

CHIEF EXECUTIVE'S MONTHLY UPDATE REPORT – FEBRUARY 2018

Authors: John Adler and Stephen Ward Sponsor: John Adler Date: Thursday 1 February 2018

Executive Summary

Paper D

Context

The Chief Executive's monthly update report to the Trust Board for February 2018 is attached. It includes:-

- (a) the Quality and Performance Dashboard for December 2017 attached at appendix 1 (the full month 9 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: [March 2018 Trust Board]

6. Executive Summaries should not exceed **1 page**. [My paper does comply]

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

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT TO: TRUST BOARD
DATE: 1 FEBRUARY 2018
REPORT BY: CHIEF EXECUTIVE
SUBJECT: MONTHLY UPDATE REPORT – FEBRUARY 2018

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 – December 2017

2.1 The Quality and Performance Dashboard for December 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 9 quality and performance report](#) is published on the Trust's website.

Good News:

2.4 **Mortality** – the latest published Standardised Hospital Mortality Index (SHMI) (period July 2016 to June 2017) has reduced to 100 and is within the expected range. **MRSA** – 0 avoidable cases reported this month. **C DIFF** – December was within threshold, however, the year to date position remains higher than the threshold. **Moderate harms and above** – within threshold in November (reported 1 month in arrears). **Diagnostic 6 week wait** – compliant for the fourteenth consecutive month.

Cancer Two Week Wait – we have achieved the 93% threshold for over a year. **Delayed transfers of care** - remain within the tolerance. However, there are a range of other delays that do not appear in the count. **Pressure Ulcers - 0 Grade 4** reported during December. **Grade 3 and Grade 2** are well within the trajectory for the month and year to date. **CAS alerts** – we remain compliant. **TIA (high risk patients)** target was achieved in December. **Inpatient and Day Case Patient Satisfaction (FFT)** achieved the Quality Commitment of 97%. **Single Sex Accommodation Breaches** – 0 breaches reported in December.

Bad News:

2.5 **UHL ED 4 hour performance** – was 71.5%, system performance (including LLR UCCs) was 79.5%. **Ambulance Handover 60+ minutes (CAD+)** – performance at 7% was a significant increase from November but compares well to the 17% in December 2016. **Referral to Treatment** – was 90.2% against a target of 92%, reflecting the pro-active cancellation of non-urgent elective work in accordance with national policy. **Trolley waits** – 3 x 12 hour breaches reported in December. **Never events** – 1 reported in December. No harm was caused to the patient. **52+ weeks wait** – 1 patient (last December the number was 32). **Fractured NOF** – not achieved at 67.9%, lack of theatre capacity was the dominant factor. **Cancelled operations and patients rebooked within 28 days** – continued to be non-compliant. **Cancer 31 day and 62 day treatment** were not achieved in November – delayed referrals from network hospitals continue to be a significant factor. **Statutory and Mandatory Training** reported from HELM is at 84%. **Sickness absence** – 5.2% reported in November (reported 1 month in arrears). This appears to reflect the significant seasonal increase in illness in the general population.

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 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 (Appendix 2)

3.2 Executive leads have updated their BAF entries, including a review of all principal risks, controls and assurances, to reflect the current position for December 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, all with a current score of 20, 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).

Organisational Risk Register Dashboard (Appendix 3)

- 3.4 There are currently zero items rated as extreme and 51 risks rated as high (i.e. with a current risk score of 15 and above) open on the organisational risk register for the reporting period ending 31st December 2017.
- 3.5 Thematic analysis of the organisational risk register shows the common risk causation themes as workforce shortages and imbalance between service demand and capacity.

4 Emergency Care

- 4.1 It has been a really difficult few weeks (over Christmas and into the New Year) and we have seen a lot of sick people, particularly respiratory, who were too ill to be discharged ahead of Christmas, which meant that we did not get the ability to create the capacity that we needed early in the New Year which we know is always a busy time. Large numbers of people have gone “above and beyond” to keep things going and I am extremely grateful for everyone’s hard work.
- 4.2 Whilst we have been under considerable pressure, this is not unique to Leicester. Our performance in terms of the 4 hour wait has been “mid-table” during this period and ambulance handovers have been reasonable, except on a few isolated days. In preparation for what was expected to be a busy time, NHS England/NHS Improvement issued instructions (prior to Christmas and extended on 2nd January) to cancel non-urgent inpatient elective activity to free up capacity for our sickest patients and release the workforce to focus on emergencies. This has helped but has of course impacted on elective waiting times – we have reported on the impact on our performance to date at the January meeting of the People, Process and Performance Committee.
- 4.3 A particular concern has been cancer case cancellations due to very high ITU/HDU demand and medical outliers in surgical beds.
- 4.4 32 cancer surgical patients were cancelled between 3rd and 8th January. This is extremely unusual and resulted from the fact that the extreme bed pressures we experienced during that period (in both ITU/HDU and more generally) meant that we had no prospect of admitting the patients as planned and we therefore felt it better to cancel the patients in advance. The position was reviewed every day during this period to see if we could, in fact, accommodate the patients. I would therefore very much distinguish these cancellations from the planned cancellation of non-urgent elective work undertaken in accordance with national guidance referenced above..
- 4.5 Of the original 32 patients, at the time of writing (26th January) have since been treated or the procedure is no longer required; the remaining 4 have dates within the next week.

- 4.6 We have taken a series of measures to try to avoid a repetition of the need to cancel such cases, and these were the subject of report to, and review by, the People, Process and Performance Committee at its meeting on 25th January. Until further notice, any proposed cancellations of cancer surgical cases must be agreed by me personally.
- 4.7 As I write, the position remains difficult with continuing high respiratory (including flu) demand in particular and large numbers of medical outliers at all three sites. We are continuing to stand down most electives and focussing in particular on maintaining cancer surgery and operating on those cancer patients who have been cancelled due to emergency pressures. We are planning to restart some electives at the end of the month but of course this will need to be kept under review on a day-by-day basis depending on emergency demand.
- 4.8 Despite these obvious pressures, there is more we can do to improve the way we do things, which will make things better for patients and staff. Reducing the amount of time between allocating a bed and moving the patient to that bed is a particular focus. I continue to chair the daily 'scrum' meetings, supported by the Chief Nurse, Interim Chief Operating Officer and Medical Director to oversee further improvements to our processes.
- 4.9 I shall continue to give considerable personal focus to this issue, and our performance and plans for improvement will continue to be scrutinised in detail at the People, Process and Performance Committee, with monthly updates to the Trust Board.
5. Care Quality Commission (CQC) Well Led Inspection 10-12 January 2018
- 5.1 The CQC carried out their planned 'Well-Led' inspection between 10th and 12th January. The lead inspectors provided some initial high level feedback at the end of their inspection, ahead of the draft report we will receive from them in March.
- 5.2 There was a very clear message that they had seen considerable improvement since the last comprehensive inspection in June 2016, which demonstrates that all the hard work that our staff undertake is making a real difference.
- 5.3 The inspectors noted that everyone was clear about our vision, values and strategy, and that they thought that our Quality Commitment was simple, meaningful and articulated in a way which all staff could understand. They also said that the leadership team, particularly the Chair, Chief Executive, Medical Director and Chief Nurse were very visible within the Trust.
- 5.4 As expected, there are some areas that need some more work. For example:
- improvements in the safe use of insulin for diabetic patients on our wards
 - improvements in IT systems, although Nervecentre was recognised as good;
 - further work on the Public Sector Equality Duty and the Workforce Race Equality Standard;

- they recognised that we are a learning organisation as they had seen evidence of that, but there was still more to do to make sure that learning (e.g. from incidents) is well embedded;
- they thought the use of Patient Partners was good and that they were a very committed group. Inspectors heard examples of how their work had made a difference to patients and staff;
- there were some occasions where risks had been identified but mitigating actions had not always been sufficient to address the risk because there needs to be a better understanding of the root cause.

5.5 Finally, whilst with us, the inspectors took the opportunity to visit the Emergency Department. They were particularly impressed with the controlled nature of the Department at a time of considerable pressure.

5.6 I am grateful to everyone who was involved in preparing for the visit, and for those who met the inspectors during their time with us. The inspectors found everyone they met to be very helpful and cooperative.

5.7 The inspectors will be returning in March to see first-hand the work we are doing in the area of improving insulin safety. This will continue to be an area of priority for us until we are fully satisfied of the progress made and its sustainability. We need to make the same kind of progress with insulin as we have with sepsis.

5.8 We expect to receive the final report (which will include updated service ratings and a “Well Led” rating for the organisation as a whole) in March. In the meantime we will begin to put in place some actions to improve those areas that the CQC has highlighted.

6. Conclusion

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

John Adler
Chief Executive

25th January 2018

Quality & Performance

		YTD		Dec-17		Trend*	Compliant by?
		Plan	Actual	Plan	Actual		
	S1: Reduction for moderate harm and above (1 month in arrears)	142	143	<12	12	●	
	S2: Serious Incidents	<37	31	3	2	●	
	S10: Never events	0	6	0	1	●	
	S11: Clostridium Difficile	61	51	5	4	●	
	S12 MRSA - Unavoidable or Assigned to 3rd party	0	0	0	0	●	
Safe	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	5.4	●	
	S24: Avoidable Pressure Ulcers Grade 4	0	1	0	0	●	
	S25: Avoidable Pressure Ulcers Grade 3	<27	5	<=3	1	●	
	S26: Avoidable Pressure Ulcers Grade 2	<84	37	<=7	7	●	
Caring	C1 End of Life Care Plans	75%	96%	75%	88%	●	
	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%	90.4%	95%	90.4%	●	
	W14: Statutory and Mandatory Training	95%	84%	95%	84%	●	
	W16 BME % - Leadership (8A – Including Medical Consultants) - Qtr 3	28%	27%	28%	27%		
	W17: BME % - Leadership (8A – Excluding Medical Consultants) - Qtr 3	28%	13%	28%	13%		
Effective	E1: 30 day readmissions (1 month in arrears)	<8.5%	9.0%	<8.5%	8.6%	●	
	E2: Mortality Published SHMI (Apr 16 - Mar 17)	99	100	99	100	●	
	E6: # Neck Femurs operated on 0-35hrs	72%	70.2%	72%	67.9%	●	
	E7: Stroke - 90% of Stay on a Stroke Unit (1 month in arrears)	80%	87.8%	80%	88.4%	●	
Responsive	R1: ED 4hr Waits UHL+UCC	95%	79.5%	95%	71.5%	●	See Note 1
	R2: ED 4 Hour Waits UHL + LLR UCC (Type 3)	95%	81.1%	95%	79.5%	●	See Note 1
	R4: RTT waiting Times - Incompletes (UHL+Alliance)	92%	90.2%	92%	90.2%	●	
	R6: 6 week – Diagnostics Test Waiting Times (UHL+Alliance)	<1%	0.9%	<1%	0.9%	●	
	R12: Operations cancelled (UHL + Alliance)	0.8%	1.2%	0.8%	1.3%	●	See Note 1
	R14: Delayed transfers of care	3.5%	1.8%	3.5%	2.2%	●	
	R15: % Ambulance Handover >60 Mins (CAD+)	TBC	3%	TBC	7%	●	
	R16: % Ambulance handover >30mins & <60mins (CAD+)	TBC	8%	TBC	13%	●	
	RC9: Cancer waiting 104+ days	0	14	0	14	●	
Responsive Cancer	RC1: 2 week wait - All Suspected Cancer	YTD		Nov-17		Trend*	Compliant by?
	RC3: 31 day target - All Cancers	Plan	Actual	Plan	Actual		
	RC7: 62 day target - All Cancers	93%	94.6%	93%	95.1%	●	
		96%	95.1%	96%	94.4%	●	
		85%	79.0%	85%	75.7%	●	See Note 1
Enablers		YTD		Qtr2 17/18			
People	W7: Staff recommend as a place to work (from Pulse Check)	Plan	Actual	Plan	Actual		
	C10: Staff recommend as a place for treatment (from Pulse Check)		59.9%		57.3%		
			72.5%		70.7%		
Finance	Surplus/(deficit) £m	YTD		Dec-17		Trend*	
	Cashflow balance (as a measure of liquidity) £m	Plan	Actual	Plan	Actual		
	CIP £m	(25.7)	(25.7)	(1.5)	(1.5)	●	
	Capex £m	1.0	3.9	1.0	3.9	●	
		27.3	24.7	3.6	2.6	●	
		22.8	18.1	2.6	(1.0)	●	
Estates & facility mgt.	Average cleanliness audit score - very high risk areas	YTD		Dec-17		Trend*	
	Average cleanliness audit score -high risk areas	Plan	Actual	Plan	Actual		
	Average cleanliness audit score - significant risk areas	98%	96%	98%	95%	●	
		95%	94%	95%	94%	●	
		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 are dependent on the Trust rebalancing demand and capacity.

UHL Board Assurance Dashboard: 2017/18				DECEMBER 2017												
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:								
							1.1.1	We will focus interventions in conditions with a higher than expected mortality rate in order to reduce our SHMI	2	↔	2	MD	J Jameson (R Broughton)	EQB	QOC	
							1.2	Patient Safety - To reduce harm caused by unwarranted clinical variation:								
							1.2.1	We will further roll-out track and trigger tools (e.g. sepsis care), in order to improve our vigilance and management of deteriorating patients	2	↑	2	CN/MD	J Jameson (H Harrison)	EQB	QOC	
							1.2.2 a	We will introduce safer use of high risk drugs (e.g. insulin) in order to protect our patients from harm	1	↓	1	MD/CN	E Meldrum	EQB	QOC	
							1.2.2 b	We will introduce safer use of high risk drugs (e.g. warfarin) in order to protect our patients from harm	2	↔	2	MD/CN	C Marshall	EQB	QOC	
	1.2.3	We will implement processes to improve diagnostics results management in order to ensure that results are promptly acted upon	2	↔	1	MD	C Marshall	EQB	QOC							
	1.3	Patient Experience - To use patient feedback to drive improvements to services and care:														
	1.3.1	We will provide individualised end of life care plans for patients in their last days of life (5 priorities of the Dying Person) in that our care reflects our patients' wishes	2	↔	2	CN	C Ribbins (H Harrison)	EQB	QOC							
	1.3.2	We will improve the patient experience in our current outpatients service and begin work to transform our outpatient models of care in order to make them more effective and sustainable in the longer term	1	↓	1	DOE / COO	J Edyevan / D Mitchell	EQB	FIC							
	2	If the Trust is unable to manage the level of emergency and elective demand, caused by an inability to provide safe staffing and fundamental process issues, then it may result in sustained failure to achieve constitutional standards in relation to ED; significantly reduced patient flow throughout the hospital; disruption to multiple services across CMGs; reduced quality of care for large numbers of patients; unmanageable staff workloads; and increased costs.	5 x 4 = 20	5 x 3 = 15	↔			1.4	Organisation of Care - We will manage our demand and capacity:							
1.4.1								We will utilise our new Emergency Department efficiently and effectively We will use our bed capacity efficiently and effectively (including Red2Green, SAFER, expanding bed capacity) We will implement new step down capacity and a new front door frailty pathway We will use our theatres efficiently and effectively	1	↔	1	COO	S Leak	EPB	FIC	
Supporting Objectives	3	OUR PEOPLE: Right people with the right skills in the right numbers	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	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	3	↑	3	MD	N Brunsell	ESB	TB
	5	PARTNERSHIPS & INTEGRATION: More integrated care in partnership with others	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	DSC	J Currence / A Taylor	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	DSC	J Currence / A Taylor	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	DSC	J Currence / A Taylor	ESB	TB
	6	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 / Justin Hammond)	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	2	↔	2	CIO	J Clarke	EIM&T	FIC
5.3								We will deliver the year 2 implementation plan for the 'UHL Way' and engage in the development of the 'LLR Way' in order to support our staff on the journey to transform services	2	↔	2	DWOD	B Kotecha	EWB	FIC	
5.4								We will review our Corporate Services in order to ensure we have an effective and efficient support function focused on the key priorities	2	↔	2	DWOD/CFO	L Tibbert (J Lewin)	EWB	FIC	
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.

UHL Risk Register Dashboard (for items scoring 15 and above) as at 31 December 2017

Risk ID	CMG	Risk Description	Current Risk Score	Target Risk Score	Thematic Analysis of Risk Causation
2264	CHUGGS	If an effective solution for the nurse staffing shortages in CHUGGS at LGH and LRI is not found, then the safety and quality of care provided will be adversely impacted.	20	6	Workforce
2621	CHUGGS	If recruitment and retention to vacancies on Ward 22 at the LRI does not occur, then patients may be exposed to harm due to poor skill mix on the Ward.	20	6	Workforce
2354	RRCV	If the capacity of the Clinical Decisions Unit is not expanded to meet the increase in demand, then will continue to experience overcrowding resulting in potential harm to patients.	20	9	Demand & Capacity
2149	ESM	If we do not recruit and retain into the current Nursing vacancies within SM, then patient safety and quality of care may be compromised resulting in potential delayed care.	20	6	Workforce
2804	ESM	If the ongoing pressures in medical admissions continue, then ESM CMG medicine bed base will be insufficient thus resulting in jeopardised delivery of RTT targets.	20	12	Demand & Capacity
3114	ITAPS	If we are unsuccessful in recruiting ITU medical and nursing staff to agreed establishment, then we are at risk of not being able to deliver a safe and effective service, resulting in delay in treatment to patients and deterioration in performance.	20	6	Workforce
3120	ITAPS	If there is a continued mismatch between capacity and demand for access to emergency theatres we are at risk of cat 2 and 3 patients not receiving surgery within the NCEPOD timeframe's and increased requirement for out of hours working then this may result in delays in treatment to patients and unmet performance targets and reduction in income.	20	12	Demand & Capacity
3113	ITAPS	If the infrastructure in our ITU's is not updated and expanded to meet current standards and demand, then clinical teams will not be able to provide safe care to all patients requiring level 2 or 3 care resulting in deterioration in clinical outcomes benchmarked against other centres (ICNARC).	20	8	Estates
2940	W&C	Risk that paed cardiac surgery will cease to be commissioned in Leicester with consequences for intensive care & other services	20	8	Demand & Capacity
2403	Estates & Facilities	There is a risk changes in the organisational structure will adversely affect water management arrangements in UHL	20	4	Estates
3054	Human Resources	If the Trust's Statutory and Mandatory Training data can no longer be verified on the new Learning Management System, HELM, then it is not possible to confirm staff training compliance which could result in potential harm to patients, reputation impact, increased financial impact and non-compliance with agreed targets.	20	3	IM&T
2404	Corporate Nursing	There is a risk that inadequate management of Vascular Access Devices could result in increased morbidity and mortality	20	16	Resource
2566	CHUGGS	If the range of Toshiba Aquilion CT scanners are not upgraded, Then patients will experience delays with their treatment planning process.	16	1	Resource
3040	RRCV	If there are insufficient medical trainees in Cardiology, then there may be an imbalance between service and education demands resulting in the inability to cover rotas and deliver safe, high quality patient care.	16	9	Workforce
2820	RRCV	If a timely VTE risk assessments is not undertaken on admission to CDU, then we will be breach of NICE CCG92 guidelines resulting patients being placed at risk of harm.	16	3	Processes & Procedures
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	Processes & Procedures
3025	ESM	If there continues to be high levels of nursing vacancies and issue with nursing skill mix across Emergency Medicine, then quality and safety of patient care could be compromised.	16	4	Workforce
3044	ESM	If under achievement against key Infectious Disease CQUIN Triggers (Hepatitis C Virus), Then income will be affected.	16	8	Demand & Capacity
3121	ITAPS	If operating theatres' ventilation systems fail due to lack of maintenance, then the affected theatres cannot be used to provide patient care resulting in reduced theatre capacity and pressure on other theatres to meet demand and may lead to patient cancellations	16	9	Estates

Risk ID	CMG	Risk Description	Current Risk Score	Target Risk Score	Thematic Analysis of Risk Causation
2333	ITAPS	If we do not recruit into the Paediatric Cardiac Anaesthetic vacancies, then we will not be able to maintain a WTD compliant rota resulting in service disruption.	16	8	Workforce
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	Workforce
2955	CSI	If system faults attributed to EMRAD are not expediently resolved, Then we will continue to expose patient to the risk of harm	16	4	IM&T
2673	CSI	If the bid for the National Genetics reconfiguration is not successful then there will be a financial risk to the Trust resulting in the loss of the Cytogenetics service	16	8	Demand & Capacity
2863	CSI	There is a risk of a reduced service and possible non-compliance with legislation due to a failure to recruit in RPS	16 ↑	4	Workforce
2378	CSI	If we do not recruit, up skill and retain staff into the Pharmacy workforce, then the service will not meet increasing demands resulting in reduced staff presence on wards or clinics.	16	8	Workforce
3118	CSI	If there is a lack of planned IT hardware replacement then this will result in high levels of non-functioning/ non-repairable ePMA COWs Resulting in Nursing staff being non-compliant with requirements of both NMC and Leicestershire Medicines Code because the Computers on Wheels (COWS) will be unable to be taken to the bedside of the patient for drug administration.	16	1	IM&T
2916	CSI	If blood samples are mislabeled, caused by problems with ICE printers and human error with not appropriately checking the correct label is attached to the correct sample, then we may expose patients to unnecessary harm.	16	6	IM&T
3008	W&C	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	Demand & Capacity
2153	W&C	Shortfall in the number of all qualified nurses working in the Children's Hospital.	16	8	Workforce
2237	Corporate Medical	If a standardised process for requesting and reporting inpatient and outpatient diagnostic tests is not implemented, then the timely review of diagnostic tests will not occur.	16	8	Processes & Procedures
2608	Estates & Facilities	If there are insufficient Management controls in place to meet Regulation 4 of the Control of Asbestos Regulations (CAR) then there is a increased risk of enforcement action by the HSE resulting in prosecution, and/or significant financial impact and reputational damage.	16	4	Estates
2247	Corporate Nursing	If we do not recruit and retain Registered Nurses, then we may not be able to deliver safe, high quality, patient centred and effective care.	16	12	Workforce
1693	Operations	If clinical coding is not accurate then income will be affected.	16	8	Workforce
3027	CHUGGS	If the UHL adult haemoglobinopathy service is not adequately resourced, then it will not function at its commissioned level	15	4	Workforce
3047	RRCV	If the service provisions for vascular access at GH are not adequately resourced to meet demands, then patients will experience significant delays for a PICC resulting in potential harm.	15	6	Demand & Capacity
3041	RRCV	If there are insufficient cardiac physiologists then it could result in increased waiting times for electrophysiology procedures and elective cardiology procedures	15	8	Workforce
3043	RRCV	If there is insufficient cardiac physiologists then it could result in reduced echo capacity resulting in diagnostics not being performed in a timely manner	15	6	Workforce

Risk ID	CMG	Risk Description	Current Risk Score	Target Risk Score	Thematic Analysis of Risk Causation
3077	ESM	If there are delays in the availability of in-patient beds, then the performance of the Emergency Department at Leicester Royal Infirmary could be adversely affected, resulting in overcrowding in the Emergency Department and an inability to accept new patients from ambulances.	15	10	Demand & Capacity
2837	ESM	If the migration to an automated results monitoring system is not introduced, Then follow-up actions for patients with multiple sclerosis maybe delayed resulting in potential harm.	15	2	IM&T
2466	ESM	Current lack of robust processes and systems in place for patients on DMARD and biologic therapies in Rheumatology resulting in a risk of patient harm due to delays in timely review of results and blood monitoring.	15	1	Processes & Procedures
2973	CSI	If the service delivery model for Adult Gastroenterology Medicine patients is not appropriately resourced, then the quality of care provided by nutrition and dietetic service will be suboptimal resulting in potential harm to patients.	15	6	Workforce
2787	CSI	If we do not implement the EDRM project across UHL which has caused wide scale recruitment and retention issues then medical records services will continue to provide a suboptimal service which will impact on the patients treatment pathway.	15	4	IM&T
2965	CSI	If we do not address Windsor pharmacy storage demands, then we may compromise clinical care and breach statutory duties	15	6	Estates
2601	W&C	There is a risk of delay in gynaecology patient correspondence due to a backlog in typing	15	6	Workforce
3023	W&C	There is a risk that the split site Maternity configuration leads to impaired quality of Maternity services at the LGH site	15	6	Workforce
NEW: 3093	W&C	NEW RISK JAN 2018: If there is insufficient Midwifery establishment to achieve the recommended Midwife to Birth ratio, in view of increased clinical acuity, then patient care may be delayed resulting in potential increase in maternal and fetal morbidity and mortality rates	15	6	Workforce
3083	W&C	If gaps on the Junior Doctor rota are not filled then there may not be enough junior doctors to staff the Neonatal Units at LRI	15	3	Workforce
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	Workforce
2394	Communications	If a service agreement to support the image storage software used for Clinical Photography is not in place, then we will not be able access clinical images in the event of a system failure.	15	3	IM&T
3079	Corporate Medical	If the insufficient capacity with Medical Examiners is not addressed then this may lead to a delay with screening all deaths and undertaking Structured Judgement Reviews resulting in failure to learn from deaths in a timely manner and non-compliance with the internal QC and external NHS England duties	15	6	Workforce
760	Estates & Facilities	If the integrity of compartmentation is compromised then during a real event the rate of fire and/or smoke spread will accelerate resulting in a greater impact to the building occupiers. The ability to utilise horizontal and/or vertical evacuation will be limited and the potential exists for a greater loss of areas / beds until the fire and resultant damage is contained.	15	2	Estates