fit with clinical workload	CIO		July 2014	Complete. The timetable has been slipped by three weeks to support both the vendor submissions and provide better timeslots for clinical involvement	5
23.4	Improve communications to clinical staff/teams	CIO		July 2014	Complete. Further work has been undertaken by the CMIOs to extend their briefings and networks into more areas of UHL and LLR. Further work is still required to ensure we can prove that the consistent messages are being received and understood.	5
23.5	When the final vendor is chosen we will create and communicate the detail delivery plan and its dependencies.	CIO		September 2014	Plans are being developed to take this forward	4
23.6	Continue to communicate with the wider/non-involved clinicians throughout the procurement process	CIO		October 2014		
24	Failure to implement the IM&T strategy and key projects					
24.1	Develop, disseminate and implement the new prioritisation matrix	CIO		August 2014	To be presented to the Executive Team in August	4
24.2	All IT projects requested by CMGs to be formally signed off through their governance structures	CIO		August 2014	Forms have been changed to reinforce this requirement	3
24.3	All CMGs to hold formal monthly meeting with IM&T service delivery lead where these issues can be solved	CIO		September 2014	Not yet in place for all CMGs	3

Key

CEO	Chief Executive
DF	Director of Finance
MD	Medical Director
AMD	Assistant Medical Director
COO	Chief Operating Officer
DHR	Director of Human Resources
DDHR	Deputy Director of Human Resources
DS	Director of Strategy
DR&D	Director of R&D
DMC	Director of Marketing and Communications
DCQ	Director of Clinical Quality
CIO	Chief Information Officer
CMIO	Chief Medical Information Officer
CD	Clinical Director
CMGM	Clinical Management Group Manager
DDF	Deputy Director Finance
CN	Chief Nurse
AMD (CE)	Associate Medical Director (Clinical Education)
PPIMM	PPI and Membership Manager

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

OPERATIONAL RISKS SCORING 15 OR ABOVE FOR THE PERIOD ENDING 31/07/2014

REPORT PRODUCED BY: UHL CORPORATE RISK MANAGEMENT TEAM

Key

Red	Extreme risk (risk score 25)
Orange	High risk (risk score 15 - 20)
Yellow	Moderate risk (risk score 8 - 12)
Green	Low risk (risk score below 8)

Risk ID	Specialty	Risk Title	Review Date Opened	Description of Risk	Risk subtype	Controls in place	Impact	Likelihood	Current Risk Score	Action summary	Target Risk Score	Risk Owner	BAF Reference
2398	ITAPS Theatres	There is a risk of patient cancellations due to the limited number of Cardiac Scrub Nurses with competence to perform the task	31/07/2014	<p>Causes: Insufficient cardiac trained staff to cover lists Insufficient staff to cover on call and be available for a shift the following day Unable to fulfil overtime shifts Slow process in training untrained staff No movement in cardiac staff from other parts of the country</p> <p>Consequences: Cancellation/delay in theatre starting Reduction in utilisation Inability to cover on call shifts Staff become tired resulting in sickness Using agency staff to fill shifts - financial</p>	HR	Staff asked to undertake overtime Staff asked to come to work the next morning if not up in the night Staff asked to start an on call shift at 8 a.m. instead of 11 or 11.30 a.m. Agency staff employed who have the skills to undertake the role Attempt to cover with other staff in the department as coordinator although leave gap in scrub	Major	Almost certain	20	Recruitment premia agree by Executive Team for 12 months - 16/07/15 Undertake Team Staff Risk Assessment with H&S Team - 31/10/14	6	YF	
2400	Emergency and Specialist Medicine	Ward 23 has significantly reduced Nursing staffing levels increasing a risk of harm and quality of patient delivery	31/07/2014	<p>Causes: Increased vacancies and increased number of leavers by end of July 14 Nurse staffing levels will be reduced to 66% (6 WTE registered permanent nurses in workforce)</p> <p>Bank and Agency fill is not guaranteed and there is a risk these shifts will not get covered</p> <p>Consequences: Patient experience Patients safety (HAPU's, Falls, Medical Errors etc) Staffing for other areas where staff are having to move</p>	Patients	Increased HCA numbers Movement of staff from better established Wards moved Removal of Bleep Holding shifts from Ward Sister	Major	Likely	16	Reduce No of Beds on Ward - 21/08/14 Matron base herself on Ward - 31/08/14 Move other staff from across CMG - 30/09/14 Act up Band 5 to do development role - 30/09/14 Targeted Recruitment for the Ward - 30/09/14	9	SBURT	

Risk ID	Specialty	Risk Title	Review Date Opened	Description of Risk	Risk subtype	Controls in place	Impact	Likelihood	Current Risk Score	Action summary	Target Risk Score	Risk Owner	BAF Reference
2399	ITAPS Theatres	Risk of not being able to deliver enough theatre additional sessions to meet the RTT Target for the Trust.	30/09/2014 31/07/2014	<p>Risk of not being able to deliver enough theatre additional sessions to meet the RTT Target for the Trust.</p> <ol style="list-style-type: none"> 1. RTT requires approximately a further 20 sessions per week. 2. Extended days and weekend working are above and beyond the staff's substantive hours. 3. 70wte vacancies is placing additional pressure and strain on staff to work additional hours. 4. These additional sessions pose challenges to cover with correct skill mix. 5. These additional sessions pose a risk of not having the correct equipment / sets available. 6. Complexity of case mix on RTT sessions results in difficulty to get skilled staff; resulting in the same group of staff having to work above and beyond their substantive hours. 7. Inability to forward plan in relation to kit required for Saturday and Monday due to short notice of case mix. 8. Complexity of case mix reduces the option for covering OT with staff from other specialties that have basic skills. 9. Risk of increasing sickness absence within teams due to increased workload / hours. 10. Risk to patient safety due to tiredness of staff. 	HR	<ol style="list-style-type: none"> 1. Monthly recruitment and overseas recruitment on-going. 2. Reinforcement to specialties that the RTT work will remain on a voluntary basis which can not be guaranteed until we have recruited into vacant posts. 3. Overtime is voluntary. 4. Recruitment premia agreed by Executive Team to further enhance recruitment drives success to substantive posts. 	Major	Likely	16	<p>Monthly recruitment and overseas recruitment on-going - 31/03/15</p> <p>Reinforcement to specialties that the RTT work will remain on a voluntary basis which cannot be guaranteed until we have recruited into vacant posts 30/09/14.</p> <p>Overtime is voluntary - 01/04/15</p> <p>Recruitment premia agreed by Executive Team to further enhance recruitment drives success to substantive posts - 17/07/15</p> <p>Task and Finish Group to be established to review high risk specialties (for e.g. ENT) - 30/09/14</p>	2	GHAR	