

- **CHIEF EXECUTIVE'S MONTHLY UPDATE REPORT –  
JANUARY 2017**

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Sponsor: John Adler

Trust Board paper D

# Executive Summary

## Context

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

- (a) the Quality and Performance Dashboard for November 2016 attached at appendix 1 (the full month 8 quality and performance report is available on the Trust's public website and is hyperlinked within this report);
- (b) the Board Assurance Framework (BAF) Dashboard and Organisational Risk Register Dashboard, attached at appendices 2 and 3, respectively.
- (c) a report on performance against our annual priorities for quarter 3 2016/17, attached at appendix 4.

## 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 quarter 3 performance 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: [February 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:** 5 JANUARY 2017  
**REPORT BY:** CHIEF EXECUTIVE  
**SUBJECT:** MONTHLY UPDATE REPORT – JANUARY 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 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 – November 2016

2.1 The Quality and Performance Dashboard for November 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 8 quality and performance report](#) continues to be published on the Trust's website.

#### *Good News*

2.4 **Mortality** – although the latest published SHMI (covering the period April 2015 to March 2016) has increased to **99**, it is still within Quality Commitment goal of **99**. Further detailed analysis is under way to understand what is causing SHMI to increase. **Moderate harms and above** –we remain well within the agreed Quality Commitment monthly thresholds. **Referral to Treatment 52+ week waits** – current number is 34 (ENT and Orthodontics) and we remain on target to be at zero by the end of January. **Cancer Two Week Wait** was achieved and is expected to remain compliant. 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. **C DIFF** – 6 cases reported in November with year to date 2 cases above trajectory. **RTT** – the RTT incomplete target was compliant

for November at 92.2% following two months non-compliance. **Diagnostic 6 week wait** – remains compliant after two months of failure in August and September. **Fractured NOF** – target achieved during November. The Medical Director Team is leading a piece of work to deliver this on a sustainable basis. **Single Sex Accommodation Breaches** – numbers have reduced to 1 in November. **Estates and Facilities** are reporting a suite of audit and performance KPI's in the Quality and Performance report for the first time since the service was transferred back to UHL management.

### *Bad News*

- 2.5 **ED 4 hour performance** – October performance was 77.6% with year to date performance at 79.3%. Contributing factors are set out in the Chief Operating Officer's report. **Ambulance Handover 60+ minutes** – performance remained poor at 11%; this is also examined in detail in the Chief Operating Officer's report. There was 1 **Never Event** in month; no patient harm resulted. **Pressure Ulcers** – 1 **Grade 4** pressure ulcer reported for the first time this year. **Cancelled operations** deteriorated further during November to 1.4% and **patients rebooked within 28 days** – continue to be non-compliant, due to ITU/HDU and emergency pressures. **Cancer Standards 62 day treatment** - remains non-compliant although on a positive note there have been continued improvements in backlog numbers. **Patient Satisfaction (FFT)** for ED remains low at 84% during November – ED minors and UCC come out with very poor scores. **Statutory & Mandatory Training** – performance remains at 82% against a target of 95%. Performance dipped when 1,500 staff transferred over to UHL's Estates and Facilities and work is ongoing to improve compliance in this area.

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

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

#### *Board Assurance Framework Dashboard*

- 3.3 The understanding of risk is evolving rapidly as the Executive Team identifies and addresses uncertainty ahead. A range of principal risks have been identified on the BAF and Executive risk owners have updated their entries to reflect the current risk rating and level of assurance in relation to the achievement of 2016/17 annual priorities. All entries have been endorsed by the relevant Executive Board during the reporting period. The current risk rating for principal risk 18 – delivery of the EPR programme – has been increased to 25 following confirmation received from NHS Improvement that they are unable to finance the UHL preferred option of an integrated solution. I comment separately on this decision later on in my report.

#### *Organisational Risk Register*

- 3.4 The Board remains exposed to significant 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);
- ability to consistently meet national access standards (principal risk 4: current rating 20);
- clinically sustainable configuration of services (principal risk 14: current rating 20);
- achievement of the UHL deficit control total in 2016/17 (principal risk 16: current rating 20).

3.5 There are currently 49 risks open on the Trust operational risk register with a current risk rating of 15 and above (i.e. scoring high and extreme). There have been no new risks entered during the reporting period and two risks have increased from moderate to high ratings for the CHUGGS and RRCV CMGs, respectively (1: there is risk of delays to planning patient treatment due to the age of the Toshiba Aquilion CT scanner in the Radiotherapy Dept – current risk rating 20; and 2: there is a risk of downtime at LGH Water Treatment Plant due to equipment failure impacting on HD patients – current risk rating 20).

#### 4. Annual Priorities 2016/17 – Progress at the end of Quarter 3

4.1 I have attached at **appendix 4** a high level assessment of performance rating in quarter 3 against our annual priorities for 2016/17, including a RAG rating.

4.2 Q3 shows a broadly similar position to Q2 i.e. a deteriorating position when compared to Q1. There are three primary drivers: Firstly, increased operational pressures (impacting ED, ambulance handover and cancer performance). Secondly, increasing financial and workforce pressures (impacting financial performance and agency spend). Thirdly, a continuing lack of national decision-making around capital investment, impacting on reconfiguration and EPR. Conversely, a number of priorities have moved from amber to green in Q3 and these can be seen in Appendix 4.

#### 5. Strategic Objective : Safe, High Quality Patient Centred Care

*Learning, Candour and Accountability: A Review of the way NHS Trusts review and investigate the deaths of patients in England*

5.1 On 13<sup>th</sup> December 2016, the Care Quality Commission (CQC) published ‘Learning, Candour and Accountability’, the report of its review of the way NHS Foundation Trusts and NHS Trusts review and investigate the deaths of patients in England.

5.2 On the same day, the Secretary of State for Health offered the Government’s initial response to the House of Commons, announcing a range of measures in response to the CQC’s recommendations.

5.3 From 31<sup>st</sup> March 2017, the following measures will take effect:

- new reporting requirements on a standardised set of information to be collected and published quarterly by NHS Providers on all deaths and serious incidents, including estimates of avoidable death at the Trust and action plans setting out what action must be taken;
- a new single framework will be developed for identifying, reporting, investigating and learning from deaths in care that defines what families and carers can expect from

NHS Providers during investigations, and addresses the specific challenges affecting persons with mental health or learning disabilities needs;

- Trusts must identify a Board-level leader (likely to be the Medical Director) as Patient Safety Director to take responsibility for this agenda and ensure it is prioritised and resourced, and appoint a Non-Executive Director to take oversight of progress;
- specific measures undertaken by Providers and Commissioners to address the identified shortcomings in governance, assurance, family and carer involvement, and learning at organisational level, to which Boards will be expected to respond in due course and in alignment with the system-level response;
- a focus on the mortality of people with mental health and learning disabilities, especially in acute care settings.

5.4 The Medical Director, supported by the Head of Outcomes and Effectiveness, will report on these matters to the Quality Assurance Committee in due course.

## 6. Strategic Objective : An Excellent, Integrated, Emergency Care System

### *Emergency Care Performance*

6.1 Emergency care performance remains challenging with very long delays in the Emergency Department and sometimes in the Clinical Decisions Unit at Glenfield Hospital. Regrettably, there have also been excessive ambulance handover delays.

6.2 The actions we are taking to address these issues are set out in detail in the Chief Operating Officer's report on Emergency Care. The key areas of focus are the operation of the Emergency Department itself, improving bed capacity through the Red2Green programme and reducing delays between beds becoming available on our base wards and patients leaving ED. This approach is complemented by the system-wide actions being taken under the auspices of the A&E Delivery Board, which I continue to chair.

6.3 It is also worth noting that, on 19<sup>th</sup> December 2016, Jim Mackey, Chief Executive, NHS Improvement wrote to all NHS Provider Trusts Chief Executives setting out details of how NHS Improvement proposes to support Providers in meeting the challenges which flow from pressures on the emergency system. The letter was entitled 'Broadening our Oversight of A&E' and the key points are set out below:-

### Greater Focus on our Sickest Patients

NHS Improvement will be agreeing with the relevant professional bodies how best to give the needs of our sickest patients more focus and prominence. For example, NHS Improvement expect to focus on 'time to see a relevant clinician' for key pathways (eg stroke PCI), or time to start a bundle (such as sepsis 6).

### Streaming for Patients with Minor Conditions

Recognising that there has been a significant rise in attendances for this group of patients, NHS Improvement expects every A&E Department to have some form of effective streaming in place as soon as possible, and no later than 1<sup>st</sup> April 2017. We already have this in the

UCC through our contract with Lakeside+ and it is fully embedded in the design of the new Emergency Floor.

### NHS Improvement Approach to Oversight

NHS Improvement wants to increase the focus on patient safety and experience and believe that there is merit in broadening its oversight approach, beyond a single metric (the 95% 4 hour standard) and towards a new, combined metric that aggregates waiting times, clinical standards, staff and patient experience. NHS Improvement will look to build this metric into its oversight framework to inform and drive improvement, and will develop an approach to peer review and collaborative support with the Royal Colleges.

#### *'Red 2 Green'*

- 6.4 We all know that patients experience frequent delays while they are on our wards. These include waiting for clinical decisions, waiting for diagnostics and waiting for discharges to be organised. These delays are inconvenient for the patients and obviously make our bed capacity issues worse. This in turn means that we can't admit patients quickly enough, and we experience overcrowding in the Emergency Department and Clinical Decisions Unit, in particular.
- 6.5 Against this backdrop, and as previewed at the Trust Board last month, we have adopted the 'Red 2 Green' approach which seeks to reduce or eliminate these delays, making things better for everyone.
- 6.6 All 14 medical wards in Emergency and Specialist Medicine have taken the steps necessary to implement and embed the Red 2 Green process during their daily ward rounds and afternoon huddles during the two weeks leading up to Christmas 2016 and early evidence suggests that staff are now better able to categorise their patients accordingly to accelerate the removal of unwanted delays.
- 6.7 Members of the Executive Team have attended both the ward meetings and afternoon huddles throughout the 2 weeks in December while the initiative was launched and provided support to the teams.
- 6.8 There is no doubt that the Red 2 Green approach has great potential and we are already seeing the benefits on the ground. We will keep at this in order to make things better for our patients and for our staff and further details on next steps are set out in the Chief Operating Officer's report which features elsewhere on this agenda.

### 7. Strategic Objective : Integrated Care in Partnership with Others

#### *Sustainability and Transformation Plan*

- 7.1 Having published the STP, the LLR system is now moving into implementation mode (subject to public consultation where applicable). Each member of the System Leadership Team has been assigned lead responsibility for discrete areas of the STP – in my case urgent and emergency care and "back office" service collaboration. We now need to complete the pre-consultation assurance process with NHS England. This may be impacted by a new capital prioritisation process which was announced in outline by NHS England and NHS Improvement before Christmas. Due to the significant capital requirement in the LLR STP, it is possible that consultation may have to await progression of the capital prioritisation process. I will keep the Board informed of developments on that front.

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

*Developing a More Inclusive and Diverse Workforce*

8.1 I note here that the Trust Board is to meet with Mr Roger Kline, Joint Director of the NHS Workforce Race Equality Standard Implementation Team, NHS England on 12<sup>th</sup> January 2017 (at its Thinking Day) to discuss the equality and diversity of the Trust's workforce and I look forward to joining Board colleagues in those discussions.

*Developing People – Improving Care : A National Framework for Action on Improvement and Leadership Development*

8.2 On 1<sup>st</sup> December 2016, NHS Improvement published the above-mentioned framework which aims to equip and encourage staff to deliver continuous improvement in local health and care systems.

8.3 It tasks leadership teams at every level of the NHS to review their people strategies and develop a critical set of capabilities among their staff and themselves.

8.4 The framework has been co-developed by the Care Quality Commission, Department of Health, Health Education England, Local Government Association, NHS Clinical Commissioners, NHS Confederation, NHS England, NHS Improvement, NHS Leadership Academy, NHS Providers, NICE, Public Health England and Skills for Care.

8.5 The framework focuses on helping NHS and Social Care staff to develop four critical capabilities:

- **systems leadership** for staff who are working with partners in other local services on 'joining up' local health and care systems for their communities,
- **established quality improvement methods** that draw on staff and service users' knowledge and experience to improve service quality and efficiency,
- **inclusive and compassionate leadership**, so that all staff are listened to, understood and supported, and that leaders at every level of the health system truly reflect the talents and diversity of people working in the system and the communities they serve,
- **talent management** to support NHS-funded services to fill senior current vacancies and future leadership pipelines with the right numbers of diverse, appropriately developed people.

8.6 The Director of Workforce and Organisational Development will report on this new framework to the Executive Workforce Board in the first instance and, thereafter, to the Trust Board.

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

*East Midlands Congenital Heart Centre*



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

10. Strategic Objective : A Financially Sustainable NHS Trust

*Annual Operational Plans 2017/18 and 2018/19*

10.1 We have signed our contract with Specialised Commissioners for 2017/18 – 2018/19 (representing about a third of our patient care income).

10.2 At the time of writing, we have not yet been able to complete our negotiations with the Leicester, Leicestershire and Rutland Clinical Commissioning Groups (CCGs) despite very extensive Chief Officer-level discussions during the weeks leading up to Christmas. We are not so much in dispute as struggling to arrive at an affordable solution (given activity volumes) which allocates risk appropriately.

10.3 There are now only a small number of issues between us and I am hopeful that by the time of the Board meeting we will have agreed heads of terms. I will report verbally to the meeting on the up to date position

10.4 On the issue of performance trajectories (ED, referral to treatment (RTT) and Cancer 62 Day Standard) we have submitted our trajectories NHS Improvement in line with the national requirements. These require all trajectories to meet the national standards by March 2018. Our modelling demonstrates, however, that we are unlikely to have the capacity to deliver these trajectories, even taking account of significant productivity improvements and Commissioners' measures to reduce demand. I am to write to NHS Improvement again early in the New Year with more detail on our modelling and the conclusions we have drawn from this and this correspondence will be shared with the Board via my February report..

10.5 Against this backdrop, the submission of our final Annual Operating Plan 2017/18 to 2018/19 has been slightly delayed but it is proposed to submit the final version to a special meeting of the Trust Board to be held on 12<sup>th</sup> January 2017 for approval, ahead of submission to NHS Improvement as required.

*Financial Performance for Period Ending 30<sup>th</sup> November 2016*

10.6 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 22<sup>nd</sup> December 2016, and a report from that meeting features separately on this agenda of the Board.

10.7 It is a matter of regret that the financial position has worsened during November 2016 to a deficit position of £12.6M (£5M adverse to plan).

10.8 Although we are continuing to forecast delivery at year end of the planned £8.3M deficit, this is not without significant risk. The year end forecast will be kept under close review in the light of the month 9 financial position, once known, and will be the subject of further detailed consideration at the next meeting of the Integrated Finance, Performance and Investment Committee to be held on 26<sup>th</sup> January 2017.

11. Strategic Objective : Enabled by Excellent IM&T

*Electronic Patient Record (ERP)*

- 11.1 On 12<sup>th</sup> December 2016, I received a letter from the Director of Finance, NHS Improvement notifying us that the Trust's EPR Scheme as it currently stands would have an unaffordable impact on the national capital resource limit and, therefore, would not be recommended for approval to the NHS Improvement Resources Committee.
- 11.2 NHS Improvement nevertheless recognised the importance of upgrading the Trust's systems and their contribution to the wider Leicester, Leicestershire and Rutland Sustainability and Transformation Plan and have asked the Trust to re-examine the scheme and funding options.
- 11.3 As the Trust Board will recall, we discussed an alternative strategy to proceeding with the full EPR business case at our December 2016 Thinking Day and agreed to ask the Chief Information Officer to bring forward proposals in the early part of 2017.
- 11.4 A further report will be submitted in the first instance to the Executive IM&T Board in February 2017, ahead of preliminary discussion at the March 2017 Trust Board Thinking Day.

12. Conclusion

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

John Adler  
Chief Executive

29<sup>th</sup> December 2016

## Quality & Performance

<b>Safe</b>	<b>S1: Reduction for moderate harm and above ( 1 month in arrears)</b>
	S2: Serious Incidents
	S10: Never events
	S11: Clostridium Difficile
	S12: MRSA (All)
	S13: MRSA (Avoidable)
	S16: Falls per 1,000 bed days for patients > 65 years
	S17: Avoidable Pressure Ulcers Grade 4
	S18: Avoidable Pressure Ulcers Grade 3
	S19: Avoidable Pressure Ulcers Grade 2

<b>Caring</b>	<b>C1: Improvements in Patient Involvement Scores - baseline</b>
	C4: Inpatient and Day Case friends & family - % positive
	C7: A&E friends and family - % positive

<b>Well Led</b>	<b>W1: Outpatient letters sent within 14 days (Quarterly)</b>
	W14: % of Staff with Annual Appraisal
	W15: Statutory and Mandatory Training
	W17 BME % - Leadership (8A – Including Medical Consultants) - Qtr 2
	W18: BME % - Leadership (8A – Excluding Medical Consultants) - Qtr 2

<b>Effective</b>	<b>E1: 30 day readmissions (1 month in arrears)</b>
	<b>E2: Mortality Published SHMI (Apr 15 -Mar 16)</b>
	E6: # Neck Femurs operated on 0-35hrs
	E8: Stroke - 90% of Stay on a Stroke Unit (1 month in arrears)

<b>Responsive</b>	R1: ED 4hr Waits UHL+UCC - Calendar Month
	R3: RTT waiting Times - Incompletes (UHL+Alliance)
	R5: 6 week – Diagnostics Test Waiting Times (UHL+Alliance)
	R11: Operations cancelled (UHL + Alliance)
	R13: Delayed transfers of care
	R14: % Ambulance Handover >60 Mins (CAD+)
	R15: % Ambulance handover >30mins & <60mins (CAD+)
	RC9: Cancer waiting 104+ days

<b>Responsive</b>	RC1: 2 week wait - All Suspected Cancer
	RC3: 31 day target - All Cancers
	RC7: 62 day target - All Cancers

## Enablers

<b>People</b>	W8: Staff recommend as a place to work
	C10: Staff recommend as a place for treatment

<b>Finance</b>	Surplus/(deficit) £m
	Cashflow balance (as a measure of liquidity) £m
	CIP £m
	Capex £m

<b>Estates &amp; facility mgt.</b>	Average cleanliness audit score - very high risk areas
	Average cleanliness audit score -high risk areas
	Average cleanliness audit score - significant risk areas

	YTD		Nov-16			Compliant by?
	Plan	Actual	Plan	Actual	Trend*	
	236	70	20	11	●	
	49	28	4	4	●	
	0	2	0	1	●	
	61	42	5	6	●	
	0	1	0	0	●	
	0	0	0	0	●	
	<5.6	5.9	<5.6	5.6	●	
	0	1	0	1	●	Dec-16
	33	20	4	2	●	
	89	64	7	10	●	Dec-16
	70%	64%	70%	64%		
	97%	97%	97%	97%	●	
	97%	90%	97%	84%	●	
	51%	Achieved	51%	Achieved		
	95%	91.9%	95%	91.9%	●	
	95%	82%	95%	82%	●	
	28%	25%	28%	25%		
	28%	12%	28%	12%		
	<8.5%	8.5%	<8.5%	8.5%	●	
	99	99	99	99	●	
	72%	73.0%	72%	78.0%	●	
	80%	83.3%	80%	83.1%	●	
	95%	79.3%	95%	77.6%	●	See Note 1
	92%	92.2%	92%	92.2%	●	See Note 1
	<1%	0.6%	<1%	0.6%	●	
	0.8%	1.2%	0.8%	1.4%	●	See Note 1
	3.5%	2.3%	3.5%	2.7%	●	
	TBC	8%	TBC	11%	●	May-17
	TBC	14%	TBC	18%	●	May-17
	0	9	0	9	●	

	YTD		Oct-16			Compliant by?
	Plan	Actual	Plan	Actual	Trend*	
	93%	92.5%	93%	93.3%	●	
	96%	93.8%	96%	94.8%	●	See Note 1
	85%	77.4%	85%	73.9%	●	See Note 1

	YTD		Qtr2 16/17		
	Plan	Actual	Plan	Actual	Trend*
	N/A	61.6%	N/A	62.8%	●
	N/A	74.2%	N/A	76.0%	●

	YTD		Nov-16		
	Plan	Actual	Plan	Actual	Trend*
	(7.6)	(12.6)	0.3	(2.7)	●
	3.0	7.9	3.0	7.9	●
	22.0	22.1	3.2	3.1	●
	49.0	38.3	7.2	5.2	●

	YTD		Nov-16		
	Plan	Actual	Plan	Actual	Trend*
	98%	97%	98%	98%	●
	95%	92%	95%	94%	●
	85%	92%	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 a are dependent on the Trust rebalancing demand and capacity.

UHL Board Assurance Dashboard:		NOVEMBER 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	↔		EQB
	2	Failure to provide an appropriate environment for staff/ patients	DEF	16	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	20	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. Status awarded on 13th September 2016 - RISK CLOSED SEPT 2016.	MD	6	6		CLOSED SEPT 2016	ESB
	8	Failure to deliver an effective learning culture and to provide consistently high standards of medical education	MD / DWOD	12	6	↔		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	↔		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	↔		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	↔		EWB / EPB
	11	Ineffective structure to deliver the recommendations of the national 'freedom to speak up review'	DWOD	12	8	↔		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	↔		ESB
	13	Limited capital envelope to deliver the reconfigured estate which is required to meet the Trust's revenue obligations	CFO	16	8	↔		ESB
	14	Failure to deliver clinically sustainable configuration of services	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	↔	Under review	ESB
	16	The Demand/Capacity gap if unresolved may cause a failure to achieve UHL deficit control total in 2016/17	CFO	20	10	↔		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	25	6	↑		EIM&T / EPB
	19	Lack of alignment of IM&T priorities to UHL priorities	CIO	9	6	↔		EIM&T / EPB

**Risk Register Dashboard**

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
2924	CHUGGS	There is a risk that the damaged flooring in Wards 42 and 43 may result in trip and fall incidents	20	2	Georgina Kenney	<b>Closed</b>		
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
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

Risk ID	CMG	Risk Title	Current Risk Score	Target Risk Score	Risk Owner	Risk Movement	Elapsed risk deadline	Themes aligned with Trust Objectives
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
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
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
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
2607	CSI	There is a risk that the provision of an out of hours Virology "On-call" service may not be sustained due to insufficient staff	16	6	Jilean Bowskill	<b>Closed</b>		
1206	CSI	There is a risk that a backlog of unreported images in plain film chest and abdomen could result in a clinical incident	16	6	ARI	↔		Workforce capacity and capability
182	CSI	POCT- Inappropriate patient Management due to inaccurate diagnostic results from Point Of Care Testing (POCT) equipment	16	2	Lianne Finnerty	↔		Workforce capacity and capability
2944	CSI	There is a risk that a lack of typing capacity in the Histopathology office will result in increased length of stay for patients	6	4	Mike Langford	↓		Workforce capacity and capability
2378	CSI	There is a risk that Pharmacy workforce capacity could result in reduced staff presence on wards or clinics	16	8	Claire Ellwood	↔		Workforce capacity and capability
1926	CSI	There is a risk that insufficient staffing to manage ultrasound referrals could impact Trust operations and patient safety	16	6	Cathy Lea	↔		Workforce capacity and capability
2391	W&C	There is a risk of inadequate numbers of Junior Doctors to support the clinical services within Gynaecology & Obstetrics	16	8	Cornelia Wiesender	↔		Workforce capacity and capability
2153	W&C	Shortfall in the number of all qualified nurses working in the Children's Hospital.	16	8	HKI	↔		Workforce capacity and capability
2394	Communications	No IT support for the clinical photography database (IMAN)	16	1	Simon Andrews	↔		Workforce capacity and capability
2237	Corporate Medical	There is a risk of results of outpatient diagnostic tests not being reviewed or acted upon resulting in patient harm	16	8	Angie Doshani	↔		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
2325	Corporate Medical	There is a risk that security staff not assisting with restraint could impact on patient/staff safety	16	6	Neil Smith	↔		Workforce capacity and capability
2247	Corporate Nursing	There is a risk that a significant number of RN vacancies in UHL could affect patient safety	16	12	Maria McAuley	↔		Workforce capacity and capability
1693	Operations	There is a risk of inaccuracies in clinical coding resulting in loss of income	16	8	John Roberts	↔		IM&T services
2878	Operations	There is a risk of cancer patients not being discussed at MDTs due to inadequate video conferencing facilities	16	4	Charlie Carr	↔		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
2836	ESM	There is a risk of single sex breaches on the Brain Injury Unit due to environmental design and inflow of patients.	9	2	Andy Palmer	↓		Workforce capacity and capability
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 Turn Around Times - Quality ; Patient Safety &HR risk	15	6	Mike Langford	↔		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

APPENDIX 4

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**

**PROGRESS AGAINST ANNUAL PRIORITIES 2016/17**

STRATEGIC OBJECTIVE/ANNUAL PRIORITY	COMMENTS ON PROGRESS	Q1	Q2	Q3	Q4
<b>Safe, high quality, patient centred care</b>					
a) Reduce avoidable mortality and re-admissions through screening of deaths and use of the re-admissions toolkit.	Data shows mortality (SHMI) at or below Quality Commitment goal of 99 and readmissions falling towards target level.				
b) Reduce harm through core 7-day standards, new early warning system and observation processes and safer use of insulin.	Data shows further reduction in harms as well as continuing falls/on target rates in e.g. pressure ulcers and infections.				
c) Improve patient experience through involving them in their care, better end of life planning and improvements in outpatients.	Inpatient FFT test has continued at 96%. ED FFT fell to 84% in November. Increasing pressure on the system appears to be impacting on patient experience.				
d) Prepare effectively for the 2016 Care Quality Commission Inspection.	Thorough preparation and organisation of the inspection itself – both commended by the CQC. Extensive factual accuracy response submitted – awaiting outcome.				
e) Develop a high quality in-house Estates and Facilities service.	Recruitment to vacant posts continues. However financial constraints are limiting the investment required to improve standards further.				
<b>An excellent, integrated emergency care system</b>					
a) Reduce ambulance handover delays in order to improve patient experience, care and safety.	Delays remain at lower levels than peak although early December was particularly problematic. Enhanced scrutiny in place from wider system.				



STRATEGIC OBJECTIVE/ANNUAL PRIORITY	COMMENTS ON PROGRESS	Q1	Q2	Q3	Q4
b) Fully utilise ambulatory care to reduce emergency admissions and reduce length of stay (including ICS).	Relocation of GPAU to ED has substantially reduced admissions Complements wide range of ambulatory pathways..				
c) Develop a clear understanding of demand and capacity to support sustainable service delivery and to inform plans for addressing any gaps.	Initial model populated and updated at end of Q1. Shows significant gap. Additional capacity opened in Q3 for winter but gap remains at LRI in particular.				
d) Diagnose and reduce delays in the in-patient process to increase effective capacity.	“3W” UHL Way exemplar superseded by SAFER/Red2Green bundle implementation at scale. Positive imitial impact now needs to be consolidated in Q4.				
<b>Services which consistently meet national access standards</b>					
a) Maintain 18-week Referral to Treatment(RTT) and diagnostic access standard compliance.	Achieved April – August but failed Sept and October. Standard regained in November. Overall position becoming more vulnerable as backlog increases,				
b) Deliver all cancer access standards sustainably.	2WW achieved in on schedule. 31 and 62 day not achieved as planned due to cancellations. However, 62 day backlog at almost sustainable level.				
<b>Integrated care in partnership with others</b>					
a) Work with partners to deliver year 3 of the Better Care Together programme to ensure we continue to make progress towards the LLR vision (including formal consultation).	Agreed STP submitted and well received by regional and national bodies. STP meets national requirements re sustainability but will be challenging to deliver.				
b) Develop new and existing partnerships with a range of partners, including tertiary and local service providers to deliver a sustainable network of providers across the region.	Further progress with South-East Midlands Oncology Alliance but other initiatives (e.g. urology) constrained by existing capacity/performance issues.				
c) Progress the implementation of the East Midlands Pathology (EMPATH) strategic outline case.	New implementation model agreed which has better prospects of delivering benefits in short and medium term.				

STRATEGIC OBJECTIVE/ANNUAL PRIORITY	COMMENTS ON PROGRESS	Q1	Q2	Q3	Q4
<b>An enhanced reputation in research, innovation and clinical education</b>					
a) Deliver a successful bid for a Biomedical Research Centre.	Bid successful, albeit with reduced funding compared to the 3 BRUs.	Green	Green	Green	
b) Support the development of the Genomic Medical Centre and Precision Medicine Institute.	Ahead of rare diseases trajectory in Q3. Cancer trajectory challenging in common with other centres.	Yellow	Green	Yellow	
c) Develop and exploit the OptiMeD project, scaling this up across the Trust.	Business case progressing.	Green	Green	Green	
d) Improve the experience of our medical students to enhance their training and improve retention, and help to introduce the new University of Leicester Medical Curriculum.	National Student Survey shows further deterioration in opinion. Renewed efforts being made to improve position. New curriculum has gone live.	Green	Yellow	Yellow	
e) Develop and implement our Commercial Strategy to deliver innovation and growth across both clinical and non-clinical opportunities.	Specialist support in place and strategy on track to be produced by March 2017.	Yellow	Yellow	Green	
f) Launch the Leicester Academy for the Study of Ageing (LASA)	Successful high-profile launch and appointment of Co-Directors. However, profile appears to have slipped in recent months.	Green	Green	Yellow	
<b>A caring, professional, passionate and engaged workforce</b>					
a) Develop an integrated workforce strategy to deliver a flexible multi-skilled workforce that operates across traditional organisational boundaries and enhances internal sustainability.	Strong multi-strand strategy now in place with delivery becoming evident, notably in new approaches to recruitment and launch of UHL Academy programmes.	Green	Green	Green	
b) Deliver the Year 1 Implementation Plan for the UHL Way, ensuring an improved level of staff engagement and a consistent approach to change and improvement.	Better Teams and Better Engagement strands fully underway. UHL Academy launched at Leadership Conference. Better Change bring used to support Red3Green.	Yellow	Yellow	Green	

STRATEGIC OBJECTIVE/ANNUAL PRIORITY	COMMENTS ON PROGRESS	Q1	Q2	Q3	Q4
c) Develop training for new and enhanced roles, i.e. Physician's Associates, Advanced Nurse Practitioners, Clinical Coders.	5 new Physician Associates starting July. Range of other roles in development. Approved as Nurse Associate pilot site.				
d) Deliver the recommendations of "Freedom to Speak Up" Review to further promote a more open and honest reporting culture.	Progressing to schedule. Focus groups held with staff to inform approach. FTSU Guardian appointed.				
e) Developing a more inclusive and diverse workforce to better represent the communities we serve and to provide services that meet the needs of all patients.	Progressing to schedule. Targets for BME representation at more senior levels issued.				
<b>A clinically sustainable configuration of services, operating from excellent facilities</b>					
a) Complete and open Phase 1 of the new Emergency Floor.	Progressing to time and budget. Workforce model and other key resourcing issues confirmed but challenges due to current vacancy levels.				
b) Deliver our reconfiguration business cases for vascular and level 3 Intensive Care Unit (ICU) and dependent services.	Vascular builds progressing to schedule and move confirmed as May/June 2017. ICU and related schemes delayed by lack of capital.				
c) Develop new models of care that will support the development of our services and our reconfiguration plans.	Team structure review nearing completion to ensure effectiveness.				
d) Develop outline business cases for our integrated Children's Hospital, Women's Services and planned ambulatory care hub.	EMCHC element separated from Children's Hospital to ensure compliance with CHD standards. Other elements progressing but awaiting new national capital prioritization process.				
<b>A financially sustainable NHS Trust</b>					
a) Deliver our cost improvement programme target in full.	On Plan at Month 8.				

STRATEGIC OBJECTIVE/ANNUAL PRIORITY	COMMENTS ON PROGRESS	Q1	Q2	Q3	Q4
b) Reduce our deficit in line with our 5-Year Plan.	Off track in Months 7 and 8 and risk of off-plan outturn has increased. Remedial measures in place.	Green	Yellow	Red	
c) Reduce our agency spend to the national cash target.	Appeal re cap rejected so target is more challenging than expected. Trend well above plan and has been exacerbated by opening of additional medical ward. Good progress on regional collaboration to reduce medical costs.	Yellow	Red	Red	
d) Implement service line reporting through the programme of service reviews to ensure the ongoing viability of our clinical services.	Approach under review linked to models of care above.	Yellow	Yellow	Yellow	
e) Deliver operational productivity and efficiency improvements in line with the Carter Report.	Range of work making good progress especially on procurement and pharmacy.	Green	Green	Green	
<b>Enabled by excellent IM&amp;T</b>					
a) Improve access to and integration of our IT systems.	Large scale programme in progress. Improvements in user interface but some issues with delivery.	Yellow	Yellow	Yellow	
b) Conclude the Electronic Patient Record (EPR) business case and start implementation.	EPR case rejected as unaffordable by NHS Improvement. Alternative strategy now in development for presentation in Q4.	Red	Red	Red	