

# CHIEF EXECUTIVE'S MONTHLY UPDATE REPORT – 5

## May 2016

Author: Stephen Ward Sponsor: John Adler Trust Board 5 May 2016

Trust Board paper D

## Executive Summary

### Context

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

- (a) the Quality and Performance Dashboard for March 2016 attached at appendix 1 (the full month 12 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) a commentary on our 2016/17 annual priorities, including our 2016/17 Quality Commitment.

### 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 comments to make regarding either the Board Assurance Framework Dashboard or Organisational Risk Register Dashboard?
3. Does the Trust Board have any comments to make regarding our 2016/17 annual priorities, including our 2016/17 Quality Commitment?

### 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: June 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 not comply]

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**

**REPORT TO: TRUST BOARD**

**DATE: 5 MAY 2016**

**REPORT BY: CHIEF EXECUTIVE**

**SUBJECT: MONTHLY UPDATE REPORT – MAY 2016**

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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 – March 2016

2.1 The Quality and Performance Dashboard for March 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 12 quality and performance report](#) continues to be published on the Trust's website.

*Good News*

2.4 **Mortality** – the latest published SHMI (covering the period October 2014 to September 2015) is **96** – this compares to a peak of 105. **RTT** – the RTT incomplete target remains compliant, this is particularly good in the light of the continued high level of cancelled operations due to

emergency pressures. **Diagnostics** performance is 1.1% reducing from a high of 13.4% August 2015 – compliance is now expected April 2016. The **Cancer Two Week Wait** target was initially achieved in December 2015 for the first time in that financial year and has also been delivered for February 2016. **Delayed transfers of care** remain well within the tolerance reflecting the continuation of the good work that takes place across the system in this area. **MRSA** – avoidable remains at 0 for the year, however 1 unavoidable case was reported in March. **C DIFF** – the challenging annual threshold of 61 was achieved. **Pressure Ulcers** – 0 **Grade 4** pressure ulcers reported in March and **Grade 3** are 52% lower than 2014/15. **Falls** performance has continued to show a big improvement on last year. **Patient Satisfaction (FFT)** achieved the Quarter 4 Quality Commitment target of 97% for Inpatients and Day Cases.

### *Bad News*

- 2.5 **ED 4 hour performance** was 77.5% and the year to date performance has slipped to 86.9%. Contributing factors are set out in the Chief Operating Officer's report. **Ambulance Handover 60+ minutes**– sustained the improvements delivered in February (despite ED pressures) but remains a serious issue – this is also examined in detail in the Chief Operating Officer's report. **Referral to Treatment 52+ week waits** has reduced by 29 over the last month – the first time since the problem with treating orthodontic patients came to light. An organised process of transferring patients to other providers is now in progress and we should see substantial reductions in these waits in the coming months. **Cancelled operations** and **patients rebooked within 28 days** – continued to be non-compliant, due to increased emergency pressures. **Cancer Standards** - the 62 day backlog continues to show signs of improvement with the latest backlog down to 62 (from a peak of 116 in January). **Fractured NOF** – target not achieved in March – this has now reverted to a persistent failure. Compliance is expected in Quarter 2 2016, however this is dependent on theatre capacity. The Quality Assurance Committee is examining this issue in depth at its meeting on 28 April 2016. **Patient Satisfaction (FFT)** the target of 97% was not achieved for ED during March and **ED FTT coverage** remains low. The latter is not acceptable.

### 3. Board Assurance Framework and Organisational Risk Register Dashboards

- 3.1 As part of the 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 dashboard **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 papers for information.

### *Board Assurance Framework Dashboard*

- 3.2 In relation to principal risk 2 '*Emergency attendance / admissions increase*', the Board is asked to note that performance in March was very poor. I am however pleased to say that we have seen a significant improvement in recent days. The gaps in assurance - clear attendance and admission avoidance plans, along with work to reduce internal delays - are the keys to resolving this. The assurance rating for this risk has moved from amber to red. There is an increased risk (from 15 to 20) of '*failure to deliver a clinically sustainable configuration in services*' (principal risk 14). An improving financial picture and achievement of our forecast year end position has meant that principal risk 16 ('*Failure to deliver UHL's deficit control total in 2015/16*') has achieved its target score. Likewise, improvement against KPI's and an increased level of confidence of IM&T delivery by IBM means that principal risk 19 has also moved to its target score.

### *Organisational Risk Register dashboard*

- 3.3 There are currently 48 risks open on the organisational risk register with a current risk rating of 15 and above (i.e. scoring high and extreme) and no new high risks entered during the reporting period.
- 3.4 There continues to be steady movement on the risk register with three risks increasing to a high rating, five risks reducing to a moderate rating and one risk closing during the reporting period.
- 3.5 Thematic analysis of risks scoring 15 and above on the risk register continues to reveal the majority of risks are caused by workforce capacity and capability with potential to impact on safety, quality and performance.

### 4. Annual Priorities 2016/17

- 4.1 As we start the new financial year, I think it is appropriate that I provide some general commentary on our 2016/17 annual priorities, including our 2016/17 Quality Commitment.
- 4.2 As we know, our 9 strategic objectives have not changed since we set them out in our 5 year plan – Delivering Caring at its Best in 2015. The Annual Priorities, however, change year on year to get us closer to achieving these objectives. Essentially, it's a continuation of our journey.
- 4.3 Below are all of the priorities that we will be focussing on for the coming 12 months, including the updated Quality Commitment. The lead Directors for each objective are also shown. My narrative for each set of priorities is shown in italics below.

## 1. Safe, high quality, patient centred care – 2016/17 Quality Commitment

- Reduce avoidable mortality and re-admissions through screening of deaths and use of the re-admissions toolkit (Andrew Furlong)
- Reduce harm through core 7-day standards, new EWS and observation processes and safer use of insulin (Andrew Furlong)
- Improve patient experience through involving them in their care, better end of life planning and improvements in outpatients (Julie Smith)
- Prepare effectively for the 2016 Care Quality Commission Inspection (Julie Smith)
- Develop a high quality in-house Estates and Facilities service (Darryn Kerr)

The first three of these objectives are a summary of the new Quality Commitment, shown in the picture below, with the addition of the work being done in the lead up to our CQC inspection in June and bringing in-house the estates and facilities function as we draw to a close our contract with Interserve.



We know that the Quality Commitment approach works. Evidence that we have reduced mortality and harm and increased the patient experience proves that we need to continue to build on what we have already achieved and make further improvements in those areas where we are less good. That is what the 2016/17 Quality Commitment does. It also brings in new national guidance or policy that we need to implement, such as whistleblowing and a new approach to reviewing in-hospital deaths.

I would like to draw the Board's attention to two areas particularly. Firstly, 7-day services; this is an important area but full implementation will rely on finding additional resources, which may be difficult this year.

*Secondly, in the past we have focused a lot on inpatients but the majority of the people we treat are outpatients so this year we will focus also on improvements we can make to their experience. We are starting a pilot in ophthalmology, because despite the good work that has been done recently, it is a big speciality with long waiting times in clinic.*

## **2. An excellent, integrated emergency care system**

- a) Reduce ambulance handover delays in order to improve patient experience, care and safety (Richard Mitchell)
- b) Fully utilise ambulatory care to reduce emergency admissions and reduce length of stay (including ICS) (Richard Mitchell)
- c) Develop a clear understanding of demand and capacity to support sustainable service delivery and to inform plans for addressing any gaps (Richard Mitchell)
- d) Diagnose and reduce delays in the in-patient process to increase effective capacity (Richard Mitchell)

*This is an area where we have made much less tangible progress. That is not to say that we have not made improvements. For example, ambulance handovers have been a specific focus over the last few months and we have seen a 29% reduction in delays since November, but there is still much more to be done.*

*New for this year is the plan to diagnose and reduce delays in the in-patient process. Our Clinical Senate recently shared some work they had done that identified that there is an enormous amount of downtime for patients waiting for things like clinical decisions, diagnostics and discharge. If we can reduce these delays it will be better for patients and reduce pressure on beds.*

## **3. Services which consistently meet national access standards**

- a) Maintain 18-week RTT and diagnostic access standard compliance (Richard Mitchell)
- b) Deliver all cancer access standards sustainably (Richard Mitchell)

*These are both familiar, and despite recent improvements there is still more to be done, particularly in cancer.*

## **4. Integrated care in partnership with others**

- a) Work with partners to deliver year 3 of the Better Care Together programme to ensure we continue to make progress towards the LLR vision (including formal consultation) (Mark Wightman)
- b) Develop new and existing partnerships with a range of partners, including tertiary and local service providers to deliver a sustainable network of providers across the region (Mark Wightman)
- c) Progress the implementation of the EMPATH strategic outline case (Paul Traynor)

*Again, these are similar to last year but we are moving to a more integrated partnership approach to working and hopefully break down some of the barriers that exist across organisational boundaries.*

*We will also focus on pushing forward our EMPATH partnership with Nottingham University Hospitals which has suffered from a loss of momentum over the last year.*

**5. An enhanced reputation in research, innovation and clinical education**

- a) Deliver a successful bid for a Biomedical Research Centre (*Andrew Furlong*)
- b) Support the development of the Genomic Medical Centre and Precision Medicine Institute (*Andrew Furlong*)
- c) Develop and exploit the OptiMeD project, scaling this up across the Trust (*Paul Traynor*)
- d) Improve the experience of our medical students to enhance their training and improve retention, and help to introduce the new University of Leicester Medical Curriculum (*Andrew Furlong*)
- e) Develop and implement our Commercial Strategy to deliver innovation and growth across both clinical and non-clinical opportunities (*Paul Traynor*)
- f) Launch the Leicester Academy for the Study of Ageing (LASA) (*TBC*)

*We have done a lot on the research front over the past year, but our focus for the coming year is to become a Biomedical Research Centre (BRC). Nationally, there are currently both Biomedical Research Units and Centres, but Units will disappear. Professor Melanie Davies is the designated lead and is currently working with colleagues on our bid to become a BRC and we should find out more in the summer. We need this as it is very important for our research portfolio.*

*We have also done a lot over the past year to improve medical education for our postgraduates so our emphasis this year will shift to improving the training experience for our medical students and hopefully improve our retention.*

**6. A caring, professional, passionate and engaged workforce**

- a) Develop an integrated workforce strategy to deliver a flexible multi-skilled workforce that operates across traditional organisational boundaries and enhances internal sustainability (*Louise Tibbert*)
- b) Deliver the Year 1 Implementation Plan for the UHL Way, ensuring an improved level of staff engagement and a consistent approach to change and development (*Louise Tibbert*)
- c) Develop training for new and enhanced roles, i.e. Physician's Associates, Advanced Nurse Practitioners, Clinical Coders (*Louise Tibbert*)
- d) Deliver the recommendations of "Freedom to Speak Up" Review to further promote a more open and honest reporting culture (*Louise Tibbert*)

*These continue to build on our workforce strategy. We will see the first year of the UHL Way implemented along with training for brand new roles that will appear across our organisation. We also need to implement a new national whistleblowing policy.*



**7. A clinically sustainable configuration of services, operating from excellent facilities**

- a) Complete and open Phase 1 of the new Emergency Floor (*Darryn Kerr*)
- b) Deliver our reconfiguration business cases for vascular and level 3 ICU (and dependent services) (*Paul Traynor*)
- c) Develop new models of care that will support the development of our services and our reconfiguration plan (*Paul Traynor/Mark Wightman*)
- d) Develop outline business cases for our integrated Children's Hospital, Women's Services and planned ambulatory care hub (*Paul Traynor*)

*As I have reported to the Board previously, we need to access capital funding for many of our projects, which have slowed in recent months due to the financial challenges faced by the whole NHS. We will continue to pursue this capital and ensure that we reconcile all of our plans with the work being done on demand and capacity.*

**8. A financially sustainable NHS Trust**

- a) Deliver our CIP target in full (*Richard Mitchell*)
- b) Reduce our deficit in line with our 5-Year Plan (*Paul Traynor*)
- c) Reduce our agency spend to the national cash target (*Louise Tibbert*)
- d) Implement service line reporting through the programme of service reviews to ensure the ongoing viability of our clinical services (*Paul Traynor*)
- e) Deliver operational productivity and efficiency improvements in line with the Carter Report (*Paul Traynor*)

*We have been successful in stabilising our finances and reducing our deficit – in that sense we are doing better now than many Trusts. We need to continue that progress and delivering our CIP is a key part of that.*

*In the coming year we have a nationally set target of not spending more than £20m on agency staff. We have been doing a lot to reduce our reliance on agency staff, but we are going to have to do a lot more to stay within that cash target.*

*We are playing our part in the development of the Leicester, Leicestershire and Rutland Sustainability and Transformation Plan due to be finalised by 30 June 2016.*

**9. Enabled by excellent IM&T**

- a) Improve access to and integration of our IT systems (*John Clarke*)
- b) Conclude the EPR business case and start implementation (*John Clarke*)

*And finally, of course all of our work is underpinned by good IT systems. Having failed to get approval for our EPR (Electronic Patient Record) business case last year, we plan to pursue that again this year. I will keep the Board informed about our progress with that business case in future briefings.*

*In this regard, it is worth noting that the EPR project has just been reviewed by the Health and Social Care Information Centre (soon to be known as 'NHS Digital'). This review was a short, focused independent and impartial peer-to-peer assessment on the status of the project to provide the Senior Responsible officer and the Programme Board with support to help ensure successful delivery. The review outcome was very positive with a rating of "Amber/Green" and no critical actions. Detailed findings of the review, and the Trust's response, will be reported to the Audit Committee.*

5. Conclusion

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

John Adler  
Chief Executive

27 April 2016

## Quality & Performance

		YTD		Mar-16		Trend*	Compliant by?	
		Plan	Actual	Plan	Actual			
<b>Safe</b>	S1: Clostridium Difficile	61	60	5	6	●	Apr-16	
	S2A: MRSA (All)	0	1	0	1	●	Apr-16	
	S2B: MRSA (Avoidable)	0	0	0	0	●		
	S3: Never events	0	1	0	0	●		
	S4: Serious Incidents	N/A	49	N/A	4	●		
	S11: Falls per 1,000 bed days for patients > 65 years	<7.1	5.4	<7.1	5.2	●		
	S12: Avoidable Pressure Ulcers Grade 4	0	1	0	0	●		
	S13/14: Avoidable Pressure Ulcers Grade 2 & 3	168	122	14	12	●		
<b>Caring</b>	C1: Inpatient and Day Case friends & family - % positive	Q4 97%	97%	Q4 97%	97%	●		
	C2: A&E friends and family - % positive	Q4 97%	96%	Q4 97%	95%	●		
<b>Well Led</b>	W11: % of Staff with Annual Appraisal	95%	90.7%	95%	90.7%	●		
	W12: Statutory and Mandatory Training	95%	93%	95%	93%	●		
<b>Effective</b>	E1: Mortality Published SHMI (Oct 14 -Sep 15)	100	96	100	96	●		
	E9: 30 day readmissions (February)	<7%	8.9%	<7%	8.7%	●	Note 1	
	E10: # Neck Femurs operated on 0-35hrs	72%	63.8%	72%	65.1%	●	Sep-16	
	E11: Stroke - 90% of Stay on a Stroke Unit (February)	80%	85.9%	80%	86.2%	●		
<b>Responsive</b>	R1: ED 4hr Waits UHL+UCC - Calendar Month	95%	86.9%	95%	77.5%	●		
	R3: RTT waiting Times - Incompletes	92%	92.6%	92%	92.6%	●		
	R5: 6 week – Diagnostics Test Waiting Times	<1%	1.1%	<1%	1.1%	●	Apr-16	
	R11: Operations cancelled (UHL + Alliance)	0.8%	1.0%	0.8%	1.4%	●	May-16	
	R14: Delayed transfers of care	3.5%	1.4%	3.5%	2.0%	●		
	R16: % Ambulance Handover >60 Mins (CAD+)	TBC	13%	TBC	11%	●	Jul-16	
	R17: % Ambulance handover >30mins & <60mins (CAD+)	TBC	19%	TBC	13%	●	Note 2	
	RC9: Cancer waiting 104+ days	0	21	0	21	●		
	RC1: 2 week wait - All Suspected Cancer	93%	90.2%	93%	93.9%	●		
	RC3: 31 day target - All Cancers	96%	94.9%	96%	92.4%	●	Jun-16	
RC7: 62 day target - All Cancers	85%	77.4%	85%	72.8%	●	Sep-16		
<b>Enablers</b>		YTD		Feb-16		Trend*	Compliant by?	
		Plan	Actual	Plan	Actual			
			93%	90.2%	93%	93.9%	●	
			96%	94.9%	96%	92.4%	●	Jun-16
	85%	77.4%	85%	72.8%	●	Sep-16		
<b>People</b>	W6: Staff recommend as a place to work C6: Staff recommend as a place for treatment	Qtr2 15/16		Qtr4 15/16				
		Plan	Actual	Plan	Actual			
		N/A	55.7%	N/A	57.9%			
		N/A	71.9%	N/A	69.4%			
<b>Finance</b>	Surplus/(deficit) £m Cashflow forecast (balance at end of month) £m CIP £m Capex £m	YTD		Mar-16		Trend*		
		Plan	Actual	Plan	Actual			
			(34.1)	(34.1)	0.6	1.5	●	
			3.0	3.2	3.0	3.2	●	
			43.0	43.1	3.0	4.0	●	
	49.5	49.6	7.0	9.4	●			
<b>Estates &amp; facility mgt.</b>	Percentage of Cleaning Audits achieving the required standard	YTD		Mar-16		Trend*	Note 3	
		Plan	Actual	Plan	Actual			
		100%	N/A	100%	N/A			

\* 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 to be agreed with EMAS following implementation of joint action plan.

Note 3 - Audit to recommence in May following transfer of service to UHL

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.

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

Board Assurance Dashboard:		MARCH 2016							
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	
An effective and integrated emergency care system	2	Emergency attendance/ admissions increase	COO	25	6	↔	R	EPB	
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	16	6	↔	G	EPB	
Integrated care in partnership with others	4	Existing and new tertiary flows of patients not secured compromising UHL's future more specialised status.	DoMC	12	8	↔	A	ESB	
	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.	DoMC	16	10	↔	R	ESB	
Enhanced delivery in research, innovation and clinical education	6	Failure to retain BRU status.	MD	9	6	↔	A	ESB	
	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	
	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	
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	
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	CFO	20	10	↔	A	ESB	
	12	Limited capital envelope to deliver the reconfigured estate which is required to meet the Trust's revenue obligations	CFO	20	8	↔	A	ESB	
	13	Lack of robust assurance in relation to statutory compliance of the estate	CFO	16	8	↔	A	ESB	
	14	Failure to deliver clinically sustainable configuration of services	CFO	20	8	↑	A	ESB	
A financially sustainable NHS Organisation	15	Failure to deliver the 2015/16 programme of services reviews, a key component of service-line management (SLM)	CFO	9	6	↔	G	EPB	
	16	Failure to deliver UHL's deficit control total in 2015/16	CFO	10	10	↓	G	EPB	
	17	Failure to achieve a revised and approved 5 year financial strategy	CFO	15	10	↔	G	EPB	
Enabled by excellent IM&T	18	Delay to the approvals for the EPR programme	CIO	16	6	↔	A	EIM&T	
	19	Perception of IM&T delivery by IBM leads to a lack of confidence in the service	CIO	6	6	↓	G	EIM&T	

Risk ID	CMG	ORGANISATIONAL RISK REGISTER REPORT: HIGH & EXTRME RISKS AS AT 31/03/16 Risk Title	Current Risk Score	Target Risk 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	↔	Effective emergency care
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 impacts on patient safety, quality and care continuity and financial performance	20	6	↑ (12 - 20)	Workforce capacity and capability
2234	Emergency and Specialist Medicine	There is a medical staffing shortfall resulting in a risk of an understaffed Emergency Department impacting on patient care	12	6	↓ (20 - 12)	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
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
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	↑ (12 - 20)	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
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.	12	6	↓ (20 - 12)	Estates and Facilities services
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
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
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
1149	CHUGS	There is a risk to patient diagnosis and treatment due to a failure to deliver the cancer waiting time targets	16	6	↔	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	16	6	↔	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	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	16	6	↔	Workforce capacity and capability
2623	CHUGS	There is a risk of potential harm due to scopes not being appropriately decontaminated.	16	2	↔	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	9	6	↓ (16 - 9)	Safe, high quality, patient centred healthcare
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	12	6	↓ (16 - 12)	Effective emergency care
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	↔	Safe, high quality, patient centred healthcare
2505	Musculoskeletal and Specialist Surgery	There is a risk of medical patients being outlied into the day surgical unit due to lack of beds within the trust.	16	6	↔	Estates and Facilities services
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
2758	Musculoskeletal and Specialist Surgery	There is a risk that patients have not been treated / informed of test results in a timely manner in ENT	16	2	↔	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
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	8	4	↓ (16 - 8)	Regulatory standards.
1206	Clinical Support and Imaging	There is a risk that a backlog of unreported images in CT/MRI and plain film could result in a clinical incident	16	6	↔	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
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	<b>Closed</b>			Safe, high quality, patient centred
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
2809	The Alliance	There is a risk that there will be no capital funding in 2016/17	16	8	↔	Workforce capacity and capability
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
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
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
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
2549	Musculoskeletal and Specialist Surgery	There is a known risk of excessive waiting times in the departments of Orthodontics and Restorative Dentistry	15	1	↔	Safe, high quality, patient centred
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
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	↑ (12 - 15)	Safe, high quality, patient centred
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
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