

# CHIEF EXECUTIVE'S MONTHLY UPDATE REPORT –OCTOBER 2016

**Authors: John Adler and Stephen Ward Sponsor: John Adler**

**Trust Board paper D**

## Executive Summary

### Context

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

- (a) the Quality and Performance Dashboard for August 2016 attached at appendix 1 (the full month 5 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) a report on performance against our annual priorities for quarter 2 2016/17, attached at appendix 4.

### 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 quarter 2 performance 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 [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 [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: [November 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:** 6 OCTOBER 2016  
**REPORT BY:** CHIEF EXECUTIVE  
**SUBJECT:** MONTHLY UPDATE REPORT – OCTOBER 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 – August 2016

2.1 The Quality and Performance Dashboard for August 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 5 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 January 2015 to December 2015) is **98** – below our Quality Commitment goal of **99**. **Moderate harms and above** – the first 4 reported months continue to show a 60% reduction compared to the same period in 2015/16. **Readmission rates** – at 8.3% are within UHL's threshold of 8.5%, the lowest rate for over 18 months. **RTT** – the RTT incomplete target remains compliant. **Referral to Treatment 52+ week waits** – current number is 57 a reduction of 20 over the last month. However, there remains a risk that there might be more ENT 52+ week waits due to the high level of cancellations and long waits. The **Cancer Two Week Wait** was achieved in July and is expected to remain compliant in August and September. **Delayed transfers of care** remain within the tolerance although delays are twice as high as this time last year. **MRSA** – 0 cases reported this month and the unavoidable MRSA reported in July has been

attributed to a third party. **C DIFF** – Although monthly target missed, year to date remains within trajectory. **Pressure Ulcers** – 0 **Grade 4** pressure ulcers reported this year. Although **Grade 3 and Grade 2** added together are within the year to date trajectory, there was a spike of 13 **Grade 2** during August.

### *Bad News*

- 2.5 **ED 4 hour performance** – August performance was slightly improved at 80.1% % with year to date performance at 79.7%. Contributing factors are set out in the Chief Operating Officer's report. **Ambulance Handover 60+ minutes** – performance was 7% in August; this is also examined in detail in the Chief Operating Officer's report. **Fractured NOF** – target missed for the second time this year due to the volume and complexity of the spinal surgery activity carried out this month. **Diagnostics** target was missed due to machine down time following an electrical storm. **Cancelled operations** and **patients rebooked within 28 days** – continue to be non-compliant, due to ITU/HDU and emergency pressures. **Cancer Standards 62 day treatment** - it is deeply disappointing to no longer be able to predict compliance with the 62 day standard in September, due principally to cancellations caused by lack of ITU/HDU capacity and emergency pressures. Whilst we are making progress in reducing the backlog it is clear we still have more to do in this area. **Patient Satisfaction (FFT)** dipped to 96% for Inpatients and Day Cases. **Patient Satisfaction (FFT)** for ED remains at an all-time low of 87% during August. **ED FTT coverage** remains below the threshold of 20%. An exception report for both the ED FTT patient satisfaction and coverage is included in the Quality and Performance report.

### 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 2016/17 annual priorities. The Board's attention is drawn to a reduction in risk score (from 12-9) in relation to principal risk 19.

#### *Organisational Risk Register*

- 3.4 There are currently 46 risks open on the organisational risk register with a current risk rating of 15 and above (i.e. scoring high and extreme). There have been two new high risks entered on the risk register during the reporting period (1. There is a risk of delays to patient diagnosis and treatment which will affect the delivery of the national 62 day cancer target. 2. Reduction in capital funding may lead to a failure to deliver the 2016/17 medical equipment capital replacement programme).
- 3.5 Thematic analysis of the 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 clinical safety, quality and performance.

#### 4. Annual Priorities 2016/17 – Progress at the end of quarter 2

4.1 I have attached at **appendix 4** a high level assessment of performance rating in quarter 2 against our annual priorities for 2016/17, including a RAG rating.

4.2 Overall I am sorry to say that the Q2 assessment shows a deteriorating position when compared to Q1. There are three primary drivers: Firstly, increased operational pressures (impacting ED, ambulance handover and cancer performance). Secondly, increasing financial and workforce pressures (impacting financial performance and agency spend). Thirdly, a continuing lack of national decision-making around capital investment, impacting on reconfiguration and EPR. The Executive team is of course doing everything possible to reverse these adverse trends, but some of the factors behind them are evidently outside of the Trust's control.

#### 5. Strategic Objective: An Excellent, Integrated, Emergency Care System

##### *Emergency Care Performance*

5.1 Our performance against the 4 hour standard remains very challenged. This is because of a mismatch between demand and capacity **and** flaws in both internal and external processes which slow down flow of patients.

5.2 We agreed with commissioners at the beginning of the year to a trajectory to get us closer to nationally agreed target of 91.2% by March 2017. We have delivered four of the first five months of that trajectory, but this is mainly because the trajectory was so low. It is going to get much more challenging over the coming months.

5.3 I am more and more convinced that we do not have enough beds but **also** that we do not do ourselves any favours as many of our processes hinder flow. That is completely within our control and fixing those will certainly help in terms of creating capacity over the winter period. This is a major focus of the new internal action plan which is part of the wider system action plan.

5.4 In line with new national guidance, an A&E Delivery Board has been established for Leicester, Leicestershire and Rutland and I have assumed the Chairmanship of the body. The first meeting was held on 21<sup>st</sup> September 2016. The focus of the Board is on finalising the system plan and then performance managing its implementation in a rigorous way.

5.5 On 30<sup>th</sup> September, an escalation meeting was held with from NHS Improvement and NHS England. The meeting commended recent progress with the plan and confirmed that the actions we have in place are the right ones. We now need to focus on execution.

5.6 Finally, I look forward to discussions at the forthcoming Trust Board Thinking Day on 13<sup>th</sup> October 2016 on this subject when we will have the benefit of input from clinical colleagues at the Heart of England NHS Foundation Trust who will share with us their experiences of bringing about improvements in emergency care performance.

#### 6. Strategic Objective: Integrated Care in partnership with others

##### *Integrated Care*

6.1 On 22<sup>nd</sup> September 2016, an integrated care workshop took place involving clinicians drawn from both UHL and our LLR partners. The workshop was hosted by the Trust's Clinical

Senate and supported by the Better Care Together Clinical Leadership Group. The workshop explored a number of key service issues including:-

- urgent care – right skills in the right place;
- 'Home First' model for frail older people;
- supporting end of life care at home;
- examples of successful joint working in diabetes and maternity services.

6.2 Discussion took place about how integrated teams can best support the development of clinical pathways and the final session of the workshop examined issues associated with systems leadership and innovation.

6.3 The event was very well attended and there was a shared sense of desire to change the fundamentals of system design within LLR. There was also a clear feeling that ideas had progressed significantly since previous similar events. Implementation will now be taken forward through the STP process.

#### *Sustainability and Transformation Plan (STP)*

6.4 Work continues to finalise the LLR STP and to design the approach to implementation.

6.5 I note here simply that further details are set out in the separate report on this subject which features elsewhere on this Board agenda and note also that the Board will have an opportunity to explore the issues in some depth at the next Thinking Day session on 13<sup>th</sup> October 2016.

#### 7. Strategic Objective: An enhanced reputation in Research, Innovation and Clinical Education

##### *Biomedical Research Centre (BRC)*

7.1 I am delighted to be able to report that the Trust has been selected as one of the National Institute for Health Research's (NIHR) Biomedical Research Centres (BRC). This reflects our strong track record in research and our effectiveness in translating that research into clinical practice, particularly in the fields of cardiovascular, respiratory and lifestyle research.

7.2 We worked in partnership with the University of Leicester and Loughborough University to produce the bid and we are confident collectively that this partnership will continue to flourish in the future. I am very grateful to the leadership and staff in our existing Biomedical Research Units for all their hard work in gaining this well deserved recognition.

7.3 The funding will see the continuation of research into respiratory, cardiovascular and lifestyle studies across Leicester's hospitals, under the newly-named Leicester Biomedical Research Centre. There will also be a cross-cutting theme related to precision medicine.

7.4 Funding of £11.5m was secured, against a bid of £16.5m and, as with all research, activity will be adjusted to reflect the funds available.

#### 8. Strategic Objective: A clinically sustainable configuration of services, operating from excellent facilities

##### *East Midlands Congenital Heart Centre*

- 8.1 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 Trust.
9. 7 Day Services (7DS)
- 9.1 At the end of 2015 UHL was recruited as an Early Implementer Site for Seven Day Services - the aim of the Early Implementer Programme is to ensure that 7 Day Services are available to 25% of the population in England by March 2017. The rationale for including UHL as an early implementer was different from other sites - the primary reason being the size of the population covered by UHL and it was recognised that UHL started from a different position to some of the other centres selected as early implementer sites. The focus of the Early Implementer sites was to deliver 4 "priority" clinical standards as detailed below in the 3 major specialities of general medicine, General Surgery and Women and Children.
- CS02 - patients to be seen within 14 hours of admission by a suitable Consultant
  - CS05 - Reduce variation in availability of key diagnostic services
    - 90% Critical within 1 hour
    - 90% Urgent within 12 hours
    - 90% Routine within 24 hours
  - CS06 - Hospital inpatients must have timely 24 hour access, seven days a week, to Consultant-directed interventions that meet the relevant specialty guidelines
  - CS08 - patients transferred to base wards to be seen every 24 hours 7 days a week by a Consultant unless it has been determined that this would not affect the patients' care pathway.
- 9.2 Previous work undertaken by the Seven Day Services East Midlands Collaborative in 2014 (a group set up East Midlands Chief Executives' Group working with East Midlands Strategic Clinical Networks and Senate) had shown that in order to meet the 7DS Clinical Standards a mixture of change in working practices, additional workforce and financial investment would be required; and it had initially been assumed that there might be an advantage to being part of the 7DS Early Implementer programme as there would be investment (pump priming). However, in December 2015 NHS England confirmed that there would be no funding for Early Implementer Sites.
- 9.3 As an Early Implementer site, UHL has been working with the NHS England Sustainable Improvement Team to support the delivery of the 4 priority standards through quality improvement initiatives and whilst considerable progress has been made both in improving access to 7DS and challenging the level of financial investment/workforce required to deliver the priority Clinical Standards in the Core Services, it is clear that we will not be able to fully meet these standards as currently measured by March 2017 without financial investment and additional workforce. The current level of investment felt to be required to meet the standards is in the region of £3.1M (which is £3M less than was predicted 18 months ago at the time of the East Midlands Collaborative work).
- 9.4 Our assessment of what can be achieved by March 2017 within current resource is as follows:
- CS02 – Patients seen by a Consultant within 14 hours of admission – will generally be met across the specialities in scope. The exception may be Cardiology.
  - CS05 – Diagnostics – the standards for Imaging should be met at the LRI but will not be met at the LGH or GGH.
  - CS06 – Intervention / Key Services will be met

- CS08 – On-going review – will not be met in Medicine, Respiratory and Cardiology. The standard can largely be met in Surgery, Women & Children’s but additional resource would make the rotas more robust and for Trauma only new patients are seen at weekend within current capacity.
- 9.5 As a result, we have had two joint meetings with NHS England and NHS Improvement in June and September to provide details of the work we have done to-date and to highlight the residual finance and workforce gap and where we believe we will be able to get to in terms of delivering the 4 clinical standards in the core services by end of March 2017 without further investment. In addition, Andrew Furlong, Medical Director has fully discussed our position with Kathy McLean, NHS Improvement Medical Director.
  - 9.6 The outcome of the discussions with NHS England and NHS Improvement is that we will be formally writing to both parties to state our position and the resource that is required to meet the standards but we will continue to try and make progress against the standards by service re-design and targeted business cases as existing resources permit.
  - 9.7 Further updates on this issue will be submitted to the Quality Assurance Committee and/or Trust Board.
10. NHS Operational Planning and Contracting Guidance 2017 – 2019
- 10.1 On 22<sup>nd</sup> September 2016, NHS England and NHS Improvement published their planning guidance, “2017 – 2019 NHS Operational Planning and Contracting”.
  - 10.2 The planning guidance outlines the expectations of the national bodies for system-level planning over the next two years, focusing on contracting and sustainability and transformation plans (STPs), as well as introducing a range of new national business rules. Alongside the planning guidance, the draft standard NHS contract has also been published as well as the draft National Tariff prices and draft National CQUINs.
  - 10.3 The position of each Provider’s plan (on finance, activity and workforce) has to be consistent with the STP footprint financial plan for 2017/2018 and 2018/2019 that will be submitted on 21<sup>st</sup> October 2016 and with the system control total for that STP area, with the aggregate of all operational plans in a footprint needing to reconcile with the overall STP position. All organisations will be held accountable for delivering both their individual control total and the overall system STP control total.
  - 10.4 From April 2017, it will be possible to flex individual organisation’s control totals within that STP system control total via an application to NHS England and NHS Improvement, the purpose being to allow better balance, integration and planning across different organisations.
  - 10.5 The guidance reaffirms that the contracting round will be completed by the end of this *calendar* year, and the contract signed within this contracting round will last two financial years, starting from April 2017.
  - 10.6 Where Providers accept their financial control totals and any associated conditions and are therefore eligible for payments from the Sustainability and Transformation fund, contract sanctions for key performance standards will continue to be suspended until April 2019.
  - 10.7 The new approach heralds potential new opportunities and risks for the Trust and we will have the opportunity of exploring the guidance in further detail in discussion at the next Trust Board Thinking day on 13<sup>th</sup> October 2016. At this stage I would simply note that the



imperatives of improving financial performance and achieving all the key performance targets remain in place. As noted recently by NHS Providers and in the media, this is likely to be a very challenging agenda given the substantially reduced growth in NHS funding in the coming years.

## 11. Single Oversight Framework

11.1 In June 2016, NHS Improvement consulted on a proposed single oversight framework (SOF), designed to help identify the support needs of both NHS Trusts and Foundation Trusts under a single operating model.

11.2 The SOF:

- is designed to help NHS providers attain, and maintain, CQC ratings of “Good” or “Outstanding”, but does not give a performance assessment in its own right;

- will help NHSI identify NHS providers potential support needs across five key themes:

- Quality of care
- Finance and use of resources
- Operational performance
- Strategic change
- Leadership and improvement.

11.3 Providers will be placed in one of four segments which will help determine the level of support required:

- Providers with maximum autonomy
- Providers offered targeted support
- Providers receiving mandated support for significant concerns
- Special measures.

11.4 A shadow segmentation process has already begun and it is anticipated that NHSI will discuss their shadow assessment of the Trust over the coming weeks. The Quality and Performance report will be revised accordingly.

## 12. Conclusion

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

John Adler  
Chief Executive

30<sup>th</sup> September 2016

## Quality & Performance

		YTD		Aug-16		Compliant by?	
		Plan	Actual	Plan	Actual	Trend*	
<b>Safe</b>	<b>S1: Reduction for moderate harm and above ( 1 month in arrears)</b>	236	30	20	8	●	
	S2: Serious Incidents	49	17	4	3	●	
	S7: Never events	0	1	0	0	●	
	S8: Clostridium Difficile	61	23	5	7	●	
	S9: MRSA (All)	0	1	0	0	●	
	S9: MRSA (Avoidable)	0	0	0	0	●	
	S13: Falls per 1,000 bed days for patients > 65 years	<5.6	5.7	<5.6	5.8	●	
	S14: Avoidable Pressure Ulcers Grade 4	0	0	0	0	●	
	S15: Avoidable Pressure Ulcers Grade 3	33	14	4	2	●	
	S16: Avoidable Pressure Ulcers Grade 2	89	39	7	13	●	
<b>Caring</b>	<b>C1: Improvements in Patient Involvement Scores - baseline</b>	70%	64%	70%	64%		
	C4: Inpatient and Day Case friends & family - % positive	97%	97%	97%	96%	●	Sep-16
	C7: A&E friends and family - % positive	97%	92%	97%	87%	●	Oct-16
<b>Well Led</b>	<b>W1: Outpatient letters sent within 14 days (Quarterly)</b>	51%	Achieved	51%	Achieved		
	W14: % of Staff with Annual Appraisal	95%	92.4%	95%	92.4%	●	
	W15: Statutory and Mandatory Training	95%	91%	95%	91%	●	
	W17: BME % - All Staff	28%	28%	28%	28%		
<b>Effective</b>	<b>E1: 30 day readmissions (1 month in arrears)</b>	<8.5%	8.5%	<8.5%	8.3%	●	
	<b>E2: Mortality Published SHMI (Jan 15 -Dec 15)</b>	99	98	99	98	●	
	E6: # Neck Femurs operated on 0-35hrs	72%	73.6%	72%	65.8%	●	
	E8: Stroke - 90% of Stay on a Stroke Unit (1 month in arrears)	80%	82.3%	80%	80.7%	●	
<b>Responsive</b>	R1: ED 4hr Waits UHL+UCC - Calendar Month	95%	79.7%	95%	80.1%	●	
	R3: RTT waiting Times - Incompletes	92%	92.1%	92%	92.1%	●	
	R5: 6 week – Diagnostics Test Waiting Times	<1%	1.4%	<1%	1.4%	●	
	R11: Operations cancelled (UHL + Alliance)	0.8%	1.2%	0.8%	1.0%	●	Oct-16
	R13: Delayed transfers of care	3.5%	2.3%	3.5%	2.5%	●	
	R14: % Ambulance Handover >60 Mins (CAD+)	TBC	6%	TBC	7%	●	May-17
	R15: % Ambulance handover >30mins & <60mins (CAD+)	TBC	12%	TBC	14%	●	May-17
	RC9: Cancer waiting 104+ days	0	9	0	9	●	
	RC1: 2 week wait - All Suspected Cancer						
	RC3: 31 day target - All Cancers						
RC7: 62 day target - All Cancers							
<b>Enablers</b>		YTD		Jul-16		Compliant by?	
		Plan	Actual	Plan	Actual	Trend*	
<b>People</b>	W8: Staff recommend as a place to work	N/A	60.3%	N/A	60.3%	●	
	C10: Staff recommend as a place for treatment	N/A	72.3%	N/A	72.3%	●	
<b>Finance</b>		YTD		Aug-16		Compliant by?	
		Plan	Actual	Plan	Actual	Trend*	
	Surplus/(deficit) £m	(8.4)	(9.1)	0.2	(0.5)	●	
	Cashflow balance (as a measure of liquidity) £m	3.2	9.1	3.2	9.1	●	
	CIP £m	12.3	13.5	3.0	3.0	●	
Capex £m	24.0	24.2	2.7	5.3	●		
<b>Estates &amp; facility mgt.</b>		YTD		Aug-16		Compliant by?	
		Plan	Actual	Plan	Actual	Trend*	
	Percentage of Cleaning Audits achieving the required standard	100%	85%	100%	88%	●	

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

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:		AUGUST 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	Failure to deliver an effective learning culture and to provide consistently high standards of medical education	MD / DWOD	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	10a	Lack of supply and retention of the right staff, at the right time, in the right place and with the right skills that operates across traditional organisational boundaries	DWOD	16	8	↔		EWB / EPB
	10b	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	DWOD	16	8	↔		EWB / EPB
	11	Ineffective structure to deliver the recommendations of the national 'freedom to speak up review'	DWOD	12	8	↔		EWB / EPB
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	16	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 / EPB
	19	Lack of alignment of IM&T priorities to UHL priorities	CIO	9	6	↓		EIM&T / EPB

Appendix 2 Risk Register Dashboard for period ending 31/08/16

Risk ID	CMG	HIGH & EXTREME RISKS: Risk Title - As at 31st Aug 2016	Current Risk Score	Target Risk Score	Risk Owner	Risk Movement	Elapsed risk deadline	Themes aligned with BAF
2236	ESM	There is a risk of overcrowding due to the design and size of the ED footprint & increased attendance to ED	25	16	Ian Lawrence	↔		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	Julie Smith	↔		Effective emergency care
2670	RRCV	There is a risk to the Immunology & Allergy Services due to a Consultant Vacancy	20	6	Sue Mason	↔		Workforce capacity and capability
2354	RRCV	There is a risk of overcrowding in the Clinical Decisions Unit	20	9	Sue Mason	↔		Effective emergency care
2149	ESM	High nursing vacancies across the ESM CMG impacting on patient safety, quality of care and financial performance	20	6	Gill Staton	↔	X	Workforce capacity and capability
2804	ESM	Outlying Medical Patients into other CMG beds due to insufficient ESM inpatient bed capacity	20	12	Gill Staton	↔	X	Effective emergency care
2333	ITAPS	Lack of Paediatric cardiac anaesthetists to maintain a WTD compliant rota leading to interruptions in service provision	20	8	Rachel Patel	↔		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	Aimee Geary	↔		Workforce capacity and capability
182	CSI	POCT - Inappropriate patient Management due to inaccurate diagnostic results from Point Of Care Testing (POCT) equipment	20	2	Lianne Finnelly	↔		Workforce capacity and capability
2787	CSI	Failure of medical records service delivery due to delay in electronic document and records management (EDRM) implementation	20	4	Debbie Waters	↔		Workforce capacity and capability
2562	W&C	There is a risk that 2 vacant consultant paediatric neurology vacancies could impact sustainability of the service	20	4	J Visser	↔		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	Elizabeth Collins	↔		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	Elizabeth Collins	↔		Safe, high quality, patient centred healthcare
2471	CHUGGS	There is a risk of poor quality imaging due to age of equipment resulting in suboptimal radiotherapy treatment.	16	4	Lorraine Williams	↔		Safe, high quality, patient centred healthcare
2823	CHUGGS	There is a risk of errors with patient medical review appointment and chemotherapy appointments due to gaps in admin workforce.	16	6	Kerry Johnston	↔		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	Paul Saunders	↔	X	Workforce capacity and capability
2791	RRCV	Broadening Foundation - Loss of F1 doctors	16	2	Sue Mason	↔	X	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	Elved Roberts	↔	X	Safe, high quality, patient centred healthcare
2905	RRCV	There is a risk of delays to patient diagnosis and treatment which will affect the delivery of the national 62 day cancer target	16	6	Karen Jones	NEW		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	Sue Mason	↔		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	Gabby Harris	↔		Workforce capacity and capability
2759	MSK & SS	There is a risk that performance targets are not met due to a capacity gap within the ENT department	12	2	Patricia Bingley	↓ (16 to 12)		Workforce capacity and capability
2541	MSK & SS	There is a risk of reduced theatre & bed capacity at LRI due to increased spinal activity	16	8	Carolyn Stokes	↔		Workforce capacity and capability
2191	MSK & SS	There is a risk of lack of capacity within the service causing follow up backlogs and capacity issues in Ophthalmology	16	8	Clare Rose	↔		Workforce capacity and capability
2504	MSK & SS	There is a risk that patients will wait for an unacceptable length of time for trauma surgery resulting in poor patient outcomes	12	8	Carolyn Stokes	↓ (16 to 12)		Workforce capacity and capability
2687	MSK & SS	Lack of appropriate medical cover will clinically compromise care or ability to respond in Trauma Orthopaedics	16	9	Carolyn Stokes	↔		Workforce capacity and capability
1206	CSI	There is a risk that a backlog of unreported images in plain film chest and abdomen could result in a clinical incident	16	6	ARI	↔		Workforce capacity and capability
2378	CSI	There is a risk that Pharmacy workforce capacity could result in reduced staff presence on wards or clinics	16	8	Claire Ellwood	↔		Workforce capacity and capability
1926	CSI	There is a risk that insufficient staffing to manage ultrasound referrals could impact Trust operations and patient safety	16	6	Cathy Lea	↔		Workforce capacity and capability
2391	W&C	There is a risk of inadequate numbers of Junior Doctors to support the clinical services within Gynaecology & Obstetrics	16	8	Cornelia Wiesender	↔		Workforce capacity and capability
2153	W&C	Shortfall in the number of all qualified nurses working in the Children's Hospital.	16	8	HKI	↔		Workforce capacity and capability
2394	Comms	No IT support for the clinical photography database (IMAN)	16	1	Simon Andrews	↔		IM&T services
2338	Corporate Medical	There is a risk of patients not receiving medication and patients receiving the incorrect medication due to an unstable homecare	16	9	Claire Ellwood	↔		Workforce capacity and capability
2237	Corporate Medical	There is a risk of results of outpatient diagnostic tests not being reviewed or acted upon resulting in patient harm	16	8	Angie Doshani	↔	X	Workforce capacity and capability
2325	Corporate Medical	There is a risk that security staff not assisting with restraint could impact on patient/staff safety	16	6	Neil Smith	↔		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	Maria McAuley	↔		Workforce capacity and capability
1693	Operations	There is a risk of inaccuracies in clinical coding resulting in loss of income	16	8	John Roberts	↔		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	Charlie Carr	↔		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	Sue Mason	↔	X	Safe, high quality, patient centred healthcare
2836	ESM	There is a risk of single sex breaches on the Brain Injury Unit due to environmental design and inflow of patients.	15	2	Holly Bertalan	↔	X	Safe, high quality, patient centred healthcare
2837	ESM	There is a risk of delay in acting upon monitoring investigation results in patients with multiple sclerosis.	15	2	Ian Lawrence	↔		Safe, high quality, patient centred healthcare
2549	MSK & SS	There is a known risk of excessive waiting times in the departments of Orthodontics and Restorative Dentistry	9	3	Gaynor Webb	↓ (15 to 9)		Safe, high quality, patient centred healthcare
2769	MSK & SS	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	Kate Ward	↔		Workforce capacity and capability
1157	CSI	Lack of planned maintenance for medical equipment maintained by Medical Physics	9	6	Mark Norton	↓ (15 to 9)		Workforce capacity and capability
510	CSI	There is a risk of staff shortages impacting on the Blood Transfusion Service at UHL	15	15	AFE	↔		Workforce capacity and capability
2601	W&C	There is a risk of delay in gynaecology patient correspondence due to a backlog in typing	15	6	DMAR	↔		Workforce capacity and capability
2330	Corporate Medical	Risk of increased mortality due to ineffective implementation of best practice for identification and treatment of sepsis	15	6	JPARK	↔		Safe, high quality, patient centred healthcare
2925	Estates & Facilities	Reduction in capital funding may lead to a failure to deliver the 2016/17 medical equipment capital replacement programme	15	10	Darryn Kerr	NEW		Safe, high quality, patient centred healthcare
2402	Corporate Nursing	There is a risk that inappropriate decontamination practice may result in harm to patients and staff	15	3	Elizabeth Collins	↔		Safe, high quality, patient centred healthcare
2774	Operations	Delay in sending outpatient letters following consultations is resulting in a significant risk to patient safety & experience.	15	6	William Monaghan	↔		Workforce capacity and capability
1551	Corporate Nursing	Failure to manage Category C documents on UHL Document Management system (Insite)	<b>CLOSED</b>					IM&T services

APPENDIX 4

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**

**PROGRESS AGAINST ANNUAL PRIORITIES 2016/17**

STRATEGIC OBJECTIVE/ANNUAL PRIORITY	COMMENTS ON PROGRESS	Q1	Q2	Q3	Q4
<b>Safe, high quality, patient centred care</b>					
a) Reduce avoidable mortality and re-admissions through screening of deaths and use of the re-admissions toolkit.	Data shows mortality (SHMI) at or below Quality Commitment goal of 99 and readmissions falling towards target level.				
b) Reduce harm through core 7-day standards, new early warning system and observation processes and safer use of insulin.	Data shows further reduction in harms as well as continuing falls/on target rates in e.g. pressure ulcers and infections.				
c) Improve patient experience through involving them in their care, better end of life planning and improvements in outpatients.	Inpatient FFT test fell to 96% in August having been consistently 97% (goal). ED FFT has also fallen. So signs that pressure in system is impacting on patient experience.				
d) Prepare effectively for the 2016 Care Quality Commission Inspection.	Thorough preparation and organisation of the inspection itself – both commended by the CQC.				
e) Develop a high quality in-house Estates and Facilities service.	Recruitment to vacant posts continues. However financial constraints are limiting the investment required to improve standards further.				
<b>An excellent, integrated emergency care system</b>					
a) Reduce ambulance handover delays in order to improve patient experience, care and safety.	Delays remain at substantially reduced level from peak. NHSI performance management of this issue suspended. However, progress has stalled in recent months, linked to overall ED performance.				

STRATEGIC OBJECTIVE/ANNUAL PRIORITY	COMMENTS ON PROGRESS	Q1	Q2	Q3	Q4
b) Fully utilise ambulatory care to reduce emergency admissions and reduce length of stay (including ICS).	Length of stay has further reduced. Full set of AC pathways in Place but further work to do on embedding and fully utilising ICS.	Green	Yellow		
c) Develop a clear understanding of demand and capacity to support sustainable service delivery and to inform plans for addressing any gaps.	Initial model populated and updated at end of Q1. Shows significant gap. Additional capacity being opened for winter but gap remains at LRI in particular.	Red	Red		
d) Diagnose and reduce delays in the in-patient process to increase effective capacity.	"3W" UHL Way exemplar superseded by SAFER bundle implementation. Need to ensure sufficient rapid impact across medical wards.	Yellow	Yellow		
<b>Services which consistently meet national access standards</b>					
a) Maintain 18-week Referral to Treatment(RTT) and diagnostic access standard compliance.	Achieved April – August. September marginal. Overall position is becoming more vulnerable as backlog increases,	Green	Yellow		
b) Deliver all cancer access standards sustainably.	2WW achieved in on schedule. 31 and 62 day not achieved as planned due to cancellations.	Yellow	Red		
<b>Integrated care in partnership with others</b>					
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).	Revised STP trajectories submitted. Further good progress on developing integrated care model and UHL's part in that.	Green	Green		
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.	Further progress with South-East Midlands Oncology Alliance but other initiatives (e.g. urology) constrained by existing capacity/performance issues.	Green	Yellow		
c) Progress the implementation of the East Midlands Pathology (EMPATH) strategic outline case.	Further work on SOC has indicated that a new organisational structure is required to effectively implement the vision. To be discussed with NUH	Green	Yellow		

STRATEGIC OBJECTIVE/ANNUAL PRIORITY	COMMENTS ON PROGRESS	Q1	Q2	Q3	Q4
<b>An enhanced reputation in research, innovation and clinical education</b>					
a) Deliver a successful bid for a Biomedical Research Centre.	Bid successful, albeit with reduced funding compared to the 3 BRUs.	Green	Green		
b) Support the development of the Genomic Medical Centre and Precision Medicine Institute.	Trajectory has been regained and good strat to roll out to cancer.	Yellow	Green		
c) Develop and exploit the OptiMeD project, scaling this up across the Trust.	Business case progressing.	Green	Green		
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.	National Student Survey shows further deterioration in opinion. Renewed efforts being made to improve position. New curriculum has gone live.	Green	Yellow		
e) Develop and implement our Commercial Strategy to deliver innovation and growth across both clinical and non-clinical opportunities.	Specialist support being sourced. Need to ensure appropriate pace.	Yellow	Yellow		
f) Launch the Leicester Academy for the Study of Ageing (LASA)	Successful high-profile launch and appointment of Co-Directors.	Green	Green		
<b>A caring, professional, passionate and engaged workforce</b>					
a) Develop an integrated workforce strategy to deliver a flexible multi-skilled workforce that operates across traditional organisational boundaries and enhances internal sustainability.	Strategy continues to be developed. Thinking Day held.	Green	Green		
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 improvement.	Better Teams and Better Engagement strands fully underway. Need to ensure that Better Change and Academy maintain momentum.	Yellow	Yellow		

STRATEGIC OBJECTIVE/ANNUAL PRIORITY	COMMENTS ON PROGRESS	Q1	Q2	Q3	Q4
c) Develop training for new and enhanced roles, i.e. Physician's Associates, Advanced Nurse Practitioners, Clinical Coders.	5 new Physician Associates starting July. Range of other roles in development.				
d) Deliver the recommendations of "Freedom to Speak Up" Review to further promote a more open and honest reporting culture.	Progressing to schedule. Focus groups underway with staff to inform approach.				
e) Developing a more inclusive and diverse workforce to better represent the communities we serve and to provide services that meet the needs of all patients.	Progressing to schedule. Targets for BME representation at more senior levels issued.				
<b>A clinically sustainable configuration of services, operating from excellent facilities</b>					
a) Complete and open Phase 1 of the new Emergency Floor.	Progressing to time and budget. Significant issues re manpower planning due to increased demand and current vacancies. Work still ongoing.				
b) Deliver our reconfiguration business cases for vascular and level 3 Intensive Care Unit (ICU) and dependent services.	Vascular builds progressing to schedule and move confirmed as May/June 2017. ICU and related schemes delayed by lack of capital.				
c) Develop new models of care that will support the development of our services and our reconfiguration plans.	Team structure review nearing completion to ensure effectiveness.				
d) Develop outline business cases for our integrated Children's Hospital, Women's Services and planned ambulatory care hub.	Progressing to revised plan (capital constraints)				
<b>A financially sustainable NHS Trust</b>					
a) Deliver our cost improvement programme target in full.	Ahead of plan at Month 5.				



STRATEGIC OBJECTIVE/ANNUAL PRIORITY	COMMENTS ON PROGRESS	Q1	Q2	Q3	Q4
b) Reduce our deficit in line with our 5-Year Plan.	On track Months 1-4 but off track M5. Still forecasting on plan outturn but risk has increased.	Green	Yellow		
c) Reduce our agency spend to the national cash target.	Appeal re cap rejected so target is more challenging than expected. Trend well above plan and will be exacerbated by opening of additional medical ward.	Yellow	Red		
d) Implement service line reporting through the programme of service reviews to ensure the ongoing viability of our clinical services.	Approach under review linked to models of care above.	Yellow	Yellow		
e) Deliver operational productivity and efficiency improvements in line with the Carter Report.	Range of work making good progress especially on procurement.	Green	Green		
<b>Enabled by excellent IM&amp;T</b>					
a) Improve access to and integration of our IT systems.	Large scale programme in progress. Improvements in user interface but some issues with delivery.	Yellow	Yellow		
b) Conclude the Electronic Patient Record (EPR) business case and start implementation.	EPR case recommendation submitted by NHSI regional but decision-making timescale unclear.	Red	Red		