

CHIEF EXECUTIVE'S MONTHLY UPDATE REPORT – MARCH 2017

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Trust Board paper F

Executive Summary

Context

The Chief Executive's monthly update report to the Trust Board for March 2017 is attached. It includes:-

- (a) the Quality and Performance Dashboard for January 2017 attached at appendix 1 (the full month 10 quality and performance report is available on the Trust's public website and is hyperlinked within this report);
- (b) the Board Assurance Framework (BAF) Dashboard and Organisational Risk Register Dashboard, attached at appendices 2 and 3, respectively.
- (c) key current issues relating to our annual priorities 2016/17.

Questions

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

Conclusion

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

Input Sought

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

For Reference

Edit as appropriate:

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

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

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

a. Organisational Risk Register [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: [April 2017 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: 2 MARCH 2017

REPORT BY: CHIEF EXECUTIVE

SUBJECT: MONTHLY UPDATE REPORT – MARCH 2017

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 – January 2017

2.1 The Quality and Performance Dashboard for January 2017 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 10 quality and performance report](#) continues to be published on the Trust's website.

2.4 **Good News: Moderate harms and above** – we remain well within the agreed Quality Commitment monthly thresholds. **Diagnostic 6 week wait** – remains compliant. **Cancer Two Week Wait** - despite an 8% increase in activity this year we continue to achieve. Reported **delayed transfers of care** remain within the tolerance. However, significant issues have arisen with Leicestershire social care packages. **MRSA** – 0 cases reported this month. **C DIFF** – 5 cases reported in January and year to date within trajectory. **Pressure Ulcers** – 0 Grade 4 pressure

ulcers reported this month and Grade 3 are within the trajectory for month and year. The rate of **falls** per 1000 bed stays for patients >65years reduced to 3.8 against a threshold of 5.5. Both **Stroke** indicators remain compliant, in month and for the year to date.

2.5 **Bad News: Mortality** – the latest published SHMI (period July 2015 to June 2016) is 101. A recent in depth HED review of UHL mortality did not identify any additional areas of mortality by condition that needed action that we did not already have reviews or action plans in place for. **Never events** – 1 reported this month - the patient came to no harm. **ED 4 hour performance** – January performance was 78.1 % with year to date performance at 78.8%. Contributing factors are set out in the Chief Operating Officer's report. **Ambulance Handover 60+ minutes** – performance 13% - similar to January 2016. . **Referral to Treatment** – was not achieved partly due to emergency pressures. **52+ week waits** – current number has increased to 34 all in MSS (including 15 in Orthodontics). **Cancelled operations and patients rebooked within 28 days** – continued to be non-compliant, due emergency pressures. **Single Sex Accommodation Breaches** – 6 breaches during January. **Fractured NOF** – target not achieved during January. **Cancer Standards 62 day treatment** – although non-compliant an improving backlog number is noted. **Patient Satisfaction (FFT)** 96% against a target of 97%. **Statutory and Mandatory Training** – performance reduced to 81% against a target of 95%. Work is on-going to improve compliance in Estates and Facilities.

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 The understanding of risk is evolving as the Executive Team identifies and addresses uncertainty ahead. A range of principal risks has been identified and the BAF and Executive risk owners have updated their entries to reflect the current risk rating and level of assurance in relation to the achievement of 2016/17 annual priorities. Following the Trust Board agreement to disaggregate the BAF, all entries have been endorsed by the relevant Executive Board during the reporting period. The current risk rating for principal risk 4 – failure to deliver the national access standards - has deteriorated at the end of Month 10 and the risk rating has been increased to 25 (extreme) to reflect the current position with achieving the objective.

3.4 The Board remains exposed to extreme risk in the following areas:

- timely access to emergency care services (principal risk 3: current rating 25);

- delivery of the national access standards (principal risk 4: current rating 25);
- delivery of the EPR programme (principal risk 18: current rating 25);
- achievement of the UHL deficit control total in 2016/17 (principal risk 16: current rating 25).

Organisational Risk Register

- 3.5 There are currently 44 risks open on the Trust operational risk register with a current risk rating of 15 and above (i.e. scoring high and extreme). During the reporting period there has been one new risk entered on the risk register, scoring 16, in relation to system faults attributed to EMRAD. One risk has increased from moderate to a high rating in relation to a lack of Consultant Paediatric Radiologists to maintain the on-call rota and two risks have reduced to moderate ratings. In line with the reporting arrangements described in the Trust's Risk Management Policy, a copy of the full risk register for items scoring 15 and above is included as an appendix to the integrated risk management paper on the Board agenda.

4. Strategic Objective : Safe, High Quality Patient Centred Care

2016 Care Quality Commission (CQC) Inspection

- 4.1 I reported to the February 2017 Board meeting on the results of the CQC Inspection.
- 4.2 Since then, we have developed our action plan in response to the CQC's findings and this has been reviewed by the Quality Assurance Committee at its meeting on 23rd February 2017. The action plan has been submitted formally to the CQC for consideration ahead of the Trust's attendance (together with stakeholders) at the CQC's Quality Summit which is to take place on 28th March 2017.

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

Emergency Care Performance

- 5.1 Our performance remains challenged. As the Board is aware, on 9th February 2017 we took the decision to restrict elective activity at UHL until 19th February as a result of (a) the high emergency and surgical demands experienced across our three sites; (b) high ITU activity and delays in stepping patients down; (c) having patients waiting in ED for beds for longer that we would want; (d) high ED and CDU occupancy; and (e) many patients experiencing external delays for discharge. This was not an easy decision to take and we recognise the impact this will have had on many patients and staff, but it was necessary to improve care and patient flow. The impact was felt almost immediately, with much improved flow out of ED and thus much improved 4 hour performance.
- 5.2 Ambulance handover times at the Royal Infirmary also remain an area of concern, although they have reduced significantly from the peaks that we saw in the early New Year. We will be continuing our work to reduce these delays as much as

possible. We also need to improve our overnight Emergency Department performance which remains problematic, partly because of the unusually high spike in demand that we see and we continue to work with colleagues to see what else we can do.

- 5.3 Further information is set out in the Chief Operating Officer's monthly update on emergency care which features later on today's Board agenda. I would wish to emphasise, however, that we will be pursuing new actions (a) to better separate emergency and elective work; (b) involve UHL working more effectively 'downstream' (ie, out of UHL) to care for patients in a non-UHL setting; and (c) to increase our bed base, if necessary.

6. Strategic Objective: A Clinically Sustainable Configuration of Services, operating from excellent facilities

East Midlands Congenital Heart Centre

- 6.1 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, now the subject of formal consultation until 5th June 2017.
- 6.2 We fundamentally disagree with NHS England's proposals, not out of parochial self-interest but because we fail to see how the closure of a growing, high-performing centre, with excellent results, beloved by its patients and serving some 5 million people across the East Midlands, is in any way in the interests of those patients and their families.

7. Strategic Objective: A Financially Sustainable NHS Trust

Financial performance for the period ending 31st January 2017 and year-end forecast

- 7.1 The detailed financial position of the Trust continues to be scrutinised at the monthly meeting of the Integrated Finance, Performance and Investment Committee, most recently on 23rd February 2017, and a report from that meeting features separately on this agenda of the Board.
- 7.2 To recap, we expect to report a deficit some £7m worse than we planned at the start of the year. As a result, we will lose an element of our Sustainability and Transformation Funding and end the year with a total deficit of £27m.
- 7.3 We have implemented immediate actions to ensure that our year-end financial performance is no worse than currently forecast and ensure that we enter the new financial year in April in a better position. This is particularly important at the moment as the finances of the NHS are very stretched and we must do our bit to keep things under control.
- 7.4 The key measures we have put in place are:

- a freeze on recruitment to “non-operational” posts unless there is a compelling reason why recruitment should proceed (requiring Chief Executive approval);
- an enhanced vetting process for recruitment to “operational” posts via the Recruitment Control Board. “Operational” includes both clinical and support posts on the service front line;
- a block on all non-essential non-pay spending. This includes most non-clinical items unless they are essential to service delivery;
- a ban on minor works paid for from revenue funding;
- a rigorous review of all medical agency and locum usage (especially long term bookings);
- a ban on “off framework” agency usage (except where specifically approved by the Recruitment Control Board);
- a ban on the use of agency staff for non-clinical roles except where authorised by the Chief Executive;
- curtailing the use of in-house waiting list initiative sessions and use of the independent sector (details have been agreed with Clinical Management Groups by the Chief Operating Officer).

7.5 These measures will continue until further notice and at least until we see the position going into the first few months of the new financial year.

7.6 As reported at the February Board meeting, we also recognise that we must now establish and implement an internal ‘financial turnaround’ programme. Details of the formal programme are now worked up and will be discussed at the Executive Board meeting on 28th February. Further details will then be reported to the March 23017 meetings of the Executive Performance Board and Integrated Finance, Performance and Investment Committee, respectively.

8. Conclusion

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

John Adler
Chief Executive

27th February 2017

Quality & Performance

Safe	S1: Reduction for moderate harm and above (1 month in arrears)
	S2: Serious Incidents
	S10: Never events
	S11: Clostridium Difficile
	S12: MRSA (All)
	S13: MRSA (Avoidable)
	S16: Falls per 1,000 bed days for patients > 65 years
	S17: Avoidable Pressure Ulcers Grade 4
	S18: Avoidable Pressure Ulcers Grade 3
	S19: Avoidable Pressure Ulcers Grade 2

Caring	C1: Improvements in Patient Involvement Scores - Qtr 3
	C4: Inpatient and Day Case friends & family - % positive
	C7: A&E friends and family - % positive

Well Led	W1: Outpatient letters sent within 14 days (Quarterly)
	W14: % of Staff with Annual Appraisal
	W15: Statutory and Mandatory Training
	W17 BME % - Leadership (8A – Including Medical Consultants) - Qtr 3
	W18: BME % - Leadership (8A – Excluding Medical Consultants) - Qtr 3

Effective	E1: 30 day readmissions (1 month in arrears)
	E2: Mortality Published SHMI (Jul 15 -Jun 16)
	E6: # Neck Femurs operated on 0-35hrs
	E8: Stroke - 90% of Stay on a Stroke Unit (1 month in arrears)

Responsive	R1: ED 4hr Waits UHL+UCC - Calendar Month
	R3: RTT waiting Times - Incompletes (UHL+Alliance)
	R5: 6 week – Diagnostics Test Waiting Times (UHL+Alliance)
	R11: Operations cancelled (UHL + Alliance)
	R13: Delayed transfers of care
	R14: % Ambulance Handover >60 Mins (CAD+)
	R15: % Ambulance handover >30mins & <60mins (CAD+)
	RC9: Cancer waiting 104+ days

Responsive	RC1: 2 week wait - All Suspected Cancer
	RC3: 31 day target - All Cancers
	RC7: 62 day target - All Cancers

Enablers

People	W8: Staff recommend as a place to work (from Pulse Check)
	C10: Staff recommend as a place for treatment (from Pulse Check)

Finance	Surplus/(deficit) £m (Includes a negative impact of STF of £8.1m)
	Cashflow balance (as a measure of liquidity) £m
	CIP £m
	Capex £m

Estates & facility mgt.	Average cleanliness audit score - very high risk areas
	Average cleanliness audit score -high risk areas
	Average cleanliness audit score - significant risk areas

	YTD		Jan-17		Trend*	Compliant by?
	Plan	Actual	Plan	Actual		
	236	98	20	10	●	
	49	33	4	3	●	
	0	3	0	1	●	
	61	48	5	5	●	
	0	1	0	0	●	
	0	0	0	0	●	
	<5.6	5.6	<5.6	3.8	●	
	0	1	0	0	●	
	33	24	4	2	●	
	89	77	7	8	●	
	70%	69%	70%	69%	●	
	97%	97%	97%	96%	●	
	97%	90%	97%	93%	●	
	51%	Achieved	51%	Achieved		
	95%	91.6%	95%	91.6%	●	
	95%	81%	95%	81%	●	
	28%	26%	28%	26%		
	28%	12%	28%	12%		
	<8.5%	8.5%	<8.5%	8.7%	●	Jan-17
	99	101	99	101	●	
	72%	71.5%	72%	70.9%	●	TBC
	80%	83.9%	80%	80.7%	●	
	95%	78.8%	95%	78.1%	●	See Note 1
	92%	90.9%	92%	90.9%	●	See Note 1
	<1%	0.9%	<1%	0.9%	●	
	0.8%	1.2%	0.8%	1.5%	●	See Note 1
	3.5%	2.4%	3.5%	2.7%	●	
	TBC	9%	TBC	13%	●	May-17
	TBC	15%	TBC	15%	●	May-17
	0	8	0	8	●	

	YTD		Dec-16		Trend*	Compliant by?
	Plan	Actual	Plan	Actual		
	93%	92.99%	93%	93.8%	●	
	96%	93.7%	96%	92.4%	●	See Note 1
	85%	77.7%	85%	79.5%	●	See Note 1

	YTD		Qtr3 16/17	
	Plan	Actual	Plan	Actual
	N/A	62.0%	N/A	62.9%
	N/A	73.9%	N/A	73.3%

	YTD		Jan-17		Trend*
	Plan	Actual	Plan	Actual	
	(7.8)	(24.1)	0.6	(3.1)	●
	3.0	2.8	3.0	2.8	●
	28.5	28.6	3.3	3.4	●
	63.0	51.3	7.3	11.0	●

	YTD		Jan-17		Trend*
	Plan	Actual	Plan	Actual	
	98%	97%	98%	98%	●
	95%	93%	95%	94%	●
	85%	93%	85%	94%	●

* 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.

Note 1 - 'Compliant by?' for these metrics a are dependent on the Trust rebalancing demand and capacity.

UHL Board Assurance Dashboard: 2016/17		JANUARY 2017						
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 centered 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	16	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	25	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. Status awarded on 13th September 2016 - RISK CLOSED SEPT 2016.	MD	6	6		CLOSED SEPT 2016	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	20	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	↔	Under review	ESB
	16	The Demand/Capacity gap if unresolved may cause a failure to achieve UHL deficit control total in 2016/17	CFO	25	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	25	6	↔	EIM&T 28/02/17	EIM&T / EPB
	19	Lack of alignment of IM&T priorities to UHL priorities	CIO	9	6	↔	EIM&T 28/02/17	EIM&T / EPB

Risk Register Dashboard as at 31 Jan 17

Risk ID	CMG	Risk Title	Current Risk Score	Target Risk Score	Risk Owner	Risk Movement	Themes aligned with Trust Objectives	
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	
2566	CHUGGS	There is risk of delays to planning patient treatment due to the age of the Toshiba Aquilion CT scanner in the Radiotherapy Dept	20	1	Lorraine Williams	↔	Safe, high quality, patient centred healthcare	
2354	RRCV	There is a risk of overcrowding in the Clinical Decisions Unit	20	9	Sue Mason	↔	Effective emergency care	
2670	RRCV	There is a risk to the Immunology & Allergy Services due to a Consultant Vacancy	20	6	Karen Jones	↔	Workforce capacity and capability	
2886	RRCV	LGH Water Treatment Plant risk of downtime, resulting from equipment failure of the water plant impacting on HD patients	20	8	Geraldine Ward	↔	Safe, high quality, patient centred healthcare	
2931	RRCV	Increasing frequency of Cardiac Monitoring System on CCU failing to operate	20	4	Judy Gilmore	↔	Safe, high quality, patient centred healthcare	
2804	ESM	Outlying Medical Patients into other CMG beds due to insufficient ESM inpatient bed capacity	20	12	Gill Staton	↔	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	↔	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	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	Heather Allen	↔	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	CLOSED					Workforce capacity and capability
2940	W&C	Risk that paed cardiac surgery will cease to be commissioned in Leicester with consequences for intensive care & other services	20	8	Nicola Savage	↔	Safe, high quality, patient centred healthcare	

Risk ID	CMG	Risk Title	Current Risk Score	Target Risk Score	Risk Owner	Risk Movement	Themes aligned with Trust Objectives	
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	↔	Workforce capacity and capability	
2264	CHUGGS	Risk to the quality of care and safety of patients due to reduced staffing in GI medicine/Surgery and Urology at LGH and LRI	16	6	Georgina Kenney	↔	Safe, high quality, patient centred healthcare	
2923	CHUGGS	There is a risk that nurse staffing vacancies in Oncology may result in suboptimal care to patients	CLOSED					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	↔	Workforce capacity and capability	
2819	RRCV	Risk of lack of ITU and HDU capacity will have a detrimental effect on Vascular surgery at LRI	16	12	Sarah Taylor	↔	Workforce capacity and capability	
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	↔	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	Karen Jones	↔	Workforce capacity and capability	
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	Gaby Harris	↔	Safe, high quality, patient centred healthcare	
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	Lack of capacity within the ophthalmology service is causing delays that could result in serious patient harm.	16	8	Clare Rose	↔	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	
2955	CSI	If system faults attributed to EMARD are not expediently resolved, Then we will continue to expose patient to the risk of harm	16	4	Cathy Lea	NEW	Safe, high quality, patient centred healthcare	

Risk ID	CMG	Risk Title	Current Risk Score	Target Risk Score	Risk Owner	Risk Movement	Themes aligned with Trust Objectives	
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	
2969	CSI	There is a risk of failure to deliver the TAT Standards of NHS Cervical and NHS Bowel Cancer Screening programmes	12	4	Mike Langford	↓	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	CLOSED					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	Communications	No IT support for the clinical photography database (IMAN)	16	1	Simon Andrews	↔	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	↔	Workforce capacity and capability	
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	Shirley Priestnall	↔	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	Vicky Osborne	↔	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	↔	Workforce capacity and capability	
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	
1196	CSI	No comprehensive out of hours on call rota and PM cover for consultant Paediatric radiologists	15	2	Rona Gidlow	↑	Workforce capacity and capability	

Risk ID	CMG	Risk Title	Current Risk Score	Target Risk Score	Risk Owner	Risk Movement	Themes aligned with Trust Objectives	
510	CSI	There is a risk of staff shortages impacting on the Blood Transfusion Service at UHL	15	5	AFE	↔	Safe, high quality, patient centred healthcare	
2162	CSI	Cellular Pathology - Failure to meet TATs - Quality ; Patient Safety &HR risk	CLOSED					Safe, high quality, patient centred healthcare
2965	CSI	If we do not address Windsor pharmacy storage demands, then we may compromise clinical care and breach statutory duties	15	6	Claire Ellwood	↔	Safe, high quality, patient centred healthcare	
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	12	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	↔	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	