CHIEF EXECUTIVE'S MONTHLY UPDATE REPORT – JANUARY 2018

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 January 2018 is attached. It includes:-

(a) the Quality and Performance Dashboard for November 2017 attached at appendix 1 (the full month 8 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: [February 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: **4 JANUARY 2018**

REPORT BY: **CHIEF EXECUTIVE**

SUBJECT: **MONTHLY UPDATE REPORT – JANUARY 2018**

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1 Introduction

1.1 My monthly update report this month focuses on:-

(a) the Board Quality and Performance Dashboard, attached at **appendix 1**;

(b) the Board Assurance Framework (BAF) Dashboard and Organisational Risk Register Dashboard, attached at **appendices 2 and 3**, respectively;

(c) key issues relating to our Annual Priorities 2017/18, and

(d) a range of other issues which I think it is important to highlight to the Trust Board.

1.2 I would welcome feedback on this report which will be taken into account in preparing further such reports for future meetings of the Trust Board.

2 Quality and Performance Dashboard – November 2017

2.1 The Quality and Performance Dashboard for November 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 8 quality and performance report is published on the Trust's website.

Good News:

2.4 **Mortality** – the latest published SHMI (period April 2016 to March 2017) has remained at 101 and is within the expected range. **Never events** – 0 reported this month. **MRSA** – 0 avoidable cases reported this month. **C DIFF –** November was within threshold, however year to date position remains higher than the threshold. **Diagnostic 6 week wait –** compliant for the 14th consecutive month. **Referral to Treatment –** was 92.1% against a target of 92% for the second consecutive month.

52+ weeks wait – 0 patients (last November the number was 34). **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 November. **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 November. **Inpatient and Day Case Patient Satisfaction (FFT)** achieved the Quality Commitment of 97%. **Fractured NOF** –achieved at 75.4% after 2 months of non-compliance. **Ambulance Handover 60+ minutes (CAD+)** – performance at 0.8% a slight increase from October, however this remains one of our best months since the introduction of CAD+ reporting in June 2015.

Bad News:

2.5 **UHL ED 4 hour performance** –was 79.6%, system performance (including LLR UCCs) was 84.6%. **Moderate harms and above** – 15 cases reported during October (reported 1 month in arrears). A detailed report was considered at the December Quality and Outcomes Committee. **Single Sex Accommodation Breaches** – 1 breach reported in November. **Maternal Deaths** – 1 reported in November. **Cancelled operations** and **patients rebooked within 28 days** – continued to be non-compliant. **Cancer 31 day and 62 day treatment** were not achieved in October – delayed referrals from network hospitals continue to be a significant factor. **Statutory and Mandatory Training** reported from HELM is at 81%, below our target of 95%. **Annual Appraisal** – has dropped below 90% in November.

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

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 principal risks, controls and assurances, to reflect the current position for November 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 2017, 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 (Appendix 3)

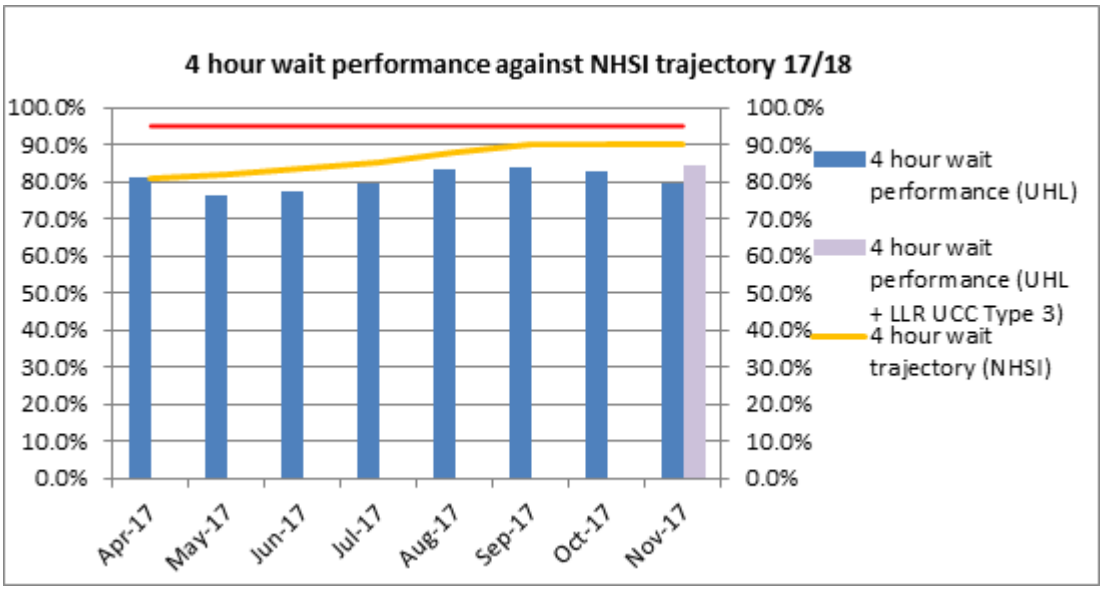
3.5 There are currently 53 risks open on the organisational risk register with a current risk rating of 15 and above (i.e. scoring high or extreme) for the reporting period ending November 2017.

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 November 2017, UHL performance was 79.6%. Performance to date in December stands at 73%.

4.2 From 13th November 2017, performance has been reported for Leicester, Leicestershire and Rutland as a whole which includes the 'Type 3' attendances of patients at the NHS Urgent Care Centres at Loughborough, Melton, Oadby, Wigston and Oakham. Including these attendances has resulted in November's performance improving to 84.6%. Details are set out in Figure 1 below:

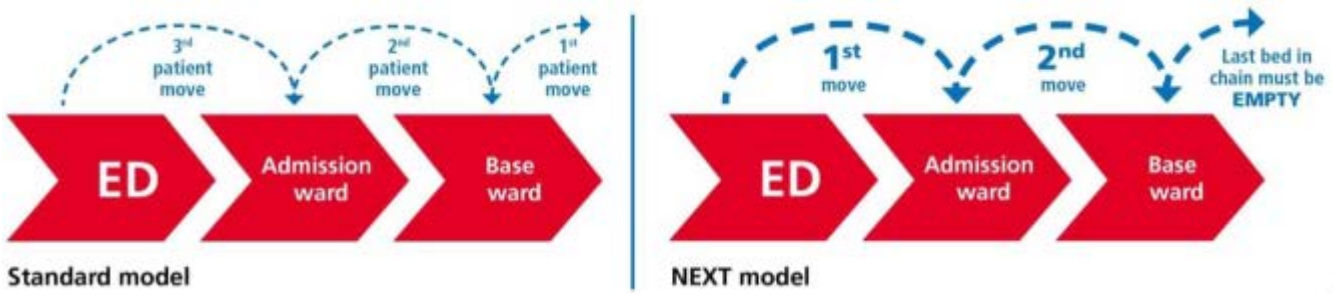


The most recent data available in terms of our national ranking is for week ending 17th December, when we were 105/137. Since then, there has been an issue with the national reporting system but I am hopeful that this will be rectified in time for my next report.

4.3 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.

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

Bed Chains: In order to decrease delays which occur because beds are in a chain (a sequence of linked patient transfers), we have implemented a process to reverse our previous model. Patients are no longer held in ED until the bed is empty on the admission ward. Porters/transfer teams move patients from ED to their admissions ward and then immediately move the next patient in the chain to their destination, which may be a base ward or the Discharge Lounge. This is the reverse of what happened previously, with porters starting by moving patients to the Discharge Lounge first and admission areas pulling from ED last.



In order to make this safe, the following rules apply:

- The receiving ward confirm they have a planned discharge via the agreed e-Beds process (e.g. patient planned to move to discharge lounge)
- The ED/Assessment Unit patient will be assessed as suitable to move to the ward to wait for their bed – they will have a EWS of 4 or less; not require O_2; and not need a side room for infection prevention reasons
- The ward must take responsibility for the patient they have received and must work as part of the multi-disciplinary team to ensure the next patient in the chain awaiting discharge from the ward leaves the ward as soon as possible
- The arriving patient must not wait for >60mins as a transition patient.

ED refer direct to Neurology, IDU, Stroke, and short stay specialties (missing AMU) between the hours of 9am and 4pm Monday to Friday and will refer direct to base wards when in escalation (OPEL 4) between the hours of 9am and 4pm Monday to Friday

This will prevent duplication of clerking and will ensure the patient gets to the right place as quickly as possible.

Opening additional capacity: We have agreed an order in which this must occur to ensure we are making the safest decisions whilst ensuring flow can continue. Subject to infection prevention and other safety rules, opening additional capacity once the hospital is full should not occur if there are any empty beds (on any of the 3 sites). In other words, we must ensure that our capacity is fully utilised before using ad hoc capacity.

4.5 In the New Year we will be focusing on a smaller number of more complex issues. These will include:

- a more robust approach to 24/7 "floor management" in ED, given the challenges of the scale of the department and the very large numbers of patients coming through
- a root and branch review of why we have long periods of poor flow to the Royal medical beds
- identifying specific actions to reduce the "weekend slowdown" which is bad for patients and makes Mondays particularly difficult.

4.6 The People, Process and Performance Committee continues to scrutinise our performance and plans for improvement in emergency care, most recently at its meeting on 21st December 2017.

4.7 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 62 Day wait for treatment all Cancers (Urgent GP referral to treatment)

5.1 The Trust has not met the expected performance of 85% against this national standard since March 2017 and understandably NHS Improvement and NHS England are pressing us to take the necessary corrective action to bring matters back into line.

5.2 Attached for information at **Appendix 4** is a copy of my letter dated 18th December 2017 addressed to NHS colleagues on this subject.

5.3 The Trust's recovery plans were discussed in detail at the December 2017 meeting of the People, Process and Performance Committee and the written summary of that meeting which features elsewhere on this agenda captures the key points arising from that Committee's discussion of the material issues.

6. Care Quality Commission – Unannounced Inspection

6.1 On 28th November 2017, the Care Quality Commission (CQC) began a three day unannounced inspection of our Urgent and Emergency Care, Medicine and Maternity services. The Commission's Inspectors spoke to staff and patients, followed pathways of care and reviewed patients' notes. The Commission had held staff engagement sessions on all three sites the week before. A smaller team returned on 4th December 2017 to review St Mary's Birthing Unit, Melton Mowbray and also our Diagnostic and Outpatient services.

6.2 We have received feedback from both visits which has highlighted areas of good practice as well as matters which require improvement. Action has already been taken, or is in hand, to quickly rectify the latter – or suitable risk mitigations put in place where immediate action is not practicable. Details have been shared separately with Board members.

6.3 A notice received from the Commission on 13th December requires us to take action to improve insulin management. Improving our performance in this important area is

already part of this year's Quality Commitment and we need to redouble our efforts to do the right things for every patient, every time. We reviewed the position at the Quality and Outcomes Committee at its meeting held on 21st December 2017 and will continue to report to that Committee on the actions being taken.

6.4 We anticipate that around 12 Inspectors will return to the Trust on 10th January for three days. They will visit clinical areas, interview Directors and other senior staff, hold focus groups (informed by the results of the unannounced inspections) and review our learning from recent 'Never Events'.

6.5 We expect that all our services will be rated and that the Commission will publish its final report by the end of March 2018.

7 Changes to the Executive Team in 2018

7.1 We will see some changes to the composition of the Executive Team in 2018. We will be saying goodbye to both Julie Smith, Chief Nurse and Louise Tibbert, Director of Workforce and Organisational Development.

7.2 Julie will be leaving us towards the end of April to take up the post of Chief Nursing Officer at Sidra Medical and Research Centre in Qatar.

7.3 Louise is also leaving the Trust towards the end of April to take up the post of Director of Workforce and OD at North West Anglia Foundation Trust, based in Peterborough.

7.4 I would like to thank both Julie and Louise for their great contributions while they have been with us. We are sorry to lose two such excellent colleagues, but understand their personal reasons for moving to new roles.

7.5 In addition to these changes, on 1st January Eileen Doyle replaces Tim Lynch as Interim Chief Operating Officer.

7.6 We will be actively recruiting to the two posts early in the New Year, and also to the Chief Operating Officer post which remains substantively vacant.

8. Conclusion

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

John Adler
Chief Executive

28th December 2017

Quality & Performance

		YTD Plan	YTD Actual	Nov-17 Plan	Nov-17 Actual	Trend*	Compliant by?
Safe	**S1: Reduction for moderate harm and above (1 month in arrears)**	142	127	<12	15	●	
	S2: Serious Incidents	<37	29	3	1	●	
	S10: Never events	0	5	0	0	●	
	S11: Clostridium Difficile	61	47	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	5.6	<5.6	5.6	●	
	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	30	<=7	1	●	
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%	89.9%	95%	89.9%	●	
	W14: Statutory and Mandatory Training (last reported July)	95%	81%	95%	81%	●	
	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%	9.1%	<8.5%	8.6%	●	
	E2: Mortality Published SHMI (Apr 16 - Mar 17)	99	101	99	101	●	
	E6: # Neck Femurs operated on 0-35hrs	72%	70.5%	72%	75.4%	●	
	E7: Stroke - 90% of Stay on a Stroke Unit (1 month in arrears)	80%	87.7%	80%	87.4%	●	
Responsive	R1: ED 4hr Waits UHL+UCC	95%	80.5%	95%	79.6%	●	See Note 1
	R2: ED 4 Hour Waits UHL + LLR UCC (Type 3)	95%	81.3%	95%	84.6%		See Note 1
	R4: RTT waiting Times - Incompletes (UHL+Alliance)	92%	92.1%	92%	92.1%	●	
	R6: 6 week – Diagnostics Test Waiting Times (UHL+Alliance)	<1%	0.8%	<1%	0.8%	●	
	R12: Operations cancelled (UHL + Alliance)	0.8%	1.2%	0.8%	1.4%	●	See Note 1
	R14: Delayed transfers of care	3.5%	1.8%	3.5%	1.9%	●	
	R15: % Ambulance Handover >60 Mins (CAD+)	TBC	2%	TBC	0.8%	●	
	R16: % Ambulance handover >30mins & <60mins (CAD+)	TBC	7%	TBC	8%	●	
	RC9: Cancer waiting 104+ days	0	13	0	13	●	

		YTD Plan	YTD Actual	Oct-17 Plan	Oct-17 Actual	Trend*	Compliant by?
Responsive Cancer	RC1: 2 week wait - All Suspected Cancer	93%	94.5%	93%	93.9%	●	
	RC3: 31 day target - All Cancers	96%	95.2%	96%	93.0%	●	
	RC7: 62 day target - All Cancers	85%	79.5%	85%	78.8%	●	See Note 1

Enablers

		YTD Plan	YTD Actual	Qtr2 17/18 Plan	Qtr2 17/18 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%

		YTD Plan	YTD Actual	Nov-17 Plan	Nov-17 Actual	Trend*
Finance	Surplus/(deficit) £m	(24.3)	(24.2)	0.5	0.5	●
	Cashflow balance (as a measure of liquidity) £m	1.0	3.0	1.0	3.0	●
	CIP £m	23.8	22.1	3.7	2.6	●
	Capex £m	20.2	18.2	3.1	3.0	●

		YTD Plan	YTD Actual	Nov-17 Plan	Nov-17 Actual	Trend*
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%	**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														
QUALITY COMMITMENT: Safe, high quality, patient centered, efficient healthcare	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	1	↓	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 / 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:**							
						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	S Hotson (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	2	↔	2	DCIE / COO	J Edyvean / 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 Barton	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 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
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	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							
Supporting Objectives														
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)	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	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

University Hospitals of Leicester NHS Trust HQ
Level 3
Balmoral Building
Leicester Royal Infirmary
Infirmary Square
Leicester
LE1 5WW

18th December 2017

Dear Jeff & Dave

We are writing to you following our local escalation meeting on 15th December 2017 with regard to UHL's 62 day cancer performance. As you noted in the meeting the Trust has made good progress with two week wait performance and has already introduced a number of recognised good practices to the organisation. You rightly pointed out that these actions had yet to deliver the 62 day standard and that it had been some time since it was last delivered (March 2017).

We are committed to achieving the standard and asked us to outline the actions we're taking by theme and by tumour site to do so by March 2018. As we discussed to deliver this we need to reduce our monthly breaches by 15 on average.

Within our gift to resolve:

- Patients pathway delays that result in a failure of the standard by less than 10 days – The Trust is taking two clear actions to resolve this:
    - With support from the IST the Trust is moving all services (excluding OMFS, Breast and Skin) to a 7 day first appointment. This is already live in endoscopy and has proved effective in reducing LOGI & UPGI pathways. All other services are delivered in
    - We are increasing the focus on 'Next Steps'. As demonstrated at the meeting with the Cancer Alliance and NHS England the 'Next Steps' process goes further than the national 'timed pathways' when compared side by side. It also encompasses every patient and not only those for which a national 'timed pathway' exists.
- Insufficient access to theatres for complex urology patients – We are increasing the scope of the Medinet practitioners to support more complex work at the weekend.
- Poorly benchmarked Gynaecology performance – We will be placing an experienced member of the cancer team in with immediate effect to support managing the service. We will also be arranging a meeting with the Clinical Director, MDT Chair, Chief Executive and Medical Director to address any issues that have been found and agree the required approach.

In addition to this there are some service specific actions we are taking:

- Addressing delays to endoscopy by introducing a new booking process and prioritising patients. This comes at a risk to the delivery of the diagnostic standard.
- Two thirds of our breaches relate to three tumour sites (Urology, Gynae and Lung). We are starting daily reviews with them. Any escalations not resolved with 48 hours will go to the Chief Exec.

- Reducing CT colon turnaround times to 7 days to scan and 3 days to report.
- Moving to MRI pre-biopsy for Urology patients.

We are supporting this approach by strengthening our approach by:

- Detailed plan which has been reviewed and supported by the CCG, Cancer Alliance and NHS I.
- New version of Infoflex which allows for daily work lists and better patient tracking.
- Weekly system call reviewing actions taken that week and progress across system.
- Any cancelled cancer operations on the day escalated for approval to Gold on Call or COO.
- Rule clarifications following Manchester process agreed at system level.
- FIT procedure for Lower GI referrals agreed and funded by CCGs.

There are some issues that are outside of our control and are unlikely to be resolved by March 2018:

- Oncology provision – Due to a confluence of increased demand, maternity and career breaks and retirements we have a gap in our oncology workforce. We are unable to fill all of these positions with locums. We have appointed 4 oncologists at recent interviews and will be doing all we can to get them in place in April 2018.
- ITU/HDU – Despite a clear escalation process due to physically full wards we do sometimes need to cancel cancer patients. Capital has been agreed for the ITU/HDU expansion plans but these do not deliver in the time frame.
- Late transfer of patients from DGH – We have very limited control over the actions of referring centres. In October our performance would have improved by 2% if later tertiary patients had been removed.

I have attached the presentation as an appendix to this letter. I want to assure you that the organisation is committed to doing all it can to deliver this standard in March and we will keep you informed each week on progress against these actions and any material changes to the underlying assumptions that may impact on delivery.

Yours sincerely,

John Adler
Chief Executive