CHIEF EXECUTIVE'S MONTHLY UPDATE REPORT –APRIL 2017

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Executive Summary

Context

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

(a)   the Quality and Performance Dashboard for February 2017 attached at appendix 1 (the full month 11 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 4 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 4 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: [4 May 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 not comply]

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT TO: TRUST BOARD

DATE: 6 APRIL 2017

REPORT BY: CHIEF EXECUTIVE

SUBJECT: MONTHLY UPDATE REPORT – APRIL 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 – February 2017

2.1   The Quality and Performance Dashboard for February 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 11 quality and performance report continues to be published on the Trust's website.

Good News

2.4   **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 have continued to achieve for 7 months consecutively. Reported **delayed transfers of care** remain within the tolerance. However, there are a range of delays that do not appear in the count. **Never events** – 0 reported this month. **MRSA** – although there

are 2 cases of MRSA reported for the year both were unavoidable. **C DIFF –** year to date position within trajectory. **Pressure Ulcers** – 0 **Grade 4** pressure ulcers reported this month and **Grade 3** are within the trajectory for month and year. **CAS alerts** – there have been no overdue CAS alerts throughout this financial year. Both **Stroke** indicators remain compliant for the year to date. **Ambulance Handover 60+ minutes (CAD+)** – performance 6% - the last time performance was at this level was in June 2016.

Bad News

2.5   **Mortality** – the latest published SHMI (period July 2015 to June 2016) is 101 (still within the expected range)**. ED 4 hour performance** – February performance was 83.8 % with year to date performance at 79.2%. The in-month improvement was due to switching medical and surgical beds. Further detail is in the Chief Operating Officer's report. **Referral to Treatment –** was not achieved mainly due to continuing emergency pressures and the capacity switch. **52+ week waits –** current number has increased to 39. **Cancelled operations** and **patients rebooked within 28 days** – continued to be non-compliant, due emergency pressures. **Single Sex Accommodation Breaches** – 4 breaches during February. **Fractured NOF** – target not achieved during February. **Cancer Standards 62 day treatment** – although non-compliant an improving backlog number is noted. **Inpatient and Day Case Patient Satisfaction (FFT)** remains at 96% against a Quality Commitment of 97%. **Statutory & Mandatory Training** – 82% against a target of 95%. Work is ongoing to improve compliance in Estates and Facilities.

3.   <u>Board Assurance Framework (BAF) and Organisational Risk Register Dashboards</u>

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 have been identified on 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 previous agreement by the Trust Board to disaggregate the BAF, all entries have been endorsed by their relevant Executive Board during the reporting period.

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 37 risks open on the organisational risk register with a current risk rating of 15 and above (i.e. scoring high and extreme). During the reporting period one risk has increased from a moderate to a high rating in relation to a lack of capacity within the ophthalmology service, and four risks have reduced to moderate ratings. In line with the reporting arrangements described in the 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. Annual Priorities 2016/17 – Progress at the end of Quarter 4

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

4.2 This assessment shows that we fully achieved 15 priorities, partially achieved 16 and did not achieve 4. In all cases where further work is required, this has been incorporated into our 2017/18 Priorities as approved by the Trust Board in February.

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

Care Quality Commission Quality Summit – 28th March 2017

5.1 On 28th March 2017, the Quality Summit convened by the Care Quality Commission following its inspection in 2016 took place at the Leicester Royal Infirmary. The Summit was attended by myself, the Chairman, Medical Director and Chief Nurse and involved a range of local and national stakeholders, including representatives from the Clinical Commissioning Groups, NHS Improvement, local authorities and Healthwatch.

5.2 The Quality Summit considered:-

- the key findings from the CQC inspection,
- the actions taken and planned by the Trust to improve quality,
- the support provided and to be offered to the Trust from other stakeholders to support the Trust in its improvement.

5.3 The Summit was a positive occasion for the Trust, with supportive feedback from the CQC and a range of other stakeholders. CQC colleagues emphasised that they supported the direction of travel of the Trust and could see tangible improvement across a range of areas. They also praised the improved culture of the organisation. It was agreed that we had every prospect of achieving a "Good" rating provided that we effectively implemented our action plan and wider Quality Commitment, alongside our wider strategic objectives and annual priorities.

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

Emergency Care Performance

6.1   The Chief Operating Officer's detailed report on emergency care performance for the period to 28th February 2017 features elsewhere on this agenda and I do not wish to pre-empt the Board's consideration of that paper. However, I think it is important that I explain to the Board the decision taken on 21st March 2017 to restrict elective activity at the Trust until 28th March 2017.

6.2   Despite the benefit we saw for much of February and early March 2017 from previously reducing our elective activity and concentrating on emergency patients, we then experienced a very difficult position over the early part of March 2017. Whilst emergency admissions at the Leicester Royal Infirmary were not particularly high, high attendance in the Emergency Department (ED) and high admissions at the Glenfield and the General resulted in very high ED occupancy and wait to be seen times, and poor ambulance handover performance. This position was made more difficult by infection prevention control challenges at the Leicester Royal Infirmary and at Glenfield Hospital, both for patients but also staff, and a number of wards were subject to restricted access in consequence.

6.3   On 21st March 2017, in consultation with senior clinical staff, we took the decision to restrict elective activity until the morning of Tuesday, 28th March 2017. This was not an easy decision to take and we recognised that this would impact on many patients and staff but felt that the decision was necessary to improve care and flow for emergency and cancer patients across all three sites. While this is the second time we have had to take such a decision in the last six weeks, we are doing everything possible to ensure that we are not normalising this behaviour.

6.4   It is worth emphasising that the restrictions on elective activity did not apply to patients on a cancer pathway (diagnostic and treatment); patients at 48 weeks and above waiting time (RTT); clinically urgent patients; and day case patients where cancelling their operations would not release bed capacity or staff.

6.5   The impact on emergency care was immediate and more detail on this is set out in the Chief Operating Officer's report. This has served to demonstrate beyond doubt that our top priority must be to address our demand and capacity gap, To that end, we have now developed a detailed plan to do just that and this will be implemented during 2017/18. It will include a modest increase in physical acute beds, as well as making better use of existing capacity and developing new step-down provision. This work will be managed through the new Organisation of Care Programme Board, which I will chair.

6.6   As Board members know, the STP indicates a reduction in acute beds, following the development of a range of out-of hospital alternatives such as integrated teams and increased care in people's homes. Our short term increase in beds is not inconsistent with that direction of travel. We simply need to increase acute capacity in the short term to address the "here and now" imbalance. Once the new approaches have been developed, we will be able to reduce capacity.

6.7 On 9th March 2017, NHS Improvement and NHS England wrote to all NHS Trust and NHS Foundation Trust Chief Executives setting out a series of actions to improve A&E performance.

6.8 The actions centred around freeing up hospital bed capacity, managing A&E demand and aligning national support and oversight.

6.9 The renewed focus on delivery of the 4 hour standard has since been underlined in the Government's mandate to NHS England for 2017/18 (see also section 10 below) which prioritises delivery of aggregate A&E performance in England above 90% in September 2017, with a majority of Trusts meeting 95% in March 2018, and aggregate performance in England at 95% by the end of 2018.

6.10 We have submitted a trajectory which moves us towards that goal to NHS Improvement. We have also submitted trajectories for RTT, Cancer and Diagnostics. All of these will be discussed at a review meeting with NHSI on 31st March and I will report verbally on the outcome of those discussions.

New Emergency Department

6.11 A detailed report from the Chief Operating Officer on the new Emergency Floor features elsewhere on this agenda but I wish to note here that 6th March 2017 marked the date of the Trust officially taking ownership of the new Emergency Department from Interserve Construction.

6.12 After three years in the making, the Department is looking fantastic and I want to thank everyone who has been involved to date for all of their hard work to get us to this point.

6.13 The doors open to the first patients at 4.00am on Wednesday 26th April 2017.

7. Strategic Objective: Integrated Care in Partnership with Others

Five Year Forward View Delivery Plan

7.1 At the end of March 2017, NHS England (and NHS Improvement) is to publish the Five Year Forward View Delivery Plan that will set out what the NHS will deliver in the next two to three years, within the resources available.

7.2 At the end of February 2017, the Chief Executives of NHS England and NHS Improvement wrote to all Sustainability and Transformation Plan Leads to explain that the Delivery Plan will explain the improvements to be achieved through the extra investment planned for mental health and cancer services, and priorities for strengthening General Practice and improving hospital services. The Delivery Plan will also describe the changes to urgent and emergency care that people can expect to see in the coming years, using technology to help patients get the right care in the

right place.   It will also aggregate some of the changes planned in the 44 Sustainability and Transformation (STP) areas.

7.3   The Chief Executives of NHS England and NHS Improvement also state that the Delivery Plan will outline the steps that they will take to help STP Leaders, including

- initiating a formal appointment process for STP Leaders;
- giving STP Leaders the right to make recommendations about local organisational governance, as well as other actions to overcome the inertia or organisational vetoes that are preventing improvements;
- giving the strongest STPs greater control over NHS England staff, together with CCG and Trust resources, to enhance their implementation capability;
- providing a relatively small amount of centrally held transformation funding to areas with strong plans and partnerships to help them make faster progress;
- setting out the small number of governance models emerging across the country and providing hands-on support for implementing these locally;
- providing a small amount of one-off funding on a pro-rata basis to STPs as a contribution to operating costs and to help assemble teams quickly;
- ensuring each area has developed a credible implementation plan now that the contracting round is nearly complete.

7.4   At the time of writing this report, the Delivery Plan has yet to be published but I will report orally on the headlines at the Board meeting on 6th April 2017.

Leicester, Leicestershire and Rutland Sustainability and Transformation Plan

7.5   A detailed report on the LLR STP features elsewhere on this agenda but I think it important to emphasise the significant amount of improvements that are either underway or about to be implemented through the STP. Services like the Healthcare Hubs in Leicester which are increasing access to GP appointments, and the expansion of the Home Visiting service which will support more people to stay well at home or in a care home and prevent unplanned admissions to hospital where it is clinically safe to do so. The newly created Clinical Navigation Hub, accessible by NHS 111, is providing advice for appropriate patients on self-care, preventing people from going unnecessarily to ED. These and other services like them, co-designed with patients, will enable us to make progress on implementing the important goals of the STP.

New Patient Care Test for Hospital Bed Closures

7.6   On 3rd March 2017, NHS England Chief Executive Simon Stevens announced that hospital bed closures arising from proposed major service reconfigurations would, in future, only be supported where a new test is met that ensures patients will continue to receive high quality care. From 1st April 2017, local NHS organisations will have to show that significant hospital bed closures subject to the current formal public consultation tests can meet one of three new conditions before NHS England will approve them to go ahead:-

- demonstrate that sufficient alternative provision, such as increased GP and/or community services, is being put in place alongside or ahead of bed closures, and that the new workforce will be there to deliver it; and/or
- show that specific new treatments or therapies, such as new anti-coagulation drugs used to treat strokes, will reduce specific categories of admissions; or
- where a hospital has been using beds less efficiently than the national average, that it has a credible plan to improve performance without affecting patient care (for example, in line with the Getting It Right First Time Programme).

7.7 To confirm, before any bed closures take place in LLR we will ensure that we have credible and sufficient alternatives for patients in place in line with these tests and the System Leadership Team continues to develop its thinking in this regard.

8. <u>Strategic Objective : A Clinically Sustainable Configuration of Services, operating from Excellent Facilities</u>

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, now the subject of formal consultation until 5th June 2017.

9. <u>Strategic Objective : A Financially Sustainable NHS Trust</u>

Financial Performance for the Period Ending 28th February 2017 and Year-end Forecast

9.1 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 30th March 2017, and a report from that meeting features separately on this agenda of the Board.

9.2 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.

9.3 We have implemented immediate actions to ensure that our year-end financial performance is no worse than currently forecast. Considerable attention is also being paid to the actions we need to take to enter the new financial year in April in a better position and the Executive Performance Board is to receive a detailed report on this element at its next meeting, ahead of an update to the Integrated Finance, Performance and Investment Committee in April 2017.

10. <u>The Government's Mandate to NHS England for 2017/18</u>

10.1 On 21st March 2017, the Department of Health published its mandate to NHS England for 2017/18.

10.2 The mandate sets the Government's objectives for NHS England, as well as its budget. In doing so, the mandate sets direction for the NHS, and helps ensure the NHS is accountable to Parliament and the public.

10.3 Building on the previous multi-year mandate, which came into effect on April 2016 and set long-term objectives and goals to 2020, this mandate focuses on the same seven high-level objectives:-

- through better commissioning, improve local and national health outcomes, and reduce health inequalities,
- to help create the safest, highest quality health and care service,
- to balance the NHS budget and improve efficiency and productivity,
- to lead a step change in the NHS in preventing ill health and supporting people to live healthier lives,
- to maintain and improve performance against core standards (I have noted above the expectations around delivery of the ED standard),
- to improve out of hospital care,
- to support research, innovation and growth.

10.4 I summarise below the key deliverables which the mandate sets out for NHS Trusts in 2017/18:-

- roll out 7 day services in hospitals' four priority clinical standards to (1) 50% of the population by April 2018 and (2) the whole population for 5 specialist services (vascular, stroke, major trauma, heart attack and paediatric intensive care) by November 2017,
- (as stated above) deliver aggregate A&E performance in England above 90% in September 2017, with a majority of Trusts meeting 95% in March 2018, and aggregate performance in England at 95% by end of 2018,
- meet agreed standards on A&E, ambulances, diagnostics and referral to treatment,
- achieve the 62 day cancer waiting time standard, and maintain performance against the other cancer waiting time standards,
- reduce NHS related delayed transfers of care in support of a total reduction of delayed transfers of care to 3.5% by September 2017 (recognising existing variation between areas)
- support delivery of the 2017/18 mental health five year forward view implementation plan recommendations.

11. Conclusion

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

John Adler
Chief Executive

30th March 2017

Quality & Performance

		YTD		Feb-17		Trend*	Compliant by?
		Plan	Actual	Plan	Actual		
Safe	**S1: Reduction for moderate harm and above (1 month in arrears)**	236	114	20	8	●	
	S2: Serious Incidents	49	34	4	1	●	
	S10: Never events	0	3	0	0	●	
	S11: Clostridium Difficile	61	55	5	7	●	
	S12: MRSA (All)	0	2	0	1	●	
	New: MRSA - Assigned to 3rd party	0	2	0	1	●	
	S13: MRSA (Avoidable)	0	0	0	0	●	
	S16: Falls per 1,000 bed days for patients > 65 years (1 month in arrears)	<5.6	5.6	<5.6	5.4	●	
	S17: Avoidable Pressure Ulcers Grade 4	0	1	0	0	●	
	S18: Avoidable Pressure Ulcers Grade 3	33	27	4	3	●	
	S19: Avoidable Pressure Ulcers Grade 2	89	84	7	7	●	
Caring	**C1: Improvements in Patient Involvement Scores - Qtr 3**	70%	69%	70%	69%	●	
	C4: Inpatient and Day Case friends & family - % positive	97%	97%	97%	96%	●	
	C7: A&E friends and family - % positive	97%	90%	97%	94%	●	
Well Led	**W1: Outpatient letters sent within 14 days (Quarterly)**	51%	Achieved	51%	Achieved		
	W14: % of Staff with Annual Appraisal	95%	92.4%	95%	92.4%	●	
	W15: Statutory and Mandatory Training	95%	82%	95%	82%	●	
	W17 BME % - Leadership (8A – Including Medical Consultants) - Qtr 3	28%	26%	28%	26%		
	W18: BME % - Leadership (8A – Excluding Medical Consultants) - Qtr 3	28%	12%	28%	12%		
Effective	**E1: 30 day readmissions (1 month in arrears)**	<8.5%	8.51%	<8.5%	8..7%	●	Feb-17
	E2: Mortality Published SHMI (Jul 15 -Jun 16)	99	101	99	101	●	
	E6: # Neck Femurs operated on 0-35hrs	72%	71.2%	72%	67.6%	●	TBC
	E8: Stroke - 90% of Stay on a Stroke Unit (1 month in arrears)	80%	84.5%	80%	87.4%	●	
Responsive	R1: ED 4hr Waits UHL+UCC - Calendar Month	95%	79.2%	95%	83.8%	●	See Note 1
	R3: RTT waiting Times - Incompletes (UHL+Alliance)	92%	91.2%	92%	91.2%	●	See Note 1
	R5: 6 week – Diagnostics Test Waiting Times (UHL+Alliance)	<1%	0.9%	<1%	0.9%	●	
	R11: Operations cancelled (UHL + Alliance)	0.8%	1.2%	0.8%	1.2%	●	See Note 1
	R13: Delayed transfers of care	3.5%	2.4%	3.5%	2.3%	●	
	R14: % Ambulance Handover >60 Mins (CAD+)	TBC	9%	TBC	6%	●	May-17
	R15: % Ambulance handover >30mins & <60mins (CAD+)	TBC	14%	TBC	12%	●	May-17
	RC9: Cancer waiting 104+ days	0	8	0	3	●	

		YTD		Jan-17		Trend*	Compliant by?
		Plan	Actual	Plan	Actual		
Responsive	RC1: 2 week wait - All Suspected Cancer	93%	93.0%	93%	93.2%	●	
	RC3: 31 day target - All Cancers	96%	93.5%	96%	91.9%	●	See Note 1
	RC7: 62 day target - All Cancers	85%	77.4%	85%	75.5%	●	See Note 1

Enablers

		YTD		Qtr3 16/17	
		Plan	Actual	Plan	Actual
People	W8: Staff recommend as a place to work (from Pulse Check)	N/A	62.0%	N/A	62.9%
	C10: Staff recommend as a place for treatment (from Pulse Check)	N/A	73.9%	N/A	73.3%

		YTD		Feb-17		Trend*
		Plan	Actual	Plan	Actual	
Finance	Surplus/(deficit) £m (Includes a negative impact of STF of £10m)	(10.5)	(29.8)	(2.7)	(5.7)	●
	Cashflow balance (as a measure of liquidity) £m	3.0	2.0	3.0	2.0	●
	CIP £m	31.8	32.0	3.3	3.3	●
	Capex £m	55.5	55.1	6.2	3.8	●

		YTD		Jan-17		Trend*
		Plan	Actual	Plan	Actual	
Estates & facility mgt.	Average cleanliness audit score - very high risk areas	98%	98%	98%	99%	●
	Average cleanliness audit score -high risk areas	95%	93%	95%	94%	●
	Average cleanliness audit score - significant risk areas	85%	94%	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	FEBRUARY 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 / EPB
	19	Lack of alignment of IM&T priorities to UHL priorities	CIO	9	6	↔		EIM&T / EPB

Risk Register Dashboard as at 28 Feb 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 anesthetists to maintain a WTD compliant rota leading to interruptions in service provision	20	8	Chris Allsager	↔	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	Chris Allsager	↔	Workforce capacity and capability
2191	MSK & SS	Lack of capacity within the ophthalmology service is causing delays that could result in serious patient harm.	20	8	Clare Rose	↑	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
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

Risk ID	CMG	Risk Title	Current Risk Score	Target Risk Score	Risk Owner	Risk Movement	Themes aligned with Trust Objectives
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
2870	RRCV	Audit of DNACPR form have shown that the discussion with the patient or family is not consistently recorded	12	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	12	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	9	8	Carolyn Stokes	↓	Workforce capacity and capability
2687	MSK & SS	Lack of appropriate medical cover will clinically compromise care or ability to respond in Trauma Orthopaedics	**CLOSED**				Workforce capacity and capability
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	Cathy Lea	↔	Safe, high quality, patient centred healthcare
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
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

Risk ID	CMG	Risk Title	Current Risk Score	Target Risk Score	Risk Owner	Risk Movement	Themes aligned with Trust Objectives
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	CLOSED				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
510	CSI	There is a risk of staff shortages impacting on the Blood Transfusion Service at UHL	CLOSED				Safe, high quality, patient centred healthcare
2787	CSI	Failure of medical records service delivery due to delay in electronic document and records management (EDRM) implementation	15	4	Debbie Waters	↔	Workforce capacity and capability
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
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

Risk ID	CMG	Risk Title	Current Risk Score	Target Risk Score	Risk Owner	Risk Movement	Themes aligned with Trust Objectives
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 .	12	6	William Monaghan	↓	Workforce capacity and capability

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

PROGRESS AGAINST ANNUAL PRIORITIES 2016/17

STRATEGIC OBJECTIVE/ANNUAL PRIORITY	COMMENTS ON PROGRESS	Q1	Q2	Q3	Q4
Safe, high quality, patient centred care					
a) Reduce avoidable mortality and re-admissions through screening of deaths and use of the re-admissions toolkit.	Latest data shows mortality (SHMI) at 101 (target 101) but still within expected range.	🟩	🟩	🟩	🟧
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. Outturn will be well within target range.	🟩	🟩	🟩	🟩
c) Improve patient experience through involving them in their care, better end of life planning and improvements in outpatients.	Inpatient FFT test has continued at 96% but ED has bounced back to 95%.	🟩	🟧	🟧	🟧
d) Prepare effectively for the 2016 Care Quality Commission Inspection.	Thorough preparation and organisation of the inspection itself. Rating Requires Improvement overall, matching Trust self-assessment. Positive Quality Summit.	🟩	🟩	🟩	🟩
e) Develop a high quality in-house Estates and Facilities service.	Recruitment to vacant posts continues. Significant improvements in catering. Resources constraining improvement in cleaning.	🟩	🟧	🟧	🟧
An excellent, integrated emergency care system					
a) Reduce ambulance handover delays in order to improve patient experience, care and safety.	Very high delays in January but major improvements in February and March back to lowest levels seen in past 2 years.	🟧	🟥	🟥	🟧

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).	Relocation of GPAU to ED has substantially reduced admissions Complements wide range of ambulatory pathways. Plateauing continuing in Q4	🟩	🟧	🟩	🟩
c) Develop a clear understanding of demand and capacity to support sustainable service delivery and to inform plans for addressing any gaps.	Modelling for 2016/17 showed deficit – partially offset by opening additional beds at LRI and GH. More advanced model complete for 2017/18 with detailed plan to address gap.	🟥	🟥	🟥	🟧
d) Diagnose and reduce delays in the in-patient process to increase effective capacity.	"3W" UHL Way exemplar superseded by SAFER/Red2Green bundle implementation at scale. Positive initial impact - now being rolled out to LGH and GGH.	🟧	🟧	🟩	🟩
Services which consistently meet national access standards					
a) Maintain 18-week Referral to Treatment(RTT) and diagnostic access standard compliance.	Failed standard in Q4 due to high referrals, capacity constraints and cancellations, as well as deliberate switching of capacity to medicine to address emergency pressures.	🟩	🟧	🟧	🟥
b) Deliver all cancer access standards sustainably.	2WW continues to be achieved. 31 and 62 day not achieved as planned due to cancellations. However, 62 day backlog now at sustainable level.	🟧	🟥	🟥	🟧
Integrated care in partnership with others					
a) Work with partners to deliver year 3 of the Better Care Together programme to ensure we continue to make progress towards the LLR vision (including formal consultation).	Agreed STP submitted and well received by regional and national bodies. STP meets national requirements re sustainability but will be challenging to deliver. Good progress in Q4 with key STP workstreams – Integrated Teams and Home First.	🟩	🟩	🟩	🟩
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. However, overall good progress in year.	🟩	🟧	🟧	🟩
c) Progress the implementation of the East Midlands Pathology (EMPATH) strategic outline case.	New implementation model agreed which has better prospects of delivering benefits in short and medium term. Granted national Pathfinder status (1 of 4)	🟩	🟧	🟩	🟩

STRATEGIC OBJECTIVE/ANNUAL PRIORITY	COMMENTS ON PROGRESS	Q1	Q2	Q3	Q4
An enhanced reputation in research, innovation and clinical education					
a) Deliver a successful bid for a Biomedical Research Centre.	Bid successful, albeit with reduced funding compared to the 3 BRUs. Arrangements in place for 1/4/17 start.	Green	Green	Green	Green
b) Support the development of the Genomic Medical Centre and Precision Medicine Institute.	Ahead of rare diseases trajectory in Q3. Cancer trajectory challenging but key building blocks in place.	Amber	Green	Amber	Amber
c) Develop and exploit the OptiMeD project, scaling this up across the Trust.	Business case progressing but slow progress due to awaiting commissioner sign-off.	Green	Green	Green	Amber
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.	Latest data shows significantly improved retention of graduates, so signs that approach is working. More to do.	Green	Amber	Amber	Amber
e) Develop and implement our Commercial Strategy to deliver innovation and growth across both clinical and non-clinical opportunities.	Draft strategy produced – consideration by Board deferred until early 2017/18.	Amber	Amber	Green	Green
f) Launch the Leicester Academy for the Study of Ageing (LASA)	Successful high-profile launch and appointment of Co-Directors. However, profile appears to have slipped in recent months.	Green	Green	Amber	Amber
A caring, professional, passionate and engaged workforce					
a) Develop an integrated workforce strategy to deliver a flexible multi-skilled workforce that operates across traditional organisational boundaries and enhances internal sustainability.	Strong multi-strand strategy now in place with delivery becoming evident, notably in new approaches to recruitment and launch of UHL Academy programmes. .	Green	Green	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 (LiA), Better Teams and Academy all working well. Better Change requires new approach to embedding – developed for 2017/18.	Amber	Amber	Green	Green

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.	Very successful launch of Nurse Associate scheme and new education centre	Green	Green	Green	Green
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 held with staff to inform approach. FTSU Guardian appointed and in post.	Green	Green	Green	Green
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. However, short term impact hard to evidence.	Green	Green	Green	Orange
A clinically sustainable configuration of services, operating from excellent facilities					
a) Complete and open Phase 1 of the new Emergency Floor.	Plans fully in place for opening on 26th April. Key outstanding issues addressed.	Orange	Orange	Orange	Green
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 8th may 2017. ICU and related schemes delayed by lack of capital.	Red	Red	Orange	Orange
c) Develop new models of care that will support the development of our services and our reconfiguration plans.	Team structure review complete. Key strands being taken forward but resources limiting extent of the work.	Orange	Orange	Orange	Orange
d) Develop outline business cases for our integrated Children's Hospital, Women's Services and planned ambulatory care hub.	EMCHC element separated from Children's Hospital to ensure compliance with CHD standards. Other elements progressing but awaiting new national capital prioritization process.	Orange	Orange	Orange	Orange
A financially sustainable NHS Trust					
a) Deliver our cost improvement programme target in full.	On Plan for fully target delivery in 2016/17.	Green	Green	Green	Green

STRATEGIC OBJECTIVE/ANNUAL PRIORITY	COMMENTS ON PROGRESS	Q1	Q2	Q3	Q4
b) Reduce our deficit in line with our 5-Year Plan.	Will be off-plan by £6.8m. Revised forecast confirmed to NHSI.	🟩	🟧	🟥	🟥
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 has been exacerbated by opening of additional medical ward. Good progress on regional collaboration to reduce medical costs.	🟧	🟥	🟥	🟥
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.	🟧	🟧	🟧	🟧
e) Deliver operational productivity and efficiency improvements in line with the Carter Report.	Range of work making good progress especially on procurement and pharmacy.	🟩	🟩	🟩	🟩
Enabled by excellent IM&T					
a) Improve access to and integration of our IT systems.	Large scale programme in progress. Improvements in user interface but some issues with delivery.	🟧	🟧	🟧	🟧
b) Conclude the Electronic Patient Record (EPR) business case and start implementation.	EPR case rejected as unaffordable by NHS Improvement. Alternative strategic options developed - final decision in Q1 2017/18.	🟥	🟥	🟥	🟥