

CHIEF EXECUTIVE'S MONTHLY UPDATE REPORT –SEPTEMBER 2016

Authors: John Adler and Stephen Ward Sponsor: John Adler Date: Thursday 1 September 2016 Trust Board paper D

Executive Summary

Context

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

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

Questions

1. Is the Trust Board satisfied with our performance and plans on the matters set out in the report?
2. Does the Trust Board have any significant concerns relating to progress against the annual priorities 2016/17?
3. Does the Trust Board have any comments to make regarding either the Board Assurance Framework Dashboard or Organisational Risk Register Dashboard?

Conclusion

1. The Trust Board is asked to consider and comment upon the issues identified in the report.

Input Sought

We would welcome the board's input regarding content of this month's report to the Board.

For Reference

Edit as appropriate:

1. The following **objectives** were considered when preparing this report:

Safe, high quality, patient centred healthcare	[Yes]
Effective, integrated emergency care	[Yes]
Consistently meeting national access standards	[Yes]
Integrated care in partnership with others	[Yes]
Enhanced delivery in research, innovation & ed'	[Yes]
A caring, professional, engaged workforce	[Yes]
Clinically sustainable services with excellent facilities	[Yes]
Financially sustainable NHS organisation	[Yes]
Enabled by excellent IM&T	[Yes]

2. This matter relates to the following **governance** initiatives:

a. Organisational Risk Register [Yes /No /Not applicable]

If YES please give details of risk ID, risk title and current / target risk ratings.

Datix Risk ID	Operational Risk Title(s) – add new line for each operational risk	Current Rating	Target Rating	CMG
XXXX	There is a risk ...			XX

If NO, why not? Eg. Current Risk Rating is LOW

b. Board Assurance Framework [Yes /No /Not applicable]

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

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

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

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

5. Scheduled date for the **next paper** on this topic: [October 2016 Trust Board]

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

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

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

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

1. Introduction

1.1 My monthly update report this month focuses on:-

- (a) the Board Quality and Performance Dashboard, attached at appendix 1;
- (b) the Board Assurance Framework (BAF) Dashboard and Organisational Risk Register Dashboard, attached at appendices 2 and 3, respectively;
- (c) key issues relating to our Annual Priorities 2016/17, and
- (d) a range of other issues which I think it is important to highlight to the Trust Board.

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

2. Quality and Performance Dashboard – July 2016

2.1 The Quality and Performance Dashboard for July 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 4 quality and performance report](#) continues to be published on the Trust's website.

Good News

2.4 **Mortality** – the latest published SHMI (covering the period January 2015 to December 2015) is **98** – below our Quality Commitment of **99**. **Moderate harms and above** – the first 3 reported months show a 60% reduction compared to the same period in 2015/16. **Readmission rates** – are reducing with June's performance at the lowest rate since March 2015. **Fractured NOF** – target delivered for July following a dip

in performance in June. **RTT** – the RTT incomplete target remains compliant. **Referral to Treatment 52+ week waits** – current number is 77, a reduction of over 50 in last month. However, there remains a risk that there might be more ENT 52+ week waits due to the high level of cancellations and long waits. **Diagnostics** performance has remained compliant from April 2016. **Delayed transfers of care** remain within the tolerance although delays are twice as high as this time last year. **MRSA** – 0 avoidable cases reported and 1 unavoidable case was reported this month. **C DIFF** – only 1 case reported in July and year to date remains within trajectory. **Pressure Ulcers** – 0 **Grade 4** pressure ulcers reported this year. **Grade 3 and Grade 2** are within the trajectory for month and the year. **Patient Satisfaction (FFT)** target of 97% maintained for Inpatients and Day Cases.

Bad News

- 2.5 **ED 4 hour performance** – July performance was 76.9 % with year to date performance at 79.6%. Contributing factors are set out in the Chief Operating Officer's report. **Ambulance Handover 60+ minutes** – performance deteriorated to 9% in July, this is also examined in detail in the Chief Operating Officer's report. **Cancelled operations and patients rebooked within 28 days** – continued to be non-compliant, due to ITU/HDU and emergency pressures. **Cancer Standards 62 day treatment** current cancer performance remains an area of significant concern across UHL and focus on recovery is of the highest priority within the organisation. The **Cancer Two Week Wait** target was missed, attributed to capacity problems in Head & Neck but as expected has been achieved in July. The aim is to achieve the **31 day standard** in August and **62 days** in September – both of these are vulnerable to ICU/HDU pressures. **Patient Satisfaction (FFT)** in ED dipped to an all-time low of 87%. This is most likely linked to ED performance but needs further investigation. **ED FTT coverage** remains below the threshold of 20%. **ESM nursing vacancies** continue to increase.

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 Executive Director risk owners have updated their BAF entries to reflect the risks and assurances in relation to the Trust's 2016/17 annual priorities. The Board's attention is drawn to an increased risk score (from 12-16) in relation to principal risk 13.

- 3.4 A reduction in the risk score is associated with principal risk 11 due to the development of an action plan with key actions and timescales to address the lack of governance arrangements, and greater traction in relation to identifying the resources required to deliver the plan (via a task and finish group and focus groups across all 3 sites).

Organisational Risk Register

- 3.5 There are currently 49 risks open on the organisational risk register with a current risk rating of 15 and above (i.e. scoring high and extreme). There have been no new high or extreme risks entered on the risk register during the reporting period.
- 3.6 Thematic analysis of the risk register continues to reveal the majority of risks scoring 15 and above are caused by gaps in workforce capacity and capability with the potential to impact on clinical safety, quality and performance.

4. Progress against our Annual Priorities 2016/17

4.1 Strategic Objective : Safe, High Quality Patient Centred Care

Care of the Deteriorating Patient

- 4.2 Recognising and responding appropriately when a patient's condition deteriorates is obviously essential. It has already been acknowledged that we need to improve in this area and this is reflected in our 2016/17 Quality Commitment.
- 4.3 When deterioration is recognised early and appropriate action and treatment is given accurately and promptly, patient outcomes improve; an example of this is sepsis, a life threatening condition where timely recognition and intervention saves lives. Of course the opposite is true, if we fail to recognise deterioration, if we do not diligently record a patient's status using EWS and escalate, we put a patient's life at risk.
- 4.4 The Care Quality Commission identified the need for improvement in our practice in this area when they conducted their recent inspection and, under the leadership of the Medical Director and Chief Nurse, we have embarked upon a programme to act much more systematically across all wards.
- 4.5 The roll-out of Nerve Centre's E-Obs over the next few months will assist in this task and we will be auditing our performance and reporting the results to the Care Quality Commission, Executive Quality Board and Quality Assurance Committee.

4.6 Strategic Objective : An excellent, integrated, emergency care system

Emergency Care Performance

- 4.8 Performance remains very challenged – this is largely because of high demand and a mismatch between the number of patients admitted and the bed base available for these patients.

4.9 NHS Improvement has launched a new national initiative which requires health systems across the country to prioritise the following actions:-

- Stream at the front door – to ambulatory and primary care
- NHS 111 – increase the number of calls transferred for clinical advice rather than to 999 or advised to go to ED
- Ambulances – aim is for a decrease in conveyance and an increase in ‘hear and treat’ and ‘see and treat’ to divert patients away from the ED
- Improved flow – must do that each Trust should implement to enhance patient flow (e.g. SAFER bundle)
- Discharge – mandating ‘Discharge to Assess’ and ‘trusted assessor’ type models.

4.10 In addition, we have our own local plan and both our local plan and the national actions will be overseen by the new, Leicester, Leicestershire and Rutland A&E Delivery Board which I am to chair. The new Board will focus both on short term recovery actions and on medium to long term change (including the Vanguard programme). On 24th August a workshop was held to critique the existing plan and enhance it further. The output from this session is now being incorporated into a revised plan and once finalised this will be subject to rigorous performance management. This will apply to both the UHL and wider system elements.

4.11 Further details are set out in the Chief Operating Officer’s report which features elsewhere on this agenda. However, I wish to emphasise to the Board that the issue of emergency care performance is very much back at the top of the national agenda alongside improving financial performance and it is therefore imperative that we improve our local performance significantly, whatever the challenges may be.

4.12 Strategic Objective : Integrated care in partnership with others

Sustainability and Transformation Plan

4.13 Substantial work is in progress to produce a further version of the STP and to design the approach to implementation. Key features of this work are:

- The development of an integrated care model to improve the effectiveness and consistency of care to patients and service users. It is likely that this model will focus on integrated community teams (with secondary care input) and interventions targeted at reducing substantially the need for acute hospital admission in key cohorts of patients (e.g. the frail elderly)

- The identification of a small set of key implementation programmes within the STP, towards which resources will be targeted and which will work in a joined-up way across the system
 - Further refinement of the extent to which acute activity can be reduced and the implications for activity levels and thus acute and other bed capacity. This work needs to be completed by 16th September
- 4.14 These pieces of work will be further progressed through a BCT Partnership Board development session on 7th September and a joint UHL Clinical Senate/BCT Clinical Reference Group workshop on integrated care on 22nd September, such that the revised STP is fully worked up by the end of September ready for organisational sign-off in October. In addition, the BCT pre-consultation Assurance Panel will be reconvened on 13th October when we are hoping to get the green light to proceed to public consultation on the key reconfiguration elements of our plans. We do not yet know the mechanism for sign-off at national level of the STP itself.
- 4.15 Strategic Objective : An enhanced reputation in research, innovation and clinical education
- Biomedical Research Centre (BRC)*
- 4.16 I will report orally at the Board meeting in the event that we hear the outcome of our bid with the University of Leicester and Loughborough University to establish a Biomedical Research Centre at the Trust (results expected late August/early September).
- 4.17 Strategic Objective : A clinically sustainable configuration of services, operating from excellent facilities
- East Midlands Congenital Heart Centre*
- 4.18 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 Glenfield Hospital.
- 4.19 Strategic Objective : A financially sustainable NHS Trust
- Month 4 2016/17 Financial Performance*
- 4.20 The detailed financial position of the Trust continues to be scrutinised at each meeting of the Integrated Finance, Performance and Investment Committee which held its most recent meeting on 25th August 2016.
- 4.21 The good news is that at Month 4 we remain on track in terms of our financial plan. Overall the finances of the NHS appear to be stabilising compared to last year. Having said that, there is not inconsiderable risk in the second half of the year and we will need to maintain tight

control and fully deliver our Cost Improvement Programme (noting that this is currently ahead of plan).

4.22 Strategic Objective : Enabled by Excellent IM&T

4.23 Efforts continue to try to expedite the business case for our Electronic Patient Record which has been awaiting approval for approximately 20 months.

4.24 I wrote to the Regional Director of NHS Improvement on 6th August to seek confirmation of when our business case will be considered by the national approval committee and a response is awaited.

5. Conclusion

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

John Adler
Chief Executive

25th August 2016

Quality & Performance

		YTD		Jul-16		Compliant
		Plan	Actual	Plan	Actual	Trend* by?
Safe	S1: Reduction for moderate harm and above (1 month in arrears)	236	22	20	8	●
	S2: Serious Incidents	49	14	4	3	●
	S6: Never events	0	1	0	1	●
	S7: Clostridium Difficile	61	16	5	1	●
	S8: MRSA (All)	0	1	0	1	●
	S9: MRSA (Avoidable)	0	0	0	0	●
	S12: Falls per 1,000 bed days for patients > 65 years	<5.6	5.5	<5.6	4.9	●
	S13: Avoidable Pressure Ulcers Grade 4	0	0	0	0	●
	S14: Avoidable Pressure Ulcers Grade 3	33	12	4	2	●
	S15: Avoidable Pressure Ulcers Grade 2	89	26	7	3	●
Caring	C1: Improvements in Patient Involvement Scores (Quarterly)	<i>New Quality Commitment Indicator</i>				
	C4: Inpatient and Day Case friends & family - % positive	97%	97%	97%	97%	●
	C7: A&E friends and family - % positive	97%	94%	97%	87%	●
Well Led	W1: Outpatient letters sent within 14 days (Quarterly)	<i>New Quality Commitment Indicator</i>				
	W14: % of Staff with Annual Appraisal	95%	92.9%	95%	92.9%	●
	W15: Statutory and Mandatory Training	95%	93%	95%	93%	●
Effective	E1: 30 day readmissions (May)	<8.5%	8.6%	<8.5%	8.5%	●
	E2: Mortality Published SHMI (Jan 15 -Dec 15)	99	98	99	98	●
	E6: # Neck Femurs operated on 0-35hrs	72%	76.7%	72%	86.0%	●
	E8: Stroke - 90% of Stay on a Stroke Unit (1 month in arrears)	80%	82.8%	80%	83.8%	●
Responsive	R1: ED 4hr Waits UHL+UCC - Calendar Month	95%	79.6%	95%	76.9%	●
	R3: RTT waiting Times - Incompletes	92%	92.4%	92%	92.4%	●
	R5: 6 week – Diagnostics Test Waiting Times	<1%	0.6%	<1%	0.6%	●
	R11: Operations cancelled (UHL + Alliance)	0.8%	1.3%	0.8%	1.1%	●
	R13: Delayed transfers of care	3.5%	2.2%	3.5%	2.9%	●
	R14: % Ambulance Handover >60 Mins (CAD+)	TBC	7%	TBC	9%	●
	R15: % Ambulance handover >30mins & <60mins (CAD+)	TBC	12%	TBC	15%	●
	RC9: Cancer waiting 104+ days	0	12	0	12	●
	RC1: 2 week wait - All Suspected Cancer	93%	90.4%	93%	90.5%	●
	RC3: 31 day target - All Cancers	96%	95.5%	96%	95.6%	●
RC7: 62 day target - All Cancers	85%	75.8%	85%	77.3%	●	
Enablers		YTD		Qtr1 16/17		
		Plan	Actual	Plan	Actual	Trend*
	People	N/A	60.3%	N/A	60.3%	●
	N/A	72.3%	N/A	72.3%	●	
Finance		YTD		Jul-16		
		Plan	Actual	Plan	Actual	Trend*
	Surplus/(deficit) £m	(8.7)	(8.6)	(0.6)	(0.6)	●
	Cashflow balance (as a measure of liquidity) £m	3.0	6.7	3.0	6.7	●
	CIP £m	9.3	10.5	3.0	2.9	●
Capex £m	18.9	18.9	5.5	5.5	●	
Estates & facility mgt.		YTD		Jul-16		
	Percentage of Cleaning Audits achieving the required standard	100%	85%	100%	83%	●

* 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.

UHL Board Assurance Dashboard:		JULY 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 centred 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	12	8	↔		EQB
An excellent integrated emergency care system	3	Emergency attendance/ admissions increase without a corresponding improvement in process and / or capacity	COO	25	6	↔		EPB
Services which consistently meet national access standards	4	Failure to deliver the national access standards impacted by operational process and an imbalance in demand and capacity.	COO	16	6	↔		EPB
Integrated care in partnership with others	5	There is a risk that UHL will lose existing, or fail to secure new, tertiary referrals flows from partner organisations which will risk our future status as a teaching hospital. Failure to support partner organisations to continue to provide sustainable local services, secondary referral flows will divert to UHL in an unplanned way which will compromise our ability to meet key performance measures.	DoMC	12	8	↔		ESB
	6	Failure to progress the Better Care Together programme at sufficient pace and scale impacting on the development of the LLR vision	DoMC	16	10	↔		ESB
Enhanced delivery in research, innovation and clinical education	7	Failure to achieve BRC status.	MD	9	6	Awaiting update		ESB
	8	Failure to deliver an effective learning culture and to provide consistently high standards of medical education	MD	12	6	No update		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	Awaiting update		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	New Risk		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	↔		ESB
	16	The Demand/Capacity gap if unresolved may cause a failure to achieve UHL deficit control total in 2016/17	CFO	15	10	↔		EPB
	17	Failure to achieve a revised and approved 5 year financial strategy	CFO	15	10	↔		EPB
Enabled by excellent IM&T	18	Delay to the approvals for the EPR programme	CIO	16	6	Awaiting update		EIM&T
	19	Lack of alignment of IM&T priorities to UHL priorities	CIO	12	6	Awaiting update		EIM&T

Organisational risk register dashboard

Risk ID	CMG	HIGH & EXTREME RISKS: Risk Title - As at 31st July 2016	Current Risk Score	Target Risk Score	Risk Movement	Elapsed risk deadline	Themes aligned with BAF
2236	Emergency and Specialist Medicine	There is a risk of overcrowding due to the design and size of the ED footprint	25	16	↔		Effective emergency care
2762	Corporate Nursing	Ability to provide safe, appropriate and timely care to all patients attending the Emergency Department at all times.	25	15	↔		Effective emergency care
2670	RRCV	There is a risk to the Immunology & Allergy Services due to a Consultant Vacancy	20	6	↔		Workforce capacity and capability
2354	RRCV	There is a risk of overcrowding in the Clinical Decisions Unit	20	9	↔		Effective emergency care
2149	Emergency and Specialist Medicine	High nursing vacancies across the ESM CMG impacting on patient safety, quality of care and financial performance	20	6	↔		Workforce capacity and capability
2804	Emergency and Specialist Medicine	Outlying Medical Patients into other CMG beds due to insufficient ESM inpatient bed capacity	20	12	↔		Effective emergency care
2333	ITAPS	Lack of paediatric cardiac anaesthetists to maintain a WTD compliant rota leading to interruptions in service provision	20	8	↔		Workforce capacity and capability
2505	Musculoskeletal and Specialist Surgery	There is a risk of patients being outlied into the Ambulatory Surgical Unit due to lack of beds within the trust.	Closed				Safe, high quality, patient centred healthcare
2763	ITAPS	Risk of patient deterioration due to the cancellation of elective surgery as a result of lack of ICU capacity	20	10	↔		Workforce capacity and capability
182	Clinical Support and Imaging	POCT- Inappropriate patient Management due to inaccurate diagnostic results from Point Of Care Testing (POCT) equipment	20	2	↔		Workforce capacity and capability
2787	Clinical Support and Imaging	Failure of medical records service delivery due to delay in electronic document and records management (EDRM) implementation	20	4	↔		Workforce capacity and capability
2562	Women's and Children's	There is a risk that 2 vacant consultant paediatric neurology vacancies could impact sustainability of the service	20	4	↔		Workforce capacity and capability
2403	Corporate Nursing	There is a risk changes in the organisational structure will adversely affect water management arrangements in UHL	20	4	↔		Estates and Facilities services
2404	Corporate Nursing	There is a risk that inadequate management of Vascular Access Devices could result in increased morbidity and mortality	20	16	↔		Safe, high quality, patient centred healthcare
2471	CHUGS	There is a risk of poor quality imaging due to age of equipment resulting in suboptimal radiotherapy treatment.	16	4	↔		Safe, high quality, patient centred healthcare
2823	CHUGS	There is a risk of errors with patient medical review appointment and chemotherapy appointments due to gaps in admin workforce.	16	6	↔		Safe, high quality, patient centred healthcare
2819	RRCV	Risk of lack of ITU and HDU capacity will have a detrimental effect on Vascular surgery at LRI	16	12	↔		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	↔		Safe, high quality, patient centred healthcare
2791	RRCV	Broadening Foundation - Loss of F1 doctors	16	2	↔		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	↔		Safe, high quality, patient centred healthcare
2193	ITAPS	There is a risk that the ageing theatre estate and ventilation systems could result in an unplanned loss of capacity at the LRI	16	4	↔		Workforce capacity and capability
2541	Musculoskeletal and Specialist Surgery	There is a risk of reduced theatre & bed capacity at LRI due to increased spinal activity	16	8	↔		Workforce capacity and capability
2759	Musculoskeletal and Specialist Surgery	There is a risk that performance targets are not met due to a capacity gap within the ENT department	16	2	↔		Workforce capacity and capability
2191	Musculoskeletal and Specialist Surgery	There is a risk of lack of capacity within outpatient services causing follow up backlogs and capacity issues in Ophthalmology	16	8	↔		Workforce capacity and capability
2504	Musculoskeletal and Specialist Surgery	There is a risk that patients will wait for an unacceptable length of time for trauma surgery resulting in poor patient outcomes	16	8	↔		Workforce capacity and capability
2687	Musculoskeletal and Specialist Surgery	Lack of appropriate medical cover will clinically compromise care or ability to respond in Trauma orthopaedics	16	9	↔		Workforce capacity and capability
1206	Clinical Support and Imaging	There is a risk that a backlog of unreported images in plain film chest and abdomen could result in a clinical incident	16	6	↔		Workforce capacity and capability
2378	Clinical Support and Imaging	There is a risk that Pharmacy workforce capacity could result in reduced staff presence on wards or clinics	16	8	↔		Workforce capacity and capability
1926	Clinical Support and Imaging	There is a risk that insufficient staffing to manage ultrasound referrals could impact Trust operations and patient safety	16	6	↔		Workforce capacity and capability
2391	Women's and Children's	There is a risk of inadequate numbers of Junior Doctors to support the clinical services within Gynaecology & Obstetrics	16	8	↔		Workforce capacity and capability
2153	Women's and Children's	Shortfall in the number of all qualified nurses working in the Children's Hospital.	16	8	↔		Workforce capacity and capability
2394	Communications	No IT support for the clinical photography database (IMAN)	16	1	↔		IM&T services
2338	Medical Directorate	There is a risk of patients not receiving medication and patients receiving the incorrect medication due to an unstable homecare	16	9	↔		Workforce capacity and capability
2237	Medical Directorate	There is a risk of results of outpatient diagnostic tests not being reviewed or acted upon resulting in patient harm	16	8	↔		Workforce capacity and capability
2318	Facilities	There is a risk of blocked drains causing leaks and localized flooding of sewage impacting on service provision	Closed				Estates and Facilities services
2325	Medical Directorate	There is a risk that security staff not assisting with restraint could impact on patient/staff safety	16	6	↔		Estates and Facilities services
2247	Corporate Nursing	There is a risk that a significant number of RN vacancies in UHL could affect patient safety	16	12	↔		Workforce capacity and capability
1693	Operations	There is a risk of inaccuracies in clinical coding resulting in loss of income	16	8	↔		Workforce capacity and capability
2878	Operations	There is a risk of cancer patients not being discussed at MDTs due to inadequate video conferencing facilities	16	4	↔		IM&T services
2872	RRCV	There is a risk of bedded bariatric patients being trapped compromising fire evacuation on ward 15 at GGH	15	6	↔		Safe, high quality, patient centred healthcare
2836	Emergency and Specialist Medicine	There is a risk of single sex breaches on the Brain Injury Unit due to environmental design and inflow of patients.	15	2	↔		Safe, high quality, patient centred healthcare
2837	Emergency and Specialist Medicine	There is a risk of delay in acting upon monitoring investigation results in patients with multiple sclerosis.	15	2	↔		Safe, high quality, patient centred healthcare
2769	Musculoskeletal and Specialist Surgery	There is a risk of cross infection of MRSA as a result of unscreened emergency patients being cared for in the same ward bays	15	5	↔		Workforce capacity and capability
2549	Musculoskeletal and Specialist Surgery	There is a known risk of excessive waiting times in the departments of Orthodontics and Restorative Dentistry	15	3	↔		Safe, high quality, patient centred healthcare
510	Clinical Support and Imaging	There is a risk of staff shortages impacting on the Blood Transfusion Service at UHL	15	15	↓ (20 - 15)		Workforce capacity and capability
1157	Clinical Support and Imaging	Lack of planned maintenance for medical equipment maintained by Medical Physics	15	6	↔		Workforce capacity and capability
2601	Women's and Children's	There is a risk of delay in gynaecology patient correspondence due to a backlog in typing	15	6	↔		Workforce capacity and capability
2330	Medical Directorate	Risk of increased mortality due to ineffective implementation of best practice for identification and treatment of sepsis	15	6	↔		Safe, high quality, patient centred healthcare
2402	Corporate Nursing	There is a risk that inappropriate decontamination practise may result in harm to patients and staff	15	3	↔		Safe, high quality, patient centred healthcare
1551	Corporate Nursing	Failure to manage Category C documents on UHL Document Management system (Insite)	15	9	↔		IM&T services
2774	Operations	Delay in sending outpatient letters following consultations is resulting in a significant risk to patient safety & experience .	15	6	↔		Workforce capacity and capability