

- **CHIEF EXECUTIVE'S MONTHLY UPDATE REPORT –
DECEMBER 2016**

Authors: John Adler and Stephen Ward Sponsor: John Adler

Trust Board paper C

Executive Summary

Context

The Chief Executive's monthly update report to the Trust Board for December 2016 is attached. It includes:-

- (a) the Quality and Performance Dashboard for October 2016 attached at appendix 1 (the full month 7 quality and performance report is available on the Trust's public website and is hyperlinked within this report);
- (b) the Board Assurance Framework (BAF) Dashboard and Organisational Risk Register Dashboard, attached at appendices 2 and 3, respectively.
- (c) key current issues relating to our annual priorities 2016/17.

Questions

1. Is the Trust Board satisfied with our performance and plans on the matters set out in the report?
2. Does the Trust Board have any significant concerns relating to progress against the annual priorities 2016/17?
3. 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 [Yes /No /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 [Yes /No /Not applicable]

If YES please give details of risk No., risk title and current / target risk ratings.

| Principal Risk | Principal Risk Title | Current Rating | Target Rating |
|----------------|----------------------|----------------|---------------|
| No. | There is a risk ... | | |

3. Related **Patient and Public Involvement** actions taken, or to be taken: [N/A]

4. Results of any **Equality Impact Assessment**, relating to this matter: [N/A]

5. Scheduled date for the **next paper** on this topic: [January 2017 Trust Board]

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

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

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT TO: TRUST BOARD
DATE: 1 DECEMBER 2016
REPORT BY: CHIEF EXECUTIVE
SUBJECT: MONTHLY UPDATE REPORT – DECEMBER 2016

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 2016/17, and
- (d) a range of other issues which I think it is important to highlight to the Trust Board.

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

2. Quality and Performance Dashboard – October 2016

2.1 The Quality and Performance Dashboard for October 2016 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 meetings of the Integrated Finance, Performance and Investment Committee and Quality Assurance Committee, respectively. The [month 7 quality and performance report](#) continues to be published on the Trust's website.

Good News

2.4 **Mortality** – although the latest published Standardised Hospital Mortality Index (covering the period April 2015 to March 2016) has increased to **99**, it is still within the Quality Commitment goal of **99**. Further detailed analysis is underway to understand what is causing the SHMI to increase. **Moderate harms and above** – there have been some increases to previous month's figures following review and Clinical Management Group sign off. However, we remain well within the agreed Quality Commitment monthly thresholds. **Referral to Treatment 52+ week waits** – current number is 38 and we remain on target to be at zero by the end of January. **Cancer Two Week Wait** was achieved in September for the third consecutive month and is expected to remain compliant. Reported **delayed transfers of care** remain within the tolerance with an improved position for the past two

months. However, significant issues have arisen recently with Leicestershire social care packages. **MRSA** – 0 cases reported this month, this is the third consecutive month. **C DIFF** – 5 cases reported in October (below trajectory) but with year to date 1 case above trajectory. **Pressure Ulcers** – 0 **Grade 4** pressure ulcers reported this year and **Grade 3** remaining within trajectory. **Diagnostic 6 week wait** – this standard has been recovered in October after two months of failure. **Sepsis indicators** – although early warning scores are down by 5%, the remaining three indicators show improvement.

Bad News

2.5 **ED 4 hour performance** – October performance was 78.3% with year to date performance at 79.5%. Contributing factors are set out in the Chief Operating Officer's report. **Ambulance Handover 60+ minutes** – performance remained poor at 9%; this is also examined in detail in the Chief Operating Officer's report. **RTT** – the RTT incomplete target was non-compliant for October at 91.5% for the second time since December 2013. **Cancelled operations** worsened in October to 1.2% and **patients rebooked within 28 days** – continue to be non-compliant, due to ITU/HDU and emergency pressures. **Cancer Standards 62 day treatment** - remains non-compliant although on a positive note there have been continued improvements in backlog numbers and the numbers waiting over 104 days. In discussion with NHS Improvement and NHS England the Trust has stated that it cannot confirm recovery of the key cancer standards until there has been a sustained period of ring fenced capacity of elective beds, i.e. >2 months. **Fractured NOF** – target missed for the third consecutive month. The Medical Director Team is leading a piece of work to improve this. **Patient Satisfaction (FFT)** for ED remains low at 87% during October – ED minors and UCC come out with very poor scores. The triage system in the UCC is being reviewed, which is hoped will improve the comfort of patients. **Statutory & Mandatory Training** – performance remains at 82% against a target of 95%, as 1,500 InterServe staff have been transferred over to UHL's Estates and Facilities. **Single Sex Accommodation Breaches** – numbers have reduced since the high in September but are above average levels. **Maternal deaths** – sadly there was one in October, this unexpected maternal death was reported to the Coroner, but an inquest is not required.

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

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

Board Assurance Framework Dashboard

- 3.3 The understanding of risk is evolving rapidly as the Executive Team identifies and addresses uncertainty ahead. A range of principal risks have been identified on the BAF and executive risk owners have updated their entries to reflect the current risk rating and level of assurance in relation to the achievement of 2016/17 annual priorities. There have been no changes to risk ratings during this reporting period. The organisation remains exposed to significant risk in the following areas:

- Timely Access to emergency care services (principal risk 3: current rating 25)
- Consistently meeting national access standards (principal risk 4: current rating 20)
- Clinically sustainable configuration of services (principal risk 14: current rating 20)
- Achievement of the UHL deficit control total in 2016/17 (principal risk 16: current rating 20)

Organisational Risk Register

- 3.4 There are currently 52 risks open on the Trust operational risk register with a current risk rating of 15 and above (i.e. scoring high and extreme). There have been no changes to current risk ratings and there have been no new risks, scoring 15 above, entered on the register during the reporting period.
- 3.5 Thematic analysis of the risk register continues to reveal the majority of risks scoring 15 and above include causes related to gaps in workforce capacity and capability with the potential to impact on clinical harm, quality and performance.

4. Strategic Objective : Safe, High Quality Patient Centred Care

2016 Care Quality Commission (CQC) Inspection

- 4.1 I reported at the Trust Board meeting on 3rd November 2016 that we had received the draft CQC inspection reports and that we were reviewing the reports to check factual accuracy.
- 4.2 The Trust took the opportunity to comment on the draft report on the grounds of factual accuracy and our extensive comments were submitted to the CQC on 17th November 2016.
- 4.3 We await the response of the CQC and anticipate that the CQC will look to finalise and publish the reports in the next few weeks. As with the previous inspection in 2014, we will then develop detailed action plans to address areas identified as in need of improvement. We will, of course, also celebrate areas of strength.

Never Event

- 4.4 I regret that I have to report a 'never event' relating to a retained tampon following an instrumental delivery of a baby which occurred on 3rd November 2016.
- 4.5 We have apologised to the patient for our error.
- 4.6 The incident will be subject to a root cause analysis investigation and the findings reported to the Executive Quality Board and Quality Assurance Committee, in due course.
- 4.7 Immediate action has been taken to cease the use of tampons in such cases in our maternity services.

7 Day Services

- 4.8 I reported to the October 2016 meeting of the Trust Board on our progress as an 'Early Implementer Site' for 7 Day Services. Whilst considerable progress has been made both in improving access to services and challenging the level of financial investment/workforce required to deliver the priority clinical standards in the core services, it has become clear that we would not be able to fully meet these standards as currently measured by March 2017 without financial investment and additional workforce.

4.9 Following joint meetings with NHS England and NHS Improvement in June and September, we wrote to on 4th October 2016 both parties to state our position and to identify the resource required to meet the standards sustainably.

4.10 On 23rd November 2016, we received the joint NHS Improvement/NHS England response to our letter which commended the Trust on its hard work in this regard and acknowledged the challenges we had outlined in meeting all of the standards by April 2017. NHS Improvement and NHS England committed to continuing to work closely with the Trust to support us in our achievement of 7 day services and to review our position with us as we progress.

5. Strategic Objective : An Excellent, Integrated, Emergency Care System

Emergency Care Performance

5.1 Our performance against the 4 hour standard remains very challenged. A detailed report from the Chief Operating Officer features elsewhere on this agenda.

5.2 Against the backdrop of recent significant pressures, NHS Improvement (acting also on behalf of NHS England) called an urgent escalation meeting on 22nd November 2016 to discuss the Leicester, Leicestershire and Rutland (LLR) position.

5.3 Together with other members of the LLR A&E Delivery Board, I attended this meeting and discussions concentrated on a number of actions to be taken to bring a more focused and/or accelerated approach to themes already identified in the LLR Recovery Action Plan (RAP).

5.4 The specific actions encompass demand management; improvements in the processes of the Emergency Department; internal UHL flow; and discharge. More detail on these actions is provided in the Chief Operating Officer's report.

5.5 We identified not only the actions in the gift of the LLR system, but those where external support would be helpful. Overall, it was a constructive and productive discussion.

6. Strategic Objective : Integrated Care in partnership with others

Sustainability and Transformation Plan (STP)

6.1 On 21st November 2016, a draft Sustainability and Transformation Plan (STP) for Leicester, Leicestershire and Rutland was published.

6.2 Our STP contains the following proposals:

- an increase in services delivered in the community centred around new specialised clinical teams which will help people with chronic conditions manage their illness, live more healthily and avoid wherever possible admission to hospital.
- the reconfiguration of community hospitals and their beds and an increase in community-based services so that patients are supported to go 'home first' after a stay in hospital rather than extend their time in a hospital bed. As part of this there will be a fewer community hospitals overall with more services focused in the newer and most sustainable sites.
- over time, and as demand reduces, a reduction in acute hospital beds in combination with an increase in community services.

- 6.3 Trust specific STP proposals (building on our Five Year Plan - 'Delivering Caring at its Best') include:
- the completion of the new ED Floor and commencement of phase 2 to bring together the assessment areas with ED.
 - Women's services brought together under one roof in a new, bigger women's hospital at the Royal Infirmary. With the midwife led birthing unit at St. Mary's Melton likely to close (subject to consultation) and an equivalent but larger unit remaining at the General (once again subject to consultation).
 - Children's services co-located in a new integrated Children's Hospital at the Royal incorporating the East Midlands Congenital Heart Centre.
 - the creation of two new larger Intensive Care Units (ICUs) at the Royal and the Glenfield enabling us to transfer all acute care from the General Hospital and focus acute and emergency care at the Royal and Glenfield.
 - a new future for the General Hospital as a primary and community care hub incorporating the Evington Centre, the stroke rehab unit, the Intensive Community Response team, mental health services and an expanded Diabetes Centre of Excellence (providing both clinical and research facilities).
 - the opening of the new vascular ward and hybrid theatre at the Glenfield to create a class leading cardio vascular service and the move of renal services to the Glenfield to better exploit the clinical synergies between renal, vascular, respiratory and cardiac disciplines.
- 6.4 A report features elsewhere on this agenda of the Board on not only the STP but the Trust's Reconfiguration Programme.
- 6.5 The draft STP will be the subject of engagement, ahead of being finalised in January. At that point, and subject to completion of the NHS England/NHS Improvement Assurance process, formal consultation will then follow on some elements in 2017 ahead of final decisions next Summer.

7. Strategic Objective : An Enhanced Reputation in Research, Innovation and Clinical Education

Clinical Research Facility

- 7.1 I am pleased to report that, on 18th November 2016, the Department of Health announced that the Trust had been awarded £1.44M (via the National Institute for Health Research (NIHR)) for new facilities to support clinical research and trials. The money was awarded following a competitive application and assessment process, and will be provided over the next 5 years.

8. Strategic Objective : A Caring, Professional, Passionate and Engaged Workforce

UHL Annual Leadership Conference

- 8.1 Our 2016 Leadership Conference was held on 4th November and was attended by some 300 members of the Leadership Community, including members of the Trust Board.
- 8.2 The programme encompassed sessions on 'Leading Across Boundaries – LLR Integrated Teams' and an update on the implementation of the UHL Way, which has been making very good progress since it was launched last year. As part of the UHL Way session, I announced the launch of the new Leadership Development Programme, which will be mandatory for all service leadership teams.
- 8.3 Our keynote speaker was Professor Keith Grint, Warwick Business School who entertained those present in a thought provoking session entitled 'Wicked problems and Clumsy Solutions : The Role of Leadership'.
- 8.4 The conference proved to be extremely stimulating and I express my thanks to Louise Tibbert, Director of Workforce and Organisational Development and her team for their work in arranging this event.

Listening into Action Pass it On Event

- 8.5 On 9th November 2016, I had the pleasure of attending the latest Listening into Action Pass it On Event.
- 8.6 On this occasion, we adopted a 'Dragon's Den' approach and had great fun as we received presentations from the eleven teams who had participated in the latest wave of Pioneering Teams.
- 8.7 The event showcased the excellent progress made by each of the teams to take forward changes in their areas and confirmed to me once again the importance of engaging staff on the front line in bringing about improvements for both patients and staff in the services we deliver.

9. Strategic Objective : A Clinically Sustainable Configuration of Services, operating from Excellent Facilities

East Midlands Congenital Heart Centre

- 9.1 I note here that the Board is to receive a separate report at this meeting on the important subject of the proposal by NHS England to cease the commissioning of children's heart surgery at the Trust.

10. Strategic Objective : A Financially Sustainable NHS Trust

Financial Performance for the period ending 31st October 2016

- 10.1 The detailed financial position of the Trust continues to be scrutinised at the monthly meeting of the Integrated Finance, Performance and Investment Committee, most recently on 24th November 2016, and a report from that meeting features separately on this agenda of the Board.

- 10.2 There is considerable financial risk in the second half of the year and to ensure that we do not slip further from our plan the Executive Team has made the decision to implement a number of additional controls to enable us to keep a grip on our financial position.
- 10.3 The additional controls encompass further scrutiny of workforce costs; costs associated with outsourcing clinical work to the independent sector; review of 2016/17 approved investments; additional budgetary controls in the Corporate Departments; a full review of all discretionary spend areas; and a line by line budget and forecast review.
- 10.4 Progress against the additional controls will be monitored monthly at both the Executive Performance Board and Integrated Finance, Performance and Investment Committee.
- 10.5 We did not want to end up in this position but, unfortunately, we need to implement the additional controls to avoid straying from our financial plan. However, we will not be doing anything that compromises the safety of our services. We have not imposed a complete freeze on recruitment, because that would be counter-productive, but all requests to fill vacancies will be subject to greater scrutiny through the Chief Nurse, Medical Director and Chief Operating Officer to ensure that there is no risk to quality and safety and that we can continue to drive down the cost of agency and locum staff.
- 10.6 On a more positive note, our cost Improvement Programme (CIP) continues to perform ahead of plan.
11. Conclusion
- 11.1 The Trust Board is invited to consider and comment upon this report and the attached appendices.

John Adler
Chief Executive

25th November 2016

Quality & Performance

| | | YTD | | Oct-16 | | Trend* | Compliant by? |
|------------------------------------|--|---|----------|--------|----------|--------|---------------|
| | | Plan | Actual | Plan | Actual | | |
| Safe | S1: Reduction for moderate harm and above (1 month in arrears) | 236 | 57 | 20 | 9 | ● | |
| | S2: Serious Incidents | 49 | 24 | 4 | 4 | ● | |
| | S10: Never events | 0 | 1 | 0 | 0 | ● | |
| | S11: Clostridium Difficile | 61 | 36 | 5 | 5 | ● | |
| | S12: MRSA (All) | 0 | 1 | 0 | 0 | ● | |
| | S13: MRSA (Avoidable) | 0 | 0 | 0 | 0 | ● | |
| | S16: Falls per 1,000 bed days for patients > 65 years | <5.6 | 5.9 | <5.6 | 5.3 | ● | |
| | S17: Avoidable Pressure Ulcers Grade 4 | 0 | 0 | 0 | 0 | ● | |
| | S18: Avoidable Pressure Ulcers Grade 3 | 33 | 18 | 4 | 2 | ● | |
| | S19: Avoidable Pressure Ulcers Grade 2 | 89 | 54 | 7 | 9 | ● | Nov-16 |
| Caring | C1: Improvements in Patient Involvement Scores - baseline | 70% | 64% | 70% | 64% | | |
| | C4: Inpatient and Day Case friends & family - % positive | 97% | 97% | 97% | 96.0% | ● | |
| | C7: A&E friends and family - % positive | 97% | 90% | 97% | 87% | ● | TBC |
| Well Led | W1: Outpatient letters sent within 14 days (Quarterly) | 51% | Achieved | 51% | Achieved | | |
| | W14: % of Staff with Annual Appraisal | 95% | 91.4% | 95% | 91.4% | ● | |
| | W15: Statutory and Mandatory Training | 95% | 82% | 95% | 82% | ● | TBC |
| | W17 BME % - Leadership (8A – Including Medical Consultants) | 28% | 25% | 28% | 25% | | |
| | W18: BME % - Leadership (8A – Excluding Medical Consultants) | 28% | 12% | 28% | 12% | | |
| Effective | E1: 30 day readmissions (1 month in arrears) | <8.5% | 8.5% | <8.5% | 8.5% | ● | |
| | E2: Mortality Published SHMI (Apr 15 -Mar 16) | 99 | 99 | 99 | 99 | ● | |
| | E6: # Neck Femurs operated on 0-35hrs | 72% | 71.4% | 72% | 64.1% | ● | Nov-17 |
| | E8: Stroke - 90% of Stay on a Stroke Unit (1 month in arrears) | 80% | 82.7% | 80% | 80.4% | ● | |
| Responsive | R1: ED 4hr Waits UHL+UCC - Calendar Month | 95% | 79.5% | 95% | 78.3% | ● | See Note 1 |
| | R3: RTT waiting Times - Incompletes (UHL+Alliance) | 92% | 91.5% | 92% | 91.5% | ● | See Note 1 |
| | R5: 6 week – Diagnostics Test Waiting Times (UHL+Alliance) | <1% | 0.6% | <1% | 0.6% | ● | |
| | R11: Operations cancelled (UHL + Alliance) | 0.8% | 1.2% | 0.8% | 1.2% | ● | See Note 1 |
| | R13: Delayed transfers of care | 3.5% | 2.2% | 3.5% | 2.0% | ● | |
| | R14: % Ambulance Handover >60 Mins (CAD+) | TBC | 7% | TBC | 9% | ● | May-17 |
| | R15: % Ambulance handover >30mins & <60mins (CAD+) | TBC | 14% | TBC | 18% | ● | May-17 |
| | RC9: Cancer waiting 104+ days | 0 | 7 | 0 | 7 | ● | |
| | Responsive | RC1: 2 week wait - All Suspected Cancer | 93% | 92.4% | 93% | 94.5% | ● |
| RC3: 31 day target - All Cancers | | 96% | 93.6% | 96% | 93.8% | ● | See Note 1 |
| RC7: 62 day target - All Cancers | | 85% | 77.9% | 85% | 77.9% | ● | See Note 1 |
| | | | | | | | |
| People | W8: Staff recommend as a place to work | N/A | 61.6% | N/A | 62.8% | ● | |
| | C10: Staff recommend as a place for treatment | N/A | 74.2% | N/A | 76.0% | ● | |
| Finance | Surplus/(deficit) £m | (7.9) | (9.9) | (0.0) | (2.0) | ● | |
| | Cashflow balance (as a measure of liquidity) £m | 3.0 | 3.6 | 3.0 | 3.6 | ● | |
| | CIP £m | 18.7 | 19.0 | 3.4 | 3.0 | ● | |
| | Capex £m | 35.3 | 33.1 | 6.0 | 4.8 | ● | |
| Estates & facility mgt. | Percentage of Cleaning Audits achieving score of 90% | 100% | 87% | 100% | 89% | ● | |

* 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: | | OCTOBER 2016 | | | | | | |
|---|----------|---|-----------|---------------------|--------------------|------------------|-----------------------------------|---|
| Strategic Objective | Risk No. | Principal Risk Description | Owner | Current Risk Rating | Target Risk Rating | Risk Movement | Assurance Rating | Executive Board Committee for Endorsement |
| Safe, high quality, patient centered healthcare | 1 | Lack of progress in implementing UHL Quality Commitment. | CN | 12 | 8 | ↔ | Yellow | EQB |
| | 2 | Failure to provide an appropriate environment for staff/ patients | DEF | 16 | 8 | ↔ | Red | EQB |
| An excellent integrated emergency care system | 3 | Emergency attendance/ admissions increase without a corresponding improvement in process and / or capacity | COO | 25 | 6 | ↔ | Red | EPB |
| Services which consistently meet national access standards | 4 | Failure to deliver the national access standards impacted by operational process and an imbalance in demand and capacity. | COO | 20 | 6 | ↔ | Yellow | EPB |
| Integrated care in partnership with others | 5 | There is a risk that UHL will lose existing, or fail to secure new, tertiary referrals flows from partner organisations which will risk our future status as a teaching hospital. Failure to support partner organisations to continue to provide sustainable local services, secondary referral flows will divert to UHL in an unplanned way which will compromise our ability to meet key performance measures. | DoMC | 12 | 8 | ↔ | Yellow | ESB |
| | 6 | Failure to progress the Better Care Together programme at sufficient pace and scale impacting on the development of the LLR vision | DoMC | 16 | 10 | ↔ | Yellow | ESB |
| Enhanced delivery in research, innovation and clinical education | 7 | Failure to achieve BRC status. Status awarded on 13th September 2016 - RISK CLOSED SEPT 2016. | MD | 6 | 6 | CLOSED SEPT 2016 | Yellow | ESB |
| | 8 | Failure to deliver an effective learning culture and to provide consistently high standards of medical education | MD / DWOD | 12 | 6 | ↔ | Yellow | EWB / EQB |
| | 9 | Insufficient engagement of clinical services, investment and governance may cause failure to deliver the Genomic Medicine Centre project at UHL | MD | 12 | 6 | ↔ | Yellow | ESB |
| A caring, professional and engaged workforce | 10a | Lack of supply and retention of the right staff, at the right time, in the right place and with the right skills that operates across traditional organisational boundaries | DWOD | 16 | 8 | ↔ | Yellow | EWB / EPB |
| | 10b | Lack of system wide consistency and sustainability in the way we manage change and improvement impacting on the way we deliver the capacity and capability shifts required for new models of care | DWOD | 16 | 8 | ↔ | Green | EWB / EPB |
| | 11 | Ineffective structure to deliver the recommendations of the national 'freedom to speak up review' | DWOD | 12 | 8 | ↔ | Yellow | EWB / EPB |
| A clinically sustainable configuration of services, operating from excellent facilities | 12 | Insufficient estates infrastructure capacity may adversely affect major estate transformation programme | CFO | 16 | 12 | ↔ | Yellow | ESB |
| | 13 | Limited capital envelope to deliver the reconfigured estate which is required to meet the Trust's revenue obligations | CFO | 16 | 8 | ↔ | Yellow | ESB |
| | 14 | Failure to deliver clinically sustainable configuration of services | CFO | 20 | 8 | ↔ | Yellow | ESB |
| A financially sustainable NHS Trust | 15 | Failure to deliver the 2016/17 programme of services reviews, a key component of service-line management | CFO | 9 | 6 | ↔ | Under review | ESB |
| | 16 | The Demand/Capacity gap if unresolved may cause a failure to achieve UHL deficit control total in 2016/17 | CFO | 20 | 10 | ↔ | Yellow | EPB |
| | 17 | Failure to achieve a revised and approved 5 year financial strategy | CFO | 15 | 10 | ↔ | Yellow | EPB |
| Enabled by excellent IM&T | 18 | Delay to the approvals for the EPR programme | CIO | 16 | 6 | ↔ | For review at IM&T Board 29/11/16 | EIM&T / EPB |
| | 19 | Lack of alignment of IM&T priorities to UHL priorities | CIO | 9 | 6 | ↔ | For review at IM&T Board 29/11/17 | EIM&T / EPB |

Risk Register as at 31st October 2016

| Risk ID | CMG | Risk Title | Current Risk Score | Target Risk Score | Risk Owner | Risk Movement | Themes aligned with BAF |
|---------|-------------------|--|--------------------|-------------------|-------------------|---------------|--|
| 2236 | ESM | There is a risk of overcrowding due to the design and size of the ED footprint & increased attendance to ED | 25 | 16 | Ian Lawrence | ↔ | Effective emergency care |
| 2762 | Corporate Nursing | Ability to provide safe, appropriate and timely care to all patients attending the Emergency Department at all times. | 25 | 15 | Julie Smith | ↔ | Effective emergency care |
| 2924 | CHUGGS | There is a risk that the damaged flooring in Wards 42 and 43 may result in trip and fall incidents | 20 | 2 | Georgina Kenney | ↔ | Safe, high quality, patient centred healthcare |
| 2931 | RRCV | Increasing frequency of Cardiac Monitoring System on CCU failing to operate | 20 | 4 | Sue Mason | ↔ | Safe, high quality, patient centred healthcare |
| 2670 | RRCV | There is a risk to the Immunology & Allergy Services due to a Consultant Vacancy | 20 | 6 | Sue Mason | ↔ | Workforce capacity and capability |
| 2354 | RRCV | There is a risk of overcrowding in the Clinical Decisions Unit | 20 | 9 | Sue Mason | ↔ | Effective emergency care |
| 2149 | ESM | High nursing vacancies across the ESM CMG impacting on patient safety, quality of care and financial performance | 20 | 6 | Gill Staton | ↔ | Workforce capacity and capability |
| 2804 | ESM | Outlying Medical Patients into other CMG beds due to insufficient ESM inpatient bed capacity | 20 | 12 | Gill Staton | ↔ | Effective emergency care |
| 2333 | ITAPS | Lack of Paediatric cardiac anaesthetists to maintain a WTD compliant rota leading to interruptions in service provision | 20 | 8 | Rachel Patel | ↔ | Workforce capacity and capability |
| 2763 | ITAPS | Risk of patient deterioration due to the cancellation of elective surgery as a result of lack of ICU capacity | 20 | 10 | Heather Allen | ↔ | Workforce capacity and capability |
| 2787 | CSI | Failure of medical records service delivery due to delay in electronic document and records management (EDRM) implementation | 20 | 4 | Debbie Waters | ↔ | Workforce capacity and capability |
| 2562 | W&C | There is a risk that 2 vacant consultant paediatric neurology vacancies could impact sustainability of the service | 20 | 4 | J Visser | ↔ | Workforce capacity and capability |
| 2940 | W&C | Risk that paed cardiac surgery will cease to be commissioned in Leicester with consequences for intensive care & other services | 20 | 8 | Nicola Savage | ↔ | Safe, high quality, patient centred healthcare |
| 2403 | Corporate Nursing | There is a risk changes in the organisational structure will adversely affect water management arrangements in UHL | 20 | 4 | Elizabeth Collins | ↔ | Estates and Facilities services |
| 2404 | Corporate Nursing | There is a risk that inadequate management of Vascular Access Devices could result in increased morbidity and mortality | 20 | 16 | Elizabeth Collins | ↔ | Safe, high quality, patient centred healthcare |
| 2471 | CHUGGS | There is a risk of poor quality imaging due to age of equipment resulting in suboptimal radiotherapy treatment. | 16 | 4 | Lorraine Williams | ↔ | Workforce capacity and capability |
| 2264 | CHUGGS | Risk to the quality of care and safety of patients due to reduced staffing in GI medicine/Surgery and Urology at LGH and LRI | 16 | 6 | Georgina Kenney | ↔ | Safe, high quality, patient centred healthcare |
| 2923 | CHUGGS | There is a risk that nurse staffing vacancies in Oncology may result in suboptimal care to patients | 16 | 6 | Kerry Johnston | ↔ | Workforce capacity and capability |
| 2905 | RRCV | There is a risk of delays to patient diagnosis and treatment which will affect the delivery of the national 62 day cancer target | 16 | 6 | Karen Jones | ↔ | Workforce capacity and capability |
| 2870 | RRCV | Audit of DNACPR form have shown that the discussion with the patient or family is not consistently recorded | 16 | 2 | Elved Roberts | ↔ | Workforce capacity and capability |

| Risk ID | CMG | Risk Title | Current Risk Score | Target Risk Score | Risk Owner | Risk Movement | Themes aligned with BAF |
|---------|-------------------|--|--------------------|-------------------|--------------------|---------------|--|
| 2791 | RRCV | Broadening Foundation - Loss of F1 doctors | 16 | 2 | Sue Mason | ↔ | Safe, high quality, patient centred healthcare |
| 2819 | RRCV | Risk of lack of ITU and HDU capacity will have a detrimental effect on Vascular surgery at LRI | 16 | 12 | Paul Saunders | ↔ | Workforce capacity and capability |
| 2820 | RRCV | Risk that a timely VTE risk assessment is not performed on admission to CDU meaning that subsequent actions are not undertaken | 16 | 3 | Sue Mason | ↔ | Workforce capacity and capability |
| 2193 | ITAPS | There is a risk that the ageing theatre estate and ventilation systems could result in an unplanned loss of capacity at the LRI | 16 | 4 | Gaby Harris | ↔ | Safe, high quality, patient centred healthcare |
| 2541 | MSK & SS | There is a risk of reduced theatre & bed capacity at LRI due to increased spinal activity | 16 | 8 | Carolyn Stokes | ↔ | Workforce capacity and capability |
| 2191 | MSK & SS | Lack of capacity within the service is causing delays that could result in serious patient harm. | 16 | 8 | Clare Rose | ↔ | Workforce capacity and capability |
| 2687 | MSK & SS | Lack of appropriate medical cover will clinically compromise care or ability to respond in Trauma Orthopaedics | 16 | 9 | Carolyn Stokes | ↔ | Workforce capacity and capability |
| 2607 | CSI | There is a risk that the provision of an out of hours Virology "On-call" service may not be sustained due to insufficient staff | 16 | 6 | Jilean Bowskill | ↔ | Workforce capacity and capability |
| 1206 | CSI | There is a risk that a backlog of unreported images in plain film chest and abdomen could result in a clinical incident | 16 | 6 | ARI | ↔ | Workforce capacity and capability |
| 182 | CSI | POCT- Inappropriate patient Management due to inaccurate diagnostic results from Point Of Care Testing (POCT) equipment | 16 | 2 | Lianne Finnerty | ↔ | Workforce capacity and capability |
| 2944 | CSI | There is a risk that a lack of typing capacity in the Histopathology office will result in increased length of stay for patients | 16 | 4 | Mike Langford | ↔ | Workforce capacity and capability |
| 2378 | CSI | There is a risk that Pharmacy workforce capacity could result in reduced staff presence on wards or clinics | 16 | 8 | Claire Ellwood | ↔ | Workforce capacity and capability |
| 1926 | CSI | There is a risk that insufficient staffing to manage ultrasound referrals could impact Trust operations and patient safety | 16 | 6 | Cathy Lea | ↔ | Workforce capacity and capability |
| 2391 | W&C | There is a risk of inadequate numbers of Junior Doctors to support the clinical services within Gynaecology & Obstetrics | 16 | 8 | Cornelia Wiesender | ↔ | Workforce capacity and capability |
| 2153 | W&C | Shortfall in the number of all qualified nurses working in the Children's Hospital. | 16 | 8 | HKI | ↔ | Workforce capacity and capability |
| 2394 | Communications | No IT support for the clinical photography database (IMAN) | 16 | 1 | Simon Andrews | ↔ | Workforce capacity and capability |
| 2237 | Corporate Medical | There is a risk of results of outpatient diagnostic tests not being reviewed or acted upon resulting in patient harm | 16 | 8 | Angie Doshani | ↔ | Estates and Facilities services |
| 2325 | Corporate Medical | There is a risk that security staff not assisting with restraint could impact on patient/staff safety | 16 | 6 | Neil Smith | ↔ | Workforce capacity and capability |
| 2247 | Corporate Nursing | There is a risk that a significant number of RN vacancies in UHL could affect patient safety | 16 | 12 | Maria McAuley | ↔ | Workforce capacity and capability |
| 1693 | Operations | There is a risk of inaccuracies in clinical coding resulting in loss of income | 16 | 8 | John Roberts | ↔ | IM&T services |
| 2878 | Operations | There is a risk of cancer patients not being discussed at MDTs due to inadequate video conferencing facilities | 16 | 4 | Charlie Carr | ↔ | Safe, high quality, patient centred healthcare |

| Risk ID | CMG | Risk Title | Current Risk Score | Target Risk Score | Risk Owner | Risk Movement | Themes aligned with BAF |
|---------|----------------------|---|--------------------|-------------------|-------------------|---------------|--|
| 2935 | CHUGGS | Use of dual sofia and paper drug charts on Ward 26 LGH, there is increased risk of drug errors resulting in patient harm | 15 | 1 | Clair Riddell | ↔ | Safe, high quality, patient centred healthcare |
| 2872 | RRCV | There is a risk of bedded bariatric patients being trapped compromising fire evacuation on ward 15 at GGH | 15 | 6 | Sue Mason | ↔ | Safe, high quality, patient centred healthcare |
| 2836 | ESM | There is a risk of single sex breaches on the Brain Injury Unit due to environmental design and inflow of patients. | 15 | 2 | Andy Palmer | ↔ | Safe, high quality, patient centred healthcare |
| 2837 | ESM | There is a risk of delay in acting upon monitoring investigation results in patients with multiple sclerosis. | 15 | 2 | Ian Lawrence | ↔ | Workforce capacity and capability |
| 2769 | MSK & SS | There is a risk of cross infection of MRSA as a result of unscreened emergency patients being cared for in the same ward bays | 15 | 5 | Kate Ward | ↔ | Workforce capacity and capability |
| 510 | CSI | There is a risk of staff shortages impacting on the Blood Transfusion Service at UHL | 15 | 6 | AFE | ↔ | Safe, high quality, patient centred healthcare |
| 2601 | W&C | There is a risk of delay in gynaecology patient correspondence due to a backlog in typing | 15 | 6 | DMAR | ↔ | Workforce capacity and capability |
| 2330 | Corporate Medical | Risk of increased mortality due to ineffective implementation of best practice for identification and treatment of sepsis | 15 | 6 | JPARK | ↔ | Safe, high quality, patient centred healthcare |
| 2925 | Estates & Facilities | Reduction in capital funding may lead to a failure to deliver the 2016/17 medical equipment capital replacement programme | 15 | 10 | Darryn Kerr | ↔ | Safe, high quality, patient centred healthcare |
| 2402 | Corporate Nursing | There is a risk that inappropriate decontamination practice may result in harm to patients and staff | 15 | 3 | Elizabeth Collins | ↔ | Safe, high quality, patient centred healthcare |
| 2774 | Operations | Delay in sending outpatient letters following consultations is resulting in a significant risk to patient safety & experience . | 15 | 6 | William Monaghan | ↔ | Workforce capacity and capability |