

CHIEF EXECUTIVE'S MONTHLY UPDATE REPORT – MAY 2017

Authors: John Adler and Stephen Ward Sponsor: John Adler Date: Thursday 4 May 2017

Trust Board paper D

Executive Summary

Context

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

- (a) the Quality and Performance Dashboard for March 2017 attached at appendix 1 (the full month 12 quality and performance report is available on the Trust's public website and is hyperlinked within this report);
- (b) the Board Assurance Framework (BAF) Dashboard and Organisational Risk Register Dashboard, attached at appendices 2 and 3, respectively.
- (c) key issues relating to our Annual Priorities 2017/18

Questions

1. Is the Trust Board satisfied with our performance and plans on the matters set out in the report?
2. Does the Trust Board have any comments to make regarding either the Board Assurance Framework Dashboard or Organisational Risk Register Dashboard?

Conclusion

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

Input Sought

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

For Reference

Edit as appropriate:

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

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

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

a. Organisational Risk Register [Not applicable]

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

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

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

b. Board Assurance Framework [Not applicable]

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

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

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

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

5. Scheduled date for the **next paper** on this topic: [June 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: 4 MAY 2017
REPORT BY: CHIEF EXECUTIVE
SUBJECT: MONTHLY UPDATE REPORT – MAY 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 2017/18, and
- (d) a range of other issues which I think it is important to highlight to the Trust Board.

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

2. Quality and Performance Dashboard – March 2017

2.1 The Quality and Performance Dashboard for March 2017 is appended to this report **at appendix 1**.

2.2 The Dashboard aims to ensure that Board members are able to see at a glance how we are performing against a range of key measures.

2.3 The more comprehensive monthly Quality and Performance report continues to be reviewed in depth at meetings of the Integrated Finance, Performance and Investment Committee and Quality Assurance Committee, respectively. The [month 12 quality and performance report](#) continues to be published on the Trust's website.

2.4 **Good News: Moderate harms and above** – we remain well within the agreed Quality Commitment monthly thresholds. **Diagnostic 6 week wait** – has remained compliant for 6 consecutive months. **Cancer Two Week Wait** – despite an 8% increase in referrals, we have continued to achieve for 8 consecutive months. Reported **delayed transfers of care** remain within the tolerance. However, there are a range of delays that do not appear in the count. **MRSA** – although there are 3 cases of MRSA reported for the year these were unavoidable or attributed to a third

party. **C DIFF** – month and full year to date position within trajectory. **Pressure Ulcers** – 0 **Grade 4** pressure ulcers reported this month and **Grade 3** are within the trajectory for month and year. **CAS alerts** – there have been no overdue CAS alerts throughout this financial year. Both **Stroke** indicators remain compliant for the month and the year to date. **Ambulance Handover 60+ minutes (CAD+)** – performance at 6% was the same as February - the last time performance was at this level was in June 2016.

2.5 **Bad News: Mortality** – the latest published SHMI (period October 2015 to September 2016) is 102 (still within the expected range). **ED 4 hour performance** – March performance was 83.9 % with year to date performance at 79.6%. The continued in-month improvement was due to switching medical and surgical beds. Further detail is in the Chief Operating Officer's report. **Referral to Treatment** – was not achieved mainly due to continuing emergency pressures and the capacity switch. **52+ week waits** – current number has reduced to 24. **Cancelled operations and patients rebooked within 28 days** – continued to be non-compliant, due to emergency pressures. **Never events** – 1 reported this month. **Single Sex Accommodation Breaches** – 1 breach during March. **Fractured NOF** – target not achieved during March. **Cancer Standards 62 day treatment** – although non-compliant an improved backlog number is noted. **Inpatient and Day Case Patient Satisfaction (FFT)** remains at 96% against a Quality Commitment of 97%. **Statutory & Mandatory Training** – increased by 5% to 87% 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 A range of principal risks have been identified on the BAF and Executive Director risk owners have updated their entries during 2016/17 to reflect the current risk rating and level of assurance in relation to the achievement of the Trust's annual priorities.

3.4 The year-end 2016/17 BAF highlights to the Board that the Trust remains exposed to significant risks in the following areas:

- timely Access to emergency care services (principal risk 3: current rating 25);
- delivery of the national access standards (principal risk 4: current rating 25);
- delivery of the EPR programme (principal risk 18: current rating 25);
- achievement of the UHL deficit control total in 2016/17 (principal risk 16:

current rating 25).

Organisational Risk Register

3.5 There are currently 41 risks open on the organisational risk register with a current risk rating of 15 and above (i.e. scoring high and extreme). During the reporting period of March 2017, three new high risks have been entered onto the risk register, including a delay with outpatient correspondence to referrer/patient following clinic attendance; Registered Nurse vacancies in Thoracic Surgery; and nursing vacancies on our Trauma Wards which may impact patient care. One risk has been increased from a moderate to a high rating in relation to staff health and not meeting regulatory requirements due to cracks in the LRI Mortuary Floor. In line with the reporting arrangements described in the risk management policy, a copy of the full risk register, for items scoring 15 and above, is included as an appendix to the integrated risk management paper featuring elsewhere on today's Board agenda.

4. Strategic Objectives and Annual Priorities for 2017/18

4.1 At the start of the new financial year, I think it is appropriate that I provide some general commentary on our 2017/18 annual priorities, including our 2017/18 Quality Commitment.

4.2 I have set out below our new Strategic Objectives – these replace the 'strategic triangle' with which we are all familiar. As we know, we have not changed our strategy, but we wish to focus even more on what matters most and to present them more concisely.



4.3 In the centre is our **Quality Commitment**, putting safe, high quality patient-centred, efficient care at the centre of everything we do. This is our primary objective. Everything else will support the delivery of that.

4.4 Surrounding our Quality Commitment are our four supporting objectives. These are:

Our People: *We will have the right people with the right skills in the right numbers in order to deliver the most effective care*

Education and Research: *We will deliver high quality, relevant, education and research*

Partnerships and Integration: *We will develop more integrated care in partnership with others*

Key Strategic Enablers: *We will progress our key strategic enablers*

4.5 I will now describe what we will be doing in 2017/18 in pursuit of these objectives – these actions are our **Annual Priorities for 2017/18**.

4.6 Our **Quality Commitment** has proven very successful so will remain, updated for 2017/18. We continue with the three pillars, focussed on continuing to improve effectiveness, safety and patient experience. One of the particular areas that we want to do better on this year is diagnostic results management, also known as “acting on results”. The new element of the Quality Commitment is ‘**Organisation of Care**’. This brings together several aspects of operational improvement including maximising the potential of our new Emergency Department and balancing demand and capacity.



4.7 **Our People** – in 2017/18:

- We will develop a sustainable workforce plan, reflective of our local community which is consistent with the STP in order to support new, integrated models of care
- We will reduce our agency spend towards the required cap in order to achieve the best use of our pay budget
- We will transform and deliver high quality and affordable HR, OH and OD services in order to make them 'Fit for the Future'

4.8 A big priority is to drive down agency costs. Whilst our spend on agency nurses is now relatively low, we still spend too much on locum doctors and will be focusing on reducing that this year whilst maintaining safe staffing levels.

4.9 **Education and Research** - in 2017/18:

- We will improve the experience of medical students at UHL through a targeted action plan in order to increase the numbers wanting stay with the Trust following their training and education
- We will address specialty-specific shortcomings in postgraduate medical education and trainee experience in order to make our services a more attractive proposition for postgraduates
- We will develop a new 5-Year Research Strategy with the University of Leicester in order to maximise the effectiveness of our research partnership

4.10 This list is by no means all we are doing in this area - in 2017/18 we are focussing on further improvements to medical education in particular whilst a variety of non-medical initiatives are already underway (such as the new Centre for Clinical Practice and Nurse Associates).

4.11 **Partnerships and Integration** - in 2017/18:

- We will integrate the new model of care for frail older people with partners in other parts of health and social care in order to create an end to end pathway for frailty
- We will increase the support, education and specialist advice we offer to partners to help manage more patients in the community (integrated teams) in order to prevent unwarranted demand on our hospitals
- We will form new relationships with primary care in order to enhance our joint working and improve its sustainability

4.12 We do not work in isolation and this year a number of things are happening that

should make the whole system work better for patients.

4.13 **Key Strategic Enablers** - in 2017/18:

- We will progress our hospital reconfiguration and investment plans in order to deliver our overall strategy to concentrate emergency and specialist care and protect elective work
- We will make progress towards a fully digital hospital (EPR) with user-friendly systems in order to support safe, efficient and high quality patient care
- We will deliver the year 2 implementation plan for the 'UHL Way' and engage in the development of the 'LLR Way' in order to support our staff on the journey to transform services
- We will review our Corporate Services in order to ensure we have an effective and efficient support function focused on the key priorities
- We will implement our Commercial Strategy, one agreed by the Board, in order to exploit commercial opportunities available to the Trust
- We will deliver our Cost Improvement and financial plans in order to maintain and improve the financial stability of the Trust.

4.14 2016/17 was a frustrating year in terms of both our site reconfiguration and EPR plans, essentially because of a lack of funds at national level. In the Budget in March the Chancellor announced that decisions on major projects like our reconfiguration programme would not be taken until the autumn. On EPR, we are currently working on a "Plan B" which will deliver the improvements in our IT that we need but which will be affordable.

4.15 Our 2017/18 priorities align well with the updated national plan called Next Steps on the NHS 5 Year Forward View which was launched at the end of March.

4.16 This will all be underpinned by the UHL Way which we will continue with, as well as leading the local health economy in the development of the LLR Way. There will be some change to the Better Change element (which relates to how we manage change and improvement programmes) – the idea is to make it more adaptable depending on the complexity of the changes we are making.

4.17 As we recognise, we have another demanding agenda in 2017/18, focussed on continuing our journey of improvement, with quality of care at the centre of everything we do.

5. East Midlands Congenital Heart Centre

5.1 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, now the subject of formal consultation.

6. Financial Position : 2016/2017 Outturn and 2017/2018

6.1 The Trust has achieved the revised forecast for 2016/17, £6.9M adverse to plan. Excluding Sustainability and Transformation Funding, we have incurred a deficit of £38.6M in 2016/17.

6.2 The final financial plan for 2017/18 was submitted to NHS Improvement on 10 April 2107. This plan describes a deficit of £26.7m, is not aligned to the NHS Improvement proposed control total and therefore the Trust is not recognising any Sustainability and Transformation Funding (STF) for 2017/18. The key risks can be summarised as follows:

- cost pressures and potential investments – the Executive Team has agreed a process for prioritising these within the resources available but this will be an area of pressure;
- outline plans in place to deliver additional financial improvement through technical means and/or additional cost control;
- full delivery of the £33m Cost Improvement Programme is assumed;
- a requirement to reduce agency spend by 17% to achieve the NHS Improvement agency ceiling;
- CMGs and Directorates to deliver their budgeted position with no over-spends;
- Commissioner affordability and the requirement for the Trust to be paid for all completed activity;
- capital expenditure plans involve borrowing that requires further approval;
- availability of cash is retained through the Interim Revolving Working Capital facility.

6.3 The 2017/18 financial plan has been considered in some detail by the Integrated Finance, Performance and Investment Committee at its meeting on 27th April 2017 and a report from that meeting features separately on the agenda of the Trust Board.

6.4 There is no doubt that 2017/18 looks like being more difficult financially than 2016/17. The position has been discussed in great detail at the Executive Performance Board (on 25th April 2017) and the need for Clinical and Corporate Teams to exercise strong financial control emphasised. This is a theme I shall communicate clearly to all staff in my next Chief Executive Bulletin, noting the imperative to exercise financial discipline alongside the maintenance of safety and high quality care.

7. New Emergency Floor

7.1 I am very pleased to be able to confirm that our new ED at the Royal Infirmary opened at 4am on Wednesday 26 April 2017 as scheduled. This followed the completion of final preparations and assurance checks to ensure that we could operate the department safely from the off.

7.2 At the outset, I would like to pay tribute to the many people who have made this significant development possible, including of course the ED team themselves but

also those who have created this fantastic new facility and made it fully functional. My sincere thanks to everyone involved.

- 7.3 Of course, a new physical facility, however good, will only work effectively if it has the right processes. The ED team have been working very hard on a range of Standard Operating Procedures to ensure that they make the best use of what is now at their disposal, noting that the previous ED was much too small for the number of patients that we have been seeing.
- 7.4 The work within ED has been complemented by the introduction or updating of a range of policies which govern how ED (and where applicable CDU) interacts with the rest of the Trust.
- 7.5 The policies are:
- ED Internal Professional Standards – this covers how ED interacts with other specialties on a day-to-day basis
 - Watershed policy – this covers who takes responsibility for patients when there may be uncertainty as to the appropriate specialty
 - Whole Hospital Response to Emergency Care Demand – this covers how ED and CDU interact with the wider Trust and in particular the actions to be taken when there are flow/capacity pressures
- 7.6 These policies have been cascaded widely within the organisation.
- 7.7 Finally, it is worth remembering that we are opening our new ED at a time when we still have a capacity deficit (i.e. not enough beds for predicted patient numbers). This deficit is spread across all three sites but particularly applies to the Royal and Glenfield. We have a plan to address that before next winter by increasing bed numbers, using our beds more efficiently (Red2Green) and developing a new step down facility. In the meantime, we are likely to continue to face capacity pressures from time to time. But there is no doubt that the new ED will put us in a better position to cope with such pressures (because of its greater scale) and will provide a hugely improved environment for both patients and staff.
8. Meeting with NHS Improvement – 31st March 2017
- 8.1 A number of members of the Board including myself, the Chairman, Deputy Chairman and the Executive Directors met in London on 31st March 2017 with representatives of NHS Improvement. Although described as a quarterly review meeting, in fact we discussed a range of issues relating to performance in 2016/17 and plans for 2017/18.
- 8.2 Board members have been made aware separately of the outcome of the meeting, but it is worth noting here that NHS Improvement have sought further detail and assurances about our financial plans for 2017/18; on our 2017/18 A&E performance trajectory; and on the impact of the new Emergency Department on key metrics and the opportunity it affords to improve performance.

9. **CONCLUSION**

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

John Adler
Chief Executive

27th April 2017

Quality & Performance

		YTD		Mar-17		Trend*	Compliant by?
		Plan	Actual	Plan	Actual		
Safe	S1: Reduction for moderate harm and above (1 month in arrears)	236	132	20	13	●	
	S2: Serious Incidents	49	37	4	3	●	
	S10: Never events	0	4	0	1	●	Apr-17
	S11: Clostridium Difficile	61	60	5	5	●	
	S12 MRSA - Unavoidable or Assigned to 3rd party	0	3	0	1	●	Apr-17
	S13: MRSA (Avoidable)	0	0	0	0	●	
	S14: MRSA (All)	0	3	0	1	●	Apr-17
	S17: Falls per 1,000 bed days for patients > 65 years (1 month in arrears)	<5.6	5.9	<5.6	5.7	●	
	S18: Avoidable Pressure Ulcers Grade 4	0	1	0	0	●	
	S19: Avoidable Pressure Ulcers Grade 3	<33	28	4	1	●	
S20: Avoidable Pressure Ulcers Grade 2	<89	89	7	5	●		
Caring	C1: Improvements in Patient Involvement Scores - Qtr 3	70%	69%	70%	69%	●	
	C4: Inpatient and Day Case friends & family - % positive	97%	97%	97%	96%	●	
	C7: A&E friends and family - % positive	97%	91%	97%	95%	●	
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%	87%	95%	87%	●	
	W17 BME % - Leadership (8A – Including Medical Consultants) - Qtr 4	28%	26%	28%	26%		
	W18: BME % - Leadership (8A – Excluding Medical Consultants) - Qtr 4	28%	12%	28%	12%		
Effective	E1: 30 day readmissions (1 month in arrears)	<8.5%	8.5%	<8.5%	8.4%	●	
	E2: Mortality Published SHMI (Oct 15 -Sep 16)	99	102	99	102	●	
	E6: # Neck Femurs operated on 0-35hrs	72%	71.2%	72%	71.2%	●	TBC
	E8: Stroke - 90% of Stay on a Stroke Unit (1 month in arrears)	80%	84.7%	80%	86.6%	●	
Responsive	R1: ED 4hr Waits UHL+UCC - Calendar Month	95%	79.6%	95%	83.9%	●	See Note 1
	R3: RTT waiting Times - Incompletes (UHL+Alliance)	92%	91.8%	92%	91.8%	●	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%	1.1%	●	See Note 1
	R13: Delayed transfers of care	3.5%	2.4%	3.5%	2.5%	●	
	R14: % Ambulance Handover >60 Mins (CAD+)	TBC	9%	TBC	6%	●	May-17
	R15: % Ambulance handover >30mins & <60mins (CAD+)	TBC	14%	TBC	13%	●	May-17
RC9: Cancer waiting 104+ days	0	10	0	10	●		
Responsive	RC1: 2 week wait - All Suspected Cancer						
	RC3: 31 day target - All Cancers						
	RC7: 62 day target - All Cancers						
People	W8: Staff recommend as a place to work (from Pulse Check)	N/A	61.9%	N/A	61.4%		
	C10: Staff recommend as a place for treatment (from Pulse Check)	N/A	73.6%	N/A	72.7%		
Finance	Surplus/(deficit) £m (Includes a negative impact of STF of £12m, and excludes Impairments of £24.8m)	Plan	Actual	Plan	Actual	Trend*	
	Cashflow balance (as a measure of liquidity) £m	(8.3)	(27.2)	2.2	2.6	●	
	CIP £m	3.0	1.2	3.0	1.2	●	
	Capex £m	35.0	36.2	3.3	4.2	●	
Estates & facility mgt.	Average cleanliness audit score - very high risk areas	Plan	Actual	Plan	Actual	Trend*	
	Average cleanliness audit score -high risk areas	98%	98%	98%	96%	●	
	Average cleanliness audit score - significant risk areas	95%	94%	95%	93%	●	
		85%	94%	85%	93%	●	

* 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: 2016/17		MARCH 2017						
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	25	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	20	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		CLOSED MARCH 2017	ESB
	16	The Demand/Capacity gap if unresolved may cause a failure to achieve UHL deficit control total in 2016/17	CFO	25	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 as at 31 Mar 17

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	Susan Burton	↔		Effective emergency care
2149	ESM	High nursing vacancies across the ESM CMG impacting on patient safety, quality of care and financial performance	20	6	Susan Burton	↔		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	Chris Allsager	↔		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	Chris Allsager	↔		Workforce capacity and capability
2990	MSK & SS	There is a risk of delayed outpatient correspondence to referer/patient following clinic attendance.	20	3	Clare Rose	NEW		Safe, high quality, patient centred healthcare
2191	MSK & SS	Lack of capacity within the ophthalmology service is causing delays that could result in serious patient harm.	20	8	Clare Rose	↔		Workforce capacity and capability
2867	CSI	A risk to staff health and not meeting regulatory requirements due to cracks in LRI Mortuary Floor	20	3	Mike Langford	↑		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

Risk ID	CMG	Risk Title	Current Risk Score	Target Risk Score	Risk Owner	Risk Movement	Elapsed risk deadline	Themes aligned with Trust Objectives
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
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
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
2955	CSI	If system faults attributed to EMRAD are not expediently resolved, Then we will continue to expose patient to the risk of harm	16	4	Cathy Lea	↔		Safe, high quality, patient centred healthcare
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
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
2391	W&C	There is a risk of inadequate numbers of Junior Doctors to support the clinical services within Gynaecology & Obstetrics	16	8	Ms 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	Hilliary Killer	↔		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
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

Risk ID	CMG	Risk Title	Current Risk Score	Target Risk Score	Risk Owner	Risk Movement	Elapsed risk deadline	Themes aligned with Trust Objectives
3005	RRCV	The current level of RN vacancies and inability to format an appropriate roster may compromise the ward to fully function	15	9	Sue Mason	NEW		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
2989	MSK & SS	If we do not recruit into the Trauma Wards nursing vacancies, then patient safety and quality of care will be placed at risk	15	4	Nicola Grant	NEW		Workforce capacity and capability
1196	CSI	No comprehensive out of hours on call rota and PM cover for consultant Paediatric radiologists	15	2	Rona Gidlow	↔		Workforce capacity and capability
2787	CSI	Failure of medical records service delivery due to delay in electronic document and records management (EDRM) implementation	15	4	Debbie Waters	↔		Workforce capacity and capability
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	↔		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
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