

CHIEF EXECUTIVE'S MONTHLY UPDATE REPORT – FEBRUARY 2016

Author: Stephen Ward Sponsor: John Adler

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Executive Summary

Context

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

- (a) the Quality and Performance Dashboard for December 2015 attached at appendix 1, (the full month 9 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. The full BAF and risk register entries are available on the Trust's public website and hyperlinked within this report;
- (c) key current issues relating to our annual priorities 2015/16.

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 2015/16?
3. Is the Trust Board happy with the reporting of the Board Assurance Framework.

Conclusion

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

Input Sought

I would welcome the Board's input regarding the 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:

Organisational Risk Register
Board Assurance Framework

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: March 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 FEBRUARY 2016
REPORT BY: CHIEF EXECUTIVE
SUBJECT: MONTHLY UPDATE REPORT – FEBRUARY 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 2015/16, 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 – December 2015

2.1 The Quality and Performance Dashboard for December 2015 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 9 quality and performance report](#) continues to be published on the Trust's website.

Good News

2.4 **RTT** - The RTT incomplete target remains compliant, this is particularly good in the light of rising referrals. The NHS is failing this target as a whole which makes our compliance increasingly rare. **DTOC** - Delayed transfers of care remain well within the tolerance which reflects the

continuation of the good work that takes place across the system in this area. **MRSA** - remains at zero for the year. **Falls** performance has seen a big improvement on the 7.1% of last year. **Annual Appraisals** and **Statutory and Mandatory Training** continue to show improvement. In fact, a positive from the National Staff Survey Results is that more staff feel that their appraisal is a valuable experience. **C DIFF** – over by 1 case in month but still within year to date trajectory. This continues to be closely monitored in respect of antibiotic prescribing controls and cleaning standards. **Pressure Ulcers** - there were zero avoidable **Grade 4** pressure ulcers reported for the 9th consecutive month.

Bad News

2.5 **ED 4 hour performance**- was 85.1% which is a slight improvement compared to the same month last year. Year to date performance has slipped to 89.5%. Contributing factors are set out in the Chief Operating Officer's report. **Ambulance Handover** – remains a very serious issue – this is also examined in detail in the Chief Operating Officer's report. **Referral to Treatment 52+ week waits**. We continue to struggle to bring down these long waits in orthodontics due to an inability to recruit additional Consultants or to find capacity at other providers. This remains an issue of national significance due to the numbers involved. This issue is described in more detail later in this report. We have seen continued improvement in **Diagnostics** but unfortunately progress has been slowed by the failure of 3 MRI scanners at the same time. **Cancelled operations** and **patients rebooked within 28 days** - were both non-compliant, predominantly due to increased adult and children emergencies. **Cancer Standards** - the 62 day backlog remains too high. A Remedial Action Plan has been submitted to Commissioners with a revised compliance date of June 2016. **Fractured NOF** – target not achieved in December due to high number of medically unfit patients. A review of what is included or excluded from the baseline is underway.

3. Board Assurance Framework 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**. The full Board Assurance Framework and the summary of extreme and high risks from the organisational risk register are attached [here](#) as background Board papers for information.

Board Assurance Framework Dashboard

3.2 The Trust Board is asked to note that:-

- Principal risk 3 has seen an increase in risk score from 12 to 16 reflecting the lack of progress on 62 day backlog reduction due to ITU/HDU capacity.
- Principal risk 4 has seen a reduction in risk score from 15 to 12 reflecting that the initial rating was over scored based on evidence and assurances available at the time it was produced.
- Principal risk 5 has seen an increase in risk score from 15 to 16. This is attributable to delays in some actions and the lack of current indicators to show performance against KPIs therefore increasing the likelihood of the objective not being completed.
- Principal risk 14 has seen an increase in risk score from 12 to 16 reflecting the reduction in capital funding for 2015/16 which is likely to continue for 2016/17 impacting on the ability to deliver all of the capital schemes which support the reconfiguration.

Organisational Risk Register

- 3.3 There are currently 52 risks open on the organisational risk register with a current risk rating of 15 and above (i.e. high and extreme). One new risk has been entered during the reporting period with a current rating of 25 (extreme) around 'ability to provide safe, appropriate and timely care to all patients attending the Emergency Department at all times'. This reflects the pressures in the emergency care pathway which are described in more detail in the Chief Operating Officer's report.
- 3.4 Thematic analysis of the risks with a current rating of 15 and above shows that over half (55%) are related to workforce capacity and capability which, should they occur, might impact on patient safety, quality of services and operational targets. Other strategic themes, associated to principal risks on the BAF, include quality of service (19%), estates and facilities functions (11%), emergency care provision, IM&T services, regulatory standards (4% each) and research and innovation (2%).
- 3.5 By way of an update to the Board, following discussion at the Executive Performance Board meeting held on 26th January 2016,, the respective CMGs are working up new operational risks associated with pressures which might impact patients presenting in CDU at Glenfield and compliance with national cancer wait time targets respectively.
4. Progress against our Annual Priorities 2015/16
- 4.1 Strategic Objective: Safe, High quality, Patient Centred Healthcare

Care Quality Commission Regulatory Action

- 4.2 I reported last month on the regulatory action taken by the Care Quality Commission following their unannounced inspection of the Emergency Department on 30th November 2015.
- 4.3 The Trust continues to address the issues identified by the CQC. Our performance is reported to Trust Board members weekly and is subject to review monthly at the Quality Assurance Committee, most recently at its meeting held on Thursday, 28th January 2016.
- 4.4 A second 'Risk Summit' is to be held on Monday, 1st February 2016 to discuss the issues in question and I will report orally at the Trust Board meeting on the outcome of those discussions. At the time of writing, the report of the inspection on 30th November 2015 has still not been received but we assume that we are aware of the CQC's principal areas of concern via the imposition of the Conditions on our registration.

Draft Quality Commitment 2016/17

- 4.5 I note here that, at its meeting on 28th January 2016, the Quality Assurance Committee considered the draft Quality Commitment 2016/17 and a report on this subject features elsewhere on the agenda for this meeting of the Trust Board.
- 4.6 Strategic objective: Services which consistently meet national access standards

Orthodontics

- 4.7 As referenced in section 2.5, the Trust has an ongoing issue with patients waiting over 52 weeks for orthodontic treatment. This results from a severe imbalance between demand and capacity, which has in turn been caused by an inability to recruit additional medical staff. The service was closed to new referrals during 2015 but there remains a group of patients for whom we can offer no realistic prospect of treatment within a reasonable timeframe. We have made exhaustive attempts to find alternative providers for these patients but have been unable to transfer more than a small number. As a result, we feel that it would be in the best interests of these patients to send their referrals back to the originator so that they can be re-referred to providers with shorter waiting times. We would do this gradually so as to avoid creating excessive waits elsewhere. This course of action is supported by the NHS Trust Development Authority but is still being discussed with the commissioners of the service, NHS England. There is a further meeting with the NTDA and NHSE on 5th February at which a final decision is expected to be made. This issue was the subject of a full report to the Integrated Finance Performance and Investment Committee on 28th January 2016 at which the proposed course of action was supported.
- 4.8 Strategic objective: Enhanced Delivery in Research, Innovation and Clinical Education

UHL Clinicians – Honorary Titles at the University of Leicester

- 4.9 The College of Medicine, Biological Sciences and Psychology at the University of Leicester recently asked for expressions of interest for the award of an honorary academic position. A number of Consultants at the Trust applied and their applications were considered in December 2015 and, where appropriate, supporting references sought.
- 4.10 The College process is complete and a number of individuals have been awarded an honorary title at the University of Leicester – please see appendix 4.
- 4.11 The College will be hosting a celebratory event to mark these appointments later this year and representatives of the Trust will be invited to attend that event.
- 4.12 I am sure that members of the Trust Board will wish to join me in congratulating those colleagues identified at appendix 4 who have been awarded honorary titles. We welcome this initiative by the University as a way of recognising the teaching and research contribution of NHS consultants and further strengthening the partnership between our two organisations.

Biomedical Research Centre

- 4.13 At last month's meeting, the Trust Board noted that the National Institute for Health Research had recently announced a call to bid for Biomedical Research Centres to commence from April 2017.
- 4.14 As previously reported, UHL is to lead a bid for a single 'BRC' which will encompass the existing Biomedical Research Unit themes. The lead academic partner will be University of Leicester, with Loughborough University also given due prominence in this application.
- 4.15 Since the last Trust Board meeting, there have been detailed discussions about the BRC Director and Theme Lead roles.
- 4.16 The BRC partnership is in the fortunate position of having several distinguished colleagues with very strong academic credentials. Our discussions have taken account of the necessity to have strong researchers in all positions, whilst being mindful of NIHR's Athena Swan Silver Award requirements and having a desire to be inclusive of all partner organisations.
- 4.17 I am therefore pleased to inform you that the following BRC leadership team has been agreed:

BRC Director: Prof Melanie Davies
Theme 1 Lead: Prof Sir Nilesh Samani
Theme 2 Lead: Prof Chris Brightling
Theme 3 Lead: Prof Mark Hamer

4.18 I believe that this is a very strong team and gives us the best chance of success. I would like to thank all colleagues for their constructive contributions to these discussions and look forward to helping in the preparation of a successful BRC application from Leicester/Loughborough. UHL is completely committed to maximising our chances of success and I know that Leicester and Loughborough Universities are of similar mind.

4.19 Strategic Objective: A Financially Sustainable NHS Organisation

2015/16 Outturn and 2016/17 Plan including Sustainability and Transformation Fund

4.20 The Chief Financial Officer's report details the financial performance of the Trust to Month 9. This shows that we continue to forecast the achievement of our "stretch" target of a £34.1m deficit. This is welcome news. Although it should be noted that it is not without risk. The CFO's report also includes details of the financial support that we have been offered for 2016/17 and the conditions attached to that support.

Update on Capped Rates for Agency Staff

4.21 I reported to the Trust Board last month on the introduction by Monitor and the NHS Trust Development Authority of caps on the hourly rates paid for all agency staff with effect from 23rd November 2015.

4.22 The Executive Performance Board considered the latest position at its meeting on 26th January 2016.

4.23 The Executive Performance Board agreed that a report on agency spend would be submitted to each of its meetings from now onwards and that an update report on the Trust's overall position and underpinning processes and governance will be submitted to the February 2016 meeting of the Integrated Finance, Performance and Investment Committee.

4.24 On 15th January 2016, NHS Improvement Chief Executive, Jim Mackey, wrote to NHS Trust and Foundation Trust Chief Executives about the next steps on agency spend controls. These include:

- From 1st February 2016, the price caps will be reduced, as previously proposed;
- All agency procurement for all staff groups will be required to be via approved framework agreements;
- Framework suppliers will have to ensure their prices are at or below the rates NHS Improvement sets;
- It is a core condition of the Sustainability and Transformation Fund that Trusts comply with all the agency rules.

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 January 2016

Quality & Performance

		YTD		Dec-15		Trend*	Compliant by?
		Plan	Actual	Plan	Actual		
Safe	S1: Clostridium Difficile	61	40	5	6	●	Jan-16
	S2A: MRSA (All)	0	0	0	0	●	
	S2B: MRSA (Avoidable)	0	0	0	0	●	
	S3: Never events	0	1	0	0	●	
	S4: Serious Incidents	N/A	34	N/A	3	●	
	S11: Falls per 1,000 bed days for patients > 65 years	<7.1	5.1	<7.1	4.7	●	
	S12: Avoidable Pressure Ulcers Grade 4	0	0	0	0	●	
S13/14: Avoidable Pressure Ulcers Grade 2 & 3	168	89	14	10	●		
Caring	C1: Inpatient and Day Case friends & family - % positive	Q4 97%	96%	Q3 96%	97%	●	
	C2: A&E friends and family - % positive	Q4 97%	96%	Q3 96%	95%	●	
Well Led	W11: % of Staff with Annual Appraisal	95%	92.7%	95%	92.7%	●	Mar-16
	W12: Statutory and Mandatory Training	95%	93%	95%	93%	●	Mar-16
Effective	E1: Mortality Published SHMI (Apr 14 - Mar 15)	100	98	100	98	●	
	E9: 30 day readmissions (November)	<7%	8.9%	<7%	8.3%	●	Note 1
	E10: Neck Femurs operated on 0-35hrs	72%	63.7%	72%	59.7%	●	Mar-16
	E11: Stroke - 90% of Stay on a Stroke Unit (November)	80%	85.2%	80%	83.5%	●	
Responsive	R1: ED 4hr Waits UHL+UCC - Calendar Month	95%	89.5%	95%	85.1%	●	Mar-16
	R3: RTT waiting Times - Incompletes	92%	93.0%	92%	93.0%	●	
	R5: 6 week – Diagnostics Test Waiting Times	1%	7.0%	1%	7.0%	●	Mar-16
	R11: Operations cancelled (UHL + Alliance)	0.8%	0.9%	0.8%	1.1%	●	Feb-16
	R14: Delayed transfers of care	3.5%	1.2%	3.5%	1.6%	●	
	R16: % Ambulance Handover >60 Mins (CAD+)	TBC	13%	TBC	16%	●	Note 2
	R17: % Ambulance handover >30mins & <60mins (CAD+)	TBC	22%	TBC	23%	●	Note 2
	RC9: Cancer waiting 104+ days	0	23	0	23	●	
	RC1: 2 week wait - All Suspected Cancer	93%	89.3%	93%	92.4%	●	Dec-15
	RC3: 31 day target - All Cancers	96%	95.6%	96%	95.5%	●	Mar-16
RC7: 62 day target - All Cancers	85%	77.8%	85%	82.5%	●	Jun-16	

Enablers

		YTD		Nov-15		Trend*	Compliant by?
		Plan	Actual	Plan	Actual		
People	W6: Staff recommend as a place to work	N/A	52.5%	N/A	55.7%	●	
	C6: Staff recommend as a place for treatment	N/A	68.7%	N/A	71.9%	●	

		YTD		Dec-15		Trend*	Forecast Outturn
		Plan	Actual	Plan	Actual		
Finance	Surplus/(deficit) £m	(30.1)	(32.0)	(0.9)	(1.0)	●	(34.1)
	Cashflow forecast (balance at end of month) £m	3.0	8.1	3.0	8.1	●	3.0
	CIP £m	32.4	31.2	3.9	3.9	●	43.0
	Capex £m	33.5	26.8	3.4	2.6	●	49.5

** In month plan restated as part of September TDA plan resubmission

		YTD		Dec-15		Trend*	
		Plan	Actual	Plan	Actual		
Estates & facility mgt.	Percentage of Cleaning Audits achieving the required standard	100%	N/A	100%	65%	●	May-16
	To present a more accurate reflection of standards this indicator includes scores solely from audits observed or commissioned directly by the Trust Facilities Team.						

* 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.

Note 2 - Ambulance Handover - Compliant by date to jointly be agreed with EMAS following implementation of joint action plan.

Please note: 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:		December 2015							
Objective	Risk No.	Risk Description	Owner	Current Risk Rating	Target Risk Rating	Risk Movement	Reasonable Assurance Rating	Board Committee for Assurance	
								Comm	Date
Safe, high quality, patient centred healthcare	1	Lack of progress in implementing UHL Quality Commitment (QC).	CN	9	6	↔	G	EQB/QAC	
An effective and integrated emergency care system	2	Emergency attendance/ admissions increase	COO	25	6	↔	A	EPB/TB	
Services which consistently meet national access standards	3	Failure to transfer elective activity to the community , develop referral pathways, and key changes to the cancer providers in the local health economy may adversely affect our ability to consistently meet national access standards	COO	12	6	↔	G	EPB/IFPIC	
Integrated care in partnership with others	4	Existing and new tertiary flows of patients not secured compromising UHL's future more specialised status.	DS	12	8	↓	A	ESB/TB	
	5	Failure to deliver integrated care in partnership with others including failure to: Deliver the Better Care Together year 2 programme of work Participate in BCT formal public consultation with risk of challenge and judicial review Develop and formalise partnerships with a range of providers (tertiary and local services) Explore and pioneer new models of care. Failure to deliver integrated care.	DS	16	10	↑	R	ESB/TB	
Enhanced delivery in research, innovation and clinical education	6	Failure to retain BRU status.	MD	15	6	↔	A	ESB/TB	
	7	Clinical service pressures and too few trainers meeting GMC criteria may mean we fail to provide consistently high standards of medical education.	MD	12	4	↔	A	EWB/TB	
	8	Insufficient engagement of clinical services, investment and governance may cause failure to deliver the Genomic Medicine Centre project at UHL	MD	16	6	↔	A	ESB/TB	
A caring, professional and engaged workforce	10	Gaps in inclusive and effective leadership capacity and capability , lack of support for workforce well- being, and lack of effective team working across local teams may lead to deteriorating staff engagement and difficulties in recruiting and retaining medical and non-medical staff	DWOD	16	8	↔	G	EWB/TB	
A clinically sustainable configuration of services, operating from excellent facilities	11	Insufficient estates infrastructure capacity and the lack of capacity of the Estates team may adversely affect major estate transformation programme	DS	20	10	↔	A	ESB/IFPIC	
	12	Limited capital envelope to deliver the reconfigured estate which is required to meet the Trust's revenue obligations	DS	20	8	↔	G	ESB/IFPIC	
	13	Lack of robust assurance in relation to statutory compliance of the estate	DS	16	8	↔	A	ESB/IFPIC	
	14	Failure to deliver clinically sustainable configuration of services	DS	16	8	↑	A	ESB/IFPIC	
A financially sustainable NHS Organisation	15	Failure to deliver the 2015/16 programme of services reviews, a key component of service-line management (SLM)	DS	9	6	↔	G	EPB/IFPIC	
	16	Failure to deliver UHL's deficit control total in 2015/16	CFO	15	10	↔	G	EPB/IFPIC	
	17	Failure to achieve a revised and approved 5 year financial strategy	CFO	15	10	↔	G	EPB/IFPIC	
Enabled by excellent IM&T	18	Delay to the approvals for the EPR programme	CIO	16	6	↔	A	IMT/IFPIC	
	19	Perception of IM&T delivery by IBM leads to a lack of confidence in the service	CIO	16	6	↔	G	IMT/IFPIC	

Risk ID	CMG	Risk Title	Current Score	Target Score	Risk Movement	Themes aligned with BAF
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	NEW	Effective emergency care
2234	Emergency and Specialist Medicine	There is a medical staffing shortfall resulting in a risk of an understaffed Emergency Department impacting on patient care	20	6	↔	Workforce capacity and capability
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
2415	ITAPS	There is a risk of loss of ITU facilities at the LGH rmg in a lack of Consultant cover for the Service	20	2	↔	Workforce capacity and capability
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
2391	Women's and Children's	There is a risk of inadequate numbers of Junior Doctors to support the clinical services within Gynaecology & Obstetrics	20	8	↔	Workforce capacity and capability
1042	Women's and Children's	Unavailability of USS and not meeting National Standards for USS in Maternity	20	6	↔	Workforce capacity and capability
2667	Women's and Children's	Emergency Buzzer & Call Bell not audible clearly on Delivery Suite which could result in MDT being delayed to an emergency	20	5	↔	Estates and Facilities services
2553	Women's and Children's	There is a risk of spread of infection due to inadequate levels of cleaning on the Neonatal Unit (NNU) at LRI.	20	6	↔	Estates and Facilities services
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	8	↔	Safe, high quality, patient centred healthcare
2471	CHUGS	There is a risk of Radiotherapy Tx on the Linac (Bosworth) being compromised due to poor Imaging capability of the machine.	16	4	↔	Safe, high quality, patient centred healthcare
2671	CHUGS	There is a risk of delays to patients treatment in the Endoscopy Unit	16	6	↔	Workforce capacity and capability
2621	CHUGS	There is a risk to patient safety & quality due to high nurse vacancy levels on Ward 22, LRI	16	6	↔	Workforce capacity and capability
2422	CHUGS	There is a risk nurse staffing levels on SAU LRI could adversely impact the quality of patient care delivered	16	4	↔	Workforce capacity and capability
2623	CHUGS	There is a risk of harm or death to a patient if scopes are not properly decontaminated.	16	2	↔	Safe, high quality, patient centred healthcare
2617	RRCV	Shortfall in appropriately skilled nursing staff at Northampton's renal units	16	8	↔	Workforce capacity and capability
2609	RRCV	Risks to the quality of Patient Cardiac Rehabilitation individual assessments due to new clinic location in LRI	16	8	↔	Safe, high quality, patient centred healthcare
2591	Emergency and Specialist Medicine	Risk of increased demand in diabetes outpatient foot clinic leading to overbooked clinics which over run	16	8	↔	Workforce capacity and capability
2388	Emergency and Specialist Medicine	There is risk of delivering a poor and potentially unsafe service to patients presenting in ED with mental health conditions	16	6	↔	Effective emergency care
2466	Emergency and Specialist Medicine	There is a risk of Patient harm due to delays in timely review of results and Monitoring in Rheumatology	16	1	↔	Safe, high quality, patient centred healthcare
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
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
607	Clinical Support and Imaging	Failure of UHL BT to fully comply with BCSH guidance and BSQR in relation to traceability and positive patient identification	16	4	↔	Regulatory standards.
182	Clinical Support and Imaging	POCT- Inappropriate patient Management due to inaccurate diagnostic results from Point Of Care Testing (POCT) equipment	16	2	↔	Workforce capacity and capability
2654	Clinical Support and Imaging	There is a risk of failure of delivering Breast Histopathology Services due to unplanned Consultant Pathologist sickness absence	16	4	↓ (20 - 16)	Workforce capacity and capability
2487	Clinical Support and Imaging	Maintaining the quality of the Nuclear Medicine service for PET, Cardiac MPI and general diagnostics	16	6	↔	Workforce capacity and capability
2245	Clinical Support and Imaging	Staff vacancies and increased activity within the medical records departments is having an impact on service delivery	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
2384	Women's and Children's	There is an increased risk in the incidence of babies being born with HIE (moderate & severe) within UHL	16	8	↔	Safe, high quality, patient centred healthcare
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
2593	The Alliance	There is a risk of cross infection and non compliance with JAG due to inadequate design of the endoscopy decontamination dept	12	2	↓ (16 - 12)	Regulatory standards.
2394	Communications	No IT support for the clinical photography database (IMAN)	16	1	↔	IM&T services
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
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
2093	Medical Directorate	Athena Swan - potential Biomedical Research Unit funding issues.	16	4	↔	Reserch and Innovation
2318	EFMC	There is a risk of blocked drains causing leaks and localized flooding of sewage impacting on service provision	16	2	↔	Estates and Facilities services
2325	Corporate Nursing	There is a risk that security staff not assisting with restraint could impact on patient/staff safety	16	6	↔	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
1693	Operations	There is a risk of inaccuracies in clinical coding resulting in loss of income	16	8	↔	Workforce capacity and capability
2316	Operations	There is a risk of flooding from fluvial and pluvial sources resulting in interruption to Services	16	12	↔	Estates and Facilities services
2549	Musculoskeletal and Specialist Surgery	There is a known risk of excessive waiting times in the departments of Orthodontics and Restorative Dentistry	15	9	↓ (25 - 15)	Safe, high quality, patient centred healthcare
2673	Clinical Support and Imaging	Decommissioning of the cytogenetics laboratory service at UHL through the NHS England Review	15	10	↔	Safe, high quality, patient centred healthcare
760	EFMC	Fire compartmentation at LGH	15	2	Closed	
2561	Clinical Support and Imaging	Non specialist Provision of Vascular Access Services on the LGH/GGH site in comparison to the services offered at the LRI	9	4	↓ (15 - 9)	Workforce capacity and capability
2278	Women's and Children's	There is a risk that the Leicester Fertility Centre could have its licence for the provision of treatment and services withdrawn	15	6	Closed	
2426	Clinical Support and Imaging	There is a risk that an increase in referrals could compromise safety for patients with complex nutritional requirements	15	3	↔	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
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

Appendix 4

Awarded an Honorary Chair

Department	Area	Honorary Title	Title	Surname	First Name
CVS	Cardiology	Chair	Dr	Kovac	Jan
3I	Infectious Diseases	Chair	Dr	Wiselka	Martin
CS	Medical Oncology	Chair	Dr	Ahmed	Samreen
CS	Clinical Genetics	Chair	Dr	Barwell	Julian
CS	Surgery	Chair	Dr	Bowrey	David
HS	Geriatrics	Chair	Dr	Conroy	Simon
College	Surgery	Chair	Mr	Lloyd	David
3I	Respiratory Medicine	Chair	Dr	Peake	Mick
3I	Respiratory Medicine	Chair	Prof	Steiner	Mick
CVS	Anaesthesia	Chair	Dr	Thompson	Jonathan
ME	Medical Education/Pathology	Chair	Dr	West	Kevin
ME	Medical Education/Renal	Chair	Prof	Carr	Sue*

*Professor Carr's award replaces her previous award as an Honorary Visiting Professor

Awarded an Honorary Readership

Department	Area	Honorary Title	Title	Surname	First Name
HS	Urology	Reader	Mr	Terry	Tim
CS	Surgery	Reader	Mr	Avery	Chris
HS	Emergency Care Med	Reader	Dr	Banerjee	Jay
HS	O&G	Reader	Mr	Habiba	Marwan
CS	Gynaecological Oncologist	Reader	Dr	Moss	Esther
NPB	Ophthalmology	Reader	Mr	Prydal	Jeremy
CS	Histopathology	Reader	Dr	Saldanha	Gerald

Awarded an Honorary Senior Lecturership

Department	Area	Honorary Title	Title	Surname	First Name
CVS	Cardiothoracic Anaesthesia	Sen Lec	Dr	Ahmed	Aamer
3I	Renal Medicine	Sen Lec	Dr	Al-Jayyousi	Reem
3I	Respiratory	Sen Lec	Dr	Baxter	Caroline
HS	Neonatology	Sen Lec	Dr	Fawke	Joseph
MCB	Dermatology	Sen Lec	Dr	Johnston	Graham
CVS	Cardiology (Adult)	Sen Lec	Dr	MacDonald	Simon
HS	O&G	Sen Lec	Dr	McParland	Penny
HS	O&G	Sen Lec	Dr	Mousa	Hatem (Tommy)
College	Maxofacial	Sen Lec	Mr	Ormiston	Ian
ME	Acute Med & Geriatrics	Sen Lec	Dr	Simon	Biju
HS	Orthopaedic Surgery	Sen Lec	Mr	Singh	Harvinder

Appendix 4

3I	Virology	Sen Lec	Dr	Tang	Julian
CS	Colorectal, Pelvic Surgery	Sen Lec	Mr	Yeung	Justin
CVS	Cardiology (Adult)	Sen Lec	Dr	Bolger	Aidan
CS	HPB Surgery	Sen Lec	Mr	Garcea	Giuseppe
HS	O&G	Sen Lec	Dr	Potdar	Neelam
	O&G	Sen Lec	Dr	Green	Ruth
	Stroke Medicine	Sen Lec	Dr	Mistri	Amit
	Infectious Diseases	Sen Lec	Dr	Stephenson	Iain

Awarded an Honorary Lecturership

Department	Area	Honorary Title	Title	Surname	First Name
CS	Clinical Oncology	Lecturer	Dr	Aznar-Garcia	Luis
3I	Radiology (Thoracic)	Lecturer	Dr	Barnes	Daniel
HS/3I	Neonatology	Lecturer	Dr	Kairamkonda	Venkatesh