

## CHIEF EXECUTIVE'S MONTHLY UPDATE REPORT – JULY 2017

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**Trust Board paper D**

# Executive Summary

## Context

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

- (a) the Quality and Performance Dashboard for May 2017 attached at appendix 1 (the full month 2 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: [August 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 JULY 2017  
**REPORT BY:** CHIEF EXECUTIVE  
**SUBJECT:** MONTHLY UPDATE REPORT – JULY 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 – May 2017

2.1 The Quality and Performance Dashboard for May 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 2 quality and performance report](#) is published on the Trust's website.

*Good News:*

2.4 **Moderate harms and above** – the plan to reduce numbers by a further 9% from the 2016/17 outturn was achieved during April. **Referral to Treatment** – was achieved for the first time since November 2016 and **diagnostic 6 week wait** – remains complaint for the eighth consecutive month. **52+ week waits** – current number has reduced to 9. **Cancer Two Week Wait** – have continued to achieve the 93% threshold for 10 consecutive months. **Cancer 31 day treatment** – achieved for 2

consecutive months. Reported **delayed transfers of care** remain within the tolerance. However, there are a range of other delays that do not appear in the count. **MRSA** – zero cases reported for April and May 2017. **C DIFF** zero cases reported in May 2017. **Pressure Ulcers** – Zero **Grade 4 and Grade 3** pressure ulcers reported this financial year and **Grade 2** are within the trajectory for month and year to date. **CAS alerts** – we remain compliant. **Inpatient and Day Case Patient Satisfaction (FFT)** achieved the Quality Commitment target of 97%. **Fractured Neck Of Femur** – was achieved for the first time in 6 months. **Ambulance Handover 60+ minutes (CAD+)** – performance at 7% is a slight deterioration on the last few months but still a significant improvement when compared to November 2016 - January 2017.

*Bad News:*

- 2.5 **Mortality** – the latest published SHMI (period October 2015 to September 2016) is 102 (still within the expected range). **ED 4 hour performance** – May 2017 performance was 76.3 %. Further detail is in the Chief Operating Officer's report. **Never events** – 3 reported this month – further detail included in the Quality & Performance report. **Cancelled operations and patients rebooked within 28 days** – continued to be non-compliant, due emergency pressures. **Cancer 62 day treatment** – was not achieved this month, however the adjusted position, taking into account late tertiaries in line with the Inter-Provider Guidance Transfer Policy (IPGT) results in an 85% achievement of the 62 day standard. **Single Sex Accommodation Breaches** – 3 breaches during May 2017. **Statutory & Mandatory Training** – 85% against a target of 95%.

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

- 3.1 As part of the risk reporting process, the Board Assurance Framework and risks taken from the UHL organisational risk register scoring from 15 to 25 (ie extreme and high) are now summarised in two 'dashboards' **attached to this report as appendices 2 and 3.**
- 3.2 The full Board Assurance Framework features elsewhere on the agenda for this meeting of the Trust Board as part of the Integrated Risk Report.

*Board Assurance Framework Dashboard*

- 3.3 Executive leads have updated their entries in the BAF to reflect the current position for May 2017. The detailed BAF, featured elsewhere on the Trust Board agenda, defines that for the majority of the 2017/18 annual priorities there are moderate risks associated, however, at the time of this reporting all priorities are forecast to be delivered by year-end.
- 3.4 Key risk themes from the quality commitment components of the BAF identify the important role the safe implementation of electronic systems would contribute to delivering the objective of safe, high quality, patient centred, and efficient healthcare.
- 3.5 The 2017/18 BAF has been updated to include an assurance rating forecast at year-end, as well as the usual month-end rating, in response to discussions by Audit

Committee in May 2017 and the Trust Board and the Executive Team in June 2017. The forecast year-end assurance rating will take into consideration the Executive owners' view and judgement about risks that may threaten the likelihood of delivering the annual priorities.

- 3.6 The BAF will continue to be reviewed by the Executive Team to scrutinise the assurance ratings and monitor progress with managing strategic risks.

*Organisational Risk Register*

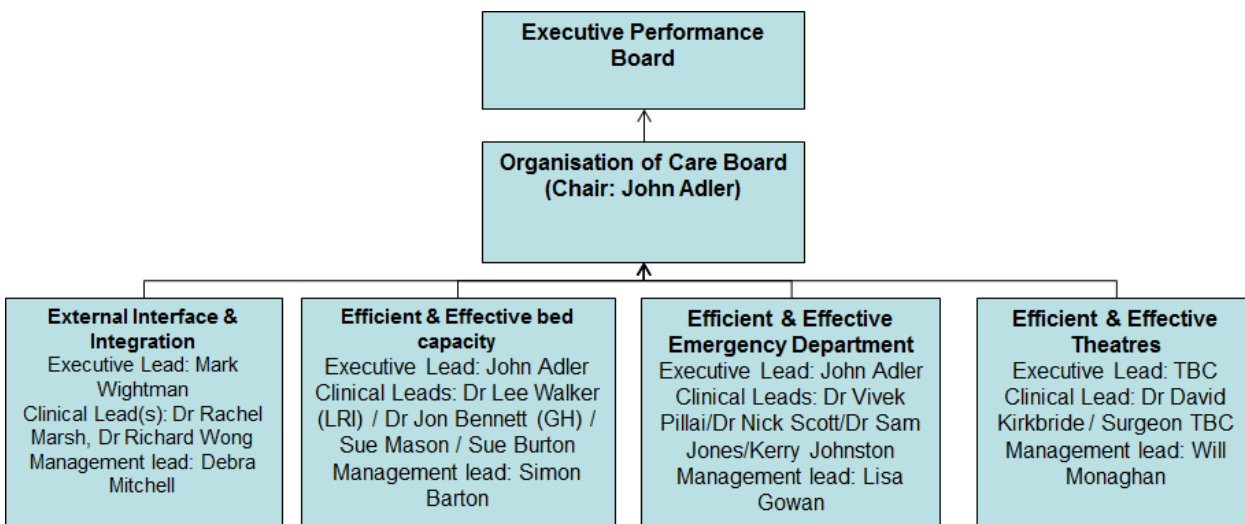
- 3.7 There are currently 41 risks open on the organisational risk register with a current risk rating of 15 and above (i.e. scoring high and extreme) for the reporting period ending May 2017. During this reporting period, one new high risk has been entered on the risk register relating to mobilization of the Paediatric retrieval and repatriation teams to critically ill children. In line with the reporting arrangements described in the risk management policy, a copy of the full risk register report, for items scoring 15 and above, is included as an appendix to the integrated risk and assurance paper, featuring elsewhere on the Board agenda.

4. Strategic Objectives and Annual Priorities for 2017/18

*Quality Commitment – Organisation of Care*

- 4.1 Organisation of Care is a new element to our Quality Commitment which brings together several aspects of operational improvement including maximising the potential of our new Emergency Department and balancing demand and capacity.

- 4.2 This work has been structured in the following way:



- 4.3 We know that we do not currently have sufficient beds. Our opening “gap” for the year is 105 beds – so far this has been reduced to 71 through the vascular move to Glenfield combined with keeping open Ward 21 at the Royal where Vascular was previously located. Within the Bed Capacity work stream the focus over the next two months is on four key actions:

- Embedding Red2Green and SAFER on the medical wards at the Royal and rolling out to Glenfield and the General
  - Identifying ways to address the relatively small shortfalls in beds in some of our surgical specialties, including at the General
  - Agreeing a plan for winter paediatric bed capacity
  - Identifying additional ward capacity at Glenfield for cardio-respiratory patients – so far this is proving to be the most difficult element as there are very limited physical options at Glenfield.
- 4.4 In the Emergency Department work stream, the new Group which I chair is up and running and meeting weekly. We have developed a work plan which is designed to ensure that we make best use of our fantastic new department. Following a detailed analysis of the data, we have identified evening and overnight medical staffing levels as the key reason why long waits to be seen (and thus 4 hour breaches) build up overnight). We are currently trialling the addition of an extra middle grade doctor (registrar) to address this constraint.
- 4.5 The overall governance arrangements for the Organisation of Care Programme are falling into place. In particular, following internal advertisement, Simon Barton has been appointed as Director of Operational Improvement, with overall responsibility for this whole programme.
- 4.6 Given our continued very poor emergency care performance (in terms of the 4 hour target) this programme of work is of the highest priority.

### *Sepsis*

- 4.6 We have a lot to be proud of over the last year with our improvements in the care we give patients with sepsis. Essentially we put in place a set of interventions that have helped save lives. **In fact around 150 people survived sepsis last year who might otherwise have died** based on the work our staff have done (crude mortality is now 13% - was 19% in 2015). Emerging data also suggests that fewer patients need treatment in ICU.
- 4.7 Screening for red flag sepsis has remained steady at around 90% with delivery of IV antibiotic within 1 hour at more than 90% for ED and admissions units (30% in 2015) and 75-85% for wards (30% in 2016).
- 4.8 Patients and staff feel that care has improved which is great news.....but there is still more we need to do.
- 4.9 The remaining and new challenges are:
- maintaining high performance in the admissions areas
  - improving timely antibiotics on wards to >90%
  - ensuring that **all** of the “sepsis six” interventions (e.g. blood cultures, lactate and urine output) are done within 1 hour

- reducing over-use of antibiotics by ensuring a documented Consultant review of prescriptions as soon as possible and always within 72 hours.
- 4.10 In June we have rolled out improved screening and action tools for both adults and children – this reflects feedback internally and changes to national guidance; there will be electronic learning in sepsis for all staff and the UHL sepsis team will begin targeted ward teaching. There will also be upgrades to NerveCentre during the summer to improve recognition of red flag sepsis and calling clinical staff / the critical care outreach team.

#### *Never Events*

- 4.11 Three Never Events have been reported within the Trust in May 2017, which is of serious concern.
- 4.12 While we await the results of the root causes analyses, it is nevertheless evident that each involved a lack of attention to detail in checking processes, and a failure to follow agreed policies. These events will be studied in detail and the root cause analyses reports submitted to the Quality Assurance Committee, but the Clinical Management Group leadership teams have already been requested to share these cases widely with their staff and to emphasise the critical importance of following checking processes and policies. Whilst Never Events are extremely regrettable, I should mention that the patients did not come to serious harm as a result in any of the three events.

#### *Public Reporting and Quality Review of Cancer Long Waits*

- 4.13 NHS Improvement and NHS England are working together to deliver a regional cancer recovery plan. The two national objectives are to increase the number of providers delivering the standard to over 70% and for all Trusts to deliver the standard from September 2017.
- 4.14 A key element of the regional plan is to address the very long waits for cancer treatment. In March 2017, there were 202 patients in Midlands and East treated after 104 days.
- 4.15 Consequently, all acute Trusts and Clinical Commissioning Groups have been requested to take the following action (if not already in place):
- routinely report numbers of over 62 day breaches and outcomes/learning themes to public Board meetings;
  - routinely report numbers of over 104 day breaches and outcomes/learning from route cause analyses and harm reviews to public Board meetings;
  - routinely report themes, outcomes and learning from the long waits, to the local Quality Steering Group;
  - the local Quality Steering Group should then agree any further actions and escalation to regional Quality Steering Groups, as appropriate,
  - develop a plan, including a monthly trajectory, to clear long waits where there are patients waiting over 104 days.

- 4.16 New reporting arrangements are being put in place and will feature in the reports submitted to the August 2017 Trust Board meeting onwards.

*Red2Green – Glenfield Hospital*

- 4.17 Following the rollout of the Red2Green initiative on the Medicine wards at the Leicester Royal Infirmary earlier this year, we are rolling out Red2Green on our Cardiology and Respiratory wards at Glenfield Hospital during the week commencing 3<sup>rd</sup> July 2017.
- 4.18 Once again, Executive Directors and Senior Managers have been allocated a specific ward to support and, additionally, the Renal, Respiratory and Cardiovascular Clinical Management Group leadership team has nominated a member of that team to support the wards across the week.
- 4.19 We are also looking to refresh the Red2Green approach at the LRI as there are still sub-optimal processes and on some wards a number of outstanding cross-trust issues. This work will be managed through the Organisation of Care programme.

*Our People*

- 4.20 Together with the Chairman and a number of other colleagues, I had the pleasure of attending the annual Volunteers' Thank You event held on the evening of 8<sup>th</sup> June 2017. This was a pleasurable occasion at which we were able to acknowledge the invaluable contribution of our volunteers across our hospitals.

*University of Leicester College of Medicine, Biological Sciences and Psychology – Honorary Titles*

- 4.21 Together with Professor Philip Baker, Non-Executive Director and Pro-Vice-Chancellor and Head of the College of Medicine, Biological Sciences and Psychology, I had the pleasure of attending an honorary titles award ceremony at the Centre for Medicine on 7<sup>th</sup> June.
- 4.22 It was gratifying to see so many of our clinical staff being rewarded for their contributions across the education and research agenda and there is no doubt that these awards help to cement the strengthening working relationships between the Trust and the University of Leicester.

*Annual Learning and Organisational Development Awards Evening 2017*

- 4.23 On 29<sup>th</sup> June 2017, I had the pleasure of attending our annual learning and organisational development awards evening at Leicester Tigers where we celebrated the achievements of our teams and learners.
- 4.24 In total, over 400 learners who have completed accredited programmes during 2016/17 were invited to the event and we made presentations to 112 learners (ranging from porters to senior leads) who had completed accredited awards



supported not only by the Trust's Learning and Organisational Development Team, but also other UHL Education Teams and external education partners.

4.25 We also announced the winners of our seven special awards:-

- learning at work award – Angela Wolfe
- inspirational learner award – Maxine Harris
- apprentice of the year – Jordan Dobbins
- first steps to employment (Prince's Trust or Project Search) – Amreen Ahmed
- supporting learning award or Inspirational Leader of the Year – Neil Loach
- outstanding learner award – Pedro Moreira
- recognition of living UHL values award – Shanice Lushiku

4.26 Our key partners including Regent College, South Leicester College, Leicester College, Health Education East Midlands, The Leicester, Leicestershire and Rutland Workforce Development Team and members of the Leicester, Leicestershire and Rutland Sustainability and Transformation Partnership Project Management Office were in attendance and the event was a great success.

*NHS Confederation Annual Conference – 13<sup>th</sup> and 14<sup>th</sup> June 2017*

4.27 Together with the Chairman, I attended the NHS Confederation Annual Conference held in Liverpool on 13<sup>th</sup> and 14<sup>th</sup> June 2017.

4.28 I will report orally at the Board meeting on the key headlines from the Conference.

## 5. Fire Safety

5.1 As a result of the tragic Grenfell Tower fire in London, there has been a significant reaction across the political and public sector.

5.2 Within the health service, NHS Improvement has been communicating with Trusts to ascertain the current position on high rise building with cladding and more recently wider issues and checks in fire safety through our normal fire risk assessments.

5.3 As a Trust we are working closely with Leicestershire Fire and Rescue Service to keep them abreast of the processes and procedures we use within the NHS. Clearly their focus is mainly relating to high rise residential blocks, both private and council owned. The Trust is a lower priority because:

- I The Trust does not have any high rise (8 storey plus) residential buildings
- II The Trust has good processes and procedures in relation to fire safety
- III The Trust buildings are fully occupied and have good levels of compartmentation and detection within nationally agreed standards
- IV The Trust has a comprehensive programme of fire training which achieved 98% coverage of all staff in 2016/17.
- V The Trust has a good record for fire safety issues and actual fires

- 5.4 Our communications team are leading on a coordinated response to Media, FOI enquiries together other concerns raised on our own intranet questions page. There has also been a communications group set up by Leicestershire Fire and Rescue to ensure that all public sector bodies are providing a consistent message. NHS Improvement have also indicated that they will provide a central NHS coordination of communications.
- 5.5 Notwithstanding the relative risk position of the Trust in the current situation, we have reviewed our systems and processes and taken the following actions as a result:
- I Last week UHL's Estates and Facilities team responded to a Department of Health audit on cladding of high rise buildings; UHL have no externally clad high rise buildings
  - II We are working closely with Leicestershire Fire & Rescue Service on all matters of fire safety and the Estates and Facilities team will be meeting with them on a regularly basis.
  - III Fire Risk Assessments are carried out on rolling programme across the Trust; UHL's rolling programme is up-to-date and will continue as planned
  - IV To enhance the above programme we are carrying out a review of all inpatient areas to provide a "current position" on Fire Risk Assessments and Action Plans.
  - V We will be asking all owners of actions to positively confirm the current actions and how any areas still outstanding will be resolved or the risks mitigated.
  - VI The Trust's Annual Fire Report (completed in May 2017) is being presented to Executive meetings next week which provides a full summary of 2016/17.

## 6. Conclusion

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

John Adler  
Chief Executive

30th June 2017

## Quality & Performance

		YTD		May-17		Trend*	Compliant by?	
		Plan	Actual	Plan	Actual			
Safe	<b>S1: Reduction for moderate harm and above ( 1 month in arrears)</b>	142	10	<12	10	●		
	S2: Serious Incidents	<37	9	3	5	●		
	S10: Never events	0	3	0	3	●	Jun-17	
	S11: Clostridium Difficile	61	5	5	0	●		
	S12 MRSA - Unavoidable or Assigned to 3rd party	0	0	0	0	●		
	S13: MRSA (Avoidable)	0	0	0	0	●		
	S14: MRSA (All)	0	0	0	0	●		
	S17: Falls per 1,000 bed days for patients > 65 years (1 month in arrears)	<5.6	6.1	<5.6	6.1	●		
	S18: Avoidable Pressure Ulcers Grade 4	0	0	0	0	●		
	S19: Avoidable Pressure Ulcers Grade 3	<27	0	<=3	0	●		
S20: Avoidable Pressure Ulcers Grade 2	<84	11	<=7	5	●			
<b>C1 End of Life Care Plans</b>		TBC	QC TBC		QC TBC			
Caring	C4: Inpatient and Day Case friends & family - % positive	97%	97%	97%	97%	●		
	C7: A&E friends and family - % positive	97%	94%	97%	93%	●	TBC	
Well Led	W13: % of Staff with Annual Appraisal	95%	92.5%	95%	92.5%	●		
	W14: Statutory and Mandatory Training	95%	85%	95%	85%	●		
	W16 BME % - Leadership (8A – Including Medical Consultants) - Qtr 4	28%	26%	28%	26%			
	W17: BME % - Leadership (8A – Excluding Medical Consultants) - Qtr 4	28%	12%	28%	12%			
Effective	<b>E1: 30 day readmissions (1 month in arrears)</b>	<8.5%	9.5%	<8.5%	9.5%	●	Jun-17	
	<b>E2: Mortality Published SHMI (Oct 15 -Sep 16)</b>	99	102	99	102	●		
	E6: # Neck Femurs operated on 0-35hrs	72%	61.8%	72%	76.5%	●		
	E8: Stroke - 90% of Stay on a Stroke Unit (1 month in arrears)	80%	86.3%	80%	86.3%	●		
Responsive	R1: ED 4hr Waits UHL+UCC - Calendar Month	95%	78.6%	95%	76.3%	●	See Note 1	
	R3: RTT waiting Times - Incompletes (UHL+Alliance)	92%	92.3%	92%	92.3%	●		
	R5: 6 week – Diagnostics Test Waiting Times (UHL+Alliance)	<1%	0.8%	<1%	0.8%	●		
	R11: Operations cancelled (UHL + Alliance)	0.8%	1.0%	0.8%	1.1%	●	See Note 1	
	R13: Delayed transfers of care	3.5%	2.0%	3.5%	2.0%	●		
	R14: % Ambulance Handover >60 Mins (CAD+)	TBC	6%	TBC	7%	●	TBC	
	R15: % Ambulance handover >30mins & <60mins (CAD+)	TBC	13%	TBC	13%	●	TBC	
RC9: Cancer waiting 104+ days	0	6	0	6	●			
Responsive			YTD		Apr-17		Trend*	Compliant by?
			Plan	Actual	Plan	Actual		
	Responsive	RC1: 2 week wait - All Suspected Cancer	93%	93.3%	93%	93.3%	●	
		RC3: 31 day target - All Cancers	96%	96.1%	96%	96.1%	●	
RC7: 62 day target - All Cancers		85%	83.9%	85%	83.9%	●	See Note 1	
<b>Enablers</b>		YTD		Qtr4 16/17				
		Plan	Actual	Plan	Actual			
People	W8: Staff recommend as a place to work (from Pulse Check)	N/A	61.9%	N/A	61.4%			
	C10: Staff recommend as a place for treatment (from Pulse Check)	N/A	73.6%	N/A	72.7%			
Finance			YTD		May-17		Trend*	
			Plan	Actual	Plan	Actual		
	Finance	Surplus/(deficit) £m	(13.6)	(13.6)	(4.7)	(4.7)	●	
		Cashflow balance (as a measure of liquidity) £m	1.0	8.3	1.0	8.3	●	
CIP £m		3.3	3.6	2.0	2.3	●		
Capex £m		4.2	3.6	2.9	1.9	●		
Estates & facility mgt.			YTD		May-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%	94%	95%	95%	●		
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: 2017/18		MAY 2017							
Objective	Annual Priority No.	Annual Priority	Exec Owner	SRO	Current Assurance Rating	Monthly Tracker	Year-end Forecast Assurance Rating	Executive Board Committee for Endorsement	Trust Board / Sub-Committee for Assurance
Primary Objective	QUALITY COMMITMENT: Safe, high quality, patient centered, efficient healthcare	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	MD	J Jameson (R Broughton)	4	↔	4	EQB	QAC
		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	CN/MD	J Jameson (H Harrison)	3	↓	4	EQB	QAC
		1.2.2 We will introduce safer use of high risk drugs (e.g. insulin and warfarin) in order to protect our patients from harm	MD/CN	E Meldrum & C Marshall	3	↓	4	EQB	QAC
		1.2.3 We will implement processes to improve diagnostics results management in order to ensure that results are promptly acted upon	MD	C Marshall	3	↔	4	EQB	QAC
		1.3 Patient Experience - To use patient feedback to drive improvements to services an 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	CN	S Hotson (C Ribbins)	3	↔	4	EQB	QAC
		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	DCIE / COO	J Edyvean / D Mitchell	3	↔	3	EPB	IFPIC
		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	COO	S Barton	3	↔	4	EPB	IFPIC		
Supporting Objectives	OUR PEOPLE: Right people with the right skills in the right numbers	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	DWOD	J Tyler-Fantom	4	↔	3	EWB/EPB	IFPIC
		2.2 We will reduce our agency spend towards the required cap in order to achieve the best use of our pay budget	DWOD	J Tyler-Fantom	4	↔	3	EWB/EPB	IFPIC
		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'	DWOD	B Kotecha	3	↓	3	EWB/EPB	IFPIC
	EDUCATION & RESEARCH: High quality, relevant, education and research	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	MD	S Carr	3	↓	4	EWB/EPB	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	MD	S Carr	3	↓	4	EWB/EPB	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	MD	N Brunskill	4	↔	5	ESB	TB
	PARTNERSHIPS & INTEGRATION: More integrated care in partnership with others	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	DCIE	G Distefano	3	↔	3	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	DCIE	G Distefano	3	↔	3	ESB	TB
		4.3 We will form new relationships with primary care in order to enhance our joint working and improve its sustainability	DCIE	J Currington (U Montgomery)	3	↔	3	ESB	TB
	KEY STRATEGIC ENABLERS: Progress our key strategic enablers	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	CFO	N Topham	3	↔	3	ESB	TB
		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	CIO	J Clarke	4	↔	3	EIM&T/ EPB	IFPIC
		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	DWOD	B Kotecha	3	↓	5	EWB/EPB	IFPIC
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		DWOD/CFO	L Tibbert	3	↔	3	EWB/EPB	IFPIC	
5.5 We will implement our Commercial Strategy, one agreed by the Board, in order to exploit commercial opportunities available to the Trust		CFO	P Traynor	4	↔	4	EPB	IFPIC	
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		CFO/COO	P Traynor (B Shaw)	4	↔	3	EPB	IFPIC	

Risk Register Dashboard as at 31 May 17

Risk ID	CMG	Risk Description	Current Risk Score	Target Risk Score	Risk Owner	Risk Movement	Elapsed Risk Review	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	Dr Ian Lawrence	↔		Quality Commitment
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	Lorraine Williams	↔		Quality Commitment
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	Sue Mason	↔		Quality Commitment
2670	RRCV	If we do not recruit into the Clinical Immunology & Allergy Service Consultant vacancy, Then the patient backlog will continue to increase, thus resulting in delays with patient sequential procedures.	20	6	Karen Jones	↔		Our People
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	Geraldine Ward	↔		Quality Commitment
2931	RRCV	If the failing Cardiac Monitoring Systems in CCU are not replaced, Then we will not be able safely admit critically unwell, unstable persons through EMAS with, STEMI,NSTEMI, OoHCA and Errhythmias.	20	4	Judy Gilmore	↔		Quality Commitment
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	Susan Burton	↔		Quality Commitment
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 thus resulting in potential financial penalties.	20	6	Susan Burton	↔		Our People
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	Chris Allsager	↔		Our People
2990	MSK & SS	There is a risk of delayed outpatient correspondence to referrer/patient following clinic attendance.	20	3	Clare Rose	↔		Quality Commitment
2191	MSK & SS	Lack of capacity within the ophthalmology service is causing delays that could result in serious patient harm.	20	8	Clare Rose	↔		Our People
2867	CSI	If the Mortuary flooring is not repaired, then we will continue to breach Department of Health Building note 20 and the HSAC (Health Services Advisory Committee) advice by exposing staff to harm.	20	3	Mike Langford	↔		Our People
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	↔		Quality Commitment
2403	Corporate Nursing	There is a risk changes in the organisational structure will adversely affect water management arrangements in UHL	20	4	Elizabeth Collins	↔		Key Strategic Enablers
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	↔		Quality Commitment

Risk ID	CMG	Risk Description	Current Risk Score	Target Risk Score	Risk Owner	Risk Movement	Elapsed Risk Review	Themes aligned with Trust Objectives
2471	CHUGGS	If the Trust does not invest in upgrading our aged imaging equipment, then we will continue to breach national guidance and Radiotherapy Services specification of 10 years replacement recommendations.	16	4	Lorraine Williams	↔		Our People
2264	CHUGGS	If an effective solution for the 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.	16	6	Georgina Kenney	↔		Quality Commitment
2819	RRCV	If we do not address the shortages of ITU and HDU beds capacity available to Vascular surgery, then we will be more prone to delaying complex and high-risk surgeries at LRI	16	12	<b>CLOSED</b>			Our People
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	Karen Jones	↔		Our People
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	Chris Allsager	↔		Our People
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.	16	4	Gaby Harris	↔		Quality Commitment
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	↔		Quality Commitment
1206	CSI	If the backlog of unreported Chest and Abdomen images on PAC'S are not cleared, then we will breach IRMER and Royal College of Radiologist guidelines.	16	6	ARI	↔		Our People
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	Claire Ellwood	↔		Our People
2391	W&C	There is a risk of inadequate numbers of Junior Doctors to support the clinical services within Gynaecology & Obstetrics	16	8	Ms Cornelia Wiesender	↔		Our People
2153	W&C	If we do not recruit into the current Children's Nurses vacancies and effectively manage the return of long term sick staff, then the standard of care provided in the Children's Hospital will be compromised.	16	8	Hilliary Killer	↔		Our People
3008	W&C	If the paediatric retrieval and repatriation teams are delayed mobilising to critically ill children due to inadequately commissioned & funded provision of a dedicated ambulance service, then this will result in failure to meet NHS England standards, delayed care, potential harm and inability to free-up PICU capacity.	16	5	Andrew Leslie	<b>NEW</b>		Quality Commitment
2237	Corporate Medical	If a standardise process for requesting and reporting outpatient diagnostic tests is not implemented, then the timely review of diagnostic tests will not occur.	16	8	Colette Marshall	↔		Our People
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	Maria McAuley	↔		Our People
1693	Operations	If clinical coding is not accurate, then income will be affected.	16	8	Shirley Priestnall	↔		Key Strategic Enablers

Risk ID	CMG	Risk Description	Current Risk Score	Target Risk Score	Risk Owner	Risk Movement	Elapsed Risk Review	Themes aligned with Trust Objectives
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	Simon Andrews	↓		Our People
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	Vicky Osborne	↔		Quality Commitment
3005	RRCV	If we do not recruit and retain into the current Thoracic Surgery Ward RN vacancies, then Ward functionality will be compromise resulting in increased likelihood of incidences leading to patient harm.	15	6	Sue Mason	↔		Our People
2837	ESM	If we do not migrate to a automated results monitoring system, Then follow-up actions for patients with multiple sclerosis maybe delayed	15	2	Dr Ian Lawrence	↔		Our People
2989	MSK & SS	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	Nicola Grant	↔		Our People
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 pathways.	15	2	Rona Gidlow	↔		Our People
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	Cathy Steele	↔		Our People
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	Cathy Steele	↔		Our People
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	Debbie Waters	↔		Our People
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	↔		Quality Commitment
2601	W&C	There is a risk of delay in gynaecology patient correspondence due to a backlog in typing	15	6	DMAR	↔		Our People
2985	Corporate Nursing	If the delays with supplying, delivering and administrating 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	Cathy Steele	↑		Harm (Patient/Non-patient)
2402	Corporate Nursing	There is a risk that inappropriate decontamination practice may result in harm to patients and staff	15	3	Elizabeth Collins	↔		Quality Commitment