

CHIEF EXECUTIVE'S MONTHLY UPDATE REPORT –FEBRUARY 2017

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Executive Summary

Context

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

- (a) the Quality and Performance Dashboard for December 2016 attached at appendix 1 (the full month 9 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 [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: [March 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: 2 FEBRUARY 2017
REPORT BY: CHIEF EXECUTIVE
SUBJECT: MONTHLY UPDATE REPORT – FEBRUARY 2017

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 – December 2016

2.1 The Quality and Performance Dashboard for December 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 9 quality and performance report](#) continues to be published on the Trust's website.

Good News

2.4 **Mortality – Moderate harms and above** – we remain well within the agreed Quality Commitment monthly thresholds. **Referral to Treatment 52+ week waits** – current number is 32 - 30 MSS (including 15 Orthodontics) and 2 CHUGGS. **Diagnostic 6 week wait** – remains compliant. **Cancer Two Week Wait** was achieved during December. Reported **delayed transfers of care** remain within the tolerance. However, significant issues have arisen with Leicestershire social care packages. **MRSA** – 0 cases reported this month. **Never events** – 0 reported this month. **C DIFF** – 0 cases reported in December and year to date now within trajectory. **Cancelled operations** achieved in December, however **patients rebooked within 28 days** – continued to be non-compliant, due high level of cancellations in the previous month. **Pressure Ulcers** – 0 **Grade 4** pressure ulcers reported this month.

Grade 3 and Grade 2 are within the trajectory for month. **Patient Satisfaction (FFT)** target of 97% maintained for Inpatients and Day Cases. Both **Stroke** indicators remain compliant, in month and for the year to date. **Estates and Facilities** are now reporting a suite of audit and performance KPI's in the Quality and Performance report.

Bad News

- 2.5 **Mortality** – the latest published SHMI (covering the period July 2015 to June 2016) has increased to **101**. A full report including detailed analysis and actions being taken is to be reported at the Executive Quality Board and the Quality Assurance Committee in January 2017. **ED 4 hour performance** – December performance was 75.5% with year to date performance at 78.9%. Contributing factors are set out in the Chief Operating Officer's report. **Ambulance Handover 60+ minutes** – performance deteriorated to 17% - similar to December 2015. **Single Sex Accommodation Breaches** – numbers have increased to 14 in December. **Fractured NOF** – target not achieved during December. The Medical Director has implemented a #NoF Steering Group and there are Weekly #NoF meetings chaired by the Clinical Director. **Cancer Standards 62 day treatment** - remains non-compliant. Although **Patient Satisfaction (FFT)** for ED improved during December to 91%, coverage is very low. **Statutory & Mandatory Training** – performance remains at 83% 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 understanding of risk is evolving rapidly as the executive identify and address 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. All entries have been endorsed by their relevant executive board during the reporting period.
- 3.4 The current risk rating for principal risk 16–the Demand/Capacity gap if unresolved may cause a failure to achieve UHL deficit control total in 2016/17 – has been increased to 25. This is to reflect that financial performance has worsened in December.
- 3.5 The Board remains exposed to extreme risk in the following areas:
- timely access to emergency care services (principal risk 3: current rating 25);
 - delivery of the EPR programme (principal risk 18: current rating 25) – this risk is to be re-worked as we now know that we are unable to access funding to implement an EPR, as originally envisaged;

- achievement of the UHL deficit control total in 2016/17 (principal risk 16: current rating 25 – note: this score has increased in month 9 due to worsening financial performance).

Organisational Risk Register

3.6 There are currently 48 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 two new risks entered on the risk register during the reporting period in relation to 1) failure to deliver the Turn Around Time Standards of NHS Cervical and NHS Bowel Cancer Screening programmes and 2) Windsor pharmacy storage demands with the potential to compromise clinical care and breach statutory duties.

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

2016 Care Quality Commission (CQC) Inspection

- 4.1 26 January 2017, the Care Quality Commission (CQC) published its findings of the inspection it carried out on our hospitals in June 2016. As the Board will recall, the announced part of their inspection took place between the 20 and 23 June 2016, but they also inspected critical care between 25 and 27 July 2016. They also carried out unannounced inspections on 27 June, 1 and 7 July 2016.
- 4.2 The CQC team inspected eight core services across our three hospitals. The CQC rated the Trust overall, as '**Requires Improvement**' and they also rated the Royal Infirmary, the General and Glenfield Hospitals all individually as '**Requires Improvement**'. Of the 100 ratings in total (for each domain of each main service grouping), 1 is Outstanding (for the effectiveness of our East Midlands Congenital Heart service at Glenfield), 55 are Good, 41 are Requires Improvement and 1 is Inadequate (the Responsive domain of emergency care at the Royal). Two elements were unrated for technical reasons. Full details are set out at appendix 4.
- 4.3 We are particularly pleased that the CQC judged our East Midlands Congenital Heart Centre (which is under threat of decommissioning by NHS England) to be "Good" overall, with 4 domains "Good" and 1 "Outstanding".
- 4.4 When the CQC arrived to inspect our organisation we told them that our biggest strength was our staff; the strong motivation, commitment and ambition of our staff to improve our services for our patients and for each other.
- 4.5 The CQC saw this for themselves and it was echoed in their feedback. They told us that they found our staff to be "*universally welcoming, open and transparent*" and they were clearly very impressed by the compassion, professionalism and loyalty of everyone they encountered. This is reflected in the fact that "Caring" has been rated "Good" across all three hospital sites.
- 4.6 We were also honest with the CQC about the challenges that we face. We told them that we are steadily improving quality whilst dealing with large increases in demand. That we were working better with our partners to tackle longstanding strategic issues such as emergency care and the configuration of our services, and that along the way we were building a more empowered culture. All these things are reflected in the CQC report which Says, "*Although the overall rating we gave the trust in this inspection was the same as they were awarded in their 2014 inspection, we did find improvements had been made. These were particularly evident in staff engagement and confidence in the leadership team.*"

- 4.7 Since our first inspection in 2014, when we were one of the first Trusts to be inspected using this methodology, the bar has been significantly raised with the current inspections taking a more thorough and forensic look at services.
- 4.8 Throughout the reports were examples of good practice that the CQC had witnessed during their time with us. We are of course proud of these and of the staff for openly sharing them with the inspectors.
- 4.9 Of course, there are areas where we need to improve, which we will be picking up through our action plan which we need to submit by 16 February 2017, ahead of the CQC Summit, involving ourselves, healthcare partners and local stakeholders.
- 4.10 We will report on progress against our action plan to the Executive Quality Board and Quality Assurance Committee.
- 4.11 When the inspectors were with us we already had in place an enforcement action given to us in November 2015 following an unannounced CQC visit to our adult Emergency Department. On 15 November 2016 that enforcement action was lifted after inspectors were assured that we had made improvements to ensure that staff in the department had the appropriate mix of skills to treat the patients arriving, that patients received an appropriate clinical assessment by a qualified member of staff within 15 minutes of arriving, and that patients received the right care and treatment in line with our sepsis clinical pathway. I would like to thank the ED team for the work they have done in these key areas of safety, frequently in very challenging circumstances.
- 4.12 The reports highlight some areas where we need to improve further. Our Outpatient clinics were highlighted and last summer as part of our Quality Commitment we began a piece of work to improve our processes in outpatients and the experience of patients being seen in those clinics. We still have more to do, but are already seeing improvements. Very importantly, we continue to work hard on improving our emergency care pathway and systems across the Trust.
- 4.13 Overall, I think that the CQC's assessment is accurate, balanced and fair, and to date this has been reflected in local media coverage.

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

Emergency Care Performance

- 5.1 Despite the huge efforts we are all putting in, our emergency care performance remains challenged. This means that our patients are not receiving a good experience and our staff are consistently working under a lot of pressure. Attendance at our Emergency Department continues to increase and whilst emergency admissions have plateaued, those needing to be admitted are, on the whole, sicker.
- 5.2 Ambulance handover times at the Royal Infirmary remain a particular area of concern, although they have reduced from the peaks that we saw in the early New Year. We will be continuing our work to reduce these delays as much as possible. We also need to improve our overnight Emergency Department performance which remains problematic, partly because of the unusually high spike in demand that we see and we continue to work with colleagues to see what else we can do.

Recovery Action Plan (RAP)

- 5.3 The Board is familiar with the Recovery Action Plan (RAP) which is appended to the Chief Operating Officer's report, featuring elsewhere on this agenda.
- 5.4 Arising from recent meetings with representatives of NHS Improvement and NHS England, we have agreed to revisit the RAP in order to pull out and focus upon the key, high-impact and system-wide interventions. This work will be completed by 6th February and the output will be included in my next report.
- 5.5 Further information will follow in the monthly update on emergency care which the Chief Operating Officer submits to the Trust Board.

New Emergency Floor

- 5.6 We have been reviewing the original date of 23 March as the day when we open our new Emergency Department to patients. That work has been completed, and I can confirm that we will now be opening at **4am on Wednesday 26 April**. The longer preparation period reflects learning from other Trusts who have recently opened new EDs.
- 5.7 Whilst this change gives us an 'extra' month, we still have lots to do in the days until the doors open both internally with staff and externally with stakeholders, close Balmoral Reception and change access routes to the whole of the Royal Infirmary site.
- 5.8 Interserve Construction will officially hand over the keys to us for the new Emergency Department on Monday, 6 March. We will then have 50 days to prepare the building for the staff who will be working there (this will include familiarisation with the new environment and processes, testing equipment and decontaminating the department) before we accept the first patients.
- 5.9 As soon as the last remaining patients leave the current department on 26 April, we will begin to decommission the existing Emergency Department for phase 2 of the Emergency Floor work which will be completed in early 2018. As part of the decommissioning we will be taking down all fixed equipment from the walls, removing any equipment left behind and cleaning the space prior to handover to the construction team.
- 5.10 On Friday 5 May we will close the entrance to the Balmoral Building permanently. We need to do this to continue the Phase 2 building works. This will of course mean a lot of work with staff and patients to ensure that people can find the clinic or ward in Balmoral or Windsor that they need to attend. We are in the process of pulling together a new map and information leaflet and there will be changes to signage around the site.

6. Strategic Objective : A Clinically Sustainable Configuration of Services, operating from excellent facilities

East Midlands Congenital Heart Centre

- 6.1 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.

7. Strategic Objective : A Financially Sustainable NHS Trust

Financial performance for the period ending 31st December 2016 and year-end forecast

- 7.1 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 26th January 2017, and a report from that meeting features separately on this agenda of the Board.
- 7.2 It is a matter of regret that the financial position worsened during December 2016 to a deficit position of £21M, £12.7M adverse to plan (after allowing for the impact of the potential loss of sustainability funding).
- 7.3 We have considered carefully our position at the end of quarter 3 and the likely position as at the end of quarter 4 and concluded that it is now unlikely that we will be able to hit our year end deficit target. We are therefore re-forecasting our year-end position. At the time of writing this forecast is still being finalised and I will report back verbally on this to the Board meeting.
- 7.4 In consequence, we recognise that we must now establish and implement an internal 'financial turnaround' programme. Details of the formal programme are being worked up and will be discussed at a special meeting of the Executive Directors on 31st January. Immediate actions will be put in place and the full approach will then be reported to the February meetings of the Executive Performance Board and Integrated Finance, Performance and Investment Committee.

8. Conclusion

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

John Adler
Chief Executive

26th January 2017

Quality & Performance

		YTD		Dec-16		Trend*	Compliant by?	
		Plan	Actual	Plan	Actual			
Safe	S1: Reduction for moderate harm and above (1 month in arrears)	236	84	20	11	●		
	S2: Serious Incidents	49	30	4	2	●		
	S10: Never events	0	2	0	0	●		
	S11: Clostridium Difficile	61	43	5	0	●		
	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	6.0	<5.6	5.7	●		
	S17: Avoidable Pressure Ulcers Grade 4	0	1	0	0	●		
	S18: Avoidable Pressure Ulcers Grade 3	33	22	4	2	●		
	S19: Avoidable Pressure Ulcers Grade 2	89	69	7	5	●		
Caring	C1: Improvements in Patient Involvement Scores - baseline Qtr 1	70%	64%	70%	Audit TBC			
	C4: Inpatient and Day Case friends & family - % positive	97%	97%	97%	97%	●		
	C7: A&E friends and family - % positive	97%	90%	97%	91%	●		
Well Led	W1: Outpatient letters sent within 14 days (Quarterly)	51%	Achieved	51%	Achieved			
	W14: % of Staff with Annual Appraisal	95%	91.7%	95%	91.7%	●		
	W15: Statutory and Mandatory Training	95%	83%	95%	83%	●		
	W17 BME % - Leadership (8A – Including Medical Consultants) - Qtr 3	28%	26%	28%	26%			
	W18: BME % - Leadership (8A – Excluding Medical Consultants) - Qtr 3	28%	12%	28%	12%			
Effective	E1: 30 day readmissions (1 month in arrears)	<8.5%	8.5%	<8.5%	8.1%	●		
	E2: Mortality Published SHMI (Jul 15 -Jun 16)	99	101	99	101	●		
	E6: # Neck Femurs operated on 0-35hrs	72%	71.6%	72%	60.3%	●	TBC	
	E8: Stroke - 90% of Stay on a Stroke Unit (1 month in arrears)	80%	83.5%	80%	84.8%	●		
Responsive	R1: ED 4hr Waits UHL+UCC - Calendar Month	95%	78.9%	95%	75.5%	●	See Note 1	
	R3: RTT waiting Times - Incompletes (UHL+Alliance)	92%	91.3%	92%	91.3%	●	See Note 1	
	R5: 6 week – Diagnostics Test Waiting Times (UHL+Alliance)	<1%	0.9%	<1%	0.9%	●		
	R11: Operations cancelled (UHL + Alliance)	0.8%	1.2%	0.8%	0.8%	●	See Note 1	
	R13: Delayed transfers of care	3.5%	2.3%	3.5%	2.8%	●		
	R14: % Ambulance Handover >60 Mins (CAD+)	TBC	9%	TBC	17%	●	May-17	
	R15: % Ambulance handover >30mins & <60mins (CAD+)	TBC	15%	TBC	18%	●	May-17	
	RC9: Cancer waiting 104+ days	0	10	0	10	●		
	Responsive	RC1: 2 week wait - All Suspected Cancer	93%	92.9%	93%	95.2%	●	
RC3: 31 day target - All Cancers		96%	93.8%	96%	94.2%	●	See Note 1	
RC7: 62 day target - All Cancers		85%	77.4%	85%	77.2%	●	See Note 1	
Enablers								
	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 (Includes a negative impact of STF of £6.1m)	(8.3)	(21.0)	(0.7)	(8.4)	●		
	Cashflow balance (as a measure of liquidity) £m	3.0	5.1	3.0	5.1	●		
	CIP £m	25.2	25.3	3.2	3.2	●		
	Capex £m	55.7	40.3	7.6	2.0	●		
Estates & facility mgt.	Average cleanliness audit score - very high risk areas	98%	97%	98%	98%	●		
	Average cleanliness audit score -high risk areas	95%	92%	95%	94%	●		
	Average cleanliness audit score - significant risk areas	85%	93%	85%	94%	●		

* 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:		DECEMBER 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	↔	Yellow	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	25	10	↑	Red	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	25	6	↔	Red	EIM&T / EPB
	19	Lack of alignment of IM&T priorities to UHL priorities	CIO	9	6	↔	Yellow	EIM&T / EPB

Risk Register Dashboard as at 31/12/16

Risk ID	CMG	Risk Title	Current Risk Score	Target Risk Score	Risk Owner	Risk Movement	Elapsed risk deadline	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	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
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	Lorraine Williams	↔		Safe, high quality, patient centred healthcare
2354	RRCV	There is a risk of overcrowding in the Clinical Decisions Unit	20	9	Sue Mason	↔		Effective emergency care
2670	RRCV	There is a risk to the Immunology & Allergy Services due to a Consultant Vacancy	20	6	Karen Jones	↔		Workforce capacity and capability
2886	RRCV	LGH Water Treatment Plant risk of downtime, resulting from equipment failure of the water plant impacting on HD patients	20	8	Geraldine Ward	↔		Safe, high quality, patient centred healthcare
2931	RRCV	Increasing frequency of Cardiac Monitoring System on CCU failing to operate	20	4	Judy Gilmore	↔		Safe, high quality, patient centred healthcare
2804	ESM	Outlying Medical Patients into other CMG beds due to insufficient ESM inpatient bed capacity	20	12	Gill Staton	↔		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
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

Risk ID	CMG	Risk Title	Current Risk Score	Target Risk Score	Risk Owner	Risk Movement	Elapsed risk deadline	Themes aligned with Trust Objectives
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
2819	RRCV	Risk of lack of ITU and HDU capacity will have a detrimental effect on Vascular surgery at LRI	16	12	Sarah Taylor	↔		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	Karen Jones	↔		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
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	12	2	Lianne Finnerty	↓		Workforce capacity and capability
2969	CSI	There is a risk of failure to deliver the TAT Standards of NHS Cervical and NHS Bowel Cancer Screening programmes	16	4	Mike Langford	NEW		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

Risk ID	CMG	Risk Title	Current Risk Score	Target Risk Score	Risk Owner	Risk Movement	Elapsed risk deadline	Themes aligned with Trust Objectives
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	↔		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	Shirley Priestnall	↔		IM&T services
2878	Operations	There is a risk of cancer patients not being discussed at MDTs due to inadequate video conferencing facilities	12	4	Charlie Carr	↓		Workforce capacity and capability
2872	RRCV	There is a risk of bedded bariatric patients being trapped compromising fire evacuation on ward 15 at GGH	15	6	Vicky Osborne	↔		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	5	AFE	↔		Safe, high quality, patient centred healthcare
2162	CSI	Cellular Pathology - Failure to meet TATs - Quality ; Patient Safety &HR risk	15	6	Mike Langford	↔		Safe, high quality, patient centred healthcare
2965	CSI	If we do not address Windsor pharmacy storage demands, then we may compromise clinical care and breach statutory duties	15	6	Claire Ellwood	NEW		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

University Hospitals of Leicester NHS Trust – REQUIRES IMPROVEMENT (2016)	
Are acute services at this trust safe?	Requires improvement
Are acute services at this trust effective?	Requires improvement
Are acute services at this trust caring?	Good
Are acute services at this trust responsive?	Requires improvement
Are acute services at this trust well-led?	Requires improvement

Overall site ratings 2016: Royal Infirmary

Urgent & emergency services	Medical care	Surgery	Intensive/ Critical Care	Maternity & Gynaecology	Services for children & young people	End of life care	Outpatients & Diagnostic Imaging	Overall
Requires improvement	Requires improvement	Good	Good	Requires improvement	Requires improvement	Requires improvement	Requires improvement	Requires improvement

Overall site ratings 2016: General

Medical care	Surgery	Intensive/ Critical Care	Maternity & Gynaecology	End of life care	Outpatients & Diagnostic Imaging	Overall
Good	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement	Requires improvement

Overall site ratings 2016: Glenfield

Medical care	Surgery	Intensive/ Critical Care	Services for children & young people	End of life care	Outpatients & Diagnostic Imaging	Overall
Good	Good	Good	Good	Requires improvement	Requires improvement	Requires improvement

Leicester Royal Infirmary 2016:				REQUIRES IMPROVEMENT		
Overall rating for the Royal Infirmary	Safe 2016	Effective 2016	Caring 2016	Responsive 2016	Well-led 2016	Overall rating for the service
	Requires improvement	Requires improvement	Requires improvement	Requires improvement	Requires Improvement	
Urgent & Emergency Services	Requires improvement	Requires improvement	Requires improvement	Inadequate	Requires improvement	Requires improvement
Medical care	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Surgery	Requires improvement	Good	Good	Good	Good	Good
Intensive/ Critical Care	Good	Good	Good	Good	Good	Good
Maternity & Gynaecology	Requires improvement	Requires improvement	Good	Good	Requires improvement	Requires improvement
Children & Young People	Requires improvement	Good	Good	Requires improvement	Good	Requires improvement
End of life care	Requires improvement	Requires improvement	Good	Good	Requires improvement	Requires improvement
Outpatients & Diagnostic Imaging	Requires improvement	<i>Not rated</i>	Good	Requires improvement	Requires improvement	Requires improvement

Leicester General Hospital 2016:				REQUIRES IMPROVEMENT		
	Safe 2016	Effective 2016	Caring 2016	Responsive 2016	Well-led 2016	Overall rating for the service
Overall rating for the General	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	
Medical care (including older peoples care)	Requires improvement	Good	Good	Good	Good	Good
Surgery	Requires improvement	Requires improvement	Good	Requires improvement	Good	Requires improvement
Intensive/ Critical Care	Requires improvement	Good	Good	Good	Good	Good
Maternity & Gynaecology	Requires improvement	Requires improvement	Good	Good	Requires improvement	Requires improvement
End of life care	Requires improvement	Requires improvement	Good	Good	Requires improvement	Requires improvement
Outpatients & Diagnostic Imaging	Requires improvement	Not rated	Good	Requires improvement	Requires improvement	Requires improvement

Glenfield Hospital 2016:				REQUIRES IMPROVEMENT		
	Safe 2016	Effective 2016	Caring 2016	Responsive 2016	Well-led 2016	Overall rating for the service
Overall rating for the Glenfield	Requires improvement	Good	Good	Good	Requires improvement	
Medical care	Requires improvement	Good	Good	Good	Good	Good
Surgery	Requires improvement	Good	Good	Good	Good	Good
Critical Care	Good	Good	Good	Good	Good	Good
Children & Young People	Good	Outstanding	Good	Good	Good	Good
End of life care	Requires improvement	Requires improvement	Good	Good	Requires improvement	Requires improvement
Outpatients & Diagnostic Imaging	Good	Not rated	Good	Requires improvement	Requires improvement	Requires improvement