

- CHIEF EXECUTIVE'S MONTHLY UPDATE REPORT –JUNE 2017

Authors: John Adler and Stephen Ward Sponsor: John Adler Date: Thursday 1 June 2017

# Executive Summary

# Paper D

## Context

The Chief Executive's monthly update report to the Trust Board for June 2017 is attached. It includes:-

- (a) the Quality and Performance Dashboard for April 2017 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.
- (c) key issues relating to our Annual Priorities 2017/18

## 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 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: [July 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 not comply]

## UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

**REPORT TO:** TRUST BOARD  
**DATE:** 1 JUNE 2017  
**REPORT BY:** CHIEF EXECUTIVE  
**SUBJECT:** MONTHLY UPDATE REPORT – JUNE 2017

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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 – April 2017

2.1 The Quality and Performance Dashboard for April 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 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.

2.4 **Good News: Moderate harms and above** – over 40% reduction compared to the 2015/16 baseline. **Diagnostic 6 week wait** – remains compliant and has done so for 7 consecutive months. **Cancer Two Week Wait** – we have continued to achieve the 93% threshold for 9 consecutive months. **Cancer Standards 62 day treatment** – achieved for the first time since July 2014. **31 day treatment** – achieved for the first time since August 2015. Reported **delayed transfers of care** remain within the tolerance. However, there are a range of other delays that do not appear in the count. **Never events** – 0 reported this month. **MRSA** – 0 cases reported in April. **C DIFF** –

within trajectory for April. **Pressure Ulcers** – 0 **Grade 4 and Grade 3** pressure ulcers reported this month and **Grade 2** are within the trajectory for the month. **CAS alerts** – we remain compliant. **Inpatient and Day Case Patient Satisfaction (FFT)** achieved the Quality Commitment of 97%. **Ambulance Handover 60+ minutes (CAD+)** – performance at 6% for 3 consecutive months.

2.5 **Bad News: Mortality** – the latest published SHMI (period October 2015 to September 2016) is 102 (still within the expected range). **ED 4 hour performance** – April performance was 81.0%. Further detail is in the Chief Operating Officer's report. **Referral to Treatment** – was not achieved mainly due to continuing emergency pressures and the capacity switch. **52+ week waits** – current number has reduced to 17. **Cancelled operations and patients rebooked within 28 days** – continued to be non-compliant, due emergency pressures. **Single Sex Accommodation Breaches** – 3 breaches during April. **Fractured Neck Of Femur** – very poor performance during April. **Statutory & Mandatory Training** – 86% against a target of 95%. Work is ongoing to improve compliance in Estates and Facilities.

### 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 2017/18 BAF has been developed in conjunction with members of the Trust Board and the Executive Team to focus attention on controls assurance (what needs to happen to achieve the annual priority), performance assurance (what measures are being used to track progress and what do they show is actually happening) and risk assurance (what might threaten the achievement of the annual priority – in the form of a high-level corporate risks that the Trust Board remain exposed to that have been escalated from the risk register). Executive leads have updated their entries in the new BAF to reflect the current position in relation to the achievement of the Trust's annual priorities. The detailed BAF, featured on the Trust Board agenda, defines that for a number of the annual priorities the controls and performance measures remain in development, highlighting gaps in assurance, and the assurance ratings reflect this position. The BAF will continue to be reviewed by the Executive Team on a monthly basis to monitor the assurance ratings and progress with managing risks to the delivery of the annual priorities.

#### *Organisational Risk Register*

3.4 There are currently 42 risks open on the organisational risk register with a current risk rating of 15 and above (i.e. scoring high and extreme). During the reporting period of April 2017, two new high risks have been entered on the risk register relating to potential for suboptimal Nutrition and Dietetic Service provision to Adult

Gastroenterology Medicine patients and to head and neck cancer patients. In line with the reporting arrangements described in the risk management policy, a copy of the full risk register report, for items scoring 15 and above, is included as an appendix to the integrated risk and assurance paper featuring on the Board agenda.

#### 4. Strategic Objectives and Annual Priorities for 2017/18

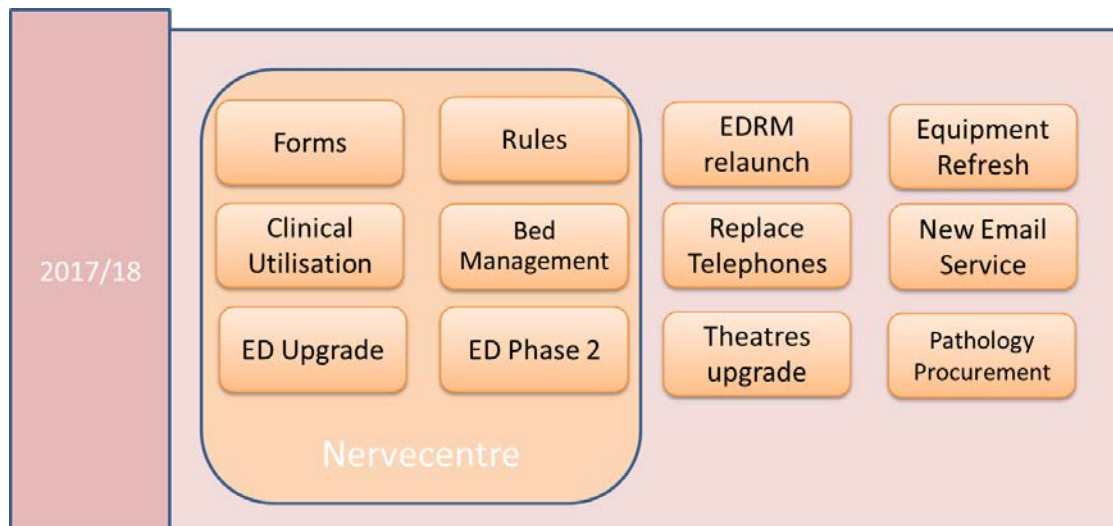
##### *Quality Commitment – Organisation of Care*

- 4.1 The delivery of our Organisation of Care programme (OCP) is one of our key priorities for 2017/18 year. This year the programme will be focussed on balancing our demand and capacity enabling patients to get improved access to the care that they need.
- 4.2 Over the last two months we have had two spells of reducing elective care to free-up more beds for emergencies. This immediately improved emergency performance but at the expense of cancelling elective operations.
- 4.3 Our planning approach in 2017/18 will be different to previous years in that it favours creating enough capacity to deal with **peak demand** and then reducing beds at time when demand is lower than the peak (i.e. flexing down rather than up). This is based on the fact that temporary additional ward capacity is often difficult to staff and generates quality issues.
- 4.4 The following are happening this month as part of the programme.
  - governance structures are being put in place
  - Programme Director appointed - this is Simon Barton in his new role as Director of Operational Improvement.
  - Opening of additional 8 beds on the medicine emergency pathway at the Leicester Royal Infirmary (associated with the move of Ward 7 to Ward 21 – following the Vascular move to Glenfield, and subsequent move of EDU to Ward 7) – this will reduce the medical emergency gap to 19
  - Working up of a plan for elective service changes at the Leicester General Hospital involving the MSS & CHUGGs CMGs
  - Developing a firm staffing plan for Paediatrics for Winter 2017/18
  - Further development of a new “step down” plan to increase effective medical capacity
  - Re-launch of ‘Red to Green’
  - Conclusion of discussions on options for physical expansion at Glenfield

##### *Electronic Patient Record (EPR) – Plan B*

- 4.5 As the Board will recall, the EPR Full Business Case was deemed unaffordable and we have consequently agreed that a plan B should be taken forward by expanding the use of NerveCentre which, based on our recent experience, is one of our better suites of systems. We need to deliver improvement on the ground fast and working with NerveCentre seems the most logical solution.

- 4.6 The diagram below sets out the focus of our work in 2017/18 with NerveCentre, and beyond. We have now submitted a funding bid under the national STP capital prioritisation process; we do not expect the results of this process until the Autumn.



#### *Cyber Security Update*

- 4.7 As the Board will be aware, on 12<sup>th</sup> May a significant cyber security attack was conducted across the globe. The attack is known to have affected over 100 countries with over 45,000 individual attacks reported.
- 4.8 Here at UHL, our IT team have worked very hard to ensure that both our clinical and business systems are protected to reduce the impact to our patients and staff. Our partnership with IBM/NTT has helped us as these organisations have considerable expertise in this specialist field.
- 4.9 As previously notified, we had to disconnect from the internet as a protective measure; this impacted all our systems that are externally hosted, but we were soon able to safely restore the internet connection so that we could start using those systems again. The principal systems affected were EMRAD, BloodTrack, SystemOne, EMAS, Electronic Rostering and Allocate.
- 4.10 In addition to these systems, we also had to shut down our email system. This is because the virus is thought to have been spread via email. We have had to install newly supplied “patches” and also scan all files in the system for the virus. The latter takes a very long time due to the sheer number of files. The email system was brought back into use on 14<sup>th</sup> May and remains up and running.
- 4.11 The Board will have seen from the media that a large number of NHS Trusts have been badly affected by this attack with significant disruption to clinical services. Thus far, we have not suffered like that, but I have taken the opportunity to remind all staff of some key points about cyber security and, in particular, the need to be extra vigilant and sceptical before opening emails from unknown sources and refraining from visiting unknown or untrusted websites.

4.12 The Audit Committee has received a number of updates on cyber security issues over recent months and is once again reviewing the Trust's position in the light of the latest attack at its meeting on 26<sup>th</sup> May 2017 – the outcome of the Committee's deliberations will be reported separately to the Trust Board.

#### *Emergency Care*

4.13 On 26<sup>th</sup> April, we opened our new Emergency Department. After an initial settling in period, the department is starting to take advantage of its magnificent new facilities. We have seen two particular benefits to date:

- Ambulance handover delays have been much reduced thanks in the main to the larger scale of the department which makes it better able to cope with surges in demand. We have maintained this performance even on days which have been very pressurised.
- Patient experience in terms of privacy and dignity has been transformed. All patients are accommodated in rooms or cubicles. We have no patients in corridors or in the open areas of the new department, both of which were a frequent occurrence in the old department.

4.14 Having noted the above significant improvements, we are not where we aspire to be in terms of 4 hour standard performance. We have a large programme of work in place to address this, the key elements of which are described in the Chief Operating Officer's report on this issue.

#### *Listening into Acton – Pass it on Event : Waves 8 and 9*

4.15 The LiA Wave 8 Pass It On Event was held on 16 May 2017 at the Holy Trinity Church, Leicester. It was attended by 95 UHL colleagues, who were there to hear about the achievements that the Pioneering Teams have accomplished during their six month journeys.

4.16 The event opened with a presentation from Liz James, one of the Children's Hospital matrons, who shared about some fantastic and progressive work that is being done to improve care for children in hospital who have Autism; one of the Thematic LiA teams. We then heard from 10 of the 11 Wave 8 Pioneering Teams as they talked about their missions, any obstacles, their learning and also their achievements. All this was done in superhero style – the theme of the event.

4.17 Attendees were also given the opportunity to find out about other great teamwork that is happening in the Trust at the 'market stalls', which were open during the coffee and lunch breaks.

4.18 97 % rated the event as 'Good' or 'Excellent' with a fantastic 89% stating that the Pass It On Event had inspired them to use LiA as a tool to improve care and staff engagement.

#### *Classic LiA Wave 9 Pioneering Teams*

- 4.19 On 26 May the Welcome Event will be held for the next wave of teams to join Listening into Action – details of the participating teams are set out below:

<b>Hearing Services</b>	Tammy Barker	MSS&SS
<b>Bed Management and Flow Team</b>	Christopher Gray	RRCV
<b>Surgery, Triage Unit, LGH</b>	Victoria Cartwright	CHUGGS
<b>Specialty Medicine</b>	Sue Burton & Stuart Logan	ESM
<b>Junior Pharmacists</b>	Neha Ramaiya	CSI
<b>Radiotherapy</b>	Lorraine Williams	CHUGGS
<b>Imaging/CSI</b>	Dr Mosheir Elabassy & Matthew Archer	CSI
<b>Making Every Contact Count</b>	Nicola Baker	Corporate
<b>Plastic Surgery Department</b>	Nakul Patel & Claire Porter	MSK&SS
<b>Diabetes</b>	Dr Alison Gallagher, Jane Fairfield & Sarah Phillips	ESM
<b>Patient Experience – Dementia care</b>	Kerry Tebbutt and Jenny Kay	Corporate

*Prince's Trust Get Into Hospital Services Programme : Celebration Event*

- 4.20 The Trust works in partnership with the Prince's Trust to deliver a programme called "Get Into Hospital Services". The Prince's Trust supports young people aged 16-30 with practical and financial support needed to stabilise their lives, helping develop self-esteem and skills for work.
- 4.21 The "Get Into Hospital Services" programme has been running in UHL since early 2015 and seven groups have now undertaken the programme. Young people are based in the Trust for a period of 4 weeks and receive classroom based sessions on topics including customer service, goal setting and employability skills and spend the remainder of the time in a department within the Trust gaining practical work experience. The Board may recall receiving a Staff Story recently on this topic.
- 4.22 Over this time 104 young people have undertaken the programme with 36 securing employment opportunities and 6 undertaking an apprenticeship. From these, 5 young people have started an apprenticeship at UHL and 9 have secured a role with the Trust. In addition, two are acting as UHL volunteers to gain further experience and skills within the NHS.
- 4.23 On 19<sup>th</sup> May 2017, I had the pleasure of attending the latest Get Into Hospital Celebration Event and it was once again inspiring to experience the enthusiasm of those who have participated in the programme.



5. Conclusion

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

John Adler  
Chief Executive

26th May 2017

## Quality & Performance

	YTD		Apr-17		Trend*	Compliant by?	
	Plan	Actual	Plan	Actual			
<b>Safe</b>	<b>S1: Reduction for moderate harm and above ( 1 month in arrears)</b>						
	S2: Serious Incidents	236	<b>150</b>	20	<b>15</b>	●	
	S10: Never events	<37	<b>4</b>	3	<b>4</b>	●	
	S11: Clostridium Difficile	0	<b>0</b>	0	<b>0</b>	●	
	S12 MRSA - Unavoidable or Assigned to 3rd party	61	<b>5</b>	5	<b>5</b>	●	
	S13: MRSA (Avoidable)	0	<b>0</b>	0	<b>0</b>	●	
	S14: MRSA (All)	0	<b>0</b>	0	<b>0</b>	●	
	S17: Falls per 1,000 bed days for patients > 65 years (1 month in arrears)	0	<b>0</b>	0	<b>0</b>	●	
	S18: Avoidable Pressure Ulcers Grade 4	<5.6	<b>5.9</b>	<5.6	<b>5.7</b>	●	
	S19: Avoidable Pressure Ulcers Grade 3	0	<b>0</b>	0	<b>0</b>	●	
S20: Avoidable Pressure Ulcers Grade 2	<27	<b>0</b>	<=3	<b>0</b>	●		
	<84	<b>6</b>	<=7	<b>6</b>	●		
<b>Caring</b>	<b>C1 End of Life Care Plans</b>						
	TBC	QC TBC		QC TBC			
	70%	<b>69%</b>	70%	<b>69%</b>	●		
	<b>C2: Improvements in Patient Involvement Scores - Qtr 3</b>						
C5: Inpatient and Day Case friends & family - % positive	97%	<b>97%</b>	97%	<b>97%</b>	●		
C8: A&E friends and family - % positive	97%	<b>94%</b>	97%	<b>94%</b>	●	Jun-17	
<b>Well Led</b>	W13: % of Staff with Annual Appraisal	95%	<b>92.1%</b>	95%	<b>92.1%</b>	●	
	W14: Statutory and Mandatory Training	95%	<b>86%</b>	95%	<b>86%</b>	●	
	W16 BME % - Leadership (8A – Including Medical Consultants) - Qtr 4	28%	<b>26%</b>	28%	<b>26%</b>		
	W17: BME % - Leadership (8A – Excluding Medical Consultants) - Qtr 4	28%	<b>12%</b>	28%	<b>12%</b>		
<b>Effective</b>	<b>E1: 30 day readmissions (1 month in arrears 16/17)</b>						
	<8.5%	<b>8.5%</b>	<8.5%	<b>8.8%</b>	●	Apr-17	
	<b>E2: Mortality Published SHMI (Oct 15 -Sep 16)</b>						
	99	<b>102</b>	99	<b>102</b>	●		
E6: # Neck Femurs operated on 0-35hrs	72%	<b>47.1%</b>	72%	<b>47.1%</b>	●	TBC	
E8: Stroke - 90% of Stay on a Stroke Unit (1 month in arrears)	80%	<b>85.0%</b>	80%	<b>85.1%</b>	●		
<b>Responsive</b>	R1: ED 4hr Waits UHL+UCC - Calendar Month	95%	<b>81.0%</b>	95%	<b>81.0%</b>	●	See Note 1
	R3: RTT waiting Times - Incompletes (UHL+Alliance)	92%	<b>91.3%</b>	92%	<b>91.3%</b>	●	See Note 1
	R5: 6 week – Diagnostics Test Waiting Times (UHL+Alliance)	<1%	<b>0.9%</b>	<1%	<b>0.9%</b>	●	
	R11: Operations cancelled (UHL + Alliance)	0.8%	<b>1.0%</b>	0.8%	<b>1.0%</b>	●	See Note 1
	R13: Delayed transfers of care	3.5%	<b>2.1%</b>	3.5%	<b>2.1%</b>	●	
	R14: % Ambulance Handover >60 Mins (CAD+)	TBC	<b>6%</b>	TBC	<b>6%</b>	●	TBC
	R15: % Ambulance handover >30mins & <60mins (CAD+)	TBC	<b>13%</b>	TBC	<b>13%</b>	●	TBC
	RC9: Cancer waiting 104+ days	0	<b>6</b>	0	<b>6</b>	●	
<b>Responsive</b>	<b>YTD</b>						
	Plan	Actual	Plan	Actual	Trend*	Compliant by?	
	93%	<b>93.2%</b>	93%	<b>94.0%</b>	●		
	96%	<b>93.9%</b>	96%	<b>96.2%</b>	●		
	<b>Mar-17</b>						
85%	<b>78.1%</b>	85%	<b>86.5%</b>	●			
<b>People</b>	<b>YTD</b>						
	Plan	Actual	Plan	Actual			
	N/A	<b>61.9%</b>	N/A	<b>61.4%</b>			
	N/A	<b>73.6%</b>	N/A	<b>72.7%</b>			
<b>Finance</b>	<b>YTD</b>						
	Plan	Actual	Plan	Actual	Trend*		
	(8.9)	<b>(8.9)</b>	(8.9)	<b>(8.9)</b>	●		
	1.0	<b>1.5</b>	1.0	<b>1.5</b>	●		
	<b>Apr-17</b>						
1.3	<b>1.2</b>	1.3	<b>1.2</b>	●			
2.3	<b>1.3</b>	2.3	<b>1.3</b>	●			
<b>Estates &amp; facility mgt.</b>	<b>YTD</b>						
	Plan	Actual	Plan	Actual	Trend*		
	98%	<b>98%</b>	98%	<b>97%</b>	●		
	95%	<b>94%</b>	95%	<b>94%</b>	●		
	<b>Apr-17</b>						
85%	<b>94%</b>	85%	<b>94%</b>	●			

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

Please note: Quality Commitment Indicators are highlighted in bold. The above metrics represent the Trust's current priorities and the code preceding many refers to the metrics place in the Trust's Quality & Performance dashboards. Please see these Q&P dashboards for the Trust's full set of key metrics.

Note 1 - 'Compliant by?' for these metrics are dependent on the Trust rebalancing demand and capacity.

UHL Board Assurance Dashboard: 2017/18		APRIL 2017						
Objective	Annual Priority No.	Annual Priority	Exec Owner	SRO	Assurance Rating	Monthly Change	Executive Board Committee for Endorsement	Trust Board / Sub-Committee for Assurance
Primary Objective	QUALITY COMMITMENT: Safe, high quality, patient centered, efficient healthcare	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	MD	J Jameson (R Broughton)	4		EQB	QAC
		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	CN/MD	J Jameson (H Harrison)	4		EQB	QAC
		1.2.2 We will introduce safer use of high risk drugs (e.g. insulin and warfarin) in order to protect our patients from harm	MD/CN	E Meldrum & C Free / C Marshall	4		EQB	QAC
		1.2.3 We will implement processes to improve diagnostics results management in order to ensure that results are promptly acted upon	MD	C Marshall & J Ball	3		EQB	QAC
		1.3 Patient Experience - To use patient feedback to drive improvements to services an 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	CN	C Ribbins & M Metcalf	3		EQB	QAC
		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	DCIE/COO	H Leatham & C Free	3		EPB	IFPIC
		1.4 Organisation of Care - We will manage our demand and capacity: 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						
Supporting Objectives	OUR PEOPLE: Right people with the right skills in the right numbers	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	DWOD	J Tyler-Fantom	4		EWB/EPB	IFPIC
		2.2 We will reduce our agency spend towards the required cap in order to achieve the best use of our pay budget	DWOD	J Tyler-Fantom	4		EWB/EPB	IFPIC
		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'	DWOD	B Kotecha	4		EWB/EPB	IFPIC
	EDUCATION & RESEARCH: High quality, relevant, education and research	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	MD	S Carr	4		EWB/EPB	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	MD	S Carr	4		EWB/EPB	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	MD	N Brunskill	4		ESB	TB
	PARTNERSHIPS & INTEGRATION: More integrated care in partnership with others	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	DCIE	G Distefano	3		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	DCIE	G Distefano	3		ESB	TB
		4.3 We will form new relationships with primary care in order to enhance our joint working and improve its sustainability	DCIE	J Currington (U Montgomery)	3		ESB	TB
	KEY STRATEGIC ENABLERS: Progress our key strategic enablers	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	CFO	N Topham	4		ESB	TB
		5.2 We will make progress towards a fully digital hospital (EPR) with user-friendly systems in order to support safe, efficient and high quality patient care	CIO	J Clarke	4		EIM&T/ EPB	IFPIC
		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	DWOD	B Kotecha	4		EWB/EPB	IFPIC
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		DWOD/CFO	L Tibbert	3		EWB/EPB	IFPIC	
5.5 We will implement our Commercial Strategy, one agreed by the Board, in order to exploit commercial opportunities available to the Trust		CFO	P Traynor	4		EPB	IFPIC	
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		CFO/COO	P Traynor	4		EPB	IFPIC	

Risk Register Dashboard as at 28 Apr 17

Risk ID	CMG	Risk Title	Current Risk Score	Target Risk Score	Risk Movement	Themes aligned with Trust Objectives
2236	ESM	There is a risk of overcrowding due to the design and size of the ED footprint & increased attendance to ED	25	16	↔	Quality Commitment
2762	Corporate Nursing	Ability to provide safe, appropriate and timely care to all patients attending the Emergency Department at all times.	25	15	↔	Quality Commitment
2566	CHUGGS	There is risk of delays to planning patient treatment due to the age of the Toshiba Aquilion CT scanner in the Radiotherapy Dept	20	1	↔	Quality Commitment
2354	RRCV	There is a risk of overcrowding in the Clinical Decisions Unit	20	9	↔	Quality Commitment
2670	RRCV	There is a risk to the Immunology & Allergy Services due to a Consultant Vacancy	20	6	↔	Our People
2886	RRCV	LGH Water Treatment Plant risk of downtime, resulting from equipment failure of the water plant impacting on HD patients	20	8	↔	Quality Commitment
2931	RRCV	Increasing frequency of Cardiac Monitoring System on CCU failing to operate	20	4	↔	Quality Commitment
2804	ESM	Outlying Medical Patients into other CMG beds due to insufficient ESM inpatient bed capacity	20	12	↔	Quality Commitment
2149	ESM	High nursing vacancies across the ESM CMG impacting on patient safety, quality of care and financial performance	20	6	↔	Our People
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	↔	Our People
2990	MSK & SS	There is a risk of delayed outpatient correspondence to referer/patient following clinic attendance.	20	3	↔	Quality Commitment
2191	MSK & SS	Lack of capacity within the ophthalmology service is causing delays that could result in serious patient harm.	20	8	↔	Our People
2867	CSI	A risk to staff health and not meeting regulatory requirements due to cracks in LRI Mortuary Floor	20	3	↔	Our People

Risk ID	CMG	Risk Title	Current Risk Score	Target Risk Score	Risk Movement	Themes aligned with Trust Objectives
2940	W&C	Risk that paed cardiac surgery will cease to be commissioned in Leicester with consequences for intensive care & other services	20	8	↔	Quality Commitment
2403	Corporate Nursing	There is a risk changes in the organisational structure will adversely affect water management arrangements in UHL	20	4	↔	Key Strategic Enablers
2404	Corporate Nursing	There is a risk that inadequate management of Vascular Access Devices could result in increased morbidity and mortality	20	16	↔	Quality Commitment
2471	CHUGGS	There is a risk of poor quality imaging due to age of equipment resulting in suboptimal radiotherapy treatment.	16	4	↔	Our People
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	↔	Quality Commitment
2819	RRCV	Risk of lack of ITU and HDU capacity will have a detrimental effect on Vascular surgery at LRI	16	12	↔	Our People
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	↔	Our People
2333	ITAPS	Lack of Paediatric cardiac anaesthetists to maintain a WTD compliant rota leading to interruptions in service provision	16 ↓	8 ↓	↓	Our People
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	↔	Quality Commitment
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	↔	Quality Commitment
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	↔	Our People
2378	CSI	There is a risk that Pharmacy workforce capacity could result in reduced staff presence on wards or clinics	16	8	↔	Our People
2391	W&C	There is a risk of inadequate numbers of Junior Doctors to support the clinical services within Gynaecology & Obstetrics	16	8	↔	Our People
2153	W&C	Shortfall in the number of all qualified nurses working in the Children's Hospital.	16	8	↔	Our People

Risk ID	CMG	Risk Title	Current Risk Score	Target Risk Score	Risk Movement	Themes aligned with Trust Objectives
2394	Communications	No IT support for the clinical photography database (IMAN)	16	1	↔	Our People
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	↔	Our People
2247	Corporate Nursing	There is a risk that a significant number of RN vacancies in UHL could affect patient safety	16	12	↔	Our People
1693	Operations	There is a risk of inaccuracies in clinical coding resulting in loss of income	16	8	↔	Key Strategic Enablers
2872	RRCV	There is a risk of bedded bariatric patients being trapped compromising fire evacuation on ward 15 at GGH	15	6	↔	Quality Commitment
3005	RRCV	The current level of RN vacancies and inability to format an appropriate roster may compromise the ward to fully function	15	6	↔	Our People
2837	ESM	There is a risk of delay in acting upon monitoring investigation results in patients with multiple sclerosis.	15	2	↔	Our People
2989	MSK & SS	If we do not recruit into the Trauma Wards nursing vacancies, then patient safety and quality of care will be placed at risk	15	4	↔	Our People
1196	CSI	No comprehensive out of hours on call rota and PM cover for consultant Paediatric radiologists	15	2	↔	Our People
2973	CSI	Risk of suboptimal and unsafe Nutrition and dietetic Service provision to Adult Gastroenterology Medicine patients	15	6	<b>NEW</b>	Our People
2946	CSI	Risk of suboptimal provision of nutrition and dietetic service to head and neck cancer patients	15	2	<b>NEW</b>	Our People
2787	CSI	Failure of medical records service delivery due to delay in electronic document and records management (EDRM) implementation	15	4	↔	Our People
2965	CSI	If we do not address Windsor pharmacy storage demands, then we may compromise clinical care and breach statutory duties	15	6	↔	Quality Commitment
2601	W&C	There is a risk of delay in gynaecology patient correspondence due to a backlog in typing	15	6	↔	Our People

Risk ID	CMG	Risk Title	Current Risk Score	Target Risk Score	Risk Movement	Themes aligned with Trust Objectives
2925	Estates & Facilities	Reduction in capital funding may lead to a failure to deliver the 2016/17 medical equipment capital replacement programme - NOTE - this risk is to be replaced with a new risk for 2017/18	15	10	<b>Closed</b>	Quality Commitment
2402	Corporate Nursing	There is a risk that inappropriate decontamination practice may result in harm to patients and staff	15	3	↔	Quality Commitment