

CHIEF EXECUTIVE'S MONTHLY UPDATE REPORT – AUGUST 2016

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Sponsor: John Adler

Date: Thursday 4 August 2016

Executive Summary

Trust Board paper D

Context

The Chief Executive's monthly update report to the Trust Board for August 2016 is attached. It includes:-

- (a) the Quality and Performance Dashboard for June 2016 attached at appendix 1 (the full month 3 quality and performance report is available on the Trust's public website and is hyperlinked within this report);
- (b) the Board Assurance Framework (BAF) Dashboard and Organisational Risk Register Dashboard, attached at appendices 2 and 3, respectively.
- (c) key current issues relating to our annual priorities 2016/17.

Questions

1. Is the Trust Board satisfied with our performance and plans on the matters set out in the report?
2. Does the Trust Board have any significant concerns relating to progress against the annual priorities 2016/17?
3. Does the Trust Board have any comments to make regarding either the Board Assurance Framework Dashboard or Organisational Risk Register Dashboard?

Conclusion

1. The Trust Board is asked to consider and comment upon the issues identified in the report.

Input Sought

We would welcome the board's input regarding content of this month's report to the Board.

For Reference

Edit as appropriate:

1. The following **objectives** were considered when preparing this report:

- Safe, high quality, patient centred healthcare [Yes]
- Effective, integrated emergency care [Yes]
- Consistently meeting national access standards [Yes]
- Integrated care in partnership with others [Yes]
- Enhanced delivery in research, innovation & ed' [Yes]
- A caring, professional, engaged workforce [Yes]
- Clinically sustainable services with excellent facilities [Yes]
- Financially sustainable NHS organisation [Yes]
- Enabled by excellent IM&T [Yes]

2. This matter relates to the following **governance** initiatives:

- a. Organisational Risk Register [Yes /No /Not applicable]

If YES please give details of risk ID, risk title and current / target risk ratings.

Datix Risk ID	Operational Risk Title(s) – add new line for each operational risk	Current Rating	Target Rating	CMG
XXXX	There is a risk ...			XX

If NO, why not? Eg. Current Risk Rating is LOW

- b. Board Assurance Framework [Yes /No /Not applicable]

If YES please give details of risk No., risk title and current / target risk ratings.

Principal Risk	Principal Risk Title	Current Rating	Target Rating
No.	There is a risk ...		

3. Related **Patient and Public Involvement** actions taken, or to be taken: [N/A]

4. Results of any **Equality Impact Assessment**, relating to this matter: [N/A]

5. Scheduled date for the **next paper** on this topic: [September 2016 Trust Board]

6. Executive Summaries should not exceed **1 page**. [My paper does comply]

7. Papers should not exceed **7 pages**. [My paper does comply]

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT TO: TRUST BOARD
DATE: 4 AUGUST 2016
REPORT BY: CHIEF EXECUTIVE
SUBJECT: MONTHLY UPDATE REPORT – AUGUST 2016

1. Introduction

1.1 My monthly update report this month focuses on:-

- (a) the Board Quality and Performance Dashboard, attached at appendix 1;
- (b) the Board Assurance Framework (BAF) Dashboard and Organisational Risk Register Dashboard, attached at appendices 2 and 3, respectively;
- (c) key issues relating to our Annual Priorities 2016/17, and
- (d) a range of other issues which I think it is important to highlight to the Trust Board.

1.2 I would welcome feedback on this report which will be taken into account in preparing further such reports for future meetings of the Trust Board.

2. Quality and Performance Dashboard – June 2016

2.1 The Quality and Performance Dashboard for June 2016 is appended to this report **at appendix 1**.

2.2 The Dashboard aims to ensure that Board members are able to see at a glance how we are performing against a range of key measures.

2.3 The more comprehensive monthly Quality and Performance report continues to be reviewed in depth at meetings of the Integrated Finance, Performance and Investment Committee and Quality Assurance Committee, respectively. The [month 3 quality and performance report](#) continues to be published on the Trust's website.

Good News

2.4 **Good News: Mortality** – the latest published SHMI (covering the period January 2015 to December 2015) is **98** – below our Quality Commitment of **99**. **Moderate harms and above** – the first 2 reported months show a 60% reduction compared to the same period in 2015/16. **Readmission rates** – are improving. **RTT** – the RTT incomplete target remains compliant. **Referral to Treatment 52+ week**

waits - the Orthodontics numbers continue to reduce. However, there is a risk that there might be more ENT 52+ week waits due to the high level of cancellations and long waits. **Diagnostics** performance has remained compliant during June. **Delayed transfers of care** remain well within the tolerance although delays are twice as high as this time last year. **Ambulance Handover 60+ minutes** – 6% for Quarter 1 - this is also examined in detail in the Chief Operating Officer's report. **MRSA** – 0 avoidable cases reported for 16 months and 0 unavoidable cases reported this year. **C DIFF** – 1 over trajectory for June but year to date still within trajectory. **Pressure Ulcers** – 0 **Grade 4** pressure ulcers. **Grade 3 and Grade 2** the overall number is within the trajectory for June as the trend is down for Grade 3. This is attributed to earlier detection, which is then increasing the number of Grade 2 ulcers (above plan) which is positive. **Patient Satisfaction (FFT)** target of 97% maintained for Inpatients and Day Cases.

Bad News

- 2.5 **ED 4 hour performance** – June performance was 80.6 % with year to date performance at 80.6%. Contributing factors are set out in the Chief Operating Officer's report. **Cancelled operations and patients rebooked within 28 days** – continued to be non-compliant, due to ITU/HDU and emergency pressures. **Cancer Standards 62 day treatment** current cancer performance remains an area of significant concern across UHL and focus on recovery is of the highest priority within the organisation. The **Cancer Two Week Wait** target was missed attributed to capacity problems in Head & Neck, Lower GI and Dermatology, but is expected to be achieved in July. Thereafter the aim is to achieve the **31 day standard** in August and **62 days** in September – both of these are vulnerable to ICU/HDU pressures. **Patient Satisfaction (FFT)** the target of 97% has not been achieved for the last 4 months in ED and **ED FTT coverage** remains below the threshold of 20%. **ESM nursing vacancies** continue to increase.

3. Board Assurance Framework (BAF) and Organisational Risk Register Dashboards

- 3.1 As part of a new risk reporting process, the Board Assurance Framework and risks taken from the UHL organisational risk register scoring from 15 to 25 (ie extreme and high) are now summarised in two 'dashboards' **attached to this report as appendices 2 and 3.**
- 3.2 The full Board Assurance Framework features elsewhere on the agenda for this meeting of the Trust Board as part of the Integrated Risk Report.

Board Assurance Framework Dashboard

- 3.3 Executive risk owners have updated their BAF entries to reflect the risks and assurances in relation to the Trust's 2016/17 annual priorities. The Board's attention is drawn to an increased risk score (from 8-12) in relation to principal risk 2. This is due to the fact that we are in the early days of transfer of staff and services back in house and the Executive Quality Board wishes to review the systems issues and the KPIs over

the next few months before endorsing a reduction to the target risk score. Reductions in risk scores are associated with principal risks 1 and 13.

Workforce risks

- 3.4 At its meeting on 19 July 2016, the Executive Workforce Board (EWB) discussed the BAF entries and reviewed the risks and assurances set out to deliver the Strategic Objective entitled 'A caring, professional, passionate and engaged workforce' and corresponding 2016/17 annual priorities.
- 3.5 The following existing BAF entries (as at 19 July 2016) were reviewed by the EWB:-
1. Risk 8 – too few trainers meeting GMC criteria means we fail to provide consistently high standards of Medical Education;
 2. Risk 10 – lack of system wide consistency and sustainability in the way we manage change and improvement impacting on the way we deliver the capacity and capability shifts required for new models of care; and
 3. Risk 11 – ineffective structures to deliver the recommendations of the national 'freedom to speak up review'.
- 3.6 In ensuring a more clear and focussed approach in addressing gaps in controls/assurances, the EWB proposed that we separate out Risk 10 as follows:-
- a. Proposed Risk Title: 'Lack of supply and retention of the right staff, at the right time, in right place and with the right skills that operates across traditional organisational boundaries'.
 - Primarily this risk will set out controls and actions to address gaps set out in medical and nursing supply/recruitment and retention strategies with key emphasis on:-
 - addressing Brexit workforce implications
 - developing a more inclusive and diverse workforce
 - b. Retain Existing Risk Title (and amend the emphasis): 'Lack of system wide consistency and sustainability in the way we manage change and improvement impacting on the way we deliver the capacity and capability shifts required for new models of care'
 - Primarily this risk will set out controls and actions to address gaps specific to the delivery of the Year 1 Implementation Plan for the UHL Way, ensuring an improved level of staff engagement and a consistent approach to change and improvement

c. Proposed Risk Title: 'Failure to deliver an effective learning culture.'

- Primarily this risk will set out controls and actions to address gaps specific to delivery of medical, clinical and non-clinical education incorporating gaps as below:-

- Elements of poor quality of training delivery
- The need for significant improvement and modernisation of educational facilities
- Implications of changes / reduction in education funding
- Development of new and enhanced roles such as Physicians Associates, Advanced Nurse Practitioners and Clinical Coders

3.7 The EWB recommend that Risk 8 is incorporated as above (aligned to Proposed Risk Title: Failure to deliver an effective learning culture) and that Risk 11 remains as a separate risk.

3.8 The Trust Board is asked to comment on and approve the above proposal prior to create / update the 2016/17 corresponding BAF entries. Subject to Trust Board approval, the revised BAF entries will be presented to the Trust Board at the September meeting.

Organisational Risk Register

3.9 Risks associated with the NHS England's recently announced intention to cease commissioning services from the East Midlands Congenital Heart service are currently being identified and will form part of the BAF to be submitted to the September Trust Board meeting.

3.10 There are currently 51 risks open on the organisational risk register with a current risk rating of 15 and above (i.e. scoring high and extreme). Four new high risks have been entered on the risk register during the reporting period:

Datix ID	Risk Title	Risk Rating	CMG
2870	Audit of DNACPR form have shown that the discussion with the patient or family is not consistently recorded	16	RRCV
2820	Risk that a timely VTE risk assessment is not performed on admission to CDU meaning that subsequent actions are not undertaken	16	RRCV
2878	There is a risk of cancer patients not being discussed at MDTs due to inadequate video conferencing facilities	16	Ops
2872	There is a risk of bedded bariatric patients being trapped compromising fire evacuation on ward 15 at GGH	15	RRCV

3.11 Thematic analysis of the organisational risk register continues to reveal the majority of risks scoring 15 and above are caused by gaps in workforce capacity and capability with the potential to impact on safety, quality and performance.

4. Progress against our Annual Priorities 2016/17

4.1 Strategic Objective : Safe, High Quality Patient Centred Care

Care Quality Commission Inspection

4.2 Last week, three CQC inspectors returned to visit our Critical Care Units on each of the hospital sites.

4.3 Together with a number of Board colleagues, I attended the initial feedback session with the inspectors on 27th July 2016.

4.4 The first thing to say is that the inspectors found our staff, as with the rest of the Trust, to be caring and compassionate, and the word “impressive” was also used. Once again, people were honest and open. I have thanked our staff accordingly. Our outcomes compared well to other units and the inspectors witnessed good multi-disciplinary team working.

4.5 We all know that at present we do not have sufficient critical care capacity for our needs, particularly at LGH and the LRI. So the inspectors saw cancellations happening as a result but noted the strenuous efforts made to minimise these. They also saw the innovative approaches being used to create more capacity, and stressed the importance of ensuring timely discharge to base wards. Staff were aware of plans to expand and reconfigure critical care, noting that these are not moving as fast as we would wish.

4.6 In terms of safety, the inspection was unfortunately preceded by a Never Event on the LGH unit involving mistaken administration of potassium. This is still being investigated but the inspectors were keen to stress the importance of learning from this both within Critical Care and across the Trust. I will include initial feedback on this in my Staff Briefing next week. Otherwise, no serious safety issues were raised and staffing levels and skills were felt to be appropriate.

4.7 Overall the tone of the feedback was very positive and I should like to thank colleagues in Critical Care for their contribution to the inspection. As with the main inspection, we do not yet know what ratings we will be given; these will emerge when we receive the full inspection report in a few months’ time.

4.8 Strategic Objective : An excellent, integrated, emergency care system

4.9 The performance of the emergency care system remains very poor, manifesting itself in continued overcrowding in the Emergency Department and very poor 4 hour standard compliance. As a result, a complete overhaul of our internal improvement plan has been undertaken, following input from a Trust Board Thinking Day on 14th July. The Chief Operating Officer’s report elsewhere on this agenda describes the approach being taken and includes the new plan itself.

4.10 We have also benefited this month from input from the Emergency care Improvement team, part of NHS Improvement. We will receive the

feedback from their visit on 2nd August and a verbal update will be included in the Chief Operating Officer's report on this issue.

- 4.11 There have also been two regional/national developments. Firstly, a regional escalation meeting was held on 21st July. The essential conclusion of this was that the system's plans for improvement were the right ones but that we needed to get better at delivery. Secondly, NHS England and NHS Improvement have launched a new Emergency Care Improvement Plan. This correspondence is included in the Chief Operating Officer's report. In my view, the new approach is sound and should help us to redouble our local efforts to improve this key aspect of our services.

4.12 Strategic Objective : Integrated care in partnership with others

Sustainability and Transformation Plan

- 4.13 On 25th July 2016, I joined with colleagues from across the Leicester, Leicestershire and Rutland Health and Social Care system in attending a meeting with the Chief Executives of NHS England and NHS Improvement to discuss the draft Sustainability and Transformation Plan.

- 4.14 Generally, the LLR plan is regarded as being one of the more advanced nationally, building as it does on Better Care Together. Having said that, the meeting identified a number of key areas where further work is required before the plan is finalised in October. Principal amongst these was the need to articulate in more detail our plans to reduce reliance on the acute sector. This includes reinforcing primary care and pursuing opportunities for integration. System colleagues are now structuring the necessary work to meet this requirement.

- 4.15 The meeting also covered our reconfiguration plans and associated capital requirements. There is still clearly strong support for our plans, although definitive decisions about capital are now not likely until October at the earliest. This is due to continuing pressure in the national financial position.

4.16 Strategic Objective : An enhanced reputation in research, innovation and clinical education

Biomedical Research Centre (BRC)

- 4.17 Together with the Vice Chancellors of the University of Leicester and Loughborough University, and other members of the bid team, on 20th July 2016 I attended an interview about the bid to establish a Biomedical Research Centre at the Trust.

- 4.18 I would once again like to place on record my thanks to the Bid team for the work undertaken which has produced such a strong case for BRC designation.

- 4.19 The interview appeared to go well but it should be noted that this is a highly competitive process with a variety of potential outcomes. We

expect to hear the results of the process in late August/early September.

4.20 Strategic Objective : A caring, professional, passionate and engaged workforce

Trauma, Orthopaedics and Theatres Autonomous Team

4.21 It has been a while since I have updated the Board on the work of the Autonomous Team set up within Trauma, Orthopaedics and Theatres. Their Leadership Board is made up of representatives of the services and staff groups within scope. This work is being led by Vipul Kaushik (Consultant in Anaesthesia and Intensive Care) who has been appointed as Chair of the Leadership Board and is supported by Mittanjalee Patel (Trainee Project Manager to Chief Executive).

4.22 Work is underway in agreeing areas of autonomy, clear measurable outcomes, partnerships and reporting structures. The team are being encouraged to be innovative in the way they will approach staff engagement, recognition and reward whilst working together and trialling new ways of working across boundaries.

4.23 Strategic Objective : A clinically sustainable configuration of services, operating from excellent facilities

East Midlands Congenital Heart Centre

4.24 I note here that the Board is to receive a separate report at this meeting on the important subject of the proposal by NHS England to cease the commissioning of children's heart surgery at the Glenfield Hospital.

4.25 Strategic Objective : A financially sustainable NHS Trust

Strengthening Financial Performance and Accountability in 2016/17

4.26 On 21st July 2016, NHS Improvement, in partnership with NHS England, published the above-mentioned document which sets out a suite of new measures for Providers and Commissioners to restore financial discipline and help ensure ongoing financial sustainability for the NHS.

4.27 The document sets out action to stabilise NHS finances in 2016/17, provides further detail on access to the Sustainability and Transformation fund, outlines the proposed basis for assessing the financial performance of Provider organisations and introduces new programmes of financial special measures for Providers and Commissioners who are unable to ensure sufficient financial discipline.

4.28 At its meeting held on 28th July 2016, the Integrated Finance, Performance and Investment Committee considered a report on this subject and the outcome of that Committee's discussions is captured in

the summary of that meeting which features elsewhere on the agenda of this meeting of the Board.

4.29 Strategic Objective : Enabled by excellent IM&T

4.30 A formal recommendation to support our EPR business case has now been submitted nationally by the NHS Improvement regional team. This is positive news, but there will now be a national approval process to go through, the timescale for that remains uncertain, not least because decisions on capital availability are not expected until at least October.

5. Conclusion

5.1 The Trust Board is invited to consider and comment upon this report and the attached appendices.

John Adler
Chief Executive

29th July 2016

Quality & Performance

		YTD		Jun-16		Trend*	Compliant by?
		Plan	Actual	Plan	Actual		
Safe	S1: Reduction for moderate harm and above (May)	236	15	20	10	●	
	S2: Serious Incidents	49	11	4	1	●	
	S6: Never events	0	0	0	0	●	
	S7: Clostridium Difficile	61	15	5	6	●	
	S8: MRSA (All)	0	0	0	0	●	
	S9: MRSA (Avoidable)	0	0	0	0	●	
	S12: Falls per 1,000 bed days for patients > 65 years	<5.6	5.7	<5.6	5.4	●	
	S13: Avoidable Pressure Ulcers Grade 4	0	0	0	0	●	
	S14: Avoidable Pressure Ulcers Grade 3	33	10	4	2	●	
	S15: Avoidable Pressure Ulcers Grade 2	89	23	7	8	●	
Caring	C1: Improvements in Patient Involvement Scores (Qtr)	<i>New Quality Commitment Indicator</i>					
	C4: Inpatient and Day Case friends & family - % positive	97%	97%	97%	97%	●	
	C7: A&E friends and family - % positive	97%	95%	97%	95%	●	
Well Led	W1: Outpatient letters sent within 14 days (Quarterly)	<i>New Quality Commitment Indicator</i>					
	W14: % of Staff with Annual Appraisal	95%	92.4%	95%	92.4%	●	
	W15: Statutory and Mandatory Training	95%	94%	95%	94%	●	
Effective	E1: 30 day readmissions (May)	<8.5%	8.6%	<8.5%	8.6%	●	Note 1
	E2: Mortality Published SHMI (Jan 15 -Dec 15)	99	98	99	98	●	
	E6: # Neck Femurs operated on 0-35hrs	72%	73.4%	72%	64.6%	●	Jul-16
	E8: Stroke - 90% of Stay on a Stroke Unit (May)	80%	82.3%	80%	93.5%	●	
Responsive	R1: ED 4hr Waits UHL+UCC - Calendar Month	95%	80.6%	95%	80.6%	●	
	R3: RTT waiting Times - Incompletes	92%	92.4%	92%	92.4%	●	
	R5: 6 week – Diagnostics Test Waiting Times	<1%	0.7%	<1%	0.7%	●	
	R11: Operations cancelled (UHL + Alliance)	0.8%	1.3%	0.8%	1.4%	●	Aug-16
	R13: Delayed transfers of care	3.5%	2.1%	3.5%	2.1%	●	
	R14: % Ambulance Handover >60 Mins (CAD+)	TBC	6%	TBC	6%	●	May-17
	R15: % Ambulance handover >30mins & <60mins (CAD+)	TBC	11%	TBC	10%	●	May-17
	RC9: Cancer waiting 104+ days	0	15	0	15	●	
	RC1: 2 week wait - All Suspected Cancer	93%	90.3%	93%	89.5%	●	Jul-16
	RC3: 31 day target - All Cancers	96%	95.2%	96%	95.2%	●	Jul-16
RC7: 62 day target - All Cancers	85%	75.3%	85%	74.9%	●	Sep-16	
Enablers		YTD		Qtr1 16/17			
		Plan	Actual	Plan	Actual		
	People	N/A	60.3%	N/A	60.3%	●	
		N/A	72.3%	N/A	72.3%	●	
Finance		YTD		Jun-16			
		Plan	Actual	Plan	Actual	Trend*	
	Surplus/(deficit) £m	(8.1)	(8.1)	3.5	3.3	●	
	Cashflow forecast (balance at end of month) £m	3.0	4.8	3.0	4.8	●	
	CIP £m	6.4	7.5	2.2	3.2	●	
Capex £m	13.4	13.4	7.8	7.8	●		
Estates & facility mgt.		YTD		Jun-16			
		Plan	Actual	Plan	Actual	Trend*	
Percentage of Cleaning Audits achieving the required standard	100%	86%	100%	85%	●		

* Trend is green or red depending on whether this month's actual is better or worse than the average of the prior 6 months

Note 1 - Readmissions compliant by date to be confirmed following implementation of actions.

Please note: Quality Commitment Indicators are highlighted in bold. The above metrics represent the Trust's current priorities and the code preceding many refers to the metrics place in the Trust's Quality & Performance dashboards. Please see these Q&P dashboards for the Trust's full set of key metrics.

UHL Board Assurance Dashboard:		JUNE 2016						
Strategic Objective	Risk No.	Principal Risk Description	Owner	Current Risk Rating	Target Risk Rating	Risk Movement	Assurance Rating	Executive Board Committee for Endorsement
Safe, high quality, patient centred healthcare	1	Lack of progress in implementing UHL Quality Commitment.	CN	12	8	↓		EQB
	2	Failure to provide an appropriate environment for staff/ patients	DEF	12	8	↑		EQB
An excellent integrated emergency care system	3	Emergency attendance/ admissions increase without a corresponding improvement in process and / or capacity	COO	25	6	↔		EPB
Services which consistently meet national access standards	4	Failure to deliver the national access standards impacted by operational process and an imbalance in demand and capacity.	COO	16	6	↔		EPB
Integrated care in partnership with others	5	There is a risk that UHL will lose existing, or fail to secure new, tertiary referrals flows from partner organisations which will risk our future status as a teaching hospital. Failure to support partner organisations to continue to provide sustainable local services, secondary referral flows will divert to UHL in an unplanned way which will compromise our ability to meet key performance measures.	DoMC	12	8	↔		ESB
	6	Failure to progress the Better Care Together programme at sufficient pace and scale impacting on the development of the LLR vision	DoMC	16	10	↔		ESB
Enhanced delivery in research, innovation and clinical education	7	Failure to achieve BRC status.	MD	9	6	↔		ESB
	8	Too few trainers meeting GMC criteria means we fail to provide consistently high standards of medical education	MD	12	6	↔		EWB / EQB
	9	Insufficient engagement of clinical services, investment and governance may cause failure to deliver the Genomic Medicine Centre project at UHL	MD	12	6	↔		ESB
A caring, professional and engaged workforce	10	Lack of system wide consistency and sustainability in the way we manage change and improvement in order to deliver the capacity and capability shifts required for new models of care	DWOD	16	8	↔		EWB
	11	Ineffective structure to deliver the recommendations of the national 'freedom to speak up review	DWOD	16	8	↔		EWB
A clinically sustainable configuration of services, operating from excellent facilities	12	Insufficient estates infrastructure capacity may adversely affect major estate transformation programme	CFO	16	12	↔		ESB
	13	Limited capital envelope to deliver the reconfigured estate which is required to meet the Trust's revenue obligations	CFO	12	8	↓		ESB
	14	Failure to deliver clinically sustainable configuration of services	CFO	20	8	↔		ESB
A financially sustainable NHS Trust	15	Failure to deliver the 2016/17 programme of services reviews, a key component of service-line management	CFO	9	6	↔		ESB
	16	The Demand/Capacity gap if unresolved may cause a failure to achieve UHL deficit control total in 2016/17	CFO	15	10	↔		EPB
	17	Failure to achieve a revised and approved 5 year financial strategy	CFO	15	10	↔		EPB
Enabled by excellent IM&T	18	Delay to the approvals for the EPR programme	CIO	16	6	↔		EIM&T
	19	Lack of alignment of IM&T priorities to UHL priorities	CIO	12	6	↔		EIM&T

Risk ID	CMG	ORGANISATIONAL RISK REGISTER REPORT: HIGH & EXTRME RISKS AS AT 30/06/16			Current Risk Score	Target Risk Score	Risk Movement	Themes aligned with BAF
		Risk Title						
2236	Emergency and Specialist Medicine	There is a risk of overcrowding due to the design and size of the ED footprint			25	16	↔	Effective emergency care
2762	Corporate Nursing	Ability to provide safe, appropriate and timely care to all patients attending the Emergency Department at all times.			25	15	↔	Effective emergency care
2670	RRCV	There is a risk to the Immunology & Allergy Services due to a Consultant Vacancy			20	6	↑ (12 - 20)	Workforce capacity and capability
2354	RRCV	There is a risk of overcrowding in the Clinical Decisions Unit			20	9	↔	Effective emergency care
2149	Emergency and Specialist Medicine	High nursing vacancies across the ESM CMG impacting on patient safety, quality of care and financial performance			20	6	↔	Workforce capacity and capability
2804	Emergency and Specialist Medicine	Outlying Medical Patients into other CMG beds due to insufficient ESM inpatient bed capacity			20	12	↔	Effective emergency care
2333	ITAPS	Lack of paediatric cardiac anaesthetists to maintain a WTD compliant rota leading to interruptions in service provision			20	8	↔	Workforce capacity and capability
2763	ITAPS	Risk of patient deterioration due to the cancellation of elective surgery as a result of lack of ICU capacity			20	10	↔	Workforce capacity and capability
2505	Musculoskeletal and Specialist Surgery	There is a risk of patients being outlied into the Ambulatory Surgical Unit due to lack of beds within the trust.			20	6	↔	Safe, high quality, patient centred healthcare
510	Clinical Support and Imaging	There is a risk of staff shortages impacting on the Blood Transfusion Service at UHL			20	15	↔	Workforce capacity and capability
182	Clinical Support and Imaging	POCT- Inappropriate patient Management due to inaccurate diagnostic results from Point Of Care Testing (POCT) equipment			20	2	↔	Workforce capacity and capability
2787	Clinical Support and Imaging	Failure of medical records service delivery due to delay in electronic document and records management (EDRM) implementation			20	4	↔	Workforce capacity and capability
2562	Women's and Children's	There is a risk that 2 vacant consultant paediatric neurology vacancies could impact sustainability of the service			20	4	↔	Workforce capacity and capability
2403	Corporate Nursing	There is a risk changes in the organisational structure will adversely affect water management arrangements in UHL			20	4	↔	Estates and Facilities services
2404	Corporate Nursing	There is a risk that inadequate management of Vascular Access Devices could result in increased morbidity and mortality			20	16	↔	Safe, high quality, patient centred healthcare
1149	CHUGS	There is a risk to patient diagnosis and treatment due to a failure to deliver the cancer waiting time targets			12	6	↓ (16 - 12)	Safe, high quality, patient centred healthcare
2565	CHUGS	There is a risk of delays in patient treatment due to failure to deliver non admitted and admitted RTT targets			9	6	↓ (16 - 9)	Workforce capacity and capability
2671	CHUGS	There is a risk of potential harm to patients due to delays in diagnostic and treatment procedures in the Endoscopy Unit			6	6	↓ (16 - 6)	Workforce capacity and capability
2621	CHUGS	There is a risk to patient safety & quality due to poor skill mix on Ward 22, LRI			12	6	↓ (16 - 12)	Workforce capacity and capability

Risk ID	CMG	ORGANISATIONAL RISK REGISTER REPORT: HIGH & EXTRME RISKS AS AT 30/06/16			Risk Movemenet	Themes aligned with BAF	
		Risk Title		Current Risk Score			Target Risk Score
2471	CHUGS	There is a risk of poor quality imaging due to age of equipment resulting in suboptimal radiotherapy treatment.		16	4	↔	Safe, high quality, patient centred healthcare
2623	CHUGS	There is a risk of potential harm due to scopes not being appropriately decontaminated.		12	2	↓ (16 - 12)	Safe, high quality, patient centred healthcare
2823	CHUGS	There is a risk of errors with patient medical review appointment and chemotherapy appointments due to gaps in admin workforce.		16	6	↔	Safe, high quality, patient centred healthcare
2819	RRCV	Risk of lack of ITU and HDU capacity will have a detrimental effect on Vascular surgery at LRI		16	12	↔	Workforce capacity and capability
2870	RRCV	Audit of DNACPR form have shown that the discussion with the patient or family is not consistently recorded		16	2	NEW	Safe, high quality, patient centred healthcare
2791	RRCV	Broadening Foundation - Loss of F1 doctors		16	2	↔	Workforce capacity and capability
2820	RRCV	Risk that a timely VTE risk assessment is not performed on admission to CDU meaning that subsequent actions are not undertaken		16	3	NEW	Safe, high quality, patient centred healthcare
2193	ITAPS	There is a risk that the ageing theatre estate and ventilation systems could result in an unplanned loss of capacity at the LRI		16	4	↔	Workforce capacity and capability
2541	Musculoskeletal and Specialist Surgery	There is a risk of reduced theatre & bed capacity at LRI due to increased spinal activity		16	8	↔	Workforce capacity and capability
2759	Musculoskeletal and Specialist Surgery	There is a risk that performance targets are not met due to a capacity gap within the ENT department		16	2	↔	Workforce capacity and capability
2191	Musculoskeletal and Specialist Surgery	There is a risk of lack of capacity within outpatient services causing follow up backlogs and capacity issues in Ophthalmology		16	8	↔	Workforce capacity and capability
2504	Musculoskeletal and Specialist Surgery	There is a risk that patients will wait for an unacceptable length of time for trauma surgery resulting in poor patient outcomes		16	8	↔	Workforce capacity and capability
2687	Musculoskeletal and Specialist Surgery	Lack of appropriate medical cover will clinically compromise care or ability to respond in Trauma orthopaedics		16	9	↔	Workforce capacity and capability
1206	Clinical Support and Imaging	There is a risk that a backlog of unreported images in plain film chest and abdomen could result in a clinical incident		16	6	↔	Workforce capacity and capability
2378	Clinical Support and Imaging	There is a risk that Pharmacy workforce capacity could result in reduced staff presence on wards or clinics		16	8	↔	Workforce capacity and capability
1926	Clinical Support and Imaging	There is a risk that insufficient staffing to manage ultrasound referrals could impact Trust operations and patient safety		16	6	↔	Workforce capacity and capability
2391	Women's and Children's	There is a risk of inadequate numbers of Junior Doctors to support the clinical services within Gynaecology & Obstetrics		16	8	↑ (12 - 16)	Workforce capacity and capability
2153	Women's and Children's	Shortfall in the number of all qualified nurses working in the Children's Hospital.		16	8	↔	Workforce capacity and capability

Risk ID	CMG	ORGANISATIONAL RISK REGISTER REPORT: HIGH & EXTRME RISKS AS AT 30/06/16			Risk Movemenet	Themes aligned with BAF
		Risk Title	Current Risk Score	Target Risk Score		
2394	Communications	No IT support for the clinical photography database (IMAN)	16	1	↔	IM&T services
2338	Medical Directorate	There is a risk of patients not receiving medication and patients receiving the incorrect medication due to an unstable homecare	16	9	↔	Workforce capacity and capability
2237	Medical Directorate	There is a risk of results of outpatient diagnostic tests not being reviewed or acted upon resulting in patient harm	16	8	↔	Workforce capacity and capability
2325	Medical Directorate	There is a risk that security staff not assisting with restraint could impact on patient/staff safety	16	6	↔	Estates and Facilities services
2318	Facilities	There is a risk of blocked drains causing leaks and localized flooding of sewage impacting on service provision	16	2	↔	Estates and Facilities services
2247	Corporate Nursing	There is a risk that a significant number of RN vacancies in UHL could affect patient safety	16	12	↔	Workforce capacity and capability
2316	Operations	There is a risk of flooding from fluvial and pluvial sources resulting in interruption to Services	12	6	↓ (16 - 12)	Estates and Facilities services
1693	Operations	There is a risk of inaccuracies in clinical coding resulting in loss of income	16	8	↔	Workforce capacity and capability
2878	Operations	There is a risk of cancer patients not being discussed at MDTs due to inadequate video conferencing facilities	16	4	NEW	IM&T services
2872	RRCV	There is a risk of bedded bariatric patients being trapped compromising fire evacuation on ward 15 at GGH	15	6	NEW	Safe, high quality, patient centred healthcare
2836	Emergency and Specialist Medicine	There is a risk of single sex breaches on the Brain Injury Unit due to environmental design and inflow of patients.	15	2	↔	Safe, high quality, patient centred healthcare
2837	Emergency and Specialist Medicine	There is a risk of delay in acting upon monitoring investigation results in patients with multiple sclerosis.	15	2	↔	Safe, high quality, patient centred healthcare
2769	Musculoskeletal and Specialist Surgery	There is a risk of cross infection of MRSA as a result of unscreened emergency patients being cared for in the same ward bays	15	5	↔	Workforce capacity and capability
2673	Clinical Support and Imaging	Decommissioning of the cytogenetics laboratory service at UHL through the NHS England Review	12	10	↓ (16 - 12)	Safe, high quality, patient centred healthcare
2549	Musculoskeletal and Specialist Surgery	There is a known risk of excessive waiting times in the departments of Orthodontics and Restorative Dentistry	15	3	↔	Safe, high quality, patient centred healthcare
1157	Clinical Support and Imaging	Lack of planned maintenance for medical equipment maintained by Medical Physics	15	6	↔	Workforce capacity and capability
2601	Women's and Children's	There is a risk of delay in gynaecology patient correspondence due to a backlog in typing	15	6	↔	Workforce capacity and capability
2330	Medical Directorate	Risk of increased mortality due to ineffective implementation of best practice for identification and treatment of sepsis	15	6	↔	Safe, high quality, patient centred healthcare

Risk ID	CMG	ORGANISATIONAL RISK REGISTER REPORT: HIGH & EXTRME RISKS AS AT 30/06/16			Risk Movemenet	Themes aligned with BAF
		Risk Title	Current Risk Score	Target Risk Score		
2402	Corporate Nursing	There is a risk that inappropriate decontamination practise may result in harm to patients and staff	15	3	↔	Safe, high quality, patient centred healthcare
1551	Corporate Nursing	Failure to manage Category C documents on UHL Document Management system (Insite)	15	9	↔	IM&T services
2774	Operations	Delay in sending outpatient letters following consultations is resulting in a significant risk to patient safety & experience .	15	6	↔	Workforce capacity and capability