

CHIEF EXECUTIVE'S MONTHLY UPDATE REPORT – DECEMBER 2017

Authors: John Adler and Stephen Ward Sponsor: John Adler

Trust Board paper D

Executive Summary

Context

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

- (a) the Quality and Performance Dashboard for October 2017 attached at appendix 1 (the full month 7 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: [January 2018 Trust Board]

6. Executive Summaries should not exceed **2 pages**. [My paper does comply]

7. Papers should not exceed **7 pages**. [My paper does comply]

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT TO: TRUST BOARD
DATE: 7 DECEMBER 2017
REPORT BY: CHIEF EXECUTIVE
SUBJECT: MONTHLY UPDATE REPORT – DECEMBER 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 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 – October 2017

2.1 The Quality and Performance Dashboard for October 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 Finance and Investment Committee and Quality and Outcomes Committee. The [month 7 quality and performance report](#) is published on the Trust's website.

Good News:

2.4 **MRSA** – 0 avoidable cases reported this month. **Mortality** – the latest published Standardised Hospital Mortality Index (SHMI) (period April 2016 to March 2017) has remained at 101 and is within the expected range. **Diagnostic 6 week wait** – compliant for the thirteenth consecutive month. **Referral to Treatment** – was 92.1% against a target of 92%, a significant improvement from the previous 3 months performance. **52+ weeks wait** – 0 patients (last October the number was 38).

Cancer Two Week Wait – 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. **Pressure Ulcers - 0 Grade 4** reported during October. **Grade 3 and Grade 2** are well within the trajectory for the month and year to date. **Central Alerting System (CAS) alerts** – we remain compliant. **TIA (high risk patients)** target was achieved in October following 2 months of non-compliance. **Inpatient and Day Case Patient Satisfaction (FFT)** achieved the Quality Commitment of 97%. **Ambulance Handover 60+ minutes (CAD+)** – performance at 0.6% a slight increase from September, however, one of our best months since the introduction of CAD+ reporting in June 2015.

Bad News:

- 2.5 **ED 4 hour performance** – performance was 82.7%, a reduction of 1.3% from September. **Never events** – 1 reported this month. This has been the subject of report to the Quality and Outcomes Committee. **Moderate harms and above** – 25 cases reported during September (reported 1 month in arrears). A detailed report will be presented to the November Quality and Outcomes Committee. **Single Sex Accommodation Breaches** – 1 breach reported in October. **Clostridium Difficile** – October and year to date are above threshold. **Cancelled operations and patients rebooked within 28 days** – continued to be non-compliant. **Cancer 31 day and 62 day treatment** were not achieved in September – delayed referrals from network hospitals continue to be a significant factor. **Fractured Neck of Femur** – not achieved at 61.1%, lack of theatre capacity was the dominant factor.

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 October 2017 and 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 principal risks, controls and assurances, to reflect the current position for October 2017 and a final version of the BAF has been endorsed by the Executive Team.
- 3.3 The highest rated principal risks on the BAF relate to variation between capacity and demand (in relation to the organisation of care component of the Quality Commitment), workforce capacity and capability (in relation to the Our People objective), and delivery of the financial plan (in relation to one of the key strategic enablers in our Trust strategy).
- 3.4 Following the change to the annual priority tracker rating methodology in September, four annual priorities, in relation to patient safety and organisation of care components of the Quality Commitment, have been assessed as off-track at month end, two of which are forecast to be at risk of non-delivery in 2017/18.

Organisational Risk Register Dashboard

3.5 There are currently 53 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 October 2017.

3.6 Thematic analysis of the organisational 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 policy requirements.

4 Emergency Care

4.1 Emergency care performance as measured by the 4 hour standard remains below the expected level of 90%. During October 2017, performance was 82.7%.

4.2 I continue to chair daily improvement meetings ('Scrums') with the clinical leaders of the component parts of the 4 hour pathway for emergency patients, supported by the Chief Nurse, Interim Chief Operating Officer and Medical Director. The focus of this group is the rapid roll-out of the actions from the 'September Surge', together with embedding the recommendations made by the Luton and Dunstable Hospitals NHS Foundation Trust, with whom we are 'buddied'.

4.3 The daily meetings have been concentrating recently on the following issues:

- Emergency Department
- Acute Medicine
- Ward Flow
- Command and Infrastructure
- Specialties

4.4 Amongst the material actions which have progressed over the past couple of weeks are the following:

- development of the breach accountability system for ED and the CMGs being clear from herein what indicators they will be held to account for in terms of emergency flow.
- further embedding of redesign of the Operational Command meetings led by Julie Dixon, Head of Patient Flow with a strengthened Silver tier (supported by Heads/Deputy Heads of Operations and Senior Nurses) to support the Senior Managers On Call and changes to both the meeting structure and times. This mimics what is run by Luton and Dunstable within their command structure.
- use of the old GPAU space within ED for blue zone patients allowing patients to get quick access to cubicle capacity, aiming to reduce the wait to be seen
- the new GP and Ambulatory Unit (GPAU) opened on 13th November 2017 with extended capacity as part of the Emergency Floor Phase 2 development – this will enable an increasing number of GP patients to be seen and discharged outside of the ED

- finalising work on the Glenfield winter capacity plan – all risks have now been mitigated and 20 additional respiratory beds are on track to be opened on 5th December 2017.
- from the beginning of December 2017 the vast majority of diagnostic imaging will be available within 1 day from request to report, including at weekends.
- the E-bed management system continues to be live and used at the Royal Infirmary allowing better visibility of available capacity across the Trust and ensuring the timely movement of patients to the care that they need. It is crucial we keep this updated in a timely manner so that we can move patients quickly to the specialists they need. Glenfield Hospital will go live on 5 December, with Leicester General Hospital following on 12 December.

4.5 The People, Process and Performance Committee continues to scrutinise our performance and plans for improvement in emergency care, most recently at its meeting on 30th November 2017.

4.6 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 NHS Improvement – Single Oversight Framework

5.1 On 13th November 2017, NHS Improvement published an updated Single Oversight Framework. The Framework sets out NHS Improvement’s approach to overseeing NHS Trusts and NHS Foundation Trusts, using one common approach.

5.2 The Framework helps NHS Improvement to identify NHS Providers’ support needs across five themes:

- quality of care
- finance and use of resources
- operational performance
- strategic change
- leadership and improvement capability.

5.3 NHS Improvement monitors Providers’ performance under each of these themes and considers whether they require support to meet the standards required in each area.

5.4 NHS Improvement segments individual Trusts into four categories according to the level of support each Trust needs. UHL is currently in segment 3 – “mandated support”.

5.5 The first version of the Framework was published in September 2016. In November 2017, NHS Improvement updated the Framework to:-

- reflect changes in national policy priorities and standards,
- clarify certain processes and definitions,
- improve the structure and presentation of the document.

Summary of changes to indicators and triggers monitored under each theme and changes to UHL Quality and Performance Report

Quality of Care

Added

Changes	Rationale	Change to Quality and Performance Report
Escherichia coli (E. coli) bacteraemia bloodstream infection (BSI) rates to quality indicators.	New national commitment to reduce healthcare associated Gram-negative bloodstream infections by 50% by 2021.	Include E-Coli numbers
Meticillin-sensitive Staphylococcus aureus (MSSA) rates to quality indicators	Existing national priority to reduce rates, which are currently rising	Include MSSA numbers

Removed

Changes	Rationale	Change to Quality and Performance Report
Aggressive cost reduction plans metric from list of quality indicators	No specific metric available to track this	No change – was not included in Q&P
Hospital standardised mortality ratio – weekend (Doctor Foster Intelligence) from list of quality indicators for acute providers	Indicator not yet sufficiently developed to inform identification of support needs	No change – was not included in Q&P
Emergency readmission rates from list of quality indicators for acute providers	No validated national metric available	Continue to monitor in Q&P

Finance and use of resources

Added

Changes	Rationale	Change to Quality and Performance Report
Reference to new Use of Resources (UoR) framework, with explanation of how UoR assessments will be used under the SOF	To ensure consistency across oversight frameworks Operational performance	Not applicable

Operational Performance

Added

Changes	Rationale	Change to Quality and Performance Report
Added Dementia assessment	To maintain focus on existing	Further detail required

and referral standards for acute providers	national priority	
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Amended

Changes	Rationale	Change to Quality and Performance Report
Where relevant, we will use performance against the national standard rather than Sustainability and Transformation Fund (STF) trajectories as the trigger of potential support needs in relation to operational performance standards	Consideration of support needs should be based on absolute performance. Progress against trajectories can be taken into account when confirming whether there is an actual support need, and what form the support should take	Not Applicable

Strategic Change

Added

Changes	Rationale	Change to Quality and Performance Report
We will review the assessment of systemwide leadership in relevant sustainability and transformation partnership (STP) ratings when considering providers' performance under this theme.	To reflect developments in national policy regarding STPs Leadership and improvement capability	Not Applicable

Leadership and improvement capability

Added

Changes	Rationale	Change to Quality and Performance Report
Reference to NHS Improvement and CQC's new, fully joint well-led framework and guidance on developmental reviews	To ensure consistency across oversight framework	Not Applicable

6. East Midlands Congenital Heart Centre

- 6.1 I am delighted to report that, at its meeting on 30th November 2017, the Board of NHS England decided to continue to commission heart services at the East Midlands Congenital Heart Centre, meaning the centre will continue to provide life-saving surgery for children and adults in the region.
- 6.2 We are obviously delighted with the decision to continue commissioning EMCHC as a Level 1 congenital heart disease centre. The decision is a vote of confidence for our staff and service, and is great news for our NHS partners across the East

Midlands network. The future is now in our hands and this decision means that the clinical team can now focus on building a world class congenital heart service for people across the East Midlands and beyond.

6.3 It has been a very long and stressful 17 months for all of our patients, families and staff and I must applaud the dignity, resilience and hard work that has been shown by everybody throughout this consultation process, especially over the last few months. We are treating more patients than ever before and this has required many of the team to go above and beyond, which makes NHS England's decision last Thursday even more poignant.

6.4 There is a more detailed report on NHS England's Board decision, and the implications of that decision, featuring elsewhere on today's Board agenda.

7. Care Quality Commission – Unannounced Inspection

7.1 On 28th November 2017, the Care Quality Commission (CQC) began a three day unannounced inspection of our hospitals. The general timetable for their visit (both during the day, evening and night) covered the following services, on the following days:

Tuesday

Maternity services at the LRI and LGH
Urgent and Emergency Care at the LRI
Medicine at the LRI

Wednesday

Maternity services at the LRI and LGH
Medicine at GH

Thursday

Medicine at the LRI and GH

7.2 The point of the inspection is for the CQC to form a view on these key questions:

1. Do we provide safe care?
2. Do we provide effective care?
3. Are we caring?
4. Are we responsive to our patients' needs?
5. Are we well led?

7.3 The CQC talked to staff and patients to gather information as well as observing clinical practice. Interviews were also being arranged with key members of staff over the three day inspection.

7.4 I will update the Board orally on 7th December 2017 on feedback from the Inspectors.

8. Conclusion

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

John Adler
Chief Executive

29th November 2017

Quality & Performance

		YTD		Oct-17		Trend*	Compliant by?		
		Plan	Actual	Plan	Actual				
Safe	S1: Reduction for moderate harm and above (1 month in arrears)	142	119	<12	25	●	Nov-17		
	S2: Serious Incidents	<37	28	3	3	●			
	S10: Never events	0	5	0	1	●			
	S11: Clostridium Difficile	61	43	5	7	●			
	S12 MRSA - Unavoidable or Assigned to 3rd party	0	0	0	0	●			
	S13: MRSA (Avoidable)	0	2	0	0	●			
	S14: MRSA (All)	0	2	0	0	●			
	S23: Falls per 1,000 bed days for patients > 65 years (1 month in arrears)	<5.6	5.6	<5.6	5.8	●			
	S24: Avoidable Pressure Ulcers Grade 4	0	1	0	0	●			
	S25: Avoidable Pressure Ulcers Grade 3	<27	4	<=3	0	●			
	S26: Avoidable Pressure Ulcers Grade 2	<84	29	<=7	3	●			
	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%	95%	●			
Well Led	W13: % of Staff with Annual Appraisal	95%	90.9%	95%	90.9%	●			
	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%	9.0%	<8.5%	9.3%	●	Jan-17		
	E2: Mortality Published SHMI (Apr 16 - Mar 17)	99	101	99	101	●			
	E6: # Neck Femurs operated on 0-35hrs	72%	69.7%	72%	61.1%	●	Nov-17		
	E7: Stroke - 90% of Stay on a Stroke Unit (1 month in arrears)	80%	87.7%	80%	85.4%	●			
Responsive	R1: ED 4hr Waits UHL+UCC - Calendar Month	95%	80.7%	95%	82.7%	●	See Note 1		
	R3: RTT waiting Times - Incompletes (UHL+Alliance)	92%	92.1%	92%	92.1%	●			
	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%	1.7%	●			
	R14: % Ambulance Handover >60 Mins (CAD+)	TBC	3%	TBC	0.6%	●			
	R15: % Ambulance handover >30mins & <60mins (CAD+)	TBC	7%	TBC	6%	●			
	RC9: Cancer waiting 104+ days	0	16	0	16	●			
	Responsive Cancer	RC1: 2 week wait - All Suspected Cancer	93%	94.6%	93%	95.6%	●		
RC3: 31 day target - All Cancers		96%	95.6%	96%	94.1%	●			
RC7: 62 day target - All Cancers		85%	79.6%	85%	79.1%	●	See Note 1		
Enablers		YTD		Qtr2 17/18					
		Plan	Actual	Plan	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%				
Finance	Surplus/(deficit) £m	(24.7)	(24.7)	1.0	1.0	●			
	Cashflow balance (as a measure of liquidity) £m	1.0	3.2	1.0	3.2	●			
	CIP £m	20.1	19.5	3.7	3.1	●			
	Capex £m	17.1	15.3	3.1	2.2	●			
Estates & facility mgt.	Average cleanliness audit score - very high risk areas	98%	96%	98%	96%	●			
	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				OCT 2017 - FINAL - TRUST BOARD																		
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	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	↔		1.1	Clinical Effectiveness - To reduce avoidable deaths: 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: We will further roll-out track and trigger tools (e.g. sepsis care), in order to improve our vigilance and management of deteriorating patients	1	↓	2	CN/MD	J Jameson (R 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	1	↓	1	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	1	↓	2	MD	C Marshall	EQB	QOC							
							1.3	Patient Experience - To use patient feedback to drive improvements to services and care: 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 Holton (C Ribbins) (Harrison)	EQB	QOC							
	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	↔			1.4	Organisation of Care - We will manage our demand and capacity: 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						
								1.4.1														
	Supporting Objectives	3	OUR PEOPLE: Right people with the right skills in the right numbers 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	↔		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						
4		EDUCATION & RESEARCH: High quality, relevant, education and research 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 4 = 16	4 x 2 = 8	↑			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						
5		PARTNERSHIPS & INTEGRATION: More integrated care in partnership with others 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	↔			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	ESB	TB						
9		KEY STRATEGIC ENABLERS: Progress our key strategic enablers 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	↔			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	↔			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	↔			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
	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	↔										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
														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	↔			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 Register dashboard for risks rated 15+ as at 31 October 17

Risk ID	CMG	Risk Description	Current Risk Score	Target Risk Score
2264	CHUGGS	If an effective solution for the nurse staffing shortages in CHUGGS at LGH and LRI is not found, then the safety and quality of care provided will be adversely impacted.	20	6
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
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
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
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
2804	ESM	If the on going pressures in medical admissions continue, then ESM CMG medicine bed base will be insufficient thus resulting in jeopardised delivery of RTT targets.	20	12
2149	ESM	If we do not recruit and retain into the current Nursing vacancies within SM, then patient safety and quality of care will be compromised resulting in potential financial penalties.	20	6
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
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
2191	MSK	Lack of capacity within the ophthalmology service is causing delays that could result in serious patient harm.	20	8
2940	W&C	Risk that paed cardiac surgery will cease to be commissioned in Leicester with consequences for intensive care & other services.	20	8
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
2403	Corporate Nursing	There is a risk changes in the organisational structure will adversely affect water management arrangements in UHL.	20	4
2404	Corporate Nursing	There is a risk that inadequate management of Vascular Access Devices could result in increased morbidity and mortality.	20	16
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
2820	RRCV	If a timely VTE risk assessments are not undertaken on admission to CDU, then we will be breach of NICE guidelines resulting patients being placed at risk of harm.	16	3
3080	RRCV	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
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
3031	RRCV	If the MDT activities for vasc surg are not resolved there is a risk of significant loss of income & activity from referring centres	16	1

Risk ID	CMG	Risk Description	Current Risk Score	Target Risk Score
3088	ESM	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
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
3044	ESM	If under achievement against key Infectious Disease CQUIN Triggers (Hepatitis C Virus), then income will be affected.	16	8
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
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.	16	4
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
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
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
2916	CSI	If blood samples are mislabelled, 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
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
3082	W&C	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
2153	W&C	Shortfall in the number of all qualified nurses working in the Children's Hospital.	16	8
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
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
1693	Operations	If clinical coding is not accurate then income will be affected.	16	8
3027	CHUGGS	If the UHL adult haemoglobinopathy service is not adequately resourced, then it will not function at its commissioned level.	15	4
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
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
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

Risk ID	CMG	Risk Description	Current Risk Score	Target Risk Score
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
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
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
2466	ESM	Current lack of robust processes and systems in place for patients on DMARD and biologic therapies in Rheumatology.	15	1
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
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
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
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
2965	CSI	If we do not address Windsor pharmacy storage demands, then we may compromise clinical care and breach statutory duties.	15	6
2601	W&C	There is a risk of delay in gynaecology patient correspondence due to a backlog in typing.	15	6
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
3083	W&C	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
3084	W&C	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
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	4
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
2985	Corporate Nursing	If 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