CHIEF EXECUTIVE'S MONTHLY UPDATE REPORT – NOVEMBER 2017

Authors: John Adler and Stephen Ward   Sponsor: John Adler   Date: Thursday 2 November 2017   Trust Board paper D

Executive Summary

Context

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

(a)   the Quality and Performance Dashboard for September 2017 attached at appendix 1 (the full month 6 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 issues relating to our Strategic Objectives and Annual Priorities 2017/18

Questions

1. Does the Trust Board have any questions or comments about 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?

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: [December 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]

REPORT TO: TRUST BOARD

DATE: 2 NOVEMBER 2017

REPORT BY: CHIEF EXECUTIVE

SUBJECT: MONTHLY UPDATE REPORT – NOVEMBER 2017

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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 2017/18, 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 – September 2017

2.1   The Quality and Performance Dashboard for September 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 a joint meeting of the Integrated Finance, Performance and Investment Committee and Quality Assurance Committee. The month 6 quality and performance report is published on the Trust's website.

Good News:

2.4   **Mortality** – the latest published SHMI (period January 2016 to December 2016) has reduced to 101 and remains within the expected range. **Diagnostic 6 week wait –** remains compliant for the twelfth consecutive month. **52+ weeks wait –** current number this month is 1 patient (last September the number was 53). This is expected to be 0 at the end of October. **Cancer Two Week Wait** – we have achieved the 93% threshold for over a year. **Delayed transfers of care** - remain

within the tolerance. However, there are a range of other delays that do not appear in the count. **Never events** – 0 reported this month. **Pressure Ulcers** -1 **Grade 4** reported this financial year, nil reported during September. **Grade 3 and Grade 2** are well within the trajectory year to date, although the number of **Grade 2** reported in September was 1 above trajectory. **CAS alerts** – we remain compliant. **Inpatient and Day Case Patient Satisfaction (FFT)** achieved the Quality Commitment of 97%. **Ambulance Handover 60+ minutes (CAD+)** – performance at 0.2% a significant improvement and our best performance since the introduction of CAD+ reporting in June 2015. **Single Sex Accommodation Breaches** – 0 breaches in September.

Bad News:

2.5 **Moderate harms and above** – 23 cases reported during August (reported one month in arrears). **MRSA** – one avoidable case reported this month. **C DIFF** – September and year to date are above threshold. **Cancer 31 day** was not achieved in August. **ED 4 hour performance** – September's performance was 84%, an improvement on April to August. Further detail is in the Chief Operating Officer's report. **Referral to Treatment –** was 91.5% against a target of 92%, partly due to cancelled operations and loss of theatre capacity. **Cancelled operations** and **patients rebooked within 28 days** – continued to be non-compliant. **Cancer 31 day and 62 day treatment** was not achieved in August – delayed referrals from network hospitals continue to be a significant factor. **Fractured NOF** – target was narrowly missed for the first time for 4 months. **Statutory & Mandatory Training** – unable to report from new system for the last 2 months. **TIA (high risk patients)** was non-compliant in September due to high number of referrals received in August.

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

3.1 The Board Assurance Framework (BAF) and organisational risk register have been kept under review during September 2017and are summarised in the two 'dashboards' attached to this report. A detailed BAF and an extract from the risk register, for items scoring 15 and above, are included in the integrated risk and assurance paper featuring elsewhere on today's Board agenda.

Board Assurance Framework Dashboard

3.2 Executive leads have updated their BAF entries, including a review of their controls and assurances, to reflect the current position for September 2017 and a final version of the BAF has been endorsed by the Executive Team.

3.3 The Corporate Risk Team, in conjunction with the Executive Tea, have undertaken a mid-year review of the BAF and incorporated feedback from recent Trust Board meetings and Thinking Days to improve the effectiveness of the Framework. The review identified areas of the Framework that could be strengthened, including a clear description of the principal risks that could prevent delivering the strategic objective, and the use of a risk rating methodology to grade the risks. Other changes include the use of a simplified 'tracker' rating to show whether the related annual priority is on-track or off-track/at risk of non-delivery.

3.4   The highest-rated principal risks on the BAF relate to workforce capacity and capability, management of finances, and variation between capacity and demand.

Organisational Risk Register Dashboard

3.5   There are currently 56 risks open on the organisational risk register with a current risk rating of 15 and above (i.e. scoring high or extreme) for the reporting period ending September 2017. During the month of September 2017,five high risks have been entered on the risk register and these are described in the risk register dashboard attached.

3.6   Thematic analysis for the risks scoring 15 and above on the risk register shows the common risk causation themes as workforce shortages, demand and capacity imbalance, equipment resource gaps, estates backlog, IM&T infrastructure gaps, and non-compliance with local and national policy requirements.

4   Emergency Care

4.1   Our performance against the national 4 hour standard in September 2017 was 84%. At the time of writing this report, performance in October, to date, is 83%. This is below the trajectory agreed with NHS Improvement which anticipated that we would now be achieving performance at 90%.

4.2   The People, Process and Performance Committee continues to scrutinise our performance and plans for improvement in emergency care, most recently at its meeting on 26th October 2017.

4.3   Without wishing to duplicate the Committee's discussions, it is important that I make it clear that performance remains below what our patients should expect to receive – and it is key that we continue our efforts to improve.

4.4   As reported previously, we have been "buddied" by the NHS nationally with Luton and Dunstable NHS Foundation Trust (consistently the best performing system in the NHS) and we continue to work with them to rapidly redesign the emergency care system within our hospitals through the daily meeting with clinical and managerial leaders responsible for those component parts of the patients' pathway. Many colleagues across the Trust are trialling new ways of working – rapidly – and I am grateful to them for their efforts.

4.5   The key area of focus at present is improving the speed of patient flow from the emergency department, through the assessments units and on to the base wards. This is so that we can maximise the benefit for patients of the significant improvements we are making in the way we work clinically.

4.6   Amongst the specific improvements that have been made in the last month which contribute to the overall goal are:

- The exciting implementation of the new model of delivery for Acute medicine. This involves a Medical consultant and junior week-day presence in ED starting between the hours of 9am – 9pm supported by medical specialties 'stepping

forward' to proactively review and manage patients at an earlier point on the medical assessment units. I am very grateful for the flexibility and co-operation shown by all the clinical teams involved in this new model. Their feedback has been very positive.

- We continue to work on re-populating the evening and overnight additional senior rota for ED – with 122 of the 196 shifts covered between now and end of November. These are additional voluntary shifts undertaken by senior ED doctors to bolster staffing in the evening and overnight period. As these shifts are proving difficult to fill fully, we are now focussing them to the busier days of the week to ensure safety is maintained and timeliness improves on those days when the ED is at its most stretched.

- We continue to focus on the importance of the specialty ownership of patients that ED refer to that specialty. ED and Acute Medicine Consultants are now the arbiter of which specialty the patient should go to and then it is the responsibility of that specialty to bring the patient to their assessment service or to review the patient in ED – both should happen quickly to avoid delay to the patient. There is now a senior medical operational lead rota comprising the Deputy Medical Directors and Clinical Directors who are available for advice if there are issues with following this policy.

- The E-bed management project continues for implementation at the Royal Infirmary on 1st November, allowing better visibility of where available capacity is across the Trust and ensuring the timely movement of patients to the care that they need.

- The capacity and flow command structure has been redesigned to ensure that CMGs are taking responsibility for their patients who need to be admitted in a timely manner, reducing risk to these patients. This is complemented by additional support to running and managing problems with capacity and flow through a formalised 'Silver' manager structure, a lead nurse on call, and the senior operational medical lead rota.

4.7 I shall continue to give considerable personal focus to this issue, and our performance and plans for improvement will continue to be scrutinised monthly at the People, Process and Performance Committee, with monthly updates to the Trust Board.

5 Paperless Hospital 2020

5.1 One of our key annual priorities in 2017/18 is to make progress towards a fully digital hospital (Electronic Patient Record) with user-friendly systems in order to support safe, efficient and high quality patient care.

5.2 We have been working on a plan B for IT after our plan A around EPR (Electronic Patient Record) failed when we were not able to access the national funding we requested through our business case.

5.3   Under the leadership of our Chief Information Officer, John Clarke, we have been working on a place-based approach. This is about designing the IT needs of a particular area, and IM&T have looked at a 'ward', 'clinic' and 'office' approach to IT that sets out what improvements will be made between now and 2021. Some of this work will be about piecing together the systems we have, and replacing those that are no longer suitable rather than looking for one solution to this problem. This is under the heading Paperless Hospital 2020.

5.4   Progress will, in part, be determined by our access to significant additional funding. A bid has been submitted to accelerate our programme to NHS Improvement/Department of Health and the outcome is awaited.

5.5   In parallel, we continue to work with our partners at IBM on a systematic programme to upgrade the end-user computing equipment in place at the Trust.

5.6   I recognise that there is a lot of frustration within the organisation about the state of our IT and it is imperative that we bring about improvement.

5.7   At its meeting on 26th October 2017, the People, Process and Performance Committee received a report from the Chief Information Officer on our plans in this area.

5.8   The Chief Information Officer now attends each meeting of the People, Process and Performance Committee and the Committee will continue to review the progress of the Paperless Hospital 2020 initiative and provide assurance to the Board in this area.

6.   East Midlands Congenital Heart Centre

6.1   Since the last Board meeting we have continued our work to provide NHS England with further information on the Trust's activity growth plan and we now await the outcome of NHS England's Board meeting on 30th November 2017.

6.2   Further details are set out in the report on the East Midlands Congenital Heart Centre which features later in this agenda.

7.   Conclusion

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

John Adler
Chief Executive

27th October 2017

Quality & Performance

		YTD Plan	YTD Actual	Sep-17 Plan	Sep-17 Actual	Trend*	Compliant by?
Safe	S1: Reduction for moderate harm and above (1 month in arrears)	142	93	<12	23	🔴	
	S2: Serious Incidents	<37	25	3	5	🔴	
	S10: Never events	0	4	0	0	🟢	
	S11: Clostridium Difficile	61	35	5	8	🔴	Oct-17
	S12 MRSA - Unavoidable or Assigned to 3rd party	0	0	0	0	🟢	
	S13: MRSA (Avoidable)	0	2	0	1	🔴	Oct-17
	S14: MRSA (All)	0	2	0	1	🔴	Nov-17
	S17: Falls per 1,000 bed days for patients > 65 years (1 month in arrears)	<5.6	5.6	<5.6	6.0	🔴	
	S18: Avoidable Pressure Ulcers Grade 4	0	1	0	0	🟢	
	S19: Avoidable Pressure Ulcers Grade 3	<27	4	<=3	0	🟢	
	S20: Avoidable Pressure Ulcers Grade 2	<84	26	<=7	8	🔴	
Caring	C1 End of Life Care Plans	TBC	QC TBC		QC TBC		
	C4: Inpatient and Day Case friends & family - % positive	97%	97%	97%	97%	🟢	
	C7: A&E friends and family - % positive	97%	95%	97%	96%	🟢	
Well Led	W13: % of Staff with Annual Appraisal	95%	91.0%	95%	91.0%	🔴	
	W14: Statutory and Mandatory Training (last reported July)	95%	85%	95%	85%		
	W16 BME % - Leadership (8A – Including Medical Consultants) - Qtr 2	28%	27%	28%	27%		
	W17: BME % - Leadership (8A – Excluding Medical Consultants) - Qtr 2	28%	13%	28%	13%		
Effective	E1: 30 day readmissions (1 month in arrears)	<8.5%	9.1%	<8.5%	9.2%	🔴	Jan-17
	E2: Mortality Published SHMI (Jan16-Dec 16)	99	101	99	101	🟢	
	E6: # Neck Femurs operated on 0-35hrs	72%	71.7%	72%	69.6%	🔴	Oct-17
	E8: Stroke - 90% of Stay on a Stroke Unit (1 month in arrears)	80%	87.7%	80%	87.1%	🟢	
Responsive	R1: ED 4hr Waits UHL+UCC - Calendar Month	95%	80.2%	95%	84.0%	🟢	See Note 1
	R3: RTT waiting Times - Incompletes (UHL+Alliance)	92%	91.5%	92%	91.5%	🔴	
	R5: 6 week – Diagnostics Test Waiting Times (UHL+Alliance)	<1%	0.4%	<1%	0.4%	🟢	
	R11: Operations cancelled (UHL + Alliance)	0.8%	1.1%	0.8%	1.3%	🔴	See Note 1
	R13: Delayed transfers of care	3.5%	1.8%	3.5%	1.9%	🟢	
	R14: % Ambulance Handover >60 Mins (CAD+)	TBC	3%	TBC	0.2%	🟢	
	R15: % Ambulance handover >30mins & <60mins (CAD+)	TBC	8%	TBC	3%	🟢	
	RC9: Cancer waiting 104+ days	0	8	0	8	🔴	

		YTD Plan	YTD Actual	Aug-17 Plan	Aug-17 Actual	Trend*	Compliant by?
Responsive Cancer	RC1: 2 week wait - All Suspected Cancer	93%	94.4%	93%	94.3%	🟢	
	RC3: 31 day target - All Cancers	96%	95.9%	96%	95.1%	🔴	
	RC7: 62 day target - All Cancers	85%	79.7%	85%	78.7%	🔴	See Note 1

Enablers

		YTD Plan	YTD Actual	Qtr2 17/18 Plan	Qtr2 17/18 Actual		
People	W7: Staff recommend as a place to work (from Pulse Check)		59.9%		57.3%		
	C10: Staff recommend as a place for treatment (from Pulse Check)		72.5%		70.7%		

		YTD Plan	YTD Actual	Sep-17 Plan	Sep-17 Actual	Trend*	
Finance	Surplus/(deficit) £m	(25.8)	(25.8)	(2.8)	(2.8)	🟢	
	Cashflow balance (as a measure of liquidity) £m	1.0	2.0	1.0	2.0	🔴	
	CIP £m	16.3	16.4	3.2	3.2	🟢	
	Capex £m	19.5	13.0	4.0	2.6	🟢	

		YTD Plan	YTD Actual	Sep-17 Plan	Sep-17 Actual	Trend*	
Estates & facility mgt.	Average cleanliness audit score - very high risk areas	98%	96%	98%	97%	🟢	
	Average cleanliness audit score -high risk areas	95%	94%	95%	94%	🟢	
	Average cleanliness audit score - significant risk areas	85%	94%	85%	95%	🟢	

* 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: 2017/18 — **SEPT 2017 - FINAL**

Objective	Principal Risk No.	Principal Risk Description	Current risk rating CxL	Target risk rating CxL	Monthly Risk Change	Annual Priority No.	Annual Priority	Current Tracker Rating	Monthly Tracker	Year-end Forecast Tracker	Exec Owner	SRO	Executive Board Committee for Endorsement	Trust Board / Sub-Committee for Assurance
Primary Objective — **QUALITY COMMITMENT:** Safe, high quality, patient centered, efficient healthcare	1	If the Trust is unable to achieve and maintain the required levels of clinical effectiveness, patient safety & patient experience, caused by inadequate clinical practice and ineffective information and technology systems, then it may result in widespread instances of avoidable patient harm, leading to regulatory intervention and adverse publicity that damage the Trust's reputation and could affect CQC registration.	4 x 3 = 12	4 x 2 = 8	New Sept 2017	1.1	**Clinical Effectiveness - To reduce avoidable deaths:**							
						1.1.1	We will focus interventions in conditions with a higher than expected mortality rate in order to reduce our SHMI	2	↔	2	MD	J Jameson (R Broughton)	EQB	QOC
						1.2	**Patient Safety - To reduce harm caused by unwarranted clinical variation:**							
						1.2.1	We will further roll-out track and trigger tools (e.g. sepsis care), in order to improve our vigilance and management of deteriorating patients	2	↔	2	CN/MD	J Jameson (H Harrison)	EQB	QOC
						1.2.2 a	We will introduce safer use of high risk drugs **(e.g. insulin)** in order to protect our patients from harm	2	↔	2	MD/CN	E Meldrum / C Free	EQB	QOC
						1.2.2 b	We will introduce safer use of high risk drugs **(e.g. warfarin)** in order to protect our patients from harm	2	↔	2	MD/CN	C Marshall	EQB	QOC
						1.2.3	We will implement processes to improve diagnostics results management in order to ensure that results are promptly acted upon	2	↔	2	MD	C Marshall	EQB	QOC
						1.3	**Patient Experience - To use patient feedback to drive improvements to services and care:**							
						1.3.1	We will provide individualised end of life care plans for patients in their last days of life (5 priorities of the Dying Person) in that our care reflects our patients' wishes	2	↔	2	CN	S Hotson (C Ribbins) (H Harrison)	EQB	QOC
						1.3.2	We will improve the patient experience in our current outpatients service and begin work to transform our outpatient models of care in order to make them more effective and sustainable in the longer term	2	↔	2	DCIE / COO	J Edyvean / D Mitchell	EQB	FIC
	2	If the Trust is unable to manage the level of emergency and elective demand, caused by an inability to provide safe staffing and fundamental process issues, then it may result in sustained failure to achieve constitutional standards in relation to ED; significantly reduced patient flow throughout the hospital; disruption to multiple services across CMGs; reduced quality of care for large numbers of patients; unmanageable staff workloads; and increased costs.	5 x 4 = 20	5 x 3 = 15	New Sept 2017	1.4	**Organisation of Care - We will manage our demand and capacity:**							
						1.4.1	We will utilise our new Emergency Department efficiently and effectively. We will use our bed capacity efficiently and effectively (including Red2Green, SAFER, expanding bed capacity). We will implement new step down capacity and a new front door frailty pathway. We will use our theatres efficiently and effectively	1	↓	1	COO	S Barton	EPB	FIC
Supporting Objectives — **OUR PEOPLE:** Right people with the right skills in the right numbers	3	If the Trust is unable to achieve and maintain staffing levels that meet service requirements, caused by an inability to recruit, retain and utilise a workforce with the necessary skills and experience, then it may result in extended unplanned service closures and disruption to services across CMGs.	4 x 5 = 20	4 x 3 = 12	New Sept 2017	2.1	We will develop a sustainable workforce plan, reflective of our local community which is consistent with the STP in order to support new, integrated models of care	2	↔	2	DWOD	J Tyler-Fantom	EWB	FIC
						2.2	We will reduce our agency spend towards the required cap in order to achieve the best use of our pay budget	2	↔	2	DWOD	J Tyler-Fantom	EPB	FIC
						2.3	We will transform and deliver high quality and affordable HR, OH and OD services in order to make them 'Fit for the Future'	2	↔	2	DWOD	B Kotecha	EWB	FIC
EDUCATION & RESEARCH: High quality, relevant, education and research	4	If the Trust does not have the right resources in place and an appropriate infrastructure to run clinical education and research, then we may not maximise our education and research potential which may adversely affect our ability to drive clinical quality, attract and retain medical students and deliver of our research strategy.	4 x 3 = 12	4 x 2 = 8	New Sept 2017	3.1	We will improve the experience of medical students at UHL through a targeted action plan in order to increase the numbers wanting stay with the Trust following their training and education	2	↔	2	MD	S Carr	EWB	TB
						3.2	We will address specialty-specific shortcomings in postgraduate medical education and trainee experience in order to make our services a more attractive proposition for postgraduates	2	↔	2	MD	S Carr	EWB	TB
						3.3	We will develop a new 5-Year Research Strategy with the University of Leicester in order to maximise the effectiveness of our research partnership	2	↔	2	MD	N Brunskill	ESB	TB
PARTNERSHIPS & INTEGRATION: More integrated care in partnership with others	5	If the Trust does not work collaboratively with partners, then we may not be in a position to deliver safe, high quality care on a sustainable basis, patients might not be able to access the services that they require and we may not be in a position to meet our contractual obligations.	5 x 3 = 15	5 x 2 = 10	New Sept 2017	4.1	We will integrate the new model of care for frail older people with partners in other parts of health and social care in order to create an end to end pathway for frailty	2	↔	2	DCIE	J Currington	ESB	TB
						4.2	We will increase the support, education and specialist advice we offer to partners to help manage more patients in the community (integrated teams) in order to prevent unwarranted demand on our hospitals	2	↔	2	DCIE	J Currington	ESB	TB
						4.3	We will form new relationships with primary care in order to enhance our joint working and improve its sustainability	2	↔	2	DCIE	J Currington (U Montgomery)	ESB	TB
KEY STRATEGIC ENABLERS: Progress our key strategic enablers	6	If the Trust is unable to secure external capital funding to progress its reconfiguration programme then our reconfiguration strategy may not be delivered.	5 x 3 = 15	5 x 2 = 10	New Sept 2017	5.1	We will progress our hospital reconfiguration and investment plans in order to deliver our overall strategy to concentrate emergency and specialist care and protect elective work	2	↔	2	CFO	N Topham (A Fawcett)	ESB	TB
	7	If the Trust does not have the right resources in place and an appropriate infrastructure to progress towards a fully digital hospital (EPR), then we will not maximise our full digital strategy.	3 x 3 = 9	3 x 2 = 6	New Sept 2017	5.2	We will make progress towards a fully digital hospital (EPR) with user-friendly systems in order to support safe, efficient and high quality patient care	2	↔	2	CIO	J Clarke	EIM&T	FIC
	8	If the Trust is unable to maximise its potential to empower its workforce and sustain change through an effective engagement strategy, then we may experience delays with delivering Year 2 of the UHL Way.	3 x 3 = 9	3 x 2 = 6	New Sept 2017	5.3	We will deliver the year 2 implementation plan for the 'UHL Way' and engage in the development of the 'LLR Way' in order to support our staff on the journey to transform services	2	↔	2	DWOD	B Kotecha	EWB	FIC
	9	If operational delivery is negatively impacted by additional financial cost pressures, then the delivery of the requirements of the Carter report will be adversely impacted resulting in an inefficient back-office support function.	3 x 3 = 9	3 x 2 = 6	New Sept 2017	5.4	We will review our Corporate Services in order to ensure we have an effective and efficient support function focused on the key priorities	2	↔	2	DWOD / CFO	L Tibbert (J Lewin)	EWB	FIC
	10	If the Trust cannot allocate suitable resources to support delivery of its Commercial Strategy then we will not be able to fully exploit all available commercial opportunities.	4 x 3 = 12	4 x 2 = 8	New Sept 2017	5.5	We will implement our Commercial Strategy, one agreed by the Board, in order to exploit commercial opportunities available to the Trust	2	↔	2	CFO	P Traynor	EPB	FIC
	11	If the Trust is unable to achieve and maintain its financial plan, caused by ineffective solution to the demand and capacity issue and ineffective strategies to meet CIP requirements, then it may result in widespread loss of public and stakeholder confidence with potential for regulatory action such as financial special measures or parliamentary intervention.	5 x 4 = 20	5 x 2 = 10	New Sept 2017	5.6	We will deliver our Cost Improvement and Financial plans in order to make the Trust clinically and financially sustainable in the long term	2	↔	2	CFO/COO	P Traynor (B Shaw)	EPB	FIC

*Please be advised that the annual priority tracker rating criteria was adjusted in September following agreement by the Trust Board at a Thinking Day. All tracker ratings prior to September remain on the old rating criteria.

Risk ID	CMG	Risk Description	Current Risk Score	Target Risk Score	Thematic Analysis of Risk Causation
2264	CHUGGS	If an effective solution for the nurse staffing shortages in GI Medicine Surgery and Urology at LGH and LRI is not found, then the safety and quality of care provided will be adversely impacted.	20	6	Workforce
2621	CHUGGS	If recruitment and retention to vacancies on Ward 22 at the LRI does not occur, then patients may be exposed to harm due to poor skill mix on the Ward.	20	6	Workforce
2566	CHUGGS	If the range of Toshiba Aquilion CT scanners are not upgraded, Then patients will experience delays with their treatment planning process.	20	1	Resource
2354	RRCV	If the capacity of the Clinical Decisions Unit is not expanded to meet the increase in demand, then will continue to experience overcrowding resulting in potential harm to patients.	20	9	Demand & Capacity
2670	RRCV	If recruitment to the Clinical Immunology & Allergy Service Consultant vacancy does not occur, then patient backlog will continue to increase, resulting in delayed patient sequential procedures and patient management.	20	6	Workforce
2886	RRCV	If we do not invest in the replacement of the Water Treatment Plant at LGH, Then we may experience downtime from equipment failure impacting on clinical treatment offered.	20	8	Estates
2804	ESM	If the ongoing pressures in medical admissions continue, then ESM CMG medicine bed base will be insufficient thus resulting in jeopardised delivery of RTT targets.	20	12	Demand & Capacity
2149	ESM	If we do not recruit and retain into the current Nursing vacancies within ESM, then patient safety and quality of care will be compromised resulting in potential financial penalties.	20	6	Workforce
2763	ITAPS	Risk of patient deterioration due to the cancellation of elective surgery as a result of lack of ICU capacity at LRI	20	10	Demand & Capacity
2193	ITAPS	If an effective maintenance schedule for Theatres and Recovery plants is not put in place, then we are prone to unplanned loss of capacity at the LRI.	20	4	Estates
2191	MSK	Lack of capacity within the ophthalmology service is causing delays that could result in serious patient harm.	20	8	Demand & Capacity
2940	W&C	Risk that paed cardiac surgery will cease to be commissioned in Leicester with consequences for intensive care & other services	20	8	Demand & Capacity
3054	Human Resources	If the Trust's Statutory and Mandatory Training data can no longer be verified on the new Learning Management System, HELM, then it is not possible to confirm staff training compliance which could result in potential harm to patients, reputation impact, increased financial impact and non-compliance with agreed targets.	20 ↑	3	IM&T
2403	Corporate Nursing	There is a risk changes in the organisational structure will adversely affect water management arrangements in UHL	20	4	Estates
2404	Corporate Nursing	There is a risk that inadequate management of Vascular Access Devices could result in increased morbidity and mortality	20	16	Resource
3080	RRCV	NEW: If an alternative provider and procedure is not identified for wasp/bee venom desensitisation then patients will have an increased risk of anaphylaxis due to treatment & waiting list delays	16	4	Estates
3040	RRCV	If there are insufficient medical trainees in Cardiology, then there may be an imbalance between service and education demands resulting in the inability to cover rotas and deliver safe, high quality patient care.	16	9	Workforce
2820	RRCV	If a timely VTE risk assessments is not undertaken on admission to CDU, then we will be breach of NICE CCG92 guidelines resulting patients being placed at risk of harm.	16	3	Processes and Procedures
3051	RRCV	If we do not effectively recruit to the Medical Staffing gaps for Respiratory Services, then there is a risk to deliver safe, high quality patient care, operational services and impacts on the wellbeing of all staff including medical staffing.	16	6	Workforce
3031	RRCV	If the MDT activities for vasc surg are not resolved there is a risk of signif loss of income & activity from referring centres	16	1	Resource
3088	ESM	NEW: If non-compliant with national and local standards in Dermatology with relation to Safer Surgery checking processes, Then patients may be exposed to an increased risk of potential harm.	16	6	Processes and Procedures

Risk ID	CMG	Risk Description	Current Risk Score	Target Risk Score	Thematic Analysis of Risk Causation
3025	ESM	If there continues to be high levels of nursing vacancies and issue with nursing skill mix across Emergency Medicine, then quality and safety of patient care could be compromised.	16	4	Workforce
3044	ESM	If under achievement against key Infectious Disease CQUIN Triggers (Hepatitis C Virus), Then income will be affected.	16	8	Demand & Capacity
2333	ITAPS	If we do not recruit into the Paediatric Cardiac Anaesthetic vacancies, then we will not be able to maintain a WTD compliant rota resulting in service disruption.	16	8	Workforce
2955	CSI	If system faults attributed to EMRAD are not expediently resolved, Then we will continue to expose patient to the risk of harm	16	4	IM&T
2673	CSI	If the bid for the National Genetics reconfiguration is not successful then there will be a financial risk to the Trust resulting in the loss of the Cytogenetics service	16	8	Demand & Capacity
2378	CSI	If we do not recruit, up skill and retain staff into the Pharmacy workforce, then the service will not meet increasing demands resulting in reduced staff presence on wards or clinics.	16	8	Workforce
2916	CSI	If blood samples are mislabeled, caused by problems with ICE printers and human error with not appropriately checking the correct label is attached to the correct sample, then we may expose patients to unnecessary harm.	16	6	IM&T
3008	W&C	Paediatric retieval & repatriation teams are delayed mobilising due to inadequate provision of a dedicated ambulance.	16	5	Demand & Capacity
3082	W&C	**NEW:** If funding from NHS England Specialised Commissioning for the CenTre Neonatal Transport call handling service is withdrawn, then calls regarding critically-ill & unstable patients will be delayed or mislaid resulting in the potential for serious harm to patients referred for critical care transfer.	16	5	Demand & Capacity
2153	W&C	Shortfall in the number of all qualified nurses working in the Children's Hospital.	16	8	Workforce
2237	Corporate Medical	If a standardised process for requesting and reporting inpatient and outpatient diagnostic tests is not implemented, then the timely review of diagnostic tests will not occur.	16	8	IM&T
2247	Corporate Nursing	If we do not recruit and retain Registered Nurses, then we may not be able to deliver safe, high quality, patient centred and effective care.	16	12	Workforce
1693	Operations	If clinical coding is not accurate then income will be affected.	16	8	Workforce
3027	CHUGGS	If the UHL adult haemoglobinopathy service is not adequately resourced, then it will not function at its commissioned level	15	4	Workforce
3047	RRCV	If the service provisions for vascular access at GH are not adequately resourced to meet demands, then patients will experience significant delays for a PICC resulting in potential harm.	15	6	Demand & Capacity
3041	RRCV	If there are insufficient cardiac physiologists then it could result in increased waiting times for electrophysiology procedures and elective cardiology procedures	15	8	Workforce
3043	RRCV	If there is insufficient cardiac physiologists then it could result in reduced echo capacity resulting in diagnostics not being performed in a timely manner	15	6	Workforce
2872	RRCV	If a suitable fire evacuation route for bariatric patients on Ward 15 at GGH is not found, then we will be in breach of Section 14.2b of The Regulatory Reform (Fire Order) 2005.	15	6	Estates
3005	RRCV	If recruitment and retention to the current Thoracic Surgery Ward RN vacancies does not occur, then Ward functionality will be compromise, resulting in an increased likelihood of incidences leading to patient harm.	15	6	Workforce
3077	ESM	If there are delays in the availability of in-patient beds, then the performance of the Emergency Department at Leicester Royal Infirmary could be adversely affected, resulting in overcrowding in the Emergency Department and an inability to accept new patients from ambulances.	15	10	Demand & Capacity
2837	ESM	If the migration to an automated results monitoring system is not introduced, Then follow-up actions for patients with multiple sclerosis maybe delayed resulting in potential harm.	15	2	IM&T

Risk ID	CMG	Risk Description	Current Risk Score	Target Risk Score	Thematic Analysis of Risk Causation
2466	ESM	Current lack of robust processes and systems in place for patients on DMARD and biologic therapies in Rheumatology resulting	15	1	Processes and Procedures
2989	MSK	If we do not recruit into the Trauma Wards nursing vacancies, then patient safety and quality of care will be placed at risk	15	4	Workforce
1196	CSI	If we do not increase the number of Consultant Radiologists, then we will not be able provide a comprehensive out of hours on call rota and PM cover for consultant Paediatric radiologists resulting in delays for patients requiring paediatric radiology investigations and suboptimal treatment pathway.	15	2	Workforce
2973	CSI	If the service delivery model for Adult Gastroenterology Medicine patients is not appropriately resourced, then the quality of care provided by nutrition and dietetic service will be suboptimal resulting in potential harm to patients.	15	6	Workforce
2946	CSI	If the service delivery model for Head and Neck Cancer patients is not appropriately resourced, then the Trust will be non-compliant with Cancer peer review standards resulting in poor pre and post-surgery malnutrition.	15	2	Workforce
2787	CSI	If we do not implement the EDRM project across UHL which has caused wide scale recruitment and retention issues then medical records services will continue to provide a suboptimal service which will impact on the patients treatment pathway.	15	4	IM&T
2965	CSI	If we do not address Windsor pharmacy storage demands, then we may compromise clinical care and breach statutory duties	15	6	Estates
3023	W&C	There is a risk that the split site Maternity configuration leads to impaired quality of Maternity services at the LGH site	15	6	Workforce
2601	W&C	There is a risk of delay in gynaecology patient correspondence due to a backlog in typing	15	6	Workforce
3083	W&C	**NEW:** If gaps on the Junior Doctor rota are not filled then there may not ne enough junior doctors to staff the Neonatal Units at LRI	15	3	Workforce
3084	W&C	**NEW:** If there continues to be insufficient Neonatal Consultant cover to run 2 clinical sites, then it could impact on service provision resulting in potential for suboptimal care to the babies on the units at LRI & LGH.	15	5	Workforce
2394	Communications	If a service agreement to support the image storage software used for Clinical Photography is not in place, then we will not be able access clinical images in the event of a system failure.	15	1	IM&T
3079	Corporate Medical	If the insufficient capacity with Medical Examiners is not addressed then this may lead to a delay with screening all deaths and undertaking Structured Judgement Reviews resulting in failure to learn from deaths in a timely manner and non-compliance with the internal QC and external NHS England duties	15	6	Workforce
2985	Corporate Nursing	If delays with supplying, delivering and administering parental nutrition at ward level are not resolved, then we will deliver a suboptimal and unsafe provision of adult inpatient parental nutrition resulting in the Trust HISNET Status.	15	4	Workforce