

CHIEF EXECUTIVE'S MONTHLY UPDATE REPORT – MARCH 2018

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Trust Board paper D

Executive Summary

Context

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

- (a) the Quality and Performance Dashboard for January 2018 attached at appendix 1 (the full month 10 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: [April 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 not comply]

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

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

2.1 The Quality and Performance Dashboard for January 2018 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 10 quality and performance report](#) is published on the Trust's website.

Good News:

2.4 **Mortality** – the latest published 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** – January was within threshold, however year to date position remains higher than the threshold. **Diagnostic 6 week wait** – compliant for the 16th consecutive month. **Cancer Two Week Wait** – have achieved the 93% threshold

for over a year. **Cancer 31 day** was achieved in December. **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 January. **Grade 3 and Grade 2** are well within the trajectory for the month and year to date. **CAS alerts** – we remain compliant. **Inpatient and Day Case Patient Satisfaction (FFT)** achieved the Quality Commitment of 97%. **Never events** – 0 reported in January. **Single Sex Accommodation Breaches** – 0 breaches reported in January. **Fractured NOF** – achieved at 72.6%, YTD remains below threshold by 0.6%.

Bad News:

- 2.5 **UHL ED 4 hour performance** – was 75%, system performance (including LLR UCCs) was 81.8%. **Ambulance Handover 60+ minutes (CAD+)** – performance is 5% however compares well to the 13% in January 2017. **Referral to Treatment** – was 88.8% against a target of 92%, reflecting the pro-active cancellation of non-urgent elective work in accordance with national policy. **52+ weeks wait** – 1 patient (last January the number was 34). **Cancelled operations and patients rebooked within 28 days** – continued to be non-compliant. **Cancer 62 day treatment** was not achieved in December – delayed referrals from network hospitals continue to be a significant factor. **TIA (high risk patients)** – 36% reported in January, our second lowest performance YTD. **Moderate harms and above** – above threshold in December (reported 1 month in arrears). **Statutory and Mandatory Training** reported from HELM is at 85%. **Sickness absence** – 5.3% reported in December (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 Directors have updated their BAF entries, including a review of all principal risks, controls and assurances, to reflect the current position for January 2018 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 rated as high (with a current score of 20), include:

Objective	Risk Description	Risk Rating
Organisation of Care	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	20

	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.	
Our People	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, patient safety and disruption to services across CMGs.	20
Strategic Enabler	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.	20

Organisational Risk Register Dashboard (Appendix 3)

- 3.4 There are currently no items rated as extreme and 56 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 January 2018.
- 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 challenging January and the emergency care pressures which we have experienced recently have continued largely unabated in February. The key issue has been the high acuity of patients, particularly those with respiratory problems. This has produced particular pressures at Glenfield Hospital, but the impact has been felt across all of our sites.
- 4.2 The percentage of patients discharged or admitted via the emergency department within four hours in January 2018 was 75%, compared to 71.5% in December 2017 – this is below the expected level of 90%. With the inclusion of Leicester, Leicestershire and Rutland (LLR) performance data, the position improves to 81.3% for January 2018.
- 4.3 At the time of writing this report, in February 2018 we are performing at 71.6%; when adding the figures for the whole of LLR, performance improves to 78.2%.
- 4.4 An area of particular concern has been cancellation of cancer surgery, caused primarily by high numbers of emergency cases requiring ITU/HDU care, but also by more general pressures on beds. We cancelled a significant number of patients in early January. Whilst all those patients have now been treated, we continue to see

cancellations as the pressures described have been continuing. Our longer term plans involve a considerable expansion of ITU capacity, but this does not of course help in the here and now.

- 4.5 I am grateful for the efforts of a great many people to minimise the disruption we have caused to patients.
- 4.6 Reducing risk to emergency care patients is the number one priority for the Trust at present. Daily improvement meetings continue to take place, chaired by me, and including the Chief Nurse, Interim Chief Operating Officer and Medical Director working with the clinical teams in the component parts of the Trust's emergency care system to improve their elements.
- 4.7 January has been a challenging month where the focus has been on ensuring safe care in an at times overcrowded ED and to patients on outlying wards. Our focus for February has been to continue to deal with intense pressures (notably driven by very high respiratory demand which has impacted on the LRI as well as Glenfield), to identify our key priorities for further improvement work and to ensure that those with the biggest impact are embedded in day-to-day practice.
- 4.8 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.
- 5.2 We have recently received from the CQC their draft report and have an opportunity to comment on factual inaccuracies, or the completeness of evidence in the report, by 2nd March 2018.
- 5.3 At this stage, we anticipate that the CQC will publish the final report during March 2018.

6. Refreshing NHS Plans for 2018/19

- 6.1 On 2nd February 2018, NHS England/NHS Improvement published planning guidance to pave the way for a refresh of plans already prepared under the two year guidance 2017/2019. The new planning guidance sets out details of how the additional funding from the November 2017 budget will be allocated, and the developments in national policy with regards to system level collaboration.
- 6.2 The key headlines are as follows:-

- the A&E performance recovery trajectory has been pushed back one year. Trusts will be expected to meet 90% by September 2018, and return to 95% by March 2019,
- on the referral to treatment standard, the expectation is that the waiting list should not be any higher in March 2019 than in March 2018, alongside the expectation to halve the number of patients waiting 52 weeks in the same period,
- the Sustainability and Transformation Fund is to become the Provider Sustainability Fund (PSF), with total funding of £2.45bn (up from £1.8bn currently). Access to 30% of the fund remains linked to A&E performance. A new £400m commissioner sustainability fund (CSF) will also be introduced to enable CCGs to return to in-year financial balance,
- the eight shadow Accountable Care System sites and two devolved health and care systems are now to be known as Integrated Care Systems (ICS). ICSs are expected to prepare a single system operating plan and to work within a system control total. They are expected to move to a more 'autonomous' regulatory relationship with NHS England and NHS Improvement over time,
- the guidance states that there will be no additional winter funding in 2018/19. Systems are required to produce a winter demand and capacity plan with actions and proposed outcomes. Guidance on submitting these winter plans will be available by March 2018,
- the two year National Tariff Payment system is unchanged, with local systems encouraged to consider local payment reform in certain areas,
- there is no new detail on how funding for the lifting of the pay cap will be administered. Trusts are urged, however, to ensure their workforce plans are robust as they will be used to inform pay modelling nationally.

6.3 The Trust Board will be invited to consider separately a draft version of the Trust's plan for 2018/19, ahead of its submission to NHS Improvement by the due date of 8th March 2018.

6.4 The proposed final version of the Trust's Annual Operational Plan 2018/19 will be submitted to the public Board meeting on 12th April 2018 for approval.

7. Electronic Patient Record (EPR) Plan B priorities

7.1 Amongst our Annual Priorities 2017/18 is the commitment to "make progress towards a fully digitised hospital (EPR) with user-friendly systems in order to support safe, efficient and high quality patient care.

7.2 The Chief Information Officer submitted a paper to the People, Process and Performance Committee (PPPC) on our 'EPR Plan B' priorities for 2018/19 at its meeting on 22nd February and the Committee asked that I draw the key points to the attention of this meeting of the Board.

7.3 I reproduce below important extracts from that report::

18/19 plan

We intend to concentrate on delivering a better clinical experience, from improving the infrastructure needed to support clinical activity to providing new opportunities to modernise our approach to delivering services.

Clearly our priorities will be influenced by events, such as regulator visits and adverse incidents, but all work is now prioritised through a matrix in which we attempt to score the relative merit to the organisation. The strategic intent is to provide flexible platforms that allow us to cope with new items, such as the Diabetes recording requirement, without requiring further major investments. Additionally with the setup of the Paperless Hospital Board we will have a further input into our priorities going forward.

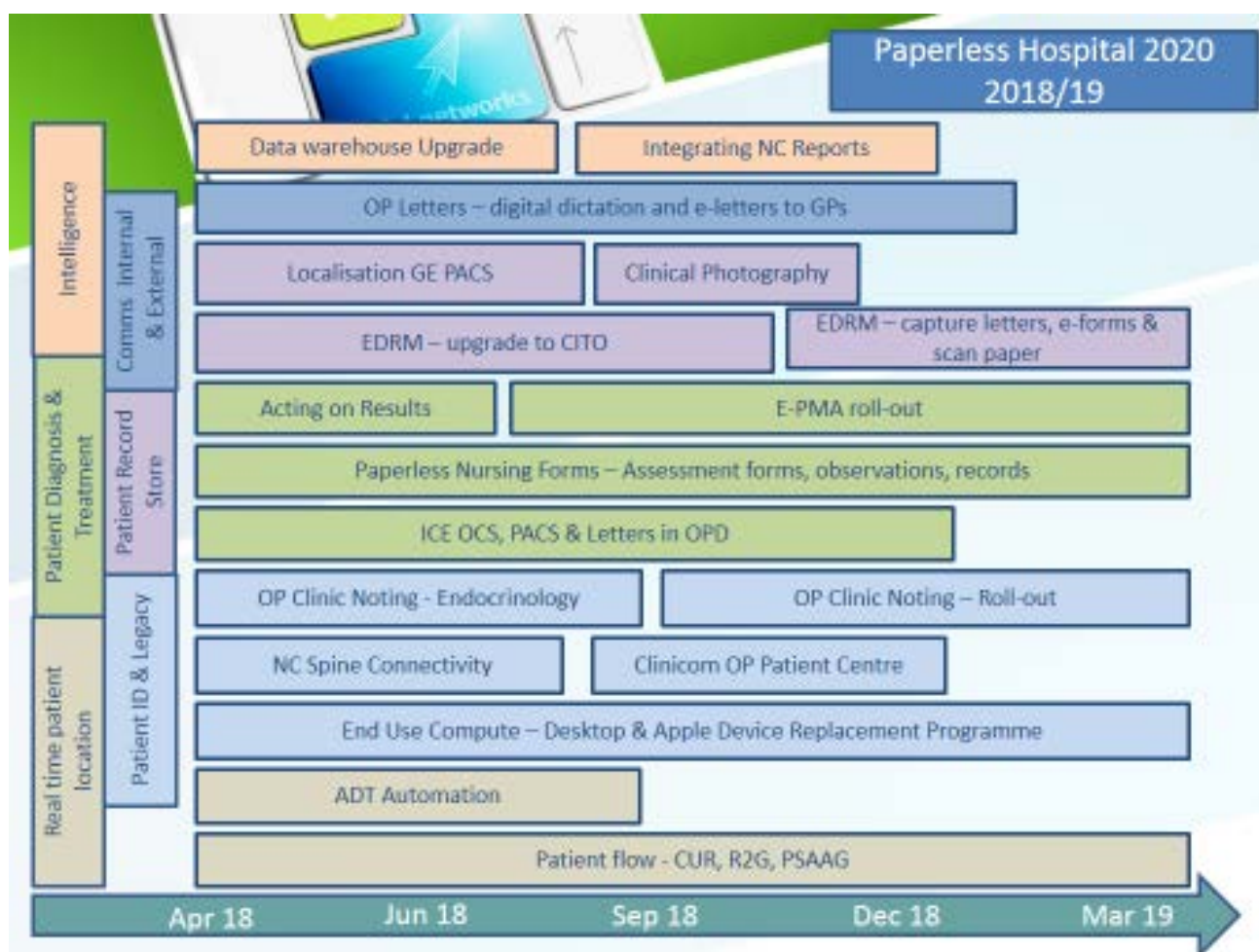
We are also working with our LPT & Primary Care colleagues to look at how we can maximise the benefits of SystemOne and provide further access to this information for our clinical staff.

2018/19 High Level Priorities

Below is a list of the priorities for 2018/19. This list is not an exhaustive list of all IT projects.

Name	Rational	End Date
Provide Development resources	We will be providing on-site development resources to work with the clinical team to help Nervercentre (NC) support our clinicians deliver the quality commitment	This will be available from 31/3/2018
Move CDU and EF2 units fully on to NC	To complete the single view of emergency patients in UHL	30/4/2018
Nervecentre Outpatients	Development of an Endocrinology system to replace to the Clinical Workstation. This will be the template for the base outpatient solution	30/7/2018
END User Computing	To start the programme of removing old equipment to support better clinical engagement	31/3/2019 – Phase 1
Remove the majority of inpatient paper based nursing forms by March 2019	As part of our paperless hospital project we will aim to remove the majority of paper based nursing documentation within 2018/19	31/3/2019
Improve digital imaging solution by bringing GE solution in-house	To bring the GE/EMRAD solution back in house and control	30/6/2018
Wireless replacement (LGH)	Poor wifi coverage at LGH is hindering projects at that location	01/09/2018

Urgent/required systems upgrades	To meet the minimum supported version of the solution (see Appendix 1)	Ongoing through 2018/19
Deployment of ePMA solution	Required to support the Optimed project. This will be deployed on an area by area basis in line with the Optimed solution	Ongoing through 2018/19
Availability of ICE to support Acting on Results	Upgrade to ICE 7.0 to allow wider scale testing of the solution to support Acting on Results	30/4/2018
Availability of ICE to make orders/results/letters available in outpatients	Upgrade to ICE 7.0 to allow wider scale testing of the solution to support better access to information in outpatients.	Start rollout in July 2018
Upgrade to Nervecentre 5.0	Upgrade to the newest version of NC to allow better functionality and reporting	Aug 18
Electronic Transfers of Care	Provide to exchange patient level information with health economy partners to facilitate easier/more efficient transfers of care	Oct 18



7.4 Further information is contained in the summary of the PPC's discussions which features elsewhere on this Board agenda. That Committee will continue to receive updates at regular intervals on our progress in 2018/19.

8. Conclusion

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

John Adler
Chief Executive

22nd February 2018

Quality & Performance

		YTD		Jan-18		Trend*	Compliant by?
		Plan	Actual	Plan	Actual		
Safe	S1: Reduction for moderate harm and above (1 month in arrears)	142	165	<12	16	●	
	S2: Serious Incidents	<37	35	3	5	●	
	S10: Never events	0	6	0	0	●	
	S11: Clostridium Difficile	61	55	5	4	●	
	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	6.1	<5.6	6.2	●	
	S24: Avoidable Pressure Ulcers Grade 4	0	1	0	0	●	
	S25: Avoidable Pressure Ulcers Grade 3	<27	6	<=3	1	●	
	S26: Avoidable Pressure Ulcers Grade 2	<84	42	<=7	5	●	
	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%	96%	97%	97%	●	
Well Led	W13: % of Staff with Annual Appraisal	95%	89.8%	95%	89.8%	●	
	W14: Statutory and Mandatory Training	95%	84%	95%	85%	●	
	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%	9.4%	●	
	E2: Mortality Published SHMI (Apr 16 - Mar 17)	99	100	99	100	●	
	E6: # Neck Femurs operated on 0-35hrs	72%	71.4%	72%	72.6%	●	
	E7: Stroke - 90% of Stay on a Stroke Unit (1 month in arrears)	80%	87.7%	80%	87.3%	●	
Responsive	R1: ED 4hr Waits UHL+UCC	95%	79.0%	95%	75.0%	●	See Note 1
	R2: ED 4 Hour Waits UHL + LLR UCC (Type 3)	95%	81.2%	95%	81.8%	●	See Note 1
	R4: RTT waiting Times - Incompletes (UHL+Alliance)	92%	88.8%	92%	88.8%	●	
	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%	1.4%	●	See Note 1
	R14: Delayed transfers of care	3.5%	1.9%	3.5%	2.2%	●	
	R15: % Ambulance Handover >60 Mins (CAD+)	TBC	3%	TBC	5%	●	
	R16: % Ambulance handover >30mins & <60mins (CAD+)	TBC	8%	TBC	11%	●	
	RC9: Cancer waiting 104+ days	0	20	0	20	●	
Responsive Cancer	RC1: 2 week wait - All Suspected Cancer	93%	94.5%	93%	94.1%	●	
	RC3: 31 day target - All Cancers	96%	95.3%	96%	97.3%	●	
	RC7: 62 day target - All Cancers	85%	79.3%	85%	81.3%	●	See Note 1
Enablers							
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)	(30.6)	1.6	(4.8)	●	
	Cashflow balance (as a measure of liquidity) £m	1.0	6.0	1.0	6.0	●	
	CIP £m	32.9	29.4	5.6	4.4	●	
	Capex £m	26.5	20.7	3.7	0.2	●	
Estates & facility mgt.	Average cleanliness audit score - very high risk areas	98%	96%	98%	95%	●	
	Average cleanliness audit score -high risk areas	95%	94%	95%	93%	●	
	Average cleanliness audit score - significant risk areas	85%	94%	85%	93%	●	

* 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		JANUARY 2018																																				
Objective	Principal Risk No.	Principal Risk Description	Current risk rating CIL	Target risk rating CIL	Monthly Risk Change	Annual Priority No.	Annual Priority	Current Tracker Rating	Monthly Trend Tracker	Year-end Forecast Tracker	Exec Owner	SNO	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	1	↓	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)	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	DCE / COO	J Edyvean / D Mitchell	EQB	FIC																							
							2	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																							
OUR PEOPLE: Right people with the right skills in the right numbers	3	If the Trust is unable to achieve and maintain staffing levels that meet service requirements, caused by an inability to recruit, retain and utilise a workforce with the necessary skills and experience, then it may result in extended unplanned service closures and disruption to services across CMGs.	4 x 5 = 20	4 x 3 = 12	↔	2.1	We will develop a sustainable workforce plan, reflective of our local community which is consistent with the STP in order to support new, integrated models of care	2	↔	2	DWOD	J Tyler-Fantom	EWB	FIC																								
							2.2	We will reduce our agency spend towards the required cap in order to achieve the best use of our pay budget	2	↔	2	DWOD	J Tyler-Fantom	EPB	FIC																							
							2.3	We will transform and deliver high quality and affordable HR, OH and OD services in order to make them 'Fit for the Future'	2	↔	2	DWOD	B Kotecha	EWB	FIC																							
EDUCATION & RESEARCH: High quality, relevant, education and research	4	If the Trust does not have the right resources in place and an appropriate infrastructure to run clinical education and research, then we may not maximise our education and research potential which may adversely affect our ability to drive clinical quality, attract and retain medical students and deliver 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	1	↓	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	1	↓	1	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 Brunskill	ESB	TB																							
PARTNERSHIPS & INTEGRATION: More integrated care in partnership with others	5	If the Trust does not work collaboratively with partners, then we may not be in a position to deliver safe, high quality care on a sustainable basis, patients might not be able to access the services that they require and we may not be in a position to meet our contractual obligations.	5 x 3 = 15	5 x 2 = 10	↔	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	1	↓	1	DSC	J Currington / 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 We will form new relationships with primary care in order to enhance our joint working and improve its sustainability	2	↔	2	DSC	J Currington / A Taylor	ESB	TB																							
KEY STRATEGIC ENABLERS: Progress our key strategic enablers	6	If the Trust is unable to secure external capital funding to progress its reconfiguration programme then our reconfiguration strategy may not be delivered.	5 x 3 = 15	5 x 2 = 10	↔	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																								
							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	2	↔	2	DWOD	B Kotecha	EWB	FIC												
																			9	If operational delivery is negatively impacted by additional financial cost pressures, then the delivery of the requirements of the Carter report will be adversely impacted resulting in an inefficient back-office support function.	3 x 3 = 9	3 x 2 = 6	↔	5.4	We will review our Corporate Services in order to ensure we have an effective and efficient support function focused on the key priorities	2	↔	2	DWOD/CFO	L Tibbert (J Lewin)	EWB	FIC						
																									10	If the Trust cannot allocate suitable resources to support delivery of its Commercial Strategy then we will not be able to fully exploit all available commercial opportunities.	4 x 3 = 12	4 x 2 = 8	↔	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	1

*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 items scoring 15 and above) - Jan Final

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
NEW 3115	ITAPS	If there is an IT infrastructure failure or delay in accessing systems due to out of date and obsolete hardware and software in theatres and other clinical areas, then clinical teams will not be able to access essential patient information or imaging in a timely manner resulting in potential for patient harm.	20	4	IT
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 timeframes and increased requirement for out of hours working this may result in: Delay in treatment to patients and Unmet performance targets.	20	12	Demand & Capacity
NEW 3122	ITAPS	If we are unsuccessful in controlling expenditure, finding efficiency savings and maximising income within ITAPS then the CMG is at risk of not achieving its set control total of £2,548k deficit and will under deliver further against the CIP	20	6	Finance
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
3119	ITAPS	If there is a deterioration in our theatre staff vacancies and we are unsuccessful in recruiting ODP's to agreed establishment; then we are at risk of not being able to deliver a safe and effective service.	20	6	Workforce
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
2777	Communications	If fundraising targets for the new Children's Hospital are greater than the amount held, then the charity will not be able to underwrite the required expenditures.	20 ↑	4	Demand & Capacity
3054	HR	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	IT

Risk ID	CMG	Risk Description	Current Risk Score	Target Risk Score	Thematic Analysis of Risk Causation
3148	Corporate Nursing	If the Trust does not recruit the appropriate staff with the right skills in the right numbers then we may not be able to deliver safe, high quality, patient centred, efficient care and reduce our current nursing vacancy levels resulting in potential increased clinical risk to our patients and poor patient experience	20	12	Workforce
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	Process & 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	Process & 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
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
2191	MSK & SS	Lack of capacity within the ophthalmology service is causing delays that could result in serious patient harm.	16	8	Demand & Capacity
NEW 3133	MSK & SS	If non compliant with MHRA guidance on the follow up of metal-on-metal (MoM) hip replacements, Then patients may be placed at risk of harm due to a lack of timely detection and intervention.	16	8	Process & Procedures
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	16	4	Workforce
2955	CSI	If system faults attributed to EMRAD are not expediently resolved, then we will continue to expose patients to the risk of harm	16	4	IT
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

Risk ID	CMG	Risk Description	Current Risk Score	Target Risk Score	Thematic Analysis of Risk Causation
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	IT
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	IT
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	Process & Procedures
NEW 3143	Estates & Facilities	If sufficient capital funding is not committed to reduce backlog maintenance across the estate there will be an increasing risk of key/critical failures in buildings, building services and infrastructure impacting on service provision and patient care.	16	6	Finance
1693	Operations	If clinical coding is not accurate then income will be affected.	16	8	Workforce
NEW 3139	CHUGGS	Ageing decontamination equipment and poor environments where some of this equipment is cited is resulting in a poor level of service for patients and has the potential to cause harm to both patients and staff	15	3	Resource
3027	CHUGGS	If the UHL adult haemoglobinopathy service is not adequately resourced, then it will not function at its commissioned level	15	4	Workforce
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
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
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	IT

Risk ID	CMG	Risk Description	Current Risk Score	Target Risk Score	Thematic Analysis of Risk Causation
2466	ESM	Current lack of robust processes and systems in place for patients on DMARD and biologic therapies in Rheumatology resulting in a risk of patient harm due to delays in timely review of results and blood monitoring.	15	1	Process & 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	IT
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
3093	W&C	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	IT
3079	Corporate Medical	If there is insufficient capacity with the administrative support for the Learning from Deaths Framework and the Specialty M&M Structured Judgment Review process is not addressed and substantive funding identified for an additional Bereavement Support Nurses, then this will lead to a delay with screening all deaths and undertaking Structured Judgment Reviews, resulting in failure to learn from deaths in a timely manner and non-compliance with the internal QC and external NHS England and Statutory Quality Account requirements	15	6	Workforce