

# CHIEF EXECUTIVE'S MONTHLY UPDATE REPORT – JUNE 2016

Authors: John Adler and Stephen Ward Sponsor: John Adler Date: Thursday 2 June 2016

Trust Board paper D

## Executive Summary

### Context

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

- (a) the Quality and Performance Dashboard for April 2016 attached at appendix 1 (the full month 1 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. The full BAF and risk register entries feature elsewhere on the agenda;
- (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

I would welcome the Board's input regarding the 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:

Organisational Risk Register  
Board Assurance Framework

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: July 2016 Trust Board

6. Executive Summaries should not exceed 1 page. [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:** 2 JUNE 2016  
**REPORT BY:** CHIEF EXECUTIVE  
**SUBJECT:** MONTHLY UPDATE REPORT – JUNE 2016

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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 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 – April 2016

2.1 The Quality and Performance Dashboard for April 2016 is appended to this report **at appendix 1**. The Dashboard has been updated to incorporate information on our Quality Commitment 2016/17 and will be enhanced as baselines are confirmed and performance is tracked.

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 1 quality and performance report](#) continues to be published on the Trust's website.

*Good News*

2.4 **Mortality** – the latest published SHMI (covering the period October 2014 to September 2015) is **96** – this compares to a peak of 105. **RTT** – the RTT incomplete target remains compliant which is much better than early forecasts that the target would not be achieved in April.

**Diagnostics** performance has been delivered and is expected to be delivered for the rest of the financial year. **Delayed transfers of care** remain well within the tolerance reflecting the continuation of the good work that takes place across the system in this area. **Referral to Treatment 52+ week waits** has reduced by over 60 over the last month. An organised process of transferring Orthodontic patients to other providers is now in progress and we should see substantial reductions in these waits in the coming months. **Ambulance Handover 60+ minutes** – 6% lowest level for 12 months - this is also examined in detail in the Chief Operating Officer's report. **MRSA** – 0 avoidable cases reported for 14 months and 0 unavoidable cases were reported in April. **C DIFF** – a good start to the year with only 4 cases reported during April. **Pressure Ulcers** – 0 **Grade 4** pressure ulcers. **Fractured NOF** – target delivered and performance expected to be maintained during May. **Patient Satisfaction (FFT)** Quality Commitment target of 97% maintained for Inpatients and Day Cases.

### *Bad News*

- 2.5 **ED 4 hour performance-** was 81.2% a slight improvement on March performance. Contributing factors are set out in the Chief Operating Officer's report. **Cancelled operations and patients rebooked within 28 days** – continued to be non-compliant, due to increased emergency pressures. **Cancer Standards the 62 day backlog** current cancer performance is an area of significant concern across UHL and focus on recovery is of the highest priority within the organisation. The **Cancer Two Week Wait** target was missed by 1 patient, attributed to on-going problems in Head & Neck Services. Following the success of last year, the targets for **Grade 3 and Grade 2** pressure ulcers have been reduced – these were both missed this month. **Patient Satisfaction (FFT)** the target of 97% was not achieved for ED during April and although **ED FTT coverage** has improved, the agreed threshold of 20% has not yet been achieved.

### 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 Board, to be introduced by the Medical Director.

### *Board Assurance Framework Dashboard*

- 3.3 Executive risk owners have updated their BAF entries to reflect the risks and assurances in relation to the Trust's 2016/17 annual priorities. The Board should note the 'extreme' risk in relation to increasing emergency attendances/admissions and the remaining 12 high risks to the achievement of our strategic objectives.

### *Organisational Risk Register*

- 3.4 There are currently 52 risks open on the organisational risk register with a current risk rating of 15 and above (i.e. scoring high and extreme), with five new high risks entered during the reporting period.
- 3.5 There continues to be steady movement on the risk register with two risks increasing to a high rating, one risk reducing to a moderate rating and two risks closing during the reporting period.
- 3.6 Thematic analysis of risks scoring 15 and above on the risk register shows that the majority of risks relate to workforce capacity and capability with potential for impact on quality of service and performance. Other themes, associated to strategic risks on the BAF, include estates and facilities services, emergency care provisions and IM&T services.

#### 4. Progress Against Our Annual Priorities 2016/17

##### 4.1 Strategic Objective: Safe, High Quality, Patient Centred Care

#### *Care Quality Commission Inspection*

- 4.2 Final preparations are in hand for the forthcoming Care Quality Commission inspection which takes place week commencing 20<sup>th</sup> June 2016. The Board will have the opportunity to discuss matters relating to the inspection in greater detail at the Thinking Day session on 9<sup>th</sup> June 2016.

#### *Listening Event – 11<sup>th</sup> May 2016*

- 4.3 Together with members of their senior teams, Julie Smith, Chief Nurse and Andrew Furlong, Medical Director held a special listening event on 11<sup>th</sup> May 2016, hosted at Leicester's St Martin's House.
- 4.4 Running from 3pm to 8pm, the listening event ran as a 'drop-in' session to give people an opportunity to relate their experiences of services at our hospitals.
- 4.5 I am pleased to report that the session was well attended with a good number of patients and members of the public attending to register their views, good and bad.
- 4.6 The Chief Nurse is compiling a formal report on the event and this will be submitted to the Executive Quality Board and Quality Assurance Committee in June 2016.

##### 4.7 Strategic Objective: An Excellent, Integrated, Emergency Care System

- 4.8 The Chief Operating Officer's report elsewhere on this agenda highlights the difficulties of delivering excellent emergency care due in part to continuing high levels of demand. This has caused disruption to the elective pathway although this has reduced of late as we succeed

in our approach to protect elective capacity (albeit at the expense to an extent of emergency performance).

- 4.9 At next month's Trust Board a comprehensive report will be presented which will assess the drivers of the current performance issues and bring together the various approaches and initiatives which are being progressed to address these. This will provide an opportunity for the Board to assess the position holistically and consider what if any further actions could/should be taken.
- 4.10 Strategic Objective: Services which consistently meet National Access Standards
- 4.11 As noted in Section 2.4, we succeeded in meeting the overall RTT (18 weeks maximum elective wait) standard in April. Our trajectory agreed with NHS Improvement is to use our best endeavours to achieve this in Q1 and certainly to do so from Q2 2016/17. We are therefore in a good position thus far. Conversely, the cancer 62 day standard continues to elude us, although the backlog of patients waiting over 62 days has decreased. Once again, we have agreed that we will use our best endeavours to achieve the standard from June 2016, and certainly by September. It is essential that we do the latter and considerable organisational focus is being applied to this.
- 4.12 Strategic Objective: Integrated Care in Partnership with Others
- 4.13 In order to consult the public of LLR on proposed substantial changes to health services where the services are removed or moved to new locations, it is necessary to gain NHS England's authority to proceed. This requires the BCT programme to undergo a service reconfiguration assurance panel and this took place on the 18th of April 2016. The feedback was constructive and positive with many of the reconfiguration tests partially met leaving a few outstanding actions to complete. The capacity and financial test (which are linked) were not met and there are slightly more substantial issues to resolve. However, the NHS England panel felt it should be feasible for the outstanding questions to be responded to in a couple of months and are not asking the programme to return to a panel, agreeing instead to sign off the necessary actions once completed outside of a meeting.
- 4.14 Work continues to develop the Leicester, Leicestershire and Rutland Sustainability and Transformation Plan (STP) under the leadership of the Chief Officer of West Leicestershire CCG. UHL's representative on the STP Task and Finish Group is the Head of Strategic Development. This work is now very much linked to the BCT assurance work outlined in Section 4.13 and essentially the BCT assurance outcome will now be through the sign off of the STP. This is likely to push back BCT consultation to the Autumn. Although somewhat frustrating, this will allow time to factor in our latest capacity and finance considerations, which are both essential in terms of having a viable system going forward.
- 4.15 As part of our BCT/STP thinking, there is a growing consensus amongst our partners that we need to pursue the integration agenda

more actively. This will go beyond our current redesign and reconfiguration work. A BCT Partnership Board development session on 9<sup>th</sup> June will consider the principles of this and next steps.

- 4.16 A further report on the STP will be submitted to the Trust Board on 7 July 2016, following its formal submission to NHS England on 30 June 2016.

4.17 Strategic Objective: A Caring, Professional, Passionate and Engaged Workforce

*Listening into Action Pass it On Event – 17<sup>th</sup> May 2016*

- 4.18 On 17<sup>th</sup> May, Louise Tibbert and I hosted the 6<sup>th</sup> LiA Pass it On Event at the NSPCC National Training Centre in Beaumont Leys. Pass it On Events are where we hear of the great achievements of our Pioneering Teams and welcome the next cohort. The event was truly inspiring with a whole range of achievements on display which have directly benefited patients, particularly in the area of pathway improvement, both clinically and in terms of processes. Wave 7 looks to be equally strong in this respect and I am very heartened by the continuing enthusiasm of our people to work together to make improvements for patients. This will continue to be a key component of the UHL Way alongside our more complex change and improvement programmes and team development work.

*Workforce Equality and Diversity*

- 4.19 I note here the addition of an annual priority 2016/17 allocated to the Director of Workforce and Organisational Development on the development of a more inclusive and diverse workforce to better represent the communities we serve and to provide services that meet the needs of all patients. The Board will have an opportunity to discuss this subject in more detail at the Thinking Day on 9<sup>th</sup> June 2016 when we are due to discuss workforce and organisational development matters.

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

- 4.21 As the Board will be aware, we are currently awaiting decisions on capital availability at national level in 2016/17. This is a key issue for us as we pursue our investment and reconfiguration agenda. The immediate effect of the delay is that we have had to slow down work on our intensive care and vascular moves, although building work on the latter is continuing at Glenfield. We have also had to slow down work on further business case development as this has a significant cost. I have recently written to NHS Improvement's Director of Resources to press our case for modest funds this year in order to maintain some momentum in our 5 Year Plan. We do need to recognise, however, that the national financial context is very difficult at present.

#### 4.22 Strategic Objective: A Financially Sustainable NHS Trust

##### *Month 1 2016/17 Financial Performance*

- 4.23 The Trust achieved our April 2016 and year to date deficit of £6M compared to a planned deficit of £5.8M, representing a performance of £0.2M adverse to plan.
- 4.24 Agency expenditure in month was £2.1M compared to planned expenditure of £2.0M, representing a performance of £0.1M adverse to plan.
- 4.25 The detailed financial position continues to be scrutinised at each meeting of the Integrated Finance, Performance and Investment Committee which held its most recent meeting on 26<sup>th</sup> May 2016.

#### 4.26 Strategic Objective: Enabled by Excellent IM&T

- 4.27 On 23<sup>rd</sup> May I and members of the senior team met with the Regional Director of NHS Improvement to try to progress the business case for our Electronic Patient Record, which has been awaiting approval for around 18 months. It was a positive meeting and I am hoping that a recommendation will be made to the national approval committee in the next 2-3 months. This has now become urgent as we are spending significant sums supporting legacy systems, which is essentially abortive investment.

#### 5. Conclusion

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

John Adler  
Chief Executive

27<sup>th</sup> May 2016



## Quality & Performance

		YTD		Apr-16		Trend*	Compliant by?
		Plan	Actual	Plan	Actual		
<b>Safe</b>	<b>S1: Reduction for moderate harm and above (March)</b>	N/A	262	N/A	17	●	
	S2: Serious Incidents	49	5	4	5	●	
	S6: Never events	0	0	0	0	●	
	S7: Clostridium Difficile	61	4	5	4	●	
	S8: MRSA (All)	0	0	0	0	●	
	S9: MRSA (Avoidable)	0	0	0	0	●	
	S14: Falls per 1,000 bed days for patients > 65 years	<5.6	5.9	<5.6	5.9	●	
	S15: Avoidable Pressure Ulcers Grade 4	0	0	0	0	●	
	S16/17: Avoidable Pressure Ulcers Grade 3 & 2	122	14	11	14	●	

		YTD		Apr-16		Trend*	Compliant by?
		Plan	Actual	Plan	Actual		
<b>Caring</b>	<b>C1: Improvements in Patient Involvement Scores</b>	<i>New Quality Commitment Indicator</i>					
	C4: Inpatient and Day Case friends & family - % positive	97%	97%	97%	97%	●	
	C5: A&E friends and family - % positive	97%	96%	97%	96%	●	

		YTD		Apr-16		Trend*	Compliant by?
		Plan	Actual	Plan	Actual		
<b>Well Led</b>	<b>W1: Outpatient letters sent within 14 days (Quarterly)</b>	<i>New Quality Commitment Indicator</i>					
	W13: % of Staff with Annual Appraisal	95%	91.5%	95%	91.5%	●	
	W14: Statutory and Mandatory Training	95%	92%	95%	92%	●	

		YTD		Apr-16		Trend*	Compliant by?
		Plan	Actual	Plan	Actual		
<b>Effective</b>	<b>E1: 30 day readmissions (March)</b>	<8.5%	8.9%	<8.5%	8.8%	●	Note 1
	<b>E2: Mortality Published SHMI (Oct 14 -Sep 15)</b>	99	96	99	96	●	
	E6: # Neck Femurs operated on 0-35hrs	72%	78.0%	72%	78.0%	●	
	E8: Stroke - 90% of Stay on a Stroke Unit (March)	80%	85.6%	80%	84.1%	●	

		YTD		Apr-16		Trend*	Compliant by?
		Plan	Actual	Plan	Actual		
<b>Responsive</b>	R1: ED 4hr Waits UHL+UCC - Calendar Month	95%	81.2%	95%	81.2%	●	
	R3: RTT waiting Times - Incompletes	92%	92.7%	92%	92.7%	●	
	R5: 6 week – Diagnostics Test Waiting Times	<1%	0.7%	<1%	0.7%	●	
	R11: Operations cancelled (UHL + Alliance)	0.8%	1.5%	0.8%	1.5%	●	Jun-16
	R13: Delayed transfers of care	3.5%	1.9%	3.5%	1.9%	●	
	R14: % Ambulance Handover >60 Mins (CAD+)	TBC	6%	TBC	6%	●	Jul-16
	R15: % Ambulance handover >30mins & <60mins (CAD+)	TBC	11%	TBC	11%	●	Note 2
	RC9: Cancer waiting 104+ days	0	12	0	12	●	

		YTD		Mar-16		Trend*	Compliant by?
		Plan	Actual	Plan	Actual		
<b>Responsive</b>	RC1: 2 week wait - All Suspected Cancer	93%	90.5%	93%	92.97%	●	
	RC3: 31 day target - All Cancers	96%	94.8%	96%	94.1%	●	Jun-16
	RC7: 62 day target - All Cancers	85%	77.5%	85%	77.6%	●	Sep-16

## Enablers

		Qtr2 15/16		Qtr4 15/16	
		Plan	Actual	Plan	Actual
<b>People</b>	W7: Staff recommend as a place to work	N/A	55.7%	N/A	57.9%
	C9: Staff recommend as a place for treatment	N/A	71.9%	N/A	69.4%

		YTD		Apr-16		Trend*
		Plan	Actual	Plan	Actual	
<b>Finance</b>	Surplus/(deficit) £m	(5.8)	(6.0)	(5.8)	(6.0)	●
	Cashflow forecast (balance at end of month) £m	3.0	3.3	3.0	3.3	●
	CIP £m	2.0	1.7	2.0	1.7	●
	Capex £m	5.8	2.8	5.8	2.8	●

		YTD		Apr-16		Trend*
		Plan	Actual	Plan	Actual	
<b>Estates &amp; facility mgt.</b>	Percentage of Cleaning Audits achieving the required standard	100%	N/A	100%	N/A	Note 3

\* Trend is green or red depending on whether this month's actual is better or worse than the average of the prior 6 months

Note 1 - Readmissions compliant by date to be confirmed following implementation of actions.

Note 2 - Ambulance Handover - Compliant by date to jointly to be agreed with EMAS following implementation of joint action plan.

Note 3 - Audit to recommence in May following transfer of service to UHL

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.

UHL Board Assurance Dashboard:		APRIL 2016						
Strategic Objective	Risk No.	Principal Risk Description	Owner	Current Risk Rating	Target Risk Rating	Risk Movement	Audit Committee Assurance Rating	Executive Board Committee for Endorsement
Safe, high quality, patient centred healthcare	1	Lack of progress in implementing UHL Quality Commitment.	CN	16	8			EQB
	2	Failure to transfer Estates services in a seamless manner and to develop a high quality in- house service	DEF	12	8			EQB
An excellent integrated emergency care system	3	Emergency attendance/ admissions increase without a corresponding improvement in process and / or capacity	COO	25	6			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	16	6			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			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			ESB
Enhanced delivery in research, innovation and clinical education	7	Failure to achieve BRC status.	MD	9	6			EQB
	8	Too few trainers meeting GMC criteria means we fail to provide consistently high standards of medical education	MD	12	6			EQB
	9	Insufficient engagement of clinical services, investment and governance may cause failure to deliver the Genomic Medicine Centre project at UHL	MD	16	6			EQB
A caring, professional and engaged workforce	10	Lack of system wide consistency and sustainability in the way we manage change and improvement in order to deliver the capacity and capability shifts required for new models of care	DWOD	16	8			EWB
	11	Ineffective structure to deliver the recommendations of the national 'freedom to speak up review	DWOD	16	8			EWB
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			ESB
	13	Limited capital envelope to deliver the reconfigured estate which is required to meet the Trust's revenue obligations	CFO	20	8			ESB
	14	Failure to develop and agree the appropriate vision and strategy for clinical configuration	CFO	20	8			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			EPB
	16	The Demand/Capacity gap if unresolved may cause a failure to achieve UHL deficit control total in 2016/17	CFO	15	10			EPB
	17	Failure to achieve a revised and approved 5 year financial strategy	CFO	15	10			EPB
Enabled by excellent IM&T	18	Delay to the approvals for the EPR programme	CIO	16	6			EIM&T
	19	Lack of alignment of IM&T priorities to UHL priorities	CIO	12	6			EIM&T

Risk ID	CMG	ORGANISATIONAL RISK REGISTER REPORT: HIGH & EXTREME RISKS AS AT 30/04/16 Risk Title	Current Risk Score	Target Risk Score	Risk Movement	Themes aligned with BAF
2236	Emergency and Specialist Medicine	There is a risk of overcrowding due to the design and size of the ED footprint	25	16	↔	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	↔	Effective emergency care
2354	Emergency and Specialist Medicine	There is a risk of overcrowding in the Clinical Decisions Unit	20	9	↔	Effective emergency care
2149	Emergency and Specialist Medicine	High Nursing vacancies across the ESM CMG impacts on patient safety, quality and care continuity and financial performance	20	6	↔	Workforce capacity and capability
2816	Emergency and Specialist Medicine	There is an element of increased clinical risk by cohorting ED Patients in the new escalation area and the ED corridor	20	16	NEW	Effective emergency care
2333	ITAPS	Lack of paediatric cardiac anaesthetists to maintain a WTD compliant rota leading to interruptions in service provision	20	8	↔	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	↔	Workforce capacity and capability
182	Clinical Support and Imaging	POCT - Inappropriate patient Management due to inaccurate diagnostic results from Point Of Care Testing (POCT) equipment	20	2	↔	Workforce capacity and capability
510	Clinical Support and Imaging	There is a risk of staff shortages impacting on the Blood Transfusion Service at UHL	20	15	↔	Workforce capacity and capability
2687	Women's and Children's	Emergency Buzzer & Call Bell not audible clearly on Delivery Suite which could result in MDT being delayed to an emergency	Closed			Estates and Facilities services
2787	Clinical Support and Imaging	Failure of medical records service delivery due to delay in electronic document and records management (EDRM) implementation	20	4	↔	Workforce capacity and capability
2562	Women's and Children's	There is a risk that 2 vacant consultant paediatric neurology vacancies could impact sustainability of the service	20	4	↔	Workforce capacity and capability
2403	Corporate Nursing	There is a risk changes in the organisational structure will adversely affect water management arrangements in UHL	20	4	↔	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	↔	Safe, high quality, patient centred healthcare
2471	CHUGS	There is a risk of poor quality imaging due to age of equipment resulting in suboptimal radiotherapy treatment.	16	4	↔	Safe, high quality, patient centred healthcare
1149	CHUGS	There is a risk to patient diagnosis and treatment due to a failure to deliver the cancer waiting time targets	16	6	↔	Safe, high quality, patient centred healthcare
2565	CHUGS	There is a risk of delays in patient treatment due to failure to deliver non admitted and admitted RTT targets	16	6	↔	Workforce capacity and capability
2671	CHUGS	There is a risk of potential harm to patients due to delays in diagnostic and treatment procedures in the Endoscopy Unit	16	6	↔	Workforce capacity and capability
2621	CHUGS	There is a risk to patient safety & quality due to poor skill mix on Ward 22, LRI	16	6	↔	Workforce capacity and capability
2623	CHUGS	There is a risk of potential harm due to scopes not being appropriately decontaminated.	16	2	↔	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	NEW	Safe, high quality, patient centred healthcare
2823	CHUGS	There is a risk of errors with patient medical review appointment and chemotherapy appointments due to gaps in admin workforce.	16	6	NEW	Workforce capacity and capability
2820	RRCV	Risk of CDU patients developing a hospital acquired VTE if the VTE risk assessment form is not completed upon admission	16	3	NEW	Safe, high quality, patient centred healthcare
2791	RRCV	Broadening Foundation - Loss of F1 doctors	16	2	NEW	Workforce capacity and capability
2505	Musculoskeletal and Specialist Surgery	There is a risk of medical patients being outlited into the day surgical unit due to lack of beds within the trust.	16	6	↔	Safe, high quality, patient centred healthcare
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	↔	Workforce capacity and capability
2541	Musculoskeletal and Specialist Surgery	There is a risk of reduced theatre & bed capacity at LRI due to increased spinal activity	16	8	↔	Workforce capacity and capability
2758	Musculoskeletal and Specialist Surgery	There is a risk that patients have not been treated / informed of test results in a timely manner in ENT	16	2	↔	Workforce capacity and capability
2759	Musculoskeletal and Specialist Surgery	There is a risk that performance targets are not met due to a capacity gap within the ENT department	16	2	↔	Workforce capacity and capability
2687	Musculoskeletal and Specialist Surgery	Lack of appropriate medical cover will clinically compromise care or ability to respond in Trauma orthopaedics	16	9	↑ (12 - 16)	Workforce capacity and capability
2504	Musculoskeletal and Specialist Surgery	There is a risk that patients will wait for an unacceptable length of time for trauma surgery resulting in poor patient outcomes	16	8	↔	Workforce capacity and capability
1206	Clinical Support and Imaging	There is a risk that a backlog of unreported images in CT/MRI and plain film could result in a clinical incident	16	6	↔	Workforce capacity and capability
2487	Clinical Support and Imaging	Maintaining the quality of the Nuclear Medicine service for PET, Cardiac MPI and general diagnostics	12	6	↓ (16 - 12)	Workforce capacity and capability
2378	Clinical Support and Imaging	There is a risk that Pharmacy workforce capacity could result in reduced staff presence on wards or clinics	16	8	↔	Workforce capacity and capability
1926	Clinical Support and Imaging	There is a risk that insufficient staffing to manage ultrasound referrals could impact Trust operations and patient safety	16	6	↔	Workforce capacity and capability
2153	Women's and Children's	Shortfall in the number of all qualified nurses working in the Children's Hospital.	16	8	↔	Workforce capacity and capability
2809	The Alliance	There is a risk that there will be no capital funding in 2016/17	16	8	↔	Workforce capacity and capability
2394	Communications	No IT support for the clinical photography database (IMAN)	16	1	↔	IM&T services
2338	Medical Directorate	There is a risk of patients not receiving medication and patients receiving the incorrect medication due to an unstable homecare	16	9	↔	Workforce capacity and capability
2237	Medical Directorate	There is a risk of results of outpatient diagnostic tests not being reviewed or acted upon resulting in patient harm	16	8	↔	Workforce capacity and capability
2325	Medical Directorate	There is a risk that security staff not assisting with restraint could impact on patient/staff safety	16	6	↔	Estates and Facilities services
2093	Medical Directorate	Athena Swan - potential Biomedical Research Unit funding issues.	Closed			Reserch and Innovation
2318	EFMC	There is a risk of blocked drains causing leaks and localized flooding of sewage impacting on service provision	16	2	↔	Estates and Facilities services
2247	Corporate Nursing	There is a risk that a significant number of RN vacancies in UHL could affect patient safety	16	12	↔	Workforce capacity and capability
1693	Operations	There is a risk of inaccuracies in clinical coding resulting in loss of income	16	8	↔	Workforce capacity and capability
2316	Operations	There is a risk of flooding from fluvial and pluvial sources resulting in interruption to Services	16	12	↔	Estates and Facilities services
2789	Musculoskeletal and Specialist Surgery	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	↔	Workforce capacity and capability
2549	Musculoskeletal and Specialist Surgery	There is a known risk of excessive waiting times in the departments of Orthodontics and Restorative Dentistry	15	3	↔	Safe, high quality, patient centred healthcare
2673	Clinical Support and Imaging	Decommissioning of the cytogenetics laboratory service at UHL through the NHS England Review	15	10	↔	Safe, high quality, patient centred healthcare
1157	Clinical Support and Imaging	Lack of planned maintenance for medical equipment maintained by Medical Physics	15	6	↑ (12 - 15)	Workforce capacity and capability
2601	Women's and Children's	There is a risk of delay in gynaecology patient correspondence due to a backlog in typing	15	6	↔	Workforce capacity and capability
2330	Medical Directorate	Risk of increased mortality due to ineffective implementation of best practice for identification and treatment of sepsis	15	6	↔	Safe, high quality, patient centred healthcare
2402	Corporate Nursing	There is a risk that inappropriate decontamination practise may result in harm to patients and staff	15	3	↔	Safe, high quality, patient centred healthcare
1551	Corporate Nursing	Failure to manage Category C documents on UHL Document Management system (Insite)	15	9	↔	IM&T services
2774	Operations	Delay in sending outpatient letters following consultations is resulting in a significant risk to patient safety & experience .	15	6	↔	Workforce capacity and capability