

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

TRUST BOARD

MEETING TO BE HELD ON FRIDAY 20 DECEMBER 2013 FROM 10AM IN SEMINAR ROOMS 2 AND 3, CLINICAL EDUCATION CENTRE, GLENFIELD HOSPITAL

Public meeting commences at 1pm

AGENDA

Please take papers as read

Item no.	Item	Paper ref:	Lead	Discussion time
1.	EXCLUSION OF THE PRESS AND PUBLIC It is recommended that, pursuant to the Public Bodies (Admission to Meetings) Act 1960, the press and members of the public be excluded from the following items of business, having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest (items 1-11).			-
2.	APOLOGIES AND WELCOME To receive apologies for absence from Mr I Sadd Non-Executive Director.	-	Acting Chairman	10am – 10.05am
3.	DECLARATIONS OF INTERESTS Members of the Trust Board and other persons attending are asked to declare any interests they may have in the business on the agenda (Standing Order 7 refers). Unless the Trust Board agrees otherwise in the case of a non-prejudicial interest, the person concerned shall withdraw from the meeting room and play no part in the relevant discussion or decision.			-
4.	ACTING CHAIRMAN'S AND CHIEF EXECUTIVE'S OPENING COMMENTS	-	Acting Chairman and Chief Executive	10.05am – 10.15am
5.	CONFIDENTIAL MINUTES Confidential Minutes of the 28 November 2013 meeting and 21 November 2013 Trust Board Development Session. <i>For approval</i> Confidential Minutes of the additional Trust Board meeting held on 13 December 2013 will be submitted to the 30 January 2014 meeting for approval.	A & A1	Acting Chairman	10.15am – 10.20am
6.	MATTERS ARISING Confidential action log from the 28 November 2013 Trust Board meeting. <i>For approval</i>	B (to follow)	Acting Chairman	10.20am – 10.25am
7.	REPORT BY THE DIRECTOR OF FINANCE AND BUSINESS SERVICES <i>Prejudicial to the conduct of public affairs</i>	C (to follow)	Director of Finance and Business Services	10.25am – 10.55am
8.	REPORT BY THE DIRECTOR OF STRATEGY <i>Commercial interests and prejudicial to the conduct of public affairs</i>	D (to follow)	Director of Strategy	10.55am – 11.15am

9.	REPORTS BY THE DIRECTOR OF HUMAN RESOURCES <i>Personal information and prejudicial to the conduct of public affairs</i>	E – E2	Director of Human Resources	11.15am – 11.45am
10.	REPORT BY THE CHIEF OPERATING OFFICER <i>Commercial interests and prejudicial to the conduct of public affairs</i>	F (to follow)	Chief Operating Officer	11.45am – 12.05pm
11.	REPORT BY THE MEDICAL DIRECTOR <i>Personal information and prejudicial to the conduct of public affairs</i>	G (to be tabled)	Medical Director	12.05pm – 12.15pm
12.	REPORTS FROM BOARD COMMITTEES			12.15pm – 12.20pm
12.1	FINANCE AND PERFORMANCE COMMITTEE Confidential Minutes of the 27 November 2013 meeting for noting. <i>Commercial interests and prejudicial to the conduct of public affairs</i>	H	Ms J Wilson, Non-Executive Director	
12.2	QUALITY ASSURANCE COMMITTEE Confidential Minutes of the 27 November 2013 meeting for noting. <i>Prejudicial to the conduct of public affairs</i>	I	Quality Assurance Committee Chair	
12.3	REMUNERATION COMMITTEE Confidential Minutes of the 27 November 2013 meeting for noting. <i>Personal information and prejudicial to the conduct of public affairs</i>	J	Acting Chairman	
13.	ANY OTHER BUSINESS	-	Acting Chairman	12.20pm – 12.25pm
Lunch break from 12.25pm to 1pm prior to commencing the public section of the meeting				
14.	DECLARATION OF INTERESTS	-	Acting Chairman	-
	Members of the Trust Board and other persons attending are asked to declare any interests they may have in the business on the public agenda (Standing Order 7 refers). Unless the Trust Board agrees otherwise in the case of a non-prejudicial interest, the person concerned shall withdraw from the meeting room and play no part in the relevant discussion or decision.			
15.	ACTING CHAIRMAN'S AND CHIEF EXECUTIVE'S OPENING COMMENTS		Acting Chairman/Chief Executive	1pm – 1.05pm
16.	MINUTES			
	Minutes of the 28 November 2013 Trust Board meeting. <i>For approval</i>	K	Acting Chairman	1.05pm – 1.10pm
17.	MATTERS ARISING			
	Action log from the 28 November 2013 meeting. <i>For approval</i>	L	Acting Chairman	1.10pm – 1.15pm
18.	REPORTS BY THE CHIEF EXECUTIVE			
18.1	MONTHLY UPDATE REPORT – DECEMBER 2013 <i>For discussion and assurance</i>	M	Chief Executive	1.15pm – 1.20pm
19.	CLINICAL QUALITY AND SAFETY			

19.1	PATIENT EXPERIENCE <i>For discussion and assurance</i>	N Presentation	Chief Nurse	1.20pm – 1.35m
20.	HUMAN RESOURCES			
20.1	QUARTERLY UPDATE ON WORKFORCE AND ORGANISATIONAL DEVELOPMENT <i>For discussion and assurance</i>	O	Director of Human Resources	1.35pm – 1.50pm
20.2	REWARD AND RECOGNITION STRATEGY <i>For discussion and approval</i>	P	Director of Human Resources	1.50pm – 1.55pm
20.3	LISTENING INTO ACTION UPDATE <i>For discussion and assurance</i>	Q	Director of Human Resources	1.55pm – 2pm
21.	QUALITY AND PERFORMANCE <i>For assurance</i>			
21.1	<p>MONTH 8 QUALITY AND PERFORMANCE REPORT <i>For assurance</i></p> <p>Consideration of this item will be structured as follows:-</p> <p>The Non-Executive Director Chair of the Quality Assurance Committee will be invited to comment verbally on the month 8 position, as considered at the meeting held on 17 December 2013 (the Minutes of which will be presented to the 30 January 2014 Trust Board). Minutes of the 27 November 2013 Quality Assurance Committee meeting are also attached for noting and endorsement of any recommendations.</p> <p>Ms J Wilson, Non-Executive Director to be invited to comment verbally on the month 8 position, as considered at the Finance and Performance Committee meeting held on 18 December 2013 (the Minutes of which will be presented to the 30 January 2014 Trust Board). Minutes of the 27 November 2013 Finance and Performance Committee meeting are also attached for noting and endorsement of any recommendations.</p> <p>Lead Executive Directors will then be invited to comment on their respective sections of the month 8 report, specifically:-</p> <ul style="list-style-type: none"> (a) Chief Nurse – patient safety and quality, quality commitment, patient experience and facilities management performance; (b) Medical Director – mortality rates; (c) Chief Operating Officer – operational performance and exception reports, (d) Director of Human Resources – staff appraisal, sickness absence and statutory and mandatory training compliance, and (e) Director of Finance and Business Services – Month 8 financial position, capital programme and financial year-end forecast. 	<p>R</p> <p>R1</p> <p>R2</p> <p>R3 – R4 (R3 to follow)</p>	<p>Quality Assurance Chair</p> <p>Ms J Wilson, Non-Executive Director</p> <p>Lead Executive Directors</p> <p>Chief Nurse</p> <p>Medical Director Chief Operating Officer</p> <p>Director of Human Resources</p> <p>Director of Finance and Business Services</p>	<p>2pm – 2.45pm</p>
21.2	EMERGENCY CARE PERFORMANCE AND		Chief Operating	

	RECOVERY PLAN <i>For discussion and assurance</i>	S (to follow)	Officer	2.45pm – 3pm
21.3	NHS TRUST OVER-SIGHT SELF CERTIFICATION <i>For discussion and approval</i>	T (to follow)	Director of Corporate and Legal Affairs	3pm – 3.05pm
22.	STRATEGY AND FORWARD PLANNING			
22.1	SECURING SUSTAINABLE SERVICES <i>For discussion and assurance</i>	U	Director of Strategy	3.05pm – 3.10pm
22.2	DRAFT ANNUAL OPERATIONAL PLANS 2014-15 AND 2015-16 <i>For discussion and assurance</i>	V (to follow)	Director of Strategy	3.10pm – 3.20pm
22.3	UHL TRAVEL PLAN <i>For discussion and approval</i>	W	Director of Strategy	3.20pm – 3.30pm
23.	RISK			
23.1	BOARD ASSURANCE FRAMEWORK – UPDATE <i>For discussion and assurance</i>	X	Chief Nurse	3.30pm – 3.40pm
24.	GOVERNANCE			
24.1	WORKFORCE AND SERVICE EQUALITY AND DIVERSITY UPDATE <i>For discussion and assurance</i>	Y	Director of Human Resources	3.40pm – 3.50pm
24.2	ASSURANCE AND ESCALATION FRAMEWORK <i>For discussion and assurance</i>	Z (to follow)	Director of Corporate and Legal Affairs	3.50pm – 4pm
24.3	TRUST BOARD CALENDAR OF BUSINESS <i>For discussion and assurance</i>	AA (to follow)	Director of Corporate and Legal Affairs	4pm – 4.05pm
25.	TRUST BOARD BULLETIN – DECEMBER 2013	BB	-	-
26.	QUESTIONS FROM THE PUBLIC RELATING TO BUSINESS TRANSACTED AT THIS MEETING	-	Acting Chairman	4.05pm – 4.25pm
27.	ANY OTHER BUSINESS	-	Acting Chairman	4.25pm – 4.30pm
28.	DATE OF NEXT MEETING			
	The next Trust Board meeting will be held on Thursday 30 January 2014 from 9.00am in Seminar Rooms 2 and 3, Clinical Education Centre, Glenfield Hospital.	-		

Kate Rayns
Trust Administrator

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UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

MINUTES OF A MEETING OF THE TRUST BOARD, HELD ON THURSDAY 28 NOVEMBER 2013
AT 10AM IN THE CUMULUS ROOM, DIABETES CENTRE OF EXCELLENCE, LEICESTER
GENERAL HOSPITAL

Present:

Mr R Kilner – Acting Trust Chairman
Mr J Adler – Chief Executive (up to and including part of Minute 311/13)
Colonel (Retired) I Crowe – Non-Executive Director
Dr K Harris – Medical Director (up to and including part of Minute 311/13)
Ms K Jenkins – Non-Executive Director
Mr R Mitchell – Chief Operating Officer (up to and including part of Minute 311/13)
Ms R Overfield – Chief Nurse
Mr P Panchal – Non-Executive Director
Mr I Sadd – Non-Executive Director
Mr A Seddon – Director of Finance and Business Services (excluding Minutes 298/13 to 303/13/1)
Ms J Wilson – Non-Executive Director
Professor D Wynford-Thomas – Non-Executive Director

In attendance:

Dr M Ardron – Deputy Clinical Director, Emergency and Specialist Medicine CMG (for Minute 307/13/2)
Dr T Bentley – Leicester City CCG Representative (from Minute 298/13 up to and including part of Minute 311/13)
Dr T Bourne – Chief Medical Information Officer (for Minutes 293/13/1 and 293/13/2)
Ms K Bradley – Director of Human Resources
Mr J Clarke – Chief Information Officer (for Minutes 293/13/1 and 293/13/2)
Mr P Cleaver – Risk and Assurance Manager (for Minute 305/13)
Professor M Davies – Professor of Diabetes Medicine (for Minute 299/13)
Sister J Dawes – Sister, Ward 32, Leicester Royal Infirmary (for Minute 304/13/1)
Miss M Durbridge – Director of Safety and Risk (for Minute 305/13)
Dr S Jackson – Chief Medical Information Officer (for Minutes 293/13/1 and 293/13/2)
Dr N Morgan – Consultant Physician (for Minute 304/13/1)
Mr P Parkinson – Healthwatch Representative (for Minute 293/13/3 and from Minute 298/13)
Mrs K Rayns – Trust Administrator
Ms K Shields – Director of Strategy
Mr S Ward – Director of Corporate and Legal Affairs
Mr M Wightman – Director of Marketing and Communications

ACTION

286/13 EXCLUSION OF THE PRESS AND PUBLIC

Resolved – that, pursuant to the Public Bodies (Admission to Meetings) Act 1960, the press and members of the public be excluded during consideration of the following items of business (Minutes 286/13 – 297/13), having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

287/13 REPORT BY THE CHIEF NURSE

Resolved – that this Minute be classed as confidential and taken in private accordingly, on the grounds that public consideration at this stage could be prejudicial to the effective conduct of public affairs.

288/13 APOLOGIES AND WELCOME

There were no apologies for absence. The Acting Chairman welcomed Ms K Shields, Director of Strategy to her first meeting of the UHL Trust Board.

289/13 DECLARATIONS OF INTERESTS IN THE CONFIDENTIAL BUSINESS

There were no declarations of interest in the confidential business being discussed.

290/13 ACTING CHAIRMAN'S AND CHIEF EXECUTIVE'S OPENING COMMENTS

Resolved – that this Minute be classed as confidential and taken in private accordingly, on the grounds that public consideration at this stage could be prejudicial to the effective conduct of public affairs.

291/13 CONFIDENTIAL MINUTES

Resolved – that the confidential Minutes of the 31 October 2013 Trust Board meeting and the 17 October 2013 Trust Board Development Session be confirmed as correct records.

292/13 CONFIDENTIAL MATTERS ARISING REPORT

Resolved – that this Minute be classed as confidential and taken in private accordingly, on the grounds that public consideration at this stage could be prejudicial to the effective conduct of public affairs.

293/13 REPORTS BY THE DIRECTOR OF FINANCE AND BUSINESS SERVICES

Resolved – that this Minute be classed as confidential and taken in private accordingly, on the grounds of commercial interests and that public consideration at this stage could be prejudicial to the effective conduct of public affairs.

294/13 REPORTS BY THE DIRECTOR OF HUMAN RESOURCES

Resolved – that this Minute be classed as confidential and taken in private accordingly, on the grounds of personal information and that public consideration at this stage could be prejudicial to the effective conduct of public affairs.

295/13 REPORT BY THE DIRECTOR OF STRATEGY

Resolved – that this Minute be classed as confidential and taken in private accordingly, on the grounds of commercial interests and that public consideration at this stage could be prejudicial to the effective conduct of public affairs.

296/13 REPORT BY THE MEDICAL DIRECTOR

Resolved – that this Minute be classed as confidential and taken in private accordingly, on the grounds of personal information and that public consideration at this stage could be prejudicial to the effective conduct of public affairs.

297/13 REPORTS FROM BOARD COMMITTEES

297/13/1 Audit Committee

Resolved – this Minute be classed as confidential and taken in private accordingly, on the grounds that public consideration at this stage could be prejudicial to the effective conduct of public affairs.

297/13/2 Finance and Performance Committee

Resolved – the confidential Minutes of the Finance and Performance Committee meeting held on 30 October 2013 (paper H refers) be received and noted.

297/13/3 Quality Assurance Committee

Resolved – that the confidential Minutes of the Quality Assurance Committee meeting held on 29 October 2013 (paper I refers) be received and noted.

298/13 DECLARATIONS OF INTERESTS IN THE PUBLIC BUSINESS

There were no declarations of interests relating to the public items being discussed.

299/13 DIABETES MEDICINE

The Acting Chairman introduced Professor M Davies, Professor of Diabetes Medicine and thanked her for hosting this meeting in the new Leicester Diabetes Centre on the Leicester General Hospital site.

Professor Davies presented a series of slides outlining the model of research, innovation and education being delivered from this purpose designed centre which had been opened by Sir Steve Redgrave on 7 November 2013. She highlighted the key focus areas for improving the care and treatment of patients with diabetes through clinical delivery, training and development, clinical research, service transformation, patient and public involvement, physical activity and patient education. Trust Board members particularly noted that UHL hosted the NIHR Leicester-Loughborough Diet, Lifestyle and Physical Activity Biomedical Research Unit (BRU), the NIHR South East Midlands Diabetes Research Network and the Desmond patient education programme.

The presentation summarised the significant contributions made towards identification of diabetes risk, offering quality diabetes prevention programmes, locally and internationally delivered education modules to increase knowledge and skills in clinical practice, changes to healthcare policy and implementation of the Walking Away programme for preventing diabetes in groups of people identified as being at risk.

In discussion following the presentation, the Trust Board:-

- (i) commented on the high quality of this working environment and the positive impact of the Diabetes service on improving patient health and wellbeing;
- (ii) sought further information on the next steps, noting in response that new therapies were being developed which might change future clinical practice and the significant patient benefits of physical activities programmes;
- (iii) queried the scope for additional education for UHL's clinical workforce and noted that Professor Davies was in the process of developing an in-patient training module with the aim of increasing the skills and knowledge of ward staff in diagnosing and treating diabetes related illness, and
- (iv) noted the importance of maintaining a focus on disease-specific themes within the overall workstreams for treating other long term conditions.

Resolved – that the presentation on Diabetes Medicine be received and noted.

300/13 ACTING CHAIRMAN'S AND CHIEF EXECUTIVE'S OPENING COMMENTS

The Acting Chairman welcomed Ms K Shields, Director of Strategy and Mr P Parkinson, co-opted non-voting Healthwatch representative to the meeting, noting that Mr Parkinson

was the Interim Leicester Healthwatch Chair and that he was attending as a nominated deputy on behalf of Mr E Charlesworth who was unable to attend. On behalf of the Board, he wished Mr Charlesworth a speedy recovery. He drew members' attention to the following issues:-

- (a) UHL had been designated as a Cancer Research UK Centre (as part of the latest phase in the development of the Cancer Research UK network of excellence) attracting £5m of additional investment in cancer-related research. He congratulated Professor W Steward, UHL's Professor of Oncology and Professor C Pritchard, the University of Leicester's Professor of Cancer Biochemistry and their teams on this achievement;
- (b) a Health Service Journal (HSJ) award presented to UHL's 5 Critical Safety Actions Handover Team for their work on developing mobile phone technology to provide clinical staff with 24/7 access to real-time critical information status updates on patients. He congratulated Dr B Collett and her team on this achievement, noting that the challenge would be to implement this across the Trust, and
- (c) an invitation from the Chief Nurse to attend a "Listening at its Best" event at Leicester's Guildhall on Thursday 5 December 2013 from 2pm to 6pm. This event was an opportunity for patients, relatives and staff to drop in and talk about their experiences of patient care in Leicester's Hospitals. Following this listening event, it was hoped to develop a range of themes to be taken forwards using the Listening into Action framework. Trust Board members were also encouraged to attend this event.

The Chief Executive highlighted the following issues for particular attention:-

- (i) the recruitment process for the substantive Trust Chairman vacancy had proceeded as far as the short listing phase. However, the TDA had expressed concern that the range of candidates was not sufficiently broad – despite the best endeavours of the Trust and Odgers to promote this vacancy widely. Consequently, it was anticipated that the TDA would re-commence the recruitment process early in the new year, and it was confirmed that Mr R Kilner would continue in his role as Acting Chair during the interim period, and
- (ii) the expected report on the month 7 financial reforecast (paper T3) had been withdrawn from the public agenda to allow for further detailed consideration of the key issues within the healthcare community. An update on this issue would now be provided at the 20 December 2013 Trust Board meeting.

Resolved – that the verbal information provided by the Acting Chairman and the Chief Executive be received and noted.

301/13 MINUTES

Resolved – that the Minutes of the Trust Board meeting held on 31 October 2013 (paper K) be confirmed as a correct record.

302/13 MATTERS ARISING FROM THE MINUTES

Paper L detailed the status of previous matters arising, particularly noting those without a specific timescale for resolution. In discussion on the matters arising report, the Board received updated information in respect of the following items:-

- (a) item 1 – Minute 277/13/1 of 31 October 2013 – the Director of Human Resources advised that the last meeting of the LLR Workforce Group had been cancelled, but she would be highlighting the work of the meaningful activities initiative for dementia patients to this group in the new year;
- (b) item 2 – Minute 227/13/5 of 31 October 2013 – arrangements had been made for the Acting Chairman and the Chief Executive to consider the governance arrangements for monitoring the Trust's workforce;
- (c) item 3 – Minute 280/13/1 of 31 October 2013 – the Chief Operating Officer confirmed

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**Acting
Chair/CE**

that he had fed back concerns to the CSI CMG regarding R&D support provided by Pharmacy and Imaging Services and the position would be monitored through the monthly CMG performance management meetings;	COO
(d) item 8 – Minute 249/13/1 of 26 September 2013 – the Medical Director advised that 4 of the 7 CMG education leads had now been appointed within the new clinical management structure and that an appropriate focus was being maintained in respect of evidence submissions to support SIFT funding;	
(e) item 10 – Minute 252/13/1 of 26 September 2013 – the Chief Nurse advised that she would respond to Ms K Jenkins, Non-Executive Director outside the meeting regarding the monitoring arrangement for risk 4, and	CN
(f) item 12 – Minute 227/13 of 29 August 2013 – the Director of Marketing and Communications advised that the names of the responsible officers for patient and public involvement within each CMG had been shared with the Patient Adviser group some 2 weeks ago. Predominantly, these were noted to be either the Head or Deputy Head of Nursing within each CMG. It was agreed that these lead roles would be included within the organisational structure chart for clarity. Ms J Wilson, Non-Executive Director also requested that the section of the reporting templates for recording patient and public involvement implications be fully completed fully prior to submission to the Trust Board and its Sub-Committees.	DCM All EDs
<u>Resolved</u> – that the update on outstanding matters arising and the associated actions above, be noted.	NAMED EDs

303/13 REPORTS BY THE CHIEF EXECUTIVE

303/13/1 Monthly Update Report – November 2013

The Chief Executive introduced paper M, the Chief Executive's monthly summary of key issues. Noting that separate reports featured elsewhere on the Trust Board agenda, he drew members' attention to the following issues:-

- (a) the Trust's financial position which continued to deteriorate as at the end of month 7 (October 2013);
- (b) the weekly meetings being held to address UHL's emergency care performance and the specific focus being developed in respect of a smaller number of deliverable high impact workstreams, including improving discharge processes and preventing non-admitted ED breaches;
- (c) the forthcoming inspection by the Care Quality Commission (CQC) due to commence on 13 January 2014. This inspection would be undertaken by a team of between 30 and 40 inspectors and a range of pre-inspection information was due to be submitted to the CQC by 13 December 2013;
- (d) updated guidance on the FT application process (as provided within the recently published document "Securing Sustainable Services") suggesting that the FT application process for all Trusts should commence with a positive CQC inspection;
- (e) the significant pressure that the NHS Strategic and Operational Planning Guidance on Integrated Transformation Funding was expected to place upon CCGs' and Acute Trusts' budgets which would be progressed with partners through the Better Care Together Programme;
- (f) the refreshed Government Mandate to NHS England: 2014-15 had not yet been reviewed in full, but the Director of Strategy provided her view that there were not likely to be significant implications for the Trust;
- (g) the Quality Assurance Committee had undertaken an early review of the Government's response to the 290 recommendations arising from the Francis review published on 19 November 2013, and
- (h) growing concerns regarding the Trust's RTT 18 weeks performance which would be discussed later in the agenda during discussion on the Quality and Performance report (Minute 307/13/1 below refers).

Resolved – that the Chief Executive’s monthly update report for November 2013 be received and noted.

303/13/2 Emergency Floor – Outline Business Case (OBC)

Further to the Trust Board Development Session held on 21 November 2013, the Chief Executive introduced paper N seeking Trust Board approval of the Emergency Floor OBC, as identified in option 3A – extension of the current Emergency Department towards the Victoria Building (incorporating demolition of the Langham Wing and Chapel and retention of the listed elements of the building). The overall project costs were estimated to be approximately £48m including pre-construction fees and enabling works. Discussion took place regarding the following aspects of this project:-

- (a) the extent of enabling works that the Trust might be able to proceed with (at risk) pending TDA approval of the Full Business Case (FBC) and whether UHL would be able to fund a proportion of the enabling works through slippage in the 2013-14 capital programme;
- (b) the potential impact of enabling works on the overall timescale for delivering the project. If all elements of the approvals and workstreams were processed sequentially, then the new ED would be opened in February 2016 (2 further winters without the new capacity), but with the enabling works being completed in advance of the FBC approval then the new ED would be opened in October 2015 (1 further winter without the new capacity);
- (c) supportive feedback had been received following presentation to Overview and Scrutiny bodies and the Trust had been requested to explore ways of accelerating the timescales for the project;
- (d) the scheme had been supported by LLR Healthwatch, but some secondary concerns had been raised in respect of car parking capacity. Assurance was provided that plans for a multi-storey car park development were being progressed in parallel;
- (e) confirmation that the TDA was expecting to receive the FBC submission for approval in February 2014 and that the TDA’s views would be taken into account when determining the extent of enabling works to be undertaken;
- (f) assurance provided regarding the technical capacity and capability of Interserve’s construction arm.

Resolved – that (A) option 3A and the Emergency Floor Outline Business Case be approved (as presented in paper N);

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(B) delegated authority be provided to the Chief Executive to determine the pace at which any enabling works proceed in consultation with the Acting Chair and having regard to the views of the TDA, and

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(C) development of the Full Business Case be supported prior to TDA approval in order to maintain the programme for delivering this project.

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304/13 **CLINICAL QUALITY AND SAFETY**

304/13/1 Contrasting Experiences – Better Care for Frail Older Patients Following a Hip Fracture

The Chief Nurse introduced paper O, providing the Board with an insight into the workstreams in place to improve the quality of care for patients admitted to the hip fracture ward (ward 32) on the LRI site. She introduced Dr N Morgan and Sister J Dawes who had attended the meeting to present this item. A short video was shown, providing highlights from an interview with a patient and his wife in which they had expressed their views on the positive and negative aspects of his recent care on ward 32 and their thoughts on how the service could be improved for patients.

Following the video, the Board received an update on the development of a new patient information pack relating the various rehabilitation care facilities offered to patients. These packs had been developed by one member of the ward's team and included all the salient information that patients might require, including the visiting hours and the timetables for local public transport. The content of the packs had been verified and confirmation was provided that the timetables, etc would be regularly updated. The average length of stay on ward 32 was noted to be 14 days and activities were being developed to engage with patients during this time. These included music, communal dining areas and tables within the bays for patients to play traditional board games. Ward 32 was one of the 7 wards currently seeking Quality Mark status and they welcomed any Board members to visit the ward themselves.

Dr T Bentley, CCG Representative welcomed the rehabilitation facility information packs and requested that the arrangements for rolling out this initiative to other wards be accelerated. He provided Board members with an update on plans to increase rehabilitation capacity for Leicester City patients through the Intensive Community Support Service and use of Clarendon Ward and the Evington Centre.

Dr Bentley also queried the arrangements for addressing an issue relating to laminar flow theatre capacity for hip fracture patients. In response, the Medical Director briefed the Board on the increasing trend towards total hip replacements (instead of pinning the fracture), noting that total hip replacements had to be carried out in an operating environment with laminar flow ventilation and that the only UHL theatres with laminar flow were located on the LGH site. He provided assurance that plans were in place to provide laminar flow within theatres on the LRI site in the near future.

Ms K Jenkins, Non-Executive Director noted the positive use of ward space represented by the retreat rooms and communal dining facilities. She particularly thanked the team for their presentation and the helpful insight that this had provided for Board members.

Resolved – that (A) the presentation on improving care for frail older patients following a hip fracture be received and noted, and

(B) consideration be given to rolling out the information packs on rehabilitation facilities to other ward areas, to support the discharge workstreams.

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304/13/2 Update on LLR Response to Francis Inquiry and UHL Response to Keogh and Berwick Reviews

The Chief Nurse introduced paper P providing assurance that the key themes arising from the Francis Inquiry and the Keogh and Berwick reviews had been reviewed by the Quality Assurance Committee and that appropriate action plans had been developed to address any gaps. Appendix II provided an integrated action plan for the key themes arising from this work.. The Chief Nurse proposed that an additional column be added to the action plan to confirm which UHL Committee would be reviewing progress with each theme. Ms J Wilson, Non-Executive Director and Quality Assurance Committee Chair supported this proposal.

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Resolved – that (A) the update on responses to the Francis Inquiry and the Keogh and Berwick reviews be received and noted, and

(B) the Chief Nurse be requested to amend the action plan to indicate which Corporate Committee would be reviewing progress against each action plan theme.

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304/13/3 Clwyd Report on NHS Complaints

The Chief Nurse introduced paper Q, providing the background and outputs arising from the Review of the NHS Hospitals Complaints System – “Putting Patients Back in the Picture” by

the Right Honourable Ann Clwyd, MP and Professor Tricia Hart, as published on 28 October 2013. A copy of the full final report was appended to paper Q. Members noted that the Director of Safety and Risk had undertaken an initial analysis of the implications for Acute Trusts and it was proposed and agreed that a detailed report would be presented to a future meeting of the Quality Assurance Committee in December 2013.

In discussion on the report the Trust Board:-

- 1) noted the scope to significantly improve the areas of handling, reporting and following up on complaints and that a proposed UHL root and branch review of the complaints system had been deferred, pending the outcome of this review. Ms J Wilson, Non-Executive Director queried the scope for a Trust Board workshop to be held on the subject of complaints systems and that opportunities to gain an external perspective on complaints handling from commercial organisations be explored;
- 2) received an update from the Chief Nurse on the arrangements to re-energise UHL's Patient Experience Committee and plans to draw together the outputs from patient complaints, social networking and patient survey results through quality assurance mechanisms;
- 3) sought and received additional benchmarking information regarding the total number of complaints received, ratio of complaints to patient activity and the number of Ombudsman reviews that had been upheld;
- 4) received assurance from Professor D Wynford-Thomas, Non-Executive Director that quality and safety education for junior doctors was mirrored in the undergraduate training programme;
- 5) queried the scope to analyse and report upon the number of repeated complaints or any themes not adequately addressed by the response;
- 6) welcomed the early involvement of Healthwatch representatives, noting that early collaboration meetings had already been held with the Director of Safety and Risk;
- 7) noted the views expressed by the Director of Marketing and Communications regarding potential interpretations of high numbers of complaints, suggesting that this might be because the Trust made it easy for patients to complain, or it might be an indication that the Trust made more errors. He requested that reference to a meeting held with key stakeholders be included within future reports on this subject;
- 8) commented on opportunities to alleviate the need for patients to complain (as highlighted in chapter 3 of the report) and the scope to review these at the planned Trust Board workshop;
- 9) noted the increasing use of social media, NHS choices and Twitter as routes to complain and considered ways in which these sources of information could be better harnessed, and
- 10) commented on the scope to improve staff training to communicate more effectively with the Trust's customers (patients).

Resolved – that (A) the report on the review of NHS Hospital Complaints System “Putting Patients Back in the Picture” (paper Q) be received and noted;

(B) consideration be given to holding a Trust Board workshop on the subject of UHL's complaints handling system, and

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(C) a further detailed report and action plan be presented to the Quality Assurance Committee in December 2013.

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305/13 RISK

305/13/1 Board Assurance Framework (BAF) Update

The Chief Nurse presented the latest iteration of UHL's BAF (paper R). Ms M Durbridge, Director of Safety and Risk and Mr P Cleaver, Risk and Assurance Manager attended the

meeting for this item. The Chief Nurse particularly drew members' attention to the 3 actions highlighted as red in the action tracker provided at appendix 3 and gaps in controls for risk 3 in relation to the current level of nursing vacancies and difficulties in recruiting sufficient numbers of new nursing staff.

In respect of the 3 risks selected for detailed consideration at today's meeting, the Trust Board noted the following information:-

- risk 2 – failure to transform the emergency care system – the Chief Operating Officer commented upon opportunities to include additional assurance on the controls in place to address ED performance and the Chief Nurse commented that nurse staffing within ED were almost up to establishment now;
- risk 3 – inability to recruit, retain, develop and motivate staff – the Chief Nurse supported an increased current risk rating in respect of the significant level of nursing vacancies and it was proposed that this be amended to impact $4 \times \text{likelihood } 5 = 20$. The Director of Human Resources sought clarity whether the narrative relating to this risk was expected to identify specific actions being taken forward or actions to address any gaps in control. It was agreed that either the Director of Safety and Risk or the Risk and Assurance Manager would be invited to attend a meeting of the Executive Team to clarify this point and that consideration of a worked example would be considered helpful. Colonel (Retired) I Crowe, Non-Executive Director suggested that a clear reference to a specified action plan would be sufficient for this purpose, rather than listing the detailed actions, and
- risk 4 – ineffective organisational transformation – the Director of Strategy advised that she had recently assumed accountability for this risk and she requested an opportunity to review the narrative provided. Ms J Wilson, Non-Executive Director provided feedback from the Finance and Performance Committee's review of the Improvement and Innovation Framework and the timescale for delivering visible improvements. The Director of Strategy responded that the Executive Strategy Board was due to consider undertake a formal review of the Improvement and Innovation Framework on 3 December 2013.

In respect of the red and amber items listed in the action tracker provided at appendix 3, the following updated information was received and noted:-

- action 1.11 – had been completed;
- action 2.9 – had been covered off;
- action 3.3 – the Pay Progression Policy was due to be considered at the Executive Strategy Board on 3 December 2013;
- action 3.4 – ED recruitment and retention premia had been in place for nurses since July 2013 and for doctors since October 2013;
- action 6.11 – the draft policy for addressing recommendations from external reviews was being reviewed in draft form by the Chief Executive prior to presentation to the Policy and Guideline Committee;
- action 9.8 – the formal recovery plan for RTT performance was currently being finalised;
- action 10.2 – the FT application timeline was subject to variation due to changes in the national approach;
- action 11.2 – the Trust's IT Disaster Recovery arrangements were due to be reviewed again in December 2013;
- action 11.8 – the Chief Operating Officer was due to review progress during November 2013;
- action 11.11 – business continuity updates were outstanding from Interserve;
- action 12.8 – the timescale for TDA approval of the EPR business case had slipped to January 2014 – Dr T Bentley, CCG representative queried whether compatibility issues had been considered with community based systems and he noted in response that this was being addressed as part of the work on the Elective Care Bundle. The Acting Chair advised that one of the available EPR solutions did not interface with System 1;

- action 13.7 – the Medical Director noted delays in accessing the LETB benchmarking data, and
- action 13.8 – Odames ward had been set aside for the new library facility, but this area was currently being used as decant ward accommodation.

In further discussion on paper R, Ms K Jenkins, Non-Executive Director requested that clarity of the underlying impact of any slippage in the timescales for risk mitigation actions be provided in the next iteration of this report. In response, the Director of Safety and Risk provided assurance that the risk owner was encouraged to review the risk ratings in the event of any slippage and that none of the risk ratings had required such revisions on this occasion.

The Director of Corporate and Legal Affairs noted that consideration of the BAF had been brought forward in the agenda to allow sufficient discussion time, but he suggested that the Board's later consideration of the RTT performance exception report (Minute 307/13/1 below refers) would also be pertinent to UHL's risk profile. The Chief Executive reminded members of the importance of ensuring that the BAF provided an up-to-date and accurate reflection of the Trust's key risks in preparation for the forthcoming CQC inspection.

Resolved – that (A) the Board Assurance Framework (presented as paper R) be received and noted, and

(B) all risk owners be requested to review their sections of the BAF and provide the Risk and Assurance Manager with updated narrative by 6 December 2013 to inform the evidence submission for UHL's forthcoming CQC inspection.

EDs

306/13 HUMAN RESOURCES

306/13/1 Implementation of the Clinical Management Structure

Further to Minute 279/13/1 of 31 October 2013, paper S provided the final report on the implementation of the new Clinical Management Group (CMG) structure, confirming that the appointment of CMG Medical Leads, CMG Managers and CMG Lead Nurses was largely complete. Progress of the appointment to Medical Education and Quality and Safety Leads was detailed under sections 4 and 5 of the report.

Members noted that the first round of monthly CMG Performance Management meetings had been held between 19 and 25 November 2013 and that these had mainly focused upon the financial reforecast for each CMG. Future sessions would be structured to focus upon (1) quality, (2) performance, (3) finance and (4) workforce. Further to a facilitated meeting held on 1 November 2013 with the CMG leaders, a programme of quarterly CMG development meetings was being developed which would strengthen understanding of the support required for individuals and teams in terms of personal development and provision of the appropriate tools and information to undertake their roles effectively.

Mr P Panchal, Non-Executive Director sought and received information regarding the Chief Pharmacist role residing within the Clinical Supporting and Imaging CMG, but with a duty to report to the Medical Director. The Chief Executive requested that a further iteration of the structure chart be produced to clarify the role of the Chief Pharmacist and to detail the service and operational management structures within each CMG.

DHR

Colonel (Retired) I Crowe, queried whether linked Patient Advisers had been nominated for each of the CMGs and the Director of Marketing and Communications confirmed that they had although these were not indicated within the structure chart. It was felt that it would be helpful to also identify these persons within the chart. Mr I Sadd, Non-Executive Director stressed the importance of setting appropriate objectives and focusing on these through the staff appraisal process. Finally, the Chief Executive requested that a brief update on the

finalised quality and safety structures be provided to the 20 December 2013 Trust Board meeting as a matter arising.

DHR/
CN

Resolved – that (A) the final report on the implementation of UHL’s Clinical Management Group structure be received and noted, and

(B) an update on the finalised quality and safety supporting structure be provided to the 20 December 2013 Trust Board meeting.

DHR/
CN

307/13 QUALITY AND PERFORMANCE

307/13/1 Month 7 Quality, Performance and Finance Report

Paper T, the quality, performance and finance report for month 7 (month ending 31 October 2013) advised of red/amber/green (RAG) performance ratings for the Trust, and set out performance exception reports in the accompanying appendices. Ms J Wilson, Non-Executive Director and Quality Assurance Committee (QAC) Chair briefed Trust Board members on the following points, as considered at the 27 November 2013 QAC meeting:-

- a report on the Quality Commitment workstream for improving patient experience for older people and patients suffering from dementia;
- an exception report received in respect of fractured neck of femur performance and the assurance received that the October 2013 position would reflect an improved position and that laminar flow theatre capacity was being progressed for the LRI site;
- MRSA cases had been individually reviewed and assurance had been provided that these had been unavoidable. Clostridium Difficile performance remained challenging;
- improvements relating to facilities management performance metrics, although there was further work being undertaken to strengthen performance in this area;
- quarter 2 complaints data which was contained in the patient safety report. The number of complaints relating to communications and cancellations had increased. In respect of cancellations, she noted that the Ophthalmology service had been invited to attend the Finance and Performance Committee in December 2013, and
- an update on positive developments to be provided by the Chief Nurse in respect of pressure ulcer performance.

Papers T1 and T2 provided the Minutes of the QAC and Finance and Performance Committee meetings held on 29 and 30 October 2013 (respectively) for noting.

The Medical Director reported on key aspects of UHL’s quality and patient safety performance, advising that the plans to recover fractured neck of femur performance were robust and providing assurance that patient outcomes were improving and that mortality rates for this service remained below 100. The target for VTE risk assessments within 24 hours of admission had been achieved for the last 4 months. There had been no Never Events during October 2013. In terms of the saving lives workstream within the Quality Commitment, he provided assurance that the processes had been implemented as planned, but the outputs had not yet been measured, hence the red RAG rating.

Both the HMSR and the SHMI mortality indicators remained within the expected range. However, it was noted that Dr Foster’s would be changing their reporting methodology in the near future and that a briefing on this issue would be provided to the Trust Board once clarity on this point became available. The Trust had challenged the data leading to UHL being declared an outlier alert for deaths from low risk procedures and confirmation had just been received from Dr Foster that this information was incorrect. The Chief Executive particularly noted that deaths from low risk procedures was one of the “elevated risks” which had acted as a trigger for the Trust being categorised as a level 1 risk by the CQC. Furthermore, the Acting Chairman noted that 2 of the other “risks” – composite staff turnover rates and in-hospital mortality from paediatric and congenital disorders – had since been

explained by the transfer of staff to FM and IM&T providers and the fact that UHL was one of the few centres nationally to provide ECMO services.

The Chief Nurse summarised the Trust's infection prevention performance, confirming that detailed analysis of the MRSA cases had indicated that they were unavoidable. Clostridium Difficile infections were within the challenging trajectory to date although the position would remain vulnerable throughout the winter period. CQC benchmarking data for pressure ulcers had recently been considered by the Clinical Quality Review Group (CQRG) and UHL's data had compared well against other Trusts. Confirmation was provided that the Trust continued to strive to meet the zero pressure ulcer target. However, following admission of a patient with an existing grade 3 ulcer and due to lapses in the documentation process, the Trust had just reported its first grade 4 pressure ulcer. The likely penalties arising from this incident were currently being negotiated with Commissioners. The following questions were raised relating to pressure ulcer performance:-

- Ms K Jenkins, Non-Executive Director referred to the pressure ulcer information provided on page 12 of paper T and queried what the Trust would be doing differently to improve the performance. In response, it was noted that the detailed action plans were reviewed by the Quality Assurance Committee, but it would be considered helpful to provide a high level summary of the actions being taken within future iterations of this report, and
- Colonel (Retired) I Crowe, Non-Executive Director sought and received confirmation that the arrangements for supplying pressure reducing mattresses had been resolved and that the process for managing these at ward level was being strengthened.

Ms J Wilson, Non-Executive Director summarised the following issues arising from the items of business considered by the Finance and Performance Committee on 27 November 2013:-

- (i) significant concerns regarding admitted and non-admitted RTT performance (to be reported upon in detail at this meeting by the Chief Operating Officer);
- (ii) benchmarking data for medical workforce costs which appeared to indicate that the Trust was an outlier;
- (iii) in-month financial performance for month 7 was noted to be the worst month in the 2013-14 financial year to date;
- (iv) an improving trend in respect of pay costs, although agency expenditure remained higher than expected, and
- (v) additional assurance requested by the Committee in respect of financial recovery plans.

The Chief Operating Officer referred to the table of operational performance indicators provided on page 20 of paper T, providing a detailed summary of the issues reviewed by the Finance and Performance Committee in respect of RTT performance (as outlined in the exception report provided at appendix 3). In addition, he detailed the recurrent and non-recurrent actions planned to reduce these backlogs of patients by increasing the volume of activity in a range of specialities. The Chief Executive expressed concern about the operational and financial viability of the recovery plans and confirmed that a formal review of the way that patients had been selected from the waiting lists was underway. In response to a query raised by Dr T Bentley, CCG representative, the Chief Operating Officer confirmed that patients already scheduled for treatment would not be cancelled in favour of longer waiting patients. Ms K Jenkins, Non-Executive Director sought and received assurance that emergency patients and urgent cancer referrals were not being cancelled.

The Acting Chairman noted that due to the high volume of patient activity in Ophthalmology, approximately 60% of the backlog volume related to this specialty. Mr P Parkinson, Healthwatch representative confirmed that the Ophthalmology service had been a source of concern for some time amongst patient groups and he welcomed the proposals to resolve this backlog effectively. The Chief Operating Officer reported on recent improvements

within the Ophthalmology service which had resolved 5 of the 6 main challenges facing this service. The remaining challenge was the timeliness of typing and returning patient letters. Progress was being made in reducing the backlog of clinical letters, but this had been slower than planned due to the increased volume of activity.

The Chief Operating Officer also reported by exception on the following areas of UHL's operational performance:-

- (a) cancelled operations which stood at 1.7% against the threshold of no more than 0.8%. The primary cause for these was noted to be high levels of emergency activity;
- (b) choose and book slot unavailability (16% against the threshold of 4%) – discussion took place regarding the need to increase the number of outpatient slots, the frustration experienced by GPs when they were unable to book forward appointments and the arrangements for “dummy” appointments to ensure that 2 week wait cancer patients were seen within that timescale, and
- (c) 31 day cancer waits for subsequent surgery had been revalidated and performance had improved from 88.6% to 90% against the 94% target. It was noted that 7 patients had missed this target and that 4 of these cases had reflected patient choice. However, the quarter 2 target had been met for this indicator and all other cancer targets were RAG rated as green. Mr M Metcalfe, Cancer Centre Lead Clinician, had been invited to attend the Finance and Performance Committee to provide a presentation on the transformation of cancer performance and opportunities for further organisation learning arising from the improvement models adopted.

The Director of Human Resources noted the potential impact of the clinical management restructure upon the slight reduction in appraisal rates (91% against the 95% target). However clarity had now been provided regarding the accountability and staff reporting arrangements and overdue appraisals were being scheduled accordingly. She reminded Board members that UHL's appraisal rates benchmarked well against other Trusts noting that other Trusts considered rates above 70% to be good.

The Director of Human Resources also reported on levels of staff sickness and statutory and mandatory training compliance. In response to a query raised by Ms K Jenkins, Non-Executive Director, it was confirmed that the trajectory for statutory and mandatory training compliance had been set at 75% for the end of March 2014 and a focus was being delivered in key areas, such as safeguarding and resuscitation training – where access to courses was good but the rate of DNAs had been disappointing. Responding to a further query by Ms Jenkins, the Director of Corporate and Legal Affairs advised that the application process for the NHS Litigation Authority Risk Pooling Scheme for Trusts was currently suspended although the Women's and Children's CMG was actively pursuing its application for CNST Level 3 accreditation.

Section 8 of paper T provided a summary of facilities management performance through the contract with Interserve and provided an analysis of indicative service delivery across a range of 10 key performance indicators. The Chief Nurse reported on the improvements demonstrated to date and the high level of confidence that these would improve significantly in the near future. A further report on progress with the facilities management recovery plans was due to be presented to the Quality Assurance Committee in January 2014 and an update would be presented to the February 2014 Trust Board meeting.

In discussion on the facilities management indicators, the Acting Chairman noted that the number of portering requests had increased by 1,000 in October 2013 from the previous month's activity of 14,000 requests. Members also noted that the performance indicators selected for monthly reporting were being further reviewed to ensure that the most appropriate indicators were reported upon.

The Director of Finance and Business Services introduced section 9 of paper T, providing

the highlights and performance of UHL's IM&T service through the contract with IBM and NTT. He confirmed that the transition arrangements were proceeding according to the planned phasing and that (to date) there had been no visible issues arising for the Trust.

Section 10 of paper T detailed the Trust's financial performance for month 7 and provided the detailed financial statements covering income and expenditure, balance sheet, cash flow, capital programme, CIP performance and financial performance broken down by each CMG and Corporate Directorate. The Director of Finance and Business Services highlighted the following key issues:-

1. variances in the price and volume of patient care activity, noting that the fully coded patient activity had improved by £1m from the early cut data;
2. the analysis of pay expenditure by CMG (as detailed on page 39) indicated that approximately 80% of the adverse £11m variance to plan was attributable to 2 CMGs – Emergency and Specialist Medicine and ITAPS;
3. non-pay expenditure was £9.3m adverse to plan. Whilst a proportion of this expenditure was linked to patient activity, robust discretionary non-pay controls remained in place to reduce this trend;
4. appropriate cash management controls were in progress in order to maintain sufficient levels of operating cash and the support of the CCGs in re-phasing monthly SLA payments to the start of the month had been appreciated in this respect;
5. delivery of the Cost Improvement Programme was tracking according to the trajectory, and
6. performance against the Trust's year to date capital programme was £13.4m (75%) and the year end forecast had been reduced to £34.1m (£5.7m below plan).

In discussion on the Trust's month 7 financial position, Ms K Jenkins, Non-Executive Director sought the views of the Director of Finance and Business Services in respect of the elements and extent of financial recovery actions which were considered to lie within the Trust's own gift. In response, the Director of Finance and Business Services highlighted the significance of financial penalties for contractual issues (as detailed in section 7 of paper T) and the lack of adjustments from the 2008-09 baseline for marginal rate emergency activity. He also drew the Board's attention to opportunities to improve the depth of clinical coding to accurately reflect case mix at the LGH and LRI hospital sites, through strengthening the coding teams and improving the level of automation and interaction between clinicians and coding teams. The scale of potential improvements in realised available income might be in excess of £10m.

Resolved – that (A) the quality, performance and finance report for month 7 (month ending 31 October 2013) be noted;

(B) high level actions relating to improvements in pressure ulcer performance be included in future iterations of the quality, performance and finance report;

CN

(C) the Minutes of the 29 October 2013 Quality Assurance Committee meeting (paper T1) be received and noted, and

(D) the Minutes of the 30 October 2013 Finance and Performance Committee meeting (paper T2) be received and noted.

307/13/2 Emergency Care Performance and Recovery Plan

Mr M Ardron, Deputy Clinical Director, Emergency and Specialist Medicine attended the meeting to brief the Trust Board on patient flows through the Acute Medical Assessment Areas and ward capacity with the aim of supporting the Emergency Department flows. He particularly noted the positive impact of the 8am ward rounds, bed bureau triage systems and deflections, and the Acute Medical Clinic for ambulatory care patients. The Acting

Chairman advised that he had visited wards 15 and 16 on a walkabout earlier that week and had seen the processes taking place as described. However, he also noted some delays on the base wards (of up to 2 days) whilst patients were awaiting senior clinical reviews prior to discharge. In response, Mr Ardron confirmed that there were some issues to be addressed in respect of weekend ward and board rounds, but the system was considered to be robust between Monday and Friday. Discussion also took place regarding the opportunities to increase 7 day working by support services, including imaging and physiotherapy.

The Chief Operating Officer introduced paper U, providing an overview of ED performance for the month of October 2013 (91.8% against the 95% 4 hour target). Members particularly noted that UHL had the second highest number of elective and non-elective admissions in the NHS and that UHL had 300 beds fewer than the Trust which had the highest number of admissions nationally. He reported on plans to strengthen the discharge process at weekends, acute bed capacity requirements and the escalation process for preventing non-admitted ED breaches. In addition the site management team was being supplemented by 6 new site managers and a senior manager was being appointed.

A briefing note on the patient census approach to improving discharge processes was appended to paper U. The Chief Nurse briefed the Board on the twice daily conference calls which were used to inform a single list of patient information and where they were within their individual pathways in order to support a timely discharge. The new model reduced staff time away from the ward, provided a clear audit trail of the number of patients awaiting discharge and enabled the various teams to focus in a structured way on supporting discharge earlier in the day.

The Chief Operating Officer confirmed that work continued to be undertaken in partnership with the CCGs to resolve community factors such as increasing community bed capacity, single front door access and reducing emergency demand. Dr T Bentley, CCG representative noted that he attended the weekly meetings of the Urgent Care Board and he reported on developments to strengthen end of life care pathways, extend the hours of local walk in centres and arrangements to increase the support provided by nursing homes. Responding to a query raised by Ms K Jenkins, Non-Executive Director, Dr Bentley confirmed the CCGs view that all the appropriate actions were being taken to improve emergency care performance, but that robust progress relating to the UHL-led actions relating to discharge processes, TTO prescriptions and IT systems was crucial.

Resolved – that the presentation and report on Emergency Care Performance be received and noted.

307/13/3 NHS Trust Over-Sight Self Certifications

The Director of Corporate and Legal Affairs introduced UHL's self certification returns for August 2013 (paper V refers), inviting any comments or questions on this report. He sought and received the Board's delegated authority to agree a form of words with the Chief Executive in respect of sections 6 (risks to NTDA's accountability framework) and 10 (plans in place to ensure ongoing compliance with all existing targets).

DCLA/
CE

Subject to the above amendments, the November 2013 self certification against Monitor Licensing Requirements (appendix A), and Trust Board Statements (appendix B) were endorsed for signature by the Chief Executive and submission to the TDA accordingly.

Resolved – that subject to the inclusion of additional wording in Board Statements 6 and 10, the NHS Trust Over-Sight Self Certification returns for November 2013 be approved for signature by the Chief Executive, and submitted to the TDA as required.

CE

308/13 **GOVERNANCE**

308/13/1 UHL Emergency Preparedness, Resilience and Response (EPRR) Self-Assessment

The Chief Operating Officer introduced paper W, detailing the Trust's current position against the NHS England EPRR Core Standards. Following consideration by the Executive Team, opportunities to strengthen the action plan had been identified and he undertook to arrange for the Emergency Planning Team to incorporate these improvements. It had been agreed that the Executive Team would receive a revised action plan in January 2014, against which progress would closely monitored. The Acting Chairman noted the scope for more robust actions to be developed and he requested the Executive Team to consider whether an entry on the Trust's Strategic Risk Register would be appropriate in the short to medium term.

COO

COO/ET

Resolved – that (A) the UHL Emergency Preparedness, Resilience and Response Self-Assessment be received and noted, and

(B) the Executive Team be requested to monitor progress and consider whether an additional entry on the Trust's Strategic Risk Register would be relevant.

COO/ET

308/13/2 Results of Reputation Audit

The Director of Marketing and Communications introduced paper X, providing a summary of the results of the reputation audit undertaken over a 3 week period in November 2013 and proposing that a follow-up audit be undertaken in May 2014 (6 months later). Members particularly noted the distribution of the 319 responses received between members of the public (53%), Trust public members (28%) and public and voluntary sector bodies (15%).

Approximately 70% of respondents had indicated that they would either be likely or very likely to recommend the Trust's hospitals to friends and family if they needed care or treatment. Question 27 had asked the question "Do you think that Leicester's Hospitals have a good reputation locally" and only 59% of responses had agreed or strongly agreed with this question. The Director of Marketing and Communications indicated an aspiration to improve this result by at least 10%.

In discussion on paper X, the Board requested that a further analysis of the responses be undertaken to develop a greater understanding of which groups had responded positively or negatively to different sections of the questionnaire and recommended that only 1 reputation audit be undertaken per year. Mr P Parkinson, Healthwatch representative commented that having now observed a UHL Trust Board meeting first hand, he had developed an insight into how some potentially negative issues could be viewed differently with greater understanding of the underlying factors.

Resolved – that (A) the results of the reputation audit be received and noted, and

(B) the Director of Marketing and Communications be requested to undertake a further analysis of the audit results and consider the Board's recommendation that the reputation audit be undertaken annually.

DMC

309/13 **REPORTS FROM BOARD COMMITTEES**

309/13/1 Audit Committee

Ms K Jenkins, Non-Executive Director and Audit Committee Chair presented the Minutes of the Audit Committee meeting held on 12 November 2013 for noting. She particularly highlighted the following items:-

- Minute 74/13/1 noting that no recent updates had been provided in respect of a number of outstanding overdue Internal Audit actions as listed on the web based system

“TrAction” which was used to monitor progress. Some users had experienced difficulty in accessing this system to provide their progress reports and it was noted that members of the Trust Administration team would be supporting this process in future. The Chief Executive recommended that the summary of outstanding overdue Internal Audit actions be reviewed by the Executive Performance Board, via extracts from the “TrAction” reporting system, and

- Minute 73/13/3, members noted that the Remuneration Committee had received an update on “Off-Payroll Arrangements” at its meeting held earlier that day.

Resolved – that (A) the Minutes of the 12 November 2013 Audit Committee meeting be received and noted, and

(B) progress against outstanding Internal Audit Actions be monitored through the Executive Performance Board.

DCLA

310/13 TRUST BOARD BULLETIN – NOVEMBER 2013

Resolved – that the Trust Board Bulletin report containing declarations of interest, and a briefing note on Sickie Cell patient experience feedback (paper Z) be received for information.

311/13 QUESTIONS AND COMMENTS FROM THE PUBLIC RELATING TO BUSINESS TRANSACTED AT THIS MEETING

The following comments and questions were received regarding items of business on the Trust Board meeting agenda:-

- (1) a query on the arrangements for assessing the impact of immigration from Romania and Bulgaria on UHL’s emergency department and maternity unit attendances and whether reference should be included to this issue on the Trust’s Strategic Risk Register. The Director of Strategy agreed to raise this issue with the whole health community through the Better Care Together Board. In addition, Dr T Bentley, CCG representative provided assurance that any immigrants presenting at the ED single front door would be given appropriate advice regarding the arrangements for registering with a GP practice;
- (2) a perception that the Trust did not take questions raised by members of the public as seriously as it should. The requester (Mr M Woods) noted that he had not yet received responses to some of the queries he had raised at the 28 September 2013 Trust Board meeting, even though he had subsequently sent these by email to the Director of Corporate and Legal Affairs. On behalf of the Board, the Acting Chairman apologised if this impression had been given. He provided assurance that questions raised by stakeholders and members of the public were very important to the Trust and that wherever possible a full response would always be provided. The Acting Chairman also expressed his disappointment with the low numbers of public attendees at Trust Board meetings and hoped that this would improve as a selection of the 2014 meeting dates were planned to be held at external locations around the county.

DoS

On further investigation, it was noted that the Director of Corporate and Legal Affairs had acknowledged Mr Wood’s email of 28 September 2013 and that he had passed the relevant questions to other Board members for their response. The Director of Corporate and Legal Affairs was requested to review the status of these outstanding queries and remind the relevant Board members to issue any outstanding replies as soon as possible;

**DCLA/
EDs**

- (3) a suggestion (arising from a recommendation from the Cavendish report) that the Trust might consider referring to unqualified nurses as “unregistered nurses”, in order to make them feel more valued. The Chief Nurse responded that this issue had been considered

by the Quality Assurance Committee and that the term “nursing assistants” had now been agreed;

- (4) a suggestion that GP surgeries be advised not to routinely send patients to ED – the requester quoted a specific case where a patient’s relatives had contacted the GP surgery for advice regarding symptoms of diabetic illness and had been told to call for an ambulance. This patient had subsequently been given sugar containing treatments and had recovered fully. Dr T Bentley, CCG representative advised that it would not be appropriate to discuss the details of this specific case but he provided the requester with the contact details for the relevant CCG to enable him to follow up this incident further;
- (5) a query regarding the Interserve contract for providing Facilities Management services and to what extent the modified contract price had impacted upon the quality of the service provision. In response, the Director of Finance and Business Services and the Acting Chairman reported on the commercially sensitive nature of this information. However, they confirmed that the overall cost envelope had been reduced in line with the economies of scale expected to be delivered when moving from a range of 75% multiple out-sourced providers and 25% in-house providers to a single out-sourced provider. It was also confirmed that the service specification had been maintained or improved in order to protect the quality of service, although it was acknowledged that the contractual obligations around the timing of patient meal deliveries to the ward were not sufficiently robust and this was being addressed. The requester suggested that as much public visibility as possible be provided on this important issue.

Resolved – that the comments above and any related actions, be noted.

312/13 ANY OTHER BUSINESS

312/13/1 Better Care Together Governance Arrangements

Ms J Wilson, Non-Executive Director sought additional information regarding the arrangements for enhancing the governance around the Better Care Together Programme (as considered at a recent meeting with the CCGs and lay members). In response, the Acting Chairman noted that he would be taking this action forward.

Acting
Chair

Resolved – that the information be noted.

312/13/2 Quality and Safety Walkabouts

Ms K Jenkins, Non-Executive Director queried the arrangements for Quality and Safety Walkabouts at UHL. The Director of Corporate and Legal Affairs confirmed that these visits were undertaken at regular intervals (including evenings and weekends). He agreed to contact the Director of Safety and Risk to request a programme of the visits undertaken and when these were scheduled.

DCLA

Resolved – that the Director of Corporate and Legal Affairs be requested to contact the Director of Safety and Risk to obtain a programme of the Quality and Safety Walkabouts undertaken within the Trust.

DCLA

312/13/3 Improving Access to Public Board Meetings

Mr P Panchal, Non-Executive Director queried the scope for UHL to work with Healthwatch to increase the number of people accessing public Trust Board meetings. The Director of Marketing and Communications noted that 3 Trust Board meetings were planned to be held at external venues during 2014 and he welcomed any further suggestions to boost attendance at all public meetings in the Trust Board’s calendar.

Resolved – that the information be noted.

313/13 DATE OF NEXT MEETING

Resolved – that (A) the next scheduled Trust Board meeting be held on Friday 20 December 2013 in Seminar Rooms 2 and 3, Clinical Education Centre, Glenfield Hospital, and

(B) the Director of Corporate and Legal Affairs be requested to schedule an additional private Trust Board meeting on Friday 13 December 2013.

DCLA

The meeting closed at 4.38pm

Kate Rayns,
Trust Administrator

Cumulative Record of Members' Attendance (2013-14 to date):

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
R Kilner (Acting Chair from 26.9.13)	9	9	100	R Overfield	3	3	100
J Adler	9	8	89	P Panchal	9	8	89
T Bentley*	8	4	50	I Reid	4	4	100
K Bradley*	9	7	78	C Ribbins	4	4	100
I Crowe	5	4	80	I Sadd	2	2	100
S Dauncey	1	1	100	A Seddon	9	9	100
K Harris	9	9	100	K Shields*	1	1	100
S Hinchliffe	2	2	100	J Tozer*	3	2	66
M Hindle (Chair up to 26.9.13)	7	7	100	S Ward*	9	9	100
K Jenkins	9	8	89	M Wightman*	9	8	89
R Mitchell	5	5	100	J Wilson	9	8	88
				D Wynford-Thomas	9	4	44

* non-voting members



Progress of actions arising from the Trust Board meeting held on Thursday 28 November 2013

Item No	Minute Reference	Action	Lead	By When	Progress Update	RAG status*
1	303/13/2	Full Business Case to be developed for the Emergency Floor and Chief Executive to determine the pace at which enabling works could proceed in consultation with the Acting Chair and the TDA.	CE	February 2014	Verbal update to be provided at the 20 December 2013 Trust Board.	
2	304/13/1	Arrangements to be made to consider rolling out the Information packs on rehabilitation facilities to other wards.	CN	31.3.14	Verbal update to be provided at the 20 December 2013 Trust Board.	
3	304/13/2	Action plan to respond to Francis, Keogh and Berwick to be updated to reflect which Corporate Committee would be overseeing each theme.	CN	27.2.14	Updated action plan provided to the Quality Assurance Committee on 17 December 2013 for information.	4
4	304/13/3(b)	Consideration to be given to holding a Trust Board workshop on the subject of UHL's complaints handling system	CN/DCLA	31.3.14	Provisionally timetabled for the Trust Board development session on 13 February 2014.	4
5	304/13/3(c)	Detailed report and action plan to respond to the Clwyd report on NHS Complaints systems to be presented to the Quality Assurance Committee.	CN	31.1.14	Provisionally scheduled on the Quality Assurance Committee agenda for 29 January 2013.	4
6	305/13	Board Assurance Framework to be updated and submitted with UHL's evidence for the CQC inspection.	EDs/CN	6.12.13	Updated BAF submitted to the CQC as part of UHL's evidence submission.	5
7	306/13/1	Update on UHL's Quality and Safety supporting structure to be provided to the Trust Board on 20 December 2013.	DHR/CN	20.12.13	Verbal update on the management of change process to be provided at the 20 December 2013 Trust Board.	
8	307/13/1	High level actions relating to improvements in pressure ulcer performance to be incorporated into the quality and performance reporting mechanism.	CN	20.12.13	Commentary included in the Quality and Performance report which features on the 20 December 2013 agenda.	4
9	308/13/1	Executive Team to review and monitor progress relating to the emergency preparedness, resilience and response self-assessment and determine whether an additional entry on the Risk Register would be appropriate.	COO/ET	31.1.14	Provisionally scheduled on the Executive Team meeting agenda for 21 January 2014.	4
10	308/13/2	Director of Marketing and Communications to undertake a further analysis of the results of the reputation audit and consider the Board's recommendation for annual audits to be conducted.	DMC	31.12.13	Verbal update to be provided at the 20 December 2013 Trust Board.	
11	309/13/1	Progress against Internal Audit actions to be monitored through	DCLA	31.1.14	Provisionally scheduled for the Executive	4

* Both numerical and colour keys are to be used in the RAG rating. If target dates are changed this must be shown using ~~strike through~~ so that the original date is still visible.

RAG Status Key:	5	Complete	4	On Track	3	Some Delay – expected to be completed as planned	2	Significant Delay – unlikely to be completed as planned	1	Not yet commenced
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Item No	Minute Reference	Action	Lead	By When	Progress Update	RAG status*
		the Executive Performance Board.			Performance Board meeting on 28 January 2014	
12	311/13(1)	Director of Strategy to raise the potential impact of large scale immigration from Romania and Bulgaria with the whole health community through the Better Care Together Programme Board.	DoS	31.1.14	Verbal update to be provided at the 20 December 2013 Trust Board.	
13	311/13(2)	Director of Corporate and Legal Affairs to remind the relevant Board members of any outstanding responses to queries raised by Mr M Woods on 28 September 2013.	DCLA	20.12.13	Status of outstanding queries reviewed and reminders issued where appropriate.	4
14	312/13/1	Acting Chairman to seek updated information regarding the arrangements for enhancing the governance around the Better Care Together Programme.	Acting Chair	20.12.13	Verbal update to be provided at the 20 December 2013 Trust Board.	
15	312/13/2	Director of Corporate and Legal Affairs to obtain and circulate to Ms K Jenkins, Non-Executive Director, the programme of UHL Quality and Safety Walkabouts.	DCLA	20.12.13	The Director of Safety and Risk will arrange to contact Ms K Jenkins, Non-Executive Director directly on this issue.	4

Matters arising from previous Trust Board meetings

Item No	Minute Reference	Action	Lead	By When	Progress Update	RAG Status*
31 October 2013						
16	277/13/1	Meaningful Activities initiative for dementia patients to be highlighted to the National Lead for Dementia Care and the LLR Workforce Group.	CN/DHR	28.11.13 31.1.13	To be highlighted at the first 2014 meeting of the LLR Workforce Group.	4
17	277/13/5	Acting Chairman and Chief Executive to consider the governance arrangements for monitoring the Trust's workforce.	Acting Chair/CE	28.11.13 20.12.13	Verbal update to be provided at the 20 December 2013 Trust Board on recent discussions concerning the proposed establishment of an Executive Workforce Board.	
26 September 2013						
18	249/13/1	Letters requesting expenditure reports for SIFT resources to be re-circulated to the new CMG education leads.	MD/AMD	31.10.13	CMG management teams have been informed of the requirements, pending the appointment of CMG education leads.	4
19	252/13/1	Chief Nurse to respond to Ms K Jenkins outside the meeting	CN	31.10.13	Verbal report to be provided on 20	

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RAG Status Key:	5	Complete	4	On Track	3	Some Delay – expected to be completed as planned	2	Significant Delay – unlikely to be completed as planned	1	Not yet commenced
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Item No	Minute Reference	Action	Lead	By When	Progress Update	RAG Status*
		regarding the monitoring arrangements for risk 4.		28.11.13 20.12.13	December 2013.	
29 August 2013						
20	227/13(1)	Mechanism for Patient and Public Involvement to be clarified within the new Clinical Management Structure.	COO/DHR/DMC	26.9.13 28.11.13 20.12.13	Verbal reports provided at the 31 October 2013 and 28 November 2013 meetings. Named PPI Leads provided in the 20 December 2013 Trust Board bulletin.	5
25 July 2013						
21	194/13	Updated Trust Board calendar of business to be circulated to Trust Board members.	DCLA	30.8.13 30.9.13 20.12.13	Updated Trust Board calendar of business to be submitted to the Trust Board on 20 December 2013.	5
22	199/13/1	Results of the Equality Audit to be provided to the Trust Board in December 2013, with any urgent issues being highlighted to the Audit Committee Chair in the interim period.	DHR	20.12.13	Report scheduled on the 20 December 2013 Trust Board agenda.	5

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RAG Status Key:	5	Complete	4	On Track	3	Some Delay – expected to be completed as planned	2	Significant Delay – unlikely to be completed as planned	1	Not yet commenced
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M

**Trust Board
Paper M**

To:	Trust Board						
From:	Chief Executive						
Date:	20 December 2013						
CQC regulation:	N/A						
Title:	MONTHLY UPDATE REPORT – DECEMBER 2013						
Author/Responsible Director: Director of Corporate and Legal Affairs							
Purpose of the Report: To brief the Board on key issues and identify important changes or issues in the external environment.							
The Report is provided to the Committee for:							
<table border="1"> <tr> <td>Decision</td> <td></td> </tr> </table>		Decision		<table border="1"> <tr> <td>Discussion</td> <td>√</td> </tr> </table>		Discussion	√
Decision							
Discussion	√						
<table border="1"> <tr> <td>Assurance</td> <td>√</td> </tr> </table>		Assurance	√	<table border="1"> <tr> <td>Endorsement</td> <td></td> </tr> </table>		Endorsement	
Assurance	√						
Endorsement							
Summary / Key Points: The report identifies a number of key Trust issues and important changes or issues in the external environment.							
Recommendations: The Board is asked to consider the report, and the impact on the Strategic Direction and Board Assurance Framework (if any) and decide if updates to either are required.							
Previously considered at another corporate UHL Committee? No							
Strategic Risk Register: No		Performance KPIs year to date: N/A					
Resource Implications (e.g. Financial, HR): N/A							
Assurance Implications: N/A							
Patient and Public Involvement (PPI) Implications: N/A							
Stakeholder Engagement Implications: N/A							
Equality Impact: N/A							
Information exempt from Disclosure: None							
Requirement for further review? The Chief Executive will report monthly to each public Board meeting.							

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT TO: TRUST BOARD

DATE: 20th DECEMBER 2013

REPORT BY: CHIEF EXECUTIVE

SUBJECT: MONTHLY UPDATE REPORT – DECEMBER 2013

- 1.0 In line with good practice (and set out in the Department of Health Assurance Framework for Aspirant Foundation Trusts: Board Governance Memorandum), the Chief Executive is to submit a written report to each Board meeting detailing key Trust issues and identifying important changes or issues in the external environment.
- 2.0 For this meeting, the key issues which the Chief Executive has identified and upon which he will report further, orally, at the Board meeting are as follows:-
- a) the Trust's financial position as at Month 8 2013/14;
 - b) emergency care performance;
 - c) the forthcoming Care Quality Commission (CQC) inspection which will commence on Monday, 13 January 2014.
- 3.0 The Trust Board is asked to consider the Chief Executive's report and, again, in line with good practice, consider the impact on the Trust's Strategic Direction and decide whether or not updates to the Trust's Board Assurance Framework are required.

John Adler
Chief Executive
12 December 2013

N

Trust Board Paper N

To:	Trust Board		
From:	Rachel Overfield, Chief Nurse		
Date:	20th December 2013		
CQC regulation:	Outcome 1,2,4,11,14,17		
Title:	Relative's Story – Experience of Care within the Emergency Department.		
Author/Responsible Director: Rachel Overfield, Chief Nurse Heather Leatham, Head of Nursing			
Purpose of the Report: To provide the Trust Board with a relative's story highlighting areas requiring improvement in the Emergency Department.			
The Report is provided to the Board for:			
Decision		Discussion	x
Assurance		Endorsement	
Summary / Key Points: A letter was received from a patient's relative highlighting experiences and observations during a visit to Minor Injuries in the Emergency Department in May 2013. The relative's father-in-law received treatment in Minor Injuries and was subsequently admitted to ward 15 at the Leicester Royal Infirmary. The letter outlined a number of concerns relating to a range of issues, which have all been investigated. Over the last 6 months the staff have been working to improve care in response to this poor feedback. This relative also met with the Patient Experience Team on a couple of occasions and has summarised some of the key areas of concern in a short DVD. This DVD has been used as an education tool and to inform staff about this experience of care and many initiatives and improvements has taken place in response.			
Areas of concern highlighted in this story:			
<ol style="list-style-type: none"> 1. Patient was vomiting and not provided with any support in the removal of used vomit bowls. Also no tissues/hand towels available so patient using back of hand to wipe mouth, which was not very dignified for the patient. 2. When relative asked for help in the removal/disposal of vomit bowls, staff pointed to where relative should go to dispose of bowls rather than supporting the patient by removing bowls themselves. 3. Patient and relatives felt invisible to the staff once the decision was made to admit them. Staff did not smile or engage further with patient or family member for a number of hours. 4. Patient and relative witnessed two members of staff having an argument and shouting at each other in department which was very disturbing. 5. Waste bin near patient area allowed to fill up with used vomit bowls and the bin was not emptied. Also the bin was within arm's reach of the patient and every time the bin shut the lid banged down which proved very distressing for the patient who was trying to sleep/rest. 			

6. When the patient was transferred up to the ward the two porters talked over the patient in the lift about how dissatisfied they were with their employer and how poorly they were being treated.
7. Porters did not introduce themselves, explain where patient was going or talk to patient at all.

There have been a large number of developments and improvements in response to these concerns. A number of highlights are identified below:

1. Education in relation to the correct disposal of used vomit bowls and ensuring relatives are not expected to dispose of bowls for the staff. The Deputy Heads of Nursing are to ensure that there are tissues available and accessible for patients to ensure heightened levels of dignity during such distressing period for patients.
2. The team within the Emergency Department have used this feedback as an opportunity to examine how they may be perceived by patients especially when the department is very busy and patients can be in the department for long periods. The team have agreed that the behaviours they all will exhibit, appearing friending, open, ensuring patients receive eye contact and that even though they feel caring and nurturing towards patients they need to ensure this is transparent to patients who are watching their actions and behaviours.
3. A Consultant in the department is currently leading a project called the RSVP scheme, which actively encourages members of staff to communicate in a professional manner promoting respect for each other and how communication can be perceived by onlookers. There has been training in the department conducted by the training and development team and further training is planned in the New Year. This will address the issue of the doctor shouting at a nurse.
4. 'Intentional rounding' has commenced to ensure that every hour all patients are approached and asked if they need assistance or require a drink or something to eat during their time in the department.
5. Interserve are reviewing how often bins are emptied.
6. As part of the PLACE action plan 'soft closing' bins have been identified as a priority for introduction across the Leicester Royal Infirmary. Interserve has been tasked with undertaking a bin survey to identify how many replacement units are needed to ensure all bins are 'soft closing'. The Trust will then have to go through the procurement process.
7. Interserve are delivering customer service training to all staff on an on-going basis to improving the patient experience. The themes from this incident have been cascaded through the senior management team as this behaviour is unacceptable and to ensure that all staff are aware that this behaviour is intolerable whilst on duty and particularly when interacting with patients.

Recommendations:

The Trust Board is asked to:

- Receive and listen to the relative's story
- Support the improvements instigated in response to this relative's feedback.

Previously considered at another corporate UHL Committee? No

Strategic Risk Register: N/A

Performance KPIs year to date: N/A

Resource Implications (eg Financial, HR): There are a number of resource implications associated with the improvements required in response to this relatives experience.

Assurance Implications: N/A

Patient and Public Involvement (PPI) Implications: Yes

Stakeholder Engagement Implications: N/A

Equality Impact: None

Information exempt from Disclosure: None

Requirement for further review? No

COMPLAINTS
21 MAY 2013
OFFICE

9th May 2013

John Adler,
Chief Executive,
University Hospitals of Leicester Headquarters,
Level 3,
Balmoral Building,
Leicester Royal Infirmary,
Infirmary Square,
Leicester.
LE1 5WW

Dear Mr Adler,

Re - UHL Patient Experience Survey: A&E Adult Minors Department.

Can I say first of all I am a great admirer of the National Health Service. Health and Wellbeing was a major feature of my role, until I recently retired, as [REDACTED]. Having recently spent nearly 12 hours in A&E Adult Minors Department on Tuesday 7th May '13 as a relative of [REDACTED] I thought it would be constructive to convey my thoughts backed up by observations and experiences which I'm sure you would want to receive as part of your customer care procedures.

1. **Reception.** When you arrive at the A&E reception feeling very anxious it is somewhat embarrassing when the receptionist is rather loud, especially as the signs convey messages requesting space and confidentiality.
Action: Show a little more empathy and a smile costs nothing ☺.
2. **Vomit bowls but no paper towels.** My father in law had a throat problem and was vomiting. Plenty of bowls available but, unless I missed them, no paper towels. It was incredibly embarrassing and undignified for an elderly man of 84 to be wiping his mouth with his fingers in a packed waiting area.
Action: Install paper towel dispensers in waiting areas.
3. **Pointing fingers syndrome.** Picture the scene, standing room only in the reception/waiting area, 84 year old father in law vomiting, into a fresh bowl, me carrying a used vomit bowl, everyone watching as we are the current 'entertainment' and no paper towels. I return to reception to ask for said paper towels and where to dispose of smelly vomit in bowl and pointing begins. Firstly pointing to go through door that I think had 'no admittance' signs, everyone is busy inside, understandably, and ask for paper towels and how to dispose of vomit bowl. Second pointing experience, by two nurses doing paperwork, towards a yellow bin. When you are

stressed because you have left an 84 year old man on his own vomiting for England it's surprising how difficult it is to survey the scene and see what you are looking for.

Action: Install waste disposal bins in waiting area and encourage staff to smile and make eye contact. ☺

4. **Harry Potter/Frodo Baggins invisibility cloak.** Having been assessed by a very amiable doctor of Nigerian origin and my father in law, in slightly better spirits as vomiting has temporarily subsided, trying to persuade him to play rugby (probably a Leicester thing) we are now waiting for a bed. And this is where the invisibility clock comes into action. Apart from a smiling young female doctor and smiling nurse passing the cubicle and inserting a drip, you become invisible. Staff walk by the cubicle but no eye contact, no hello [REDACTED] no smiles, no communication. At this point I must say the triage nurse was excellent as were the staff who had direct contact with my father in law.

Action: I know people are very busy but a smile costs nothing but can be very reassuring. I smiled at the staff but they didn't see me in my invisibility cloak.

5. **Waste bins in A&E Minors.** With a long wait pending and being 'invisible' it's amazing what you observe. Firstly the yellow waste bins close with a loud crashing noise. Very upsetting for elderly patients who close their eyes for a rest only to be startled by the loud crash of the lid closing. I thought this was the norm, only to discover that some have a spring loaded quiet closing mechanism. Incidentally, in my near 12 hour wait the waste bins were never emptied, especially concerning as our cubicle bin began to overflow with vomit bowls. The same young female doctor mentioned earlier was the only member of staff to take a full bowl away for disposal.

Action: Bins emptied more frequently and the person emptying the waste reports any bins with faulty closure mechanisms.

6. **Doctor shouting at a nurse.** I didn't need to know the circumstances but it was very distasteful when a young male doctor became loud and shouted at a nurse. She calmly said 'Don't shout at me' to which the doctor replied, 'I wasn't shouting at you I was telling you'. Regardless of who is right or wrong, this can't be good for team morale. I would never have allowed my students to talk like that, let alone medical professionals. We have all worked very long days, but common courtesy and respect is a minimum expectation, especially in front of patients. I smiled as the doctor shuffled by, but guess what he didn't see me, as I was invisible.

Action: Encourage courtesy and respect for others as part of training. In these days of financial austerity it costs nothing to smile and be respectful.

7. **Comfy chairs for the elite.** The patient/relative chairs are probably the cost-effective of the robust chairs on the market and I understand why they are selected. But if you have a considerable wait and 10 hours into the waiting time you are feeling pretty tired and uncomfortable, try sitting on one of those chairs with your head resting against the wall. Not pleasant at all, especially when you see in the small consulting cubicle, Number 6 an inviting comfortable padded chair, infrequently used by the doctor, going begging. I was tempted to rearrange the furniture.

Action: 1. Carry out some Action Research by the customer to suggest and appropriate chair for relatives/friends. We engaged students to carry out such research and suggest the most appropriate chair for learning. I would have thought your purchasing department could do the same. 2. At one of your next lengthy management meetings substitute your chairs for the ones in A&E

cubicles and observe the response. Could be fun taking people out of their comfort zone. ☺

8. **Communication.** A small but vital point in any organisation and believe me I know how difficult it is to achieve quality communication. Keep the patient and relative informed about progress. In my father in laws eyes people go home at 6pm and he didn't understand you work round the clock. Having been told he was going to ENT and only when we asked much later was he told he was off to another ward when a bed became available. A confusing experience but one I was able to interpret for him.
Action: Communicate, communicate and communicate.
9. **Food and drink.** At no stage was my father in law offered a drink or refreshments. I can look after myself but I do wonder if his needs would have been met should I not have been in attendance. It might have been that he was not to eat or drink, but no one explained this point.
Action: Just an observation.
10. **Pay phone in reception/waiting area.** By now it must be about 10pm, ten hours on from arriving, and my mobile phone battery had died. So I tried to use the Solitaire public phone in the reception waiting area. I followed the instructions twice but it would not connect when my wife answered the phone, who is with a worried 85 year old mother in law. So 80p down and not a violent man, I would have gladly smashed the receiver but instead calmly phoned the 0800 Service number and a recorded message gave me the option of leaving a message after the bleep. But guess what, correct, no bleep was forthcoming. However on the third attempt, a bleep and I leave a message about lost money and insist they phone me on my home number the following day. Guess what, correct, still waiting for the call.
Action: Review your public phone contract, if only to prevent vandalism from frustrated relatives. ☹
11. **Evening porters.** After about 12 hours a bed was found in Ward 15. Two evening porters arrived to move the patient. I presume they are an externally contracted staff as they wore a top with a company logo. And then the return of the 'invisibility cloak'. Whilst waiting for the paperwork to be completed, which took a further 2 minutes, I had to witness the male porter talking about his pension coupled with criticism of the hospital, "Can't wait to leave this place". This was followed by the female porter criticising the nurse for not having the paperwork ready and wasting her time. The nurse, who had been particularly helpful and caring, completed her work and didn't take the bait. I decided to say nothing and observe even though I felt like chastising them. On the journey to Ward 15 it was as though I didn't exist. Neither porter acknowledged me or explained where we were going. They continued to be very negative towards the hospital and as far as I was concerned totally unprofessional. On arrival at Ward 15 we couldn't have met two nicer staff, one male one female.
Action: All staff need to realise they are part of a massive hospital team. In fact I would go as far as saying porters can be particularly important by smiling, saying where the patient is going and engaging in polite chit chat with relatives/friends. Another training issue relating to the hospital culture of which you might want to remind staff. And once again a ☺ costs nothing.

Most patients, relatives, friends and carers are very anxious when they attend hospital and little things mentioned in my letter can make a massive difference. Many positive

experiences with a range of staff occurred on our visit to the hospital. The friendliness of the young female doctor, the bewilderment of the doctor of Nigerian origin trying to be recruited to play rugby and two very professional and friendly nurses, especially one working the late shift who looked of far eastern origin, sorry didn't get her name. I just thought you might like to hear about my areas of concern.

Final action: You might already have an external person act as a secret patient and relative/critical friend to offer more thoughts on how your service can be improved. From my experience it might be something worth considering.

I do hope you receive this in the spirit of being constructive and hope it helps, quoting your words,

"help us build better services for our patients and their families".

The litmus test of your statement will be to see if you and your colleagues respond to my 'critical friend' observations and of course sign the letter yourself. ☺

I do wish you continued success at the hospital in these very difficult times of political intervention and reductions in funding. Heaven knows we must work together.

Yours faithfully,

Please ask for Beverley Cabon - Patient Information Advisor
Direct Line: 0116 258 8946
Direct Fax: 0116 258 8661


Our Ref: JA/mj/C/BC/JR/010/13

13 June 2013

Private



Dear 

I write further to your letter dated 9th May 2013 in which you highlighted a number of observations and concerns about your experience whilst accompanying  during his admission to the Emergency Department (ED) at the Leicester Royal Infirmary (LRI) on 7th May 2013. I can confirm that an investigation has been undertaken on my behalf, with the assistance of Mr M Watts – Service Manager for ED and I am now in a position to respond.

At the outset I would like to thank you for contacting the Trust and detailing your concerns and observations. Your account of the events made for interesting reading, and is certainly far from reflective of the standards of care that I would expect to be provided in any ward or department within the Trust. Prior to addressing your specific points, I would like to offer my sincere apologies that this was your experience of care in the ED.

As I am sure you are aware from recent media coverage, the ED is currently facing many difficulties, in terms of increased attendances, inability to recruit to the appropriate establishment of staff and the limitations of the size and capacity of the department to name but a few. The current situation is one that neither the Emergency Department nor the Trust find acceptable. Unfortunately the difficulties faced are indicative of a national problem, not one localised to Leicester.

As a Trust we are doing all we can to enable the relevant departments to cope with the increased attendances. Work is currently ongoing to try and make for a more speedy and efficient transit through the hospital system, which is aimed at streamlining patient journeys. It is anticipated that this will in turn lead to more efficient discharging of patients which will result in increased additional capacity for the assessment units to use, thus meaning patients will not have to wait so long in the ED for admission to the ward areas.

There has also been some capital build work completed within the ED, with a view to creating more space in the short term. This has also facilitated an increase in assessment bays which allows for improved management of the inflow of patients. There is more capital work planned in the very near future aimed at increasing capacity whilst a new purpose built department is planned and completed.

It is not my intention to excuse the shortfalls that you observed, this narrative is offered here to demonstrate that unfortunately the Trust is all too aware of the constraints that currently present and impede the staff within the ED from providing the very high standard of care and

treatment that they aspire to. I hope it reassures you that measures are in place to try and address these difficulties and facilitate an improved service provision.

Following a thorough investigation of the points that you have raised, I have addressed each of these below:

- 1) It is regrettable that you were addressed by the reception staff, in the manner that you describe in your letter. It is recognised that the reception staff are the first point of contact for many patients, and that the interaction here can impact on the entire journey through the ED. All of our reception team have recently been booked onto a course titled "Delivering Effective Service" to help improve the service they deliver to all people attending to ED. This is a one day course aimed at demonstrating the principles of effective service delivery to the patient and others and takes best practice forward into the workplace. It is also designed to equip individuals with the skills necessary to create and maintain a productive, service user focused climate.
- 2) It is not normal practice to have hand washing facilities in a waiting area, and we would only normally install paper towel dispensers at a hand washing facility. However, Martin Watts has indicated that he has passed your recommendation onto the Matron for the Minor Injury Unit (MIU) for his consideration. It is regrettable that no-one provided [REDACTED] with some tissues, I am very sorry that this did not happen.
- 3) There are 2 general waste bins in operation in the MIU currently. This has been assessed to be the appropriate number for this area. With regard to staff members pointing and directing you in the manner that you describe, I concur that this seems wholly inappropriate. However at times of peak activity, other aspects of care provision will be prioritised. I apologise that this was your experience.
- 4) You were placed in a busy area of the department whilst [REDACTED] was awaiting admission. On the day of your attendance there was unfortunately a reduced number of nursing staff on shift due to sickness and unfilled vacancies within our establishment. This meant that the staff were even busier than usual and would have been having to manage many competing demands. However, this does not excuse them from failing to acknowledge you or giving the impression that they were ignoring you. The importance of communication, both verbal and non-verbal is reiterated to all staff working within the ED regularly.
- 5) The ED does have an allocated team of domestic assistants who keep the department as clean and tidy as possible. It is recognised that unfortunately there are times when they are unable to complete all tasks in a timely manner due to having to complete other non-routine tasks. In these circumstances it is not always possible to empty the bins as regularly as they should be. I apologise for the inconvenience caused. At the time of writing to you, Martin Watts offers his confirmation that all of the bins in MIU today close as they should and do not bang.
- 6) The staff in the department do generally get on very well and function as a cohesive and effective team the vast majority of the time. The significant number of successes that are evident in the ED on the majority of occasions would not be possible if they did not perform as well as they do. The ED sees, assesses and successfully treats and manages numerous patients, on average well over 400 every day. It is acknowledged that, during very busy times, as you describe in your letter, tempers do occasionally flare and inappropriate behaviours can present. This is regrettable and should not be undertaken in the public domain as it is appreciated that this can undermine the public perception of how the team functions. Please be assured that whilst far from ideal, the positive team ethic in the department means that such disagreements are quickly resolved.

- 7) The ED Clinical Business Unit has recently purchased some new chairs for visitors to the department to use. It is appreciated that they are not the most comfy chair available, however the importance of infection control considerations means that only certain types of chair are deemed appropriate in a clinical area. The chairs we have purchased are practical and fairly comfortable, although it is acknowledged that they are not designed to be sat on for hours on end. As detailed above there is considerable work in progress aimed at reducing the amount of time patients are waiting for admission in ED. On completion of these projects and changes it is hoped that the chairs recently purchased will be fit for purpose long term.
- 8) Please be advised that, as mentioned above, staff throughout the Trust are made aware of the importance of effective communication to not only patients and relatives/visitors but also members of the multi disciplinary team. Staff also receive training on the impact of poor communication on patient experience and complaints. I am very sorry that adequate communication was not provided to [REDACTED] during his admission to the ED. It is recognised that staffing shortages and high activity levels directly impact on the quality of care and communication provided. This is not offered as an excuse, and indeed this is an area we are looking to improve as a department.
- 9) There are drinks machines available in the department. The housekeepers do offer food to patients at various times of the day, usually around meal times. Please accept my apologies that you and your relative appear to have been missed on the round. For future reference please be advised that the nursing staff will always try to provide a patient with something to eat or drink if asked.
- 10) It is acknowledged that your experience with the telephone must have contributed to your frustration at a time when you were already experiencing significant distress and irritation. Unfortunately the telephone is managed by the facilities service that covers the Trust as a whole, rather than the department directly. Feedback has been provided to the staff in the ED to ensure that referrals are expedited whenever the telephone is reported as being out of action.
- 11) The portering service is currently run by an external agency, who have recently been appointed. Martin Watts has indicated that he will be passing your comments to the appropriate management team in order for them to be fully investigated and addressed accordingly.

Once again I would like to thank you for providing me with the insightful comments that you have made. Your letter in its entirety has been made available to the 2 Lead Nurses that currently manage the nursing staff in the ED.

It is anticipated that the content will be fed back to the staff on the 'shop floor' with a view to them having a more comprehensive understanding of how they and their actions and behaviours are perceived by those in their care. It is hoped that your letter will result in extra efforts being made to communicate effectively and behave professionally at all times.

I have also discussed your comments and observations with our Patient Experience Manager, [REDACTED]. Recognising how invaluable such comments/observations are, she has suggested that you may wish to consider becoming more actively involved in aiding and advising the Trust in matters of patient experience. If this is something you would like to pursue you can contact [REDACTED] or alternatively via telephone on 0116 258 5608. [REDACTED] also provided details of Karl.Mayes@uhl-tr.nhs.uk who has input in to this area.

Additionally, there is scope to become a member of University Hospitals NHS Trust as a service user. Should you feel that this would be a useful forum for your input, this can be done via the online public website.

I again apologise for the service you received, it is clear that despite our aspirations to ~~provide excellent care to all patients at all times, that we did not achieve this on this occasion.~~

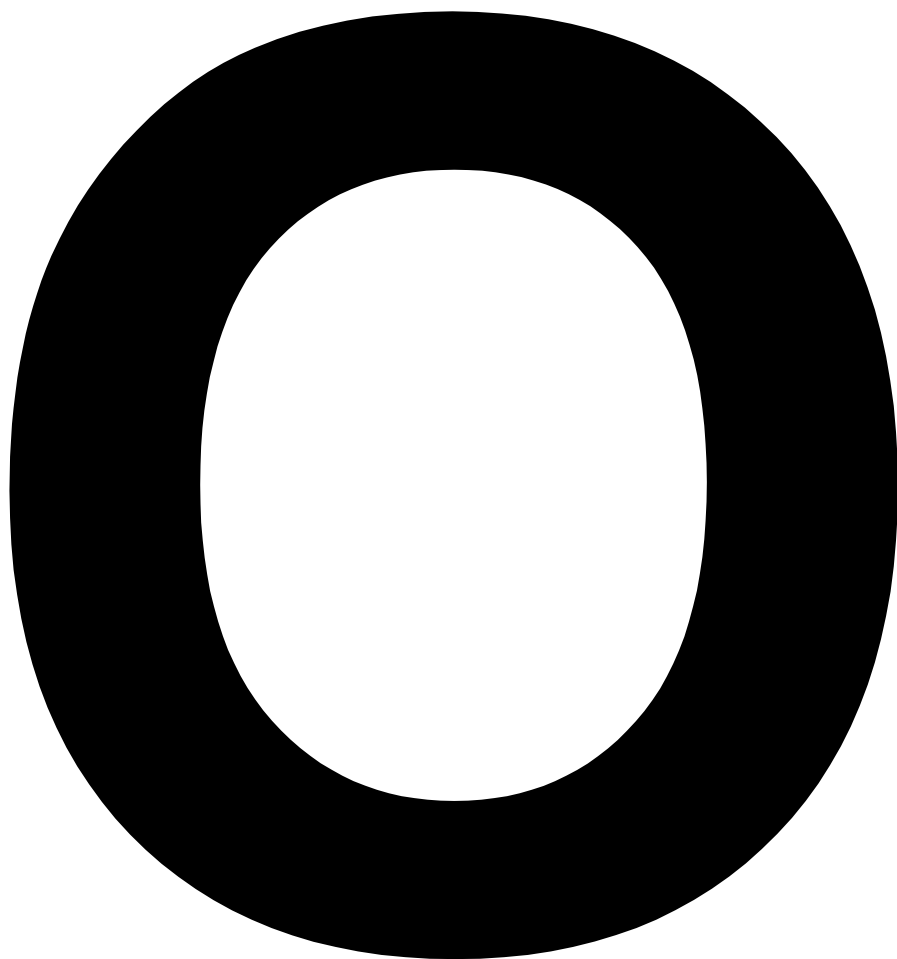
I do hope that you feel some level of assurance that your concerns have been afforded the appropriate amount of consideration and have been thoroughly addresses.

If you should require any further information or assistance please do not hesitate to contact me via the Advisor on the direct dial number given on the first page of this letter.

Yours sincerely

A handwritten signature in black ink, appearing to be 'John Adler', with a long horizontal stroke extending to the right.

John Adler
Chief Executive



To:	Trust Board								
From:	Kate Bradley, Director of Human Resources								
Date:	20 December 2013								
CQC Regulations:	Outcomes 12 to 14								
Title:	Organisational Development Plan Priorities (2013/15) Quarterly Update Report (Quarter 3 – October – December 2013)								
Author/Responsible Director:	Kate Bradley, Director of Human Resources / Bina Kotecha, Assistant Director of Learning and OD								
Purpose of the Report:	<p>This report sets out:-</p> <ol style="list-style-type: none"> 1. Progress against 2013 priorities of the Trust's Organisational Development (OD) Plan during the third quarter (October to December 2013) and key actions to be completed during the next quarter (January to March 2014); 2. Quarterly analysis against key HR performance measures, the workforce profile and pay bill; and 3. Key steps undertaken to improve efficiency and effectiveness of HR delivery. 								
The Report is provided to the Board for:	<table border="1"> <tr> <td>Decision</td><td></td> <td>Discussion</td><td>X</td> </tr> <tr> <td>Assurance</td><td>X</td> <td>Endorsement</td><td></td> </tr> </table>	Decision		Discussion	X	Assurance	X	Endorsement	
Decision		Discussion	X						
Assurance	X	Endorsement							
Summary / Key Points:	<p>We have set out an ambitious OD Plan led through six substantial work streams focussed on a number of targeted priorities and on-going fundamental areas as shown in Appendix 1:-</p> <ul style="list-style-type: none"> • Live our Values; • Improve Two-way Engagement; • Strengthen Leadership; • Enhance Workplace Learning; • Improve External Relationships and Workplace Partnerships; and • Encourage Creativity and Innovation. <p>Key progress against priorities/fundamental areas, in this quarter, is summarised below:-</p> <ul style="list-style-type: none"> • Training has been delivered (to former Divisions) in 'Improving Experience for Patients and Staff' incorporating nationally endorsed 'Putting People First' tools and techniques; • Training has been delivered to Consultant Recruitment Panels and we are working on strengthening future Consultant recruitment practices including the use of Assessment Centres; • During December we have presented exceptional staff and teams with 'Caring at its best' quarterly awards in the workplace; • We held a LiA 'Pass it on' Event during November and the Trust has moved into Phase 4 of our LiA journey involving 'embedding LiA as the way we do things at UHL'; • Work is progressing in improving medical engagement across the Trust, through a range of activities including medical leadership and financial skills development; • The first meeting of the 'UHL Clinical Senate' was held in December along with UHL's first Consultant / GP Conference focusing on 'improving quality and understanding commissioning'; • We have established a UHL Doctors in Training Committee and are progressing key developments aligned to improving patient safety and communication; 								



- We continue to extend the range of benefits available to staff and provide a portfolio of health and wellbeing activity (awarded Gold Accreditation);
- We continue to focus on 'what good leadership looks like' through our Leadership and Qualities Behaviours and corresponding case studies / video interviews;
- In improving appraisal quality we are progressing with system developments including a 360 Feedback Tool and E-Appraisal Recording Tool and are exploring the use of recently released national NHS Leadership Academy Leadership / Talent Management Frameworks;
- The Board continues with its development programme and has held development sessions on the new CQC Inspection regime, stakeholder engagement and the Trust's Strategic Direction;
- We continue to focus on education, training and development. We are particularly focusing on improving the quality and accessibility of Statutory and Mandatory Training;
- Workforce plans continue to be implemented supported by rigorous marketing and recruitment activity including international nurse recruitment;
- Each CMG has identified a PPI Lead who will encourage and co-ordinate PPI activity and will be representative on our new Quality Assurance Committee;
- The Trust's Chief Nurse held a Public Engagement Listening Event during December in exploring the recent experience of patients and their families. Emerging themes will form the basis of a work programme monitored by the assurance committee;
- We have implemented a new way of managing projects and programmes being delivered within the Trust's Improvement and Innovation Framework and work is progressing in devising a comprehensive development programme in building improvement capacity; and
- We host the East Midlands Clinical Research Network and have seen an increase in recruitment to NIHR-adopted research studies.

Our Human Resources Key Performance Indicators detailed in Section 2 of this report are designed to give assurance that we have sufficient supply of workforce to meet our activity requirements and that the workforce is working to high levels of efficiency.

We continue to focus on the efficiency and effectiveness of our HR Service and have made excellent progress in improving our recruitment services.

The National Staff Survey was distributed to all staff in September 2013 and an initial set of results are expected in mid-December 2013. We will report on performance against previously agreed national survey targets for improvement (June 2013) in the next quarterly update.

Recommendations:

The Trust Board is asked to note the progress in the third quarter in taking forward key 2013/14 priorities identified within the Trust's OD Plan. The Trust Board is also asked to comment on key HR performance results and steps undertaken to improve efficiency and effectiveness of HR delivery.

Previously considered at another corporate UHL Committee? N/A

2013-2015 Strategic Risk Register

Risk 3

Performance KPIs

Evaluation measures are detailed within section 2

Resource Implications (e.g. Financial, HR): Led by members of the Executive Team.

Assurance Implications:

The Trust's OD plan is the Personal Development Plan for UHL and identifies priorities that need to be addressed in order to develop and change 'the way things are done around here' (our prevailing culture) and further improve patient experience.

Patient and Public Involvement (PPI): PPI Implications have been detailed within work stream 5

Stakeholder Engagement Implications:

Members of the Executive Team will continue to actively engage with key internal and external stakeholders, in successfully implementing the Trust's OD Plan priorities.

Equality Impact:

Priorities have been assessed against the nine protected characteristics under the Equality Act 2010

Information exempt from Disclosure: None

Requirement for further review? Progress monitored by the Executive Team at regular meetings

REPORT TO: Trust Board

DATE: 20 December 2013

REPORT FROM: Kate Bradley, Director of Human Resources

SUBJECT: UHL Organisational Development (OD) Plan Priorities
Update Report (Quarter 3 – October to December 2013)

Introduction


- 1.1 To deliver our vision of 'Caring at its Best' and to facilitate the necessary change we have set out an ambitious Organisational Development (OD) Plan for UHL, as previously reported to the Trust Board in September 2013. Our priorities are led through six substantial work streams:-

1. Live our Values;
2. Improve Two-way Engagement;
3. Strengthen Leadership;
4. Enhance Workplace Learning;
5. Improve External Relationships and Workplace Partnerships; and
6. Encourage Creativity and Innovation.

These work streams have been aligned to UHL values, vision and strategic objectives particularly our objective to support the development of a professional, passionate and valued workforce.

- 1.2 As summarised in Appendix 1, we are focussing on a number of targeted priorities that are relevant to patients and staff; reflect local and national requirements and which we believe will have the most significant impact on delivering against these work streams. These OD priorities are supported by continuing focus on fundamental areas that are on-going and key to delivering our vision.

- 1.3 The purpose of this report is to update the Trust Board on progress related to the implementation of the OD Plan priorities for 2013/14 and comprises of 3 sections:-

Section 1 updates on activity undertaken during the third quarter (October - December 2013) and sets out key actions to be completed during the next quarter (January - March 2014). We have incorporated the RAG Status against each priority area to indicate progress against key actions identified in the previous quarterly update (dated 27 September 2013). All actions are on track indicated by the  symbol in the heading line.

Section 2 provides a quarterly analysis against key HR performance measures, the Trust's workforce profile and pay bill.

Section 3 highlights key steps that have been undertaken to improve the efficiency and effectiveness of the HR service across UHL.

- 1.5 A review of the OD Plan is currently being undertaken by PWC as agreed by the Trust's Audit Committee and sponsored by the Director of Human Resources. The OD Plan review will report on the following:-



- The processes involved in creating the OD Plan, including any external consultation;
 - The work performed by the Trust Board in relation to the OD Plan through discussion with key personnel and review of key documentation;
 - Testing, on a sample basis, the Trust's progress against work streams 2 and 4, and comparing this to that reported to the Trust Board; and
 - How the OD Plan compares against good practice.
- 1.6 The OD Plan audit review closing meeting has been arranged for the 9 January 2014. The final report will be presented to the Trust Board at the end of February 2014.
- 1.7 The Trust Board have agreed national survey targets for improvement, relative to the Trust's OD Plan priorities. The National Staff Survey was distributed to all staff in September 2013 either via email for on-line completion or as a paper version. Staff included in the CQC sample all received the paper survey and the response rate was 47% (December 2013). The on-line response rate was much lower as this was the first time the Trust had used this survey methodology. An initial set of results are expected in mid-December 2013 and we will report on performance against targets set in the next quarterly update (March 2014).

SECTION ONE – ORGANISATIONAL PLAN PRIORITIES – 2013/2014

Work Stream 1: Live Our Values

2.1 **Implement Putting People First / Cultural Shift Programme**

- During September each Division hosted a staff development day funded through the Trust's Charitable Funds Committee. These days were titled: 'Improving the Experience for Patients and Staff' and led by the Patient Experience Team.
- Each day was structured around the needs of the specific Division and aimed at medical, nursing and administrative staff.
- The objectives of each development day were:-
 - To provide the leaders with top tips to help them manage more effectively;
 - To help leaders engage and communicate more effectively using simple, pragmatic and relevant tools; and
 - To understand how we can improve our patients' experience in our day to day work.
- The outcomes for the day were:-
 - An understanding that the route to a great patient experience is through the staff experience and their essential role to make this happen;
 - An energised team who have had an opportunity to work together and to focus on what they need to do to be more effective; and
 - A team who feel in control and able to focus on what needs to be done to build on the great things that are already in place.

- All days were positively evaluated with Friends and Family Test Scores and free text comments as shown in Appendix 2. We are consulting with Clinical Management Groups (CMGs) in progressing the next phase of development.

2.2 **Implement Values Based Recruitment**

- We continue to deliver the full day Recruitment and Selection Training Workshop and the half day refresher courses which have a strong focus on values based recruitment. The afternoon session of the full course is dedicated to the development of appropriate interview questions and utilising these in role play situations including the scoring of candidates.
- During the last quarter we have delivered a two hour workshop to those involved in Consultant Panels and this session includes how questioning techniques can be used to elicit evidence regarding the Trust Values. A proposal is currently in development regarding the expansion of the consultant recruitment process to include an Assessment Centre prior to the formal selection interview. This Assessment Centre will include values based exercises to ensure demonstration of the leadership qualities associated with our Trust values.
- In the next quarter the HCA selection process will be reviewed to ensure it embraces the Trust values.

2.3 **Continue 'Caring at its best' Awards**

- Judging for our Quarter 1 (new annual cycle) has finished. There were 36 nominations in total and the quality of nominations remained high. All workplace awards will be presented during December 2013.
- Quarter 2 nominations are already underway with 18 submissions received to date.

Work Stream 2: Improve Two-way Engagement

3.1 **Embed Listening into Action Framework**

- The Trust has moved into Phase 4 of the LiA journey which means that it has started the process of 'embedding LiA as the way we do things at UHL'. A *Pass It On* event on the 6 November 2013 marked the transition from Phase 3 to Phase 4, with approximately 150 staff attending to hear from the 12 Pioneering Teams and 10 Enabling Our People (EoP) Schemes about what they had achieved on their 20 week LiA journey. The *Pass It On* Event was also attended by the next wave of Pioneering teams and EoP Schemes.
- The first 12 Pioneering teams and the EoP Scheme leads from the first wave will now be referred to as LiA Innovators. Continued support will be provided to the LiA Innovators Team Leads via monthly LiA Innovator Network meetings and maintenance of their links to a Sponsor and to the LiA Team.
- The EoP Scheme LiA Innovators have been invited to an EoP Scheme LiA Innovator meeting on 19 December 2013 to scope out what has been achieved so far and to raise the ambition around what further can be achieved over the next 20 weeks. Following this event a monthly EoP Scheme LiA Innovator meeting has been scheduled over 2014 to maintain the momentum and provide guidance, coaching and support as necessary.

- The EoP Schemes remain a pillar within the Improvement and Innovation Framework (IIF) and a request has been made to the IIF team to amend the pillar to include the additional EoP Scheme from the new wave.
- A number of additional LiA activities have taken place since the last report, including a number of LiA events on meals and cleaning hosted by the Chief Nurse. In addition a number of LiA activities are planned for the forthcoming weeks including an event dedicated to junior doctors to be hosted by the Chief Executive and an event dedicated to student nurses to be hosted by the Chief Nurse.
- At the *Pass It On* event, the Chief Executive made a commitment that in future all Management of Change within UHL would be supported by LiA activity and that greater links to the IIF would be created to ensure that engagement underpins change programmes within the Trust.

3.2 **Implement Medical Engagement Strategy Priorities**

- Financial workshops for Consultants have been delivered during this quarter supporting the ethos of Service Line Management.
- The Medical Leadership Programme was delivered to the October Cohort and evaluated very positively.
- A new consultant's development event took place on 1st November 2013 supported by the Medical Director.
- The first meeting of the Clinical Senate took place on the 5 December 2013. The Senate has been elected from across the consultant body and is specifically representative of consultants who are not currently in Trust management positions.
- The Director of Strategy hosted UHL's first Consultant / General Practitioner (GP) Conference Event on 5 December 2013. This event focussed on developing UHL consultants in key areas related to commissioning and building influencing networks. 14 GPs attended the afternoon session and working in collaboration with CCG colleagues we presented on 'clinical problem solving', 'improving quality' and 'setting out local commissioning intentions'.
- Working in collaboration with East Midland's Health Education England, a 'Mentoring Development Event' has taken place on 12 December 2013, targeting medical staff that have previously completed accredited mentoring training.
- The UHL Doctors in Training Committee (DiTC) meet on a bi-monthly basis with representation from all specialties and grades. Priority work streams for the committee have been identified as:-
 - 1) Maximising Training and Learning Opportunities;
 - 2) Patient Safety; and
 - 3) Communication.
- A development day for the DiTC members was held in September in UHL. In addition a Listening in Action Event took place for doctors in training on 9 December 2013 and a UHL 'Enhancing Quality Improvement Programme' has

been launched, with the support of the Head of Service Improvement and LNR Foundation School.

- The focus for next 3 months will include work on the DiTC work streams identified above. Outputs from the LiA event and Quality Improvement Programme will lead to further work streams that doctors in training will undertake.
- A major project has been identified in the Capital projects to improve access to educational resources at the LRI site, work to transform the Odames Ward into a new library facility will commence early in 2014.

3.3. **Achieving 'Excellent Employer' Status**

- We continue to extend the range of benefits available to our employees through Salary Exchange designed to aid recruitment and retention. We introduced '**Salary Maxing Take IT Home**' scheme in December 2013 delivering significant employee savings.

3.4 **Build on Health and Well Being**

- The first meeting of the new Health and Wellbeing Steering Group has taken place, which has resulted in a more focused agenda which is based on the 5 High Impact Changes that apply to every NHS organisation, with the key priorities for UHL over the next year being 'Stress Management and Training' which will be underpinned by the Trust commitment to the Public Health Responsibility Deal (PHRD).
- In 2012 UHL signed up two PHRD pledges relating to the management of chronic conditions and the Occupational Health Standards. We have agreed to sign up to a further two Public Health Responsibility Deal pledges in 2014:
 1. Ensuring the health and wellbeing of employees and associated data and actions are reported to the Board
 2. Embedding the principles of Mental Health Workplace Adjustments Guide within UHL.
- Over the last quarter we have continued to provide training in a range of areas including emotional resilience, self-care at work, sickness absence management, 20 exercises classes and seasonal coach trips. Sickness absence data indicates sickness due to work related stress is reducing across the Trust.
- In recognition of the demand, and positive health and wellbeing benefits, emotional resilience workshops will continue in 2014, and the format of the workshops will be reviewed to meet high levels of demand.
- Following a review of our application, against other comparable Trusts, for accreditation under the NHS Sport and Physical Activity Challenge we have now been upgraded to Gold Accreditation in recognition for all the work done so far.

Work Stream 3: Strengthen Leadership

4.1 **Devise and Implement Leadership Qualities and Behaviours**

- To demonstrate 'what good leadership looks like' we continue to develop short video interviews and case studies which can be accessed from iNsite. Work is

progressing in developing a local 360 Feedback Tool in partnership with OCB Media.

- Recently (14 November 2013) the national NHS Leadership Academy released the new Healthcare Leadership Model. This is based on the learning from the former NHS Leadership Framework (2011) and extensive research/testing.
- The Healthcare Leadership Model is made up of nine 'leadership dimensions' as shown in Appendix 3 and each dimension comprise of four scales i.e. from 'essential' through to 'proficient' and 'strong' to 'exemplary'. The 'Leading with Care' Dimension is shown within Appendix 4. This shows that within the four scales, the leadership behaviours themselves are presented as a series of questions.
- Over the next quarter we will review UHL's Leadership Qualities and Behaviours against key elements of the Healthcare Leadership Model.

4.2 **Board, Executive and Senior Leadership Development**

- During this quarter we have continued to utilise East Midlands Leadership Academy Programmes. We have put together our first Project Team to attend the new Leading Across Boundaries Programme. The Project Team will be developed to support them to 'Improve the Quality of Cancer Care through Service Improvement'.
- To support with talent management, succession planning and prioritising leadership development, a report on the compiled Talent Profile for the Trust's senior leadership community (based on the former structure) has been presented to the Trust's Remuneration Committee (November 2013).
- The Trust Board has received and accepted the Board Governance Developmental Report prepared by Capsticks/ Good Governance Institute Alliance (June 2013). The Board has agreed to commission an independent Board effectiveness review. It is anticipated that a third party, independent provider will be appointed in January 2014 and the review commence in the next quarter.
- The Board continues with its programme of Board development sessions. During September and October, the Board has held sessions on the new CQC inspection regime; stakeholder engagement; and further development of the Trust's Strategic Direction. The Board Development Programme will continue throughout 2014.

Work Stream 4: Enhance Workplace Learning

5.1 **Statutory and Mandatory Training**

- A UHL sub-group has been established (July 2013) to improve training access, quality and performance and have identified what training is absolutely essential and reflective of NHSLA, CQC and the national Core Skills Training Framework.
- The production of a top level 'dashboard' showing the compliance status across the Trust against the core Statutory and Mandatory Training courses and other improvement activity has resulted in an increase in the overall performance.

Current overall performance is at 60% (against a target of 75%) and this has increased by 20% since the initiation of the dashboard during early July 2013.

- It is recognised that the lowest level of performance is across medical staff (currently at 36% overall). The Deputy Medical Director is currently working through a number of key actions in addressing this including reviewing data at individual level and corresponding with medical colleagues.
- The Trust has entered into a contract with OCB Media to redesign training material in e-learning format to improve programme access. As shown in Appendix 5 the first three programmes have been launched across the Trust and all staff that are non-compliant in these core areas have been sent individual correspondence. Recently we have also released a further four programmes and intend to complete all e-learning module developments by the end of December 2013.
- Based on our agreed delivery model, face to face training is essentially required for four subjects. Work is underway in increasing capacity to deliver against these four areas.
- We continue to communicate core Statutory and Mandatory Training requirements across the Trust (in guidance format) and we will be running awareness raising sessions during January 2014.
- A Project Board has been established in setting up an E-appraisal Recording system to support a range of functions including the automated update of the Personal Development Plan on completion of Statutory and Mandatory Training.

5.2 Implementation of Workforce Plans and Enhance Workplace Capacity

- Workforce Plans for 2013/14 continue to be implemented and have remained fluid to reflect in year pressures and increased capacity requirements. Workforce related CiP schemes continue to be performance managed through the Improvement and Innovation Framework and are regularly reported on through the Finance and Performance Committee and CIP Delivery Board. Nursing agency expenditure has fallen during the last quarter as a result of increased substantive staffing numbers and the implementation of the Nurse Bank Action Plan which is focused on improving the capacity and capability of this valued workforce.
- There have been a number of key developments in the last quarter relating to the longer term Workforce Plan 2013/18. A high level forecast of workforce requirements for the new Emergency Floor has been included in the Outline Business Case based on forecasted changes in activity and assumptions regarding improved efficiency. The review of nursing baselines, taking into consideration acuity and dependency and release of supervisory time, has been completed and indicated approximately 500 nursing vacancies. Rigorous recruitment and marketing plans have been put in place to ensure our ability to recruit to these posts in a timely manner and have formed the subject of a separate Board Report in October 2013. UHL is progressing well in relation to International Recruitment and is expecting 40 nurses to commence in January 2014. These nurses will be supported by a rigorous induction and adaptation plan.

- Following the commencement of our new Director of Strategy, the Strategic Planning Process was launched to Clinical Management Group Teams in November. This included reference to the requirement to include workforce plans to ensure triangulation with service, finance and workforce. By the end of the year these plans will be built into a refreshed five year Workforce Plan
- In this quarter we have completed another successful recruitment campaign to appoint 17 apprentice Healthcare Assistants across the Trust. This is a pilot scheme for the Trust and it is hoped will provide a career pathway into the Healthcare Assistant role and potentially nursing roles in the future.

5.3 Appraisal Quality

- In continuing to improve appraisal quality, in addition to the 360 Feedback Tool referred to previously in this report, we are exploring the use of the Maximising Potential Conversation Tool (MPC-T) developed by the national NHS Leadership Academy. It is anticipated that this tool will strengthen the talent conversation specifically associated with maximising an individual's potential.
- As part of the Talent Management and maximising potential process, the MPC – T will look at reviewing employees against performance, behaviour, ambition and raw potential to move onwards and upwards. By looking at where employees sit on these scales it will help to understand how best to support them in their development to reach their full potential in UHL and the wider NHS.
- Maximising Potential should consider all individuals in an organisation. It should cover the development they require, the value they bring, and the position(s) that best suit their skills currently and into the future within an organisation and/or elsewhere in their career journey. Talent and career development and maximising their potential is necessary for the retention of employees no matter what their seniority and position within the organisation.
- It is proposed that tool is aligned to the Trust's nine point matrix (the corresponding version of the tool is currently being developed nationally) and incorporated within UHL's Talent Management process.

5.4 Recruitment and Retention of Staff

- During this quarter approximately 40 nurses from overseas (Portugal, Spain, Ireland and Greece) have been offered posts to commence in January 2014 as described in 5.2. As a result of the success of this scheme the recruitment target has been raised to 200 nurses. A dedicated HR resource has been appointed to support this programme to not only ensure the robustness of pre employment checking but also ensure nursing receive an appropriate welcome and support.
- The LiA 'Enabling our People' Scheme dedicated to recruitment and selection, continues to deliver on its objectives which relate to:
 - Streamlining approvals
 - Proactive recruitment planning and over recruitment
 - Development of electronic tracking systems for the management of the recruitment process.
 - The 'Route to Recruit' on line approvals process was successfully launched in December 2013 preceded by a number of familiarisation sessions. This process replaces the previous manual Workforce Change Forms (WCF)

with a SharePoint based system for requesting and authorising recruitment requests. The process also has simplified levels of authorisation and is capable of extensive reporting.

- In addition a SharePoint solution has been developed for tracking recruitment processes through its various stages. In the first instance this will be developed for internal HR use.
- The Reward and Recognition Strategy designed to improve recruitment and retention of staff will be presented to the Board in December 2013.

Work Stream 5: Improve External Relationship and Working Partnerships

6.1 Develop Patient and Public Involvement Strategy

- Each CMG has now identified a named PPI lead who will encourage and coordinate PPI activity in their area. The PPI leads will have responsibility for reporting in to the new assurance committee. Over December the Trust's Patient Advisors will be allocated to the new CMG structure to work with the PPI leads.
- An assurance committee is currently being established (December 2013) which will encompass the Trust's equality, engagement and patient experience agendas. The committee will seek monthly reports from each of the CMGs and will drive and monitor progress on CMG plans. The committee will be chaired by the Trust's Director of Nursing and co-chaired by a Non- Executive Director.
- Once the reporting process and working arrangements with Patient Advisors has been established, a PPI strategy will be developed outlining these processes. In the meantime the Trust's Stakeholder Engagement Strategy, approved by the Board in January 2013, outlines the Trust's engagement activity for 2013/14.
- During this quarter a new reputation audit was conducted. The results were presented at the November Trust Board. The Audit focused on key stakeholders (public and professional) identified in the Trust's Stakeholder Engagement Strategy.
- The last Prospective Governor meeting of 2013 was held in November. During the meeting a proposal for a new format and focus of the meetings was presented. The focus of the group will shift in 2014 away from preparation for governorship and will place greater emphasis on engagement.
- The Trust's Chief Nurse held a public engagement event in early December to explore the experience of recent patients and their families. Themes emerging from the event will form the basis of a work programme.
- Engagement with Healthwatch continues to increase. Members of Healthwatch are involved in some of our key reconfiguration work and a Healthwatch representative now sits as a non-voting member of the Trust Board. Monthly meetings with the Healthwatch Director have now been established which supplement the existing meetings with the Trust's Chief Executive. A protocol covering working relationships between the Trust and Healthwatch is now in development.

Work Stream 6: Encourage Creativity and Innovation

7.1 **Develop and Implement an Improvement and Innovation Framework / Develop and implement a plan for building capability on improvement techniques at all levels**

- During this quarter, we have developed and implemented a new way of managing projects and programmes being delivered within the IIF. This includes:
 1. A standardised approach to project documentation including templates, reports and e-filing system.
 2. An IT project tracking and reporting system.
 3. Resource and training centre accessible through the IIF website on INsite
- A strategy for building capability for improvement has been agreed by the IIF board this quarter. This comprises of a mixed approach to learning based on the individual's role and improvement skills required. The programme will align with and form a key component of the Trust's Leadership into Action Strategy as there is a strong overlay with team behaviours and attitude in order to achieve successful improvement. The programme includes e-learning modules, train the trainer programme and classroom based, multi-professional learning, aimed at operational leaders and clinical leaders. Preparation of the training material for this are underway and will be supported by our future Quality Improvement Academy (to be launched in the next quarter).

7.2 **Embedding Releasing Time to Care**

- *Releasing Time To Care (RT2C)* – the Productive Ward continues to be rolled out to all inpatient wards, aiming for all wards to complete implementation by May 2014 using the “Fast Track” implementation programme. Modular based, it focuses on improving nursing processes carried out in ward areas to maximise on time for delivering high quality patient care.

7.3 **Build on Research and Development**

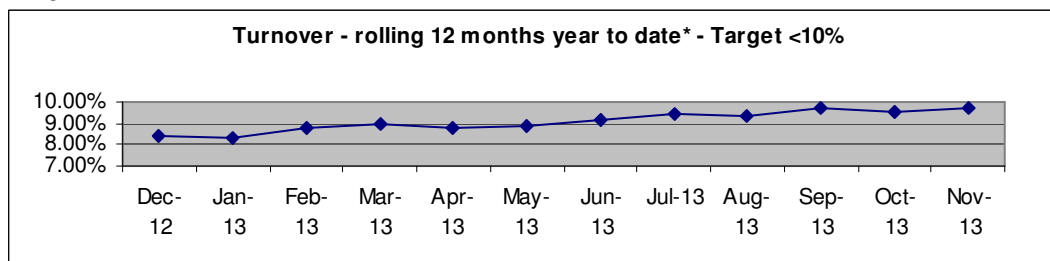
- We host the East Midlands Clinical Research Network with a contract value of £23 million per annum over a five year period. At the end of this quarter we have seen a sustained increase in recruitment to NIHR-adopted research studies: UHL is currently 42% above target and 85% above recruitment for the same time point last year.

SECTION TWO – HR OPERATIONAL PERFORMANCE

8.1 KEY PERFORMANCE INDICATORS

The Human Resources indicators below are designed to give assurances that we have sufficient supply of workforce to meet our activity requirements and that the workforce is working to high levels of efficiency.

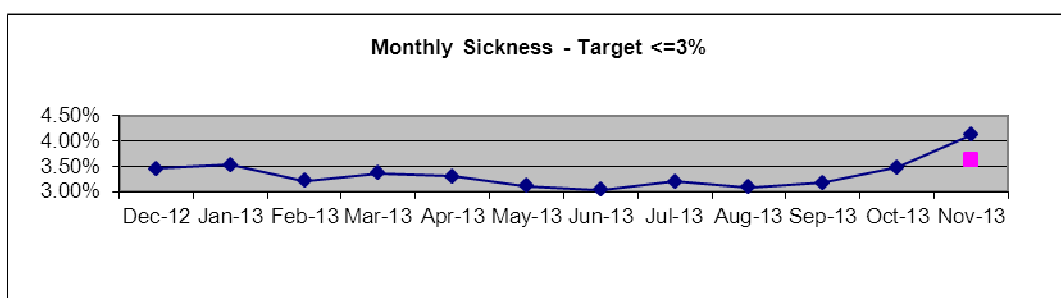
Graph 1 Cumulative Turnover Rates as at 30.11.13



* Excludes Facilities / Trainee Doctors

- These turnover figures exclude Facilities staff as rates are skewed by the TUPE transfer of these staff in February 2013. They are inclusive of 66 IM&T staff who TUPE transferred between 1 August 2013 and 30 November 2013.
- As a result of these transfers, turnover rates have slightly increased between August and November 2013 but remain below the maximum target level of 10%.
- There are no specific staff groups or areas experiencing higher than expected turnover levels.

Graph 2 % Sickness Rates as at 30.11.13



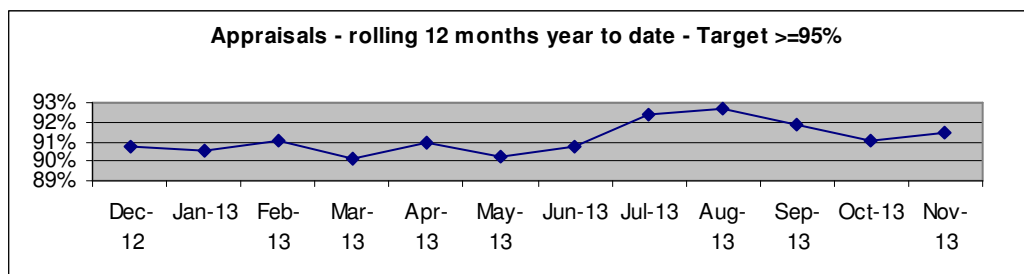
■ November figure will reduce by approx. 0.5% due to the timing of closure of absences

- Overall the sickness rate has fluctuated between 3 and 3.5% during the previous 12 month period. It is likely that the November figure will adjust to above 3.5% which is consistent with sickness levels in 2012. These rates are higher than the stretch target of 3% and October and November rates are slightly above the previous SHA target of 3.4%. The cumulative sickness level is 3.34%.
- In order to provide a safe and healthy work environment for both staff and patients and as part of our key priority for preparations for winter 2013/14, we actively encourage our staff to have the flu vaccination. The Department of Health target is to vaccinate 75% of front line staff i.e. those delivering direct patient care. The Trust has so far vaccinated 51.5% of front line staff

to 30 November 2013. To date this has already exceeded last year's figure by 400 staff.

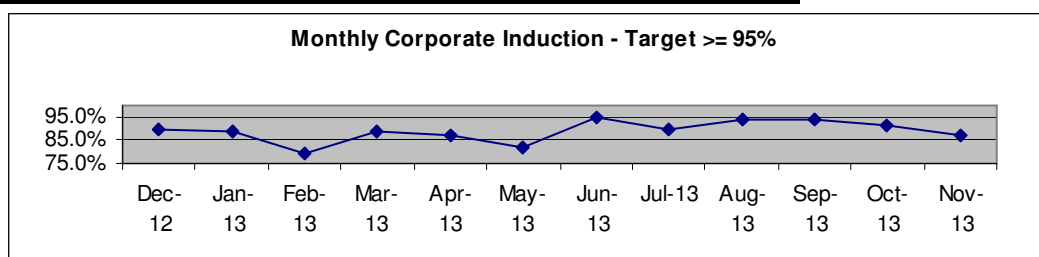
- Attendance continues to be managed rigorously and line managers are supported in this role.

Graph 4 % Appraisal Rate 12 month's year to date as at 30.11.13



- Appraisal rates have shown deterioration since August 2013. Between October and November, the rates have improved as a result of the management of trajectories to reach 95% and the re-alignment of responsibilities in the new CMG Structures. The appraisal rate for November is skewed due to TUPE transfer of some staff groups, for example Sexual Health Service and IM&T.
- Appraisal performance continues to feature on CMG Board Meetings in monitoring the implementation of agreed actions. HR CMG Leads continue to work closely with CMGs to implement targeted 'recovery plans'. Appraisal data leads for all service areas and CMGs have been identified in the new structure to ensure accuracy of reporting and robust monitoring.
- A Project Board has been established to take forward the development of an e-Appraisal solution to support and evidence the appraisal process and automate the reporting.

Graph 5 % Corporate Induction Completion as at 30.11.13



- The UHL Induction Task and Finish Group have completed a review of induction requirements and progressing with increasing the number of Corporate Inductions to weekly from 1 April 2014. The revised programme will be held on Trust premises to reduce delivery costs. This will ensure that new starters have the opportunity to attend Corporate Induction within the first week of commencement.
- The new Corporate Induction will provide a one stop solution and provide a generic programme offering essential resources, information, advice and guidance common to all areas.

- A number of immediate actions have been implemented to ensure new starters have an effective timely induction including the provision of additional sessions specifically around essential clinical development.
- The structure of induction has changed to meet the needs of statutory and mandatory elements.

Statutory and Mandatory Training Overall Performance

Data Generated	Projected Compliance *	Reported Percentage of Compliance	Ahead / Behind Projected Compliance
10/07/13		40%	
02/08/13		48%	
13/08/13		48%	
29/08/13		48%	
10/09/13		49%	
30/09/13		53%	
14/10/13	45%	55%	Ahead
31/10/13	50%	57%	Ahead
14/11/13	50%	58%	Ahead
02/12/13	55%	60%	Ahead
15/12/13	55%		
01/01/14	60%		
15/01/14	60%		
01/02/14	65%		
14/02/14	65%		
01/03/14	70%		
15/03/14	70%		
31/03/14	>=75%		
01/04/14	>=75%		

* Trajectories where agreed at the beginning of October 2013 as advised by the Board in September 2013

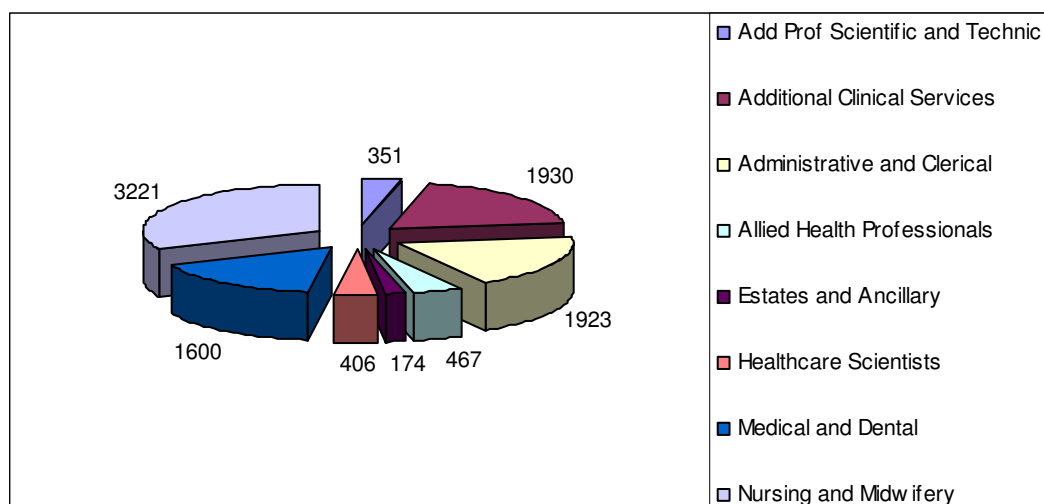
- We have clearly set out and communicated Statutory and Mandatory Training requirements and are now able to report on compliance. We have made good progress with developing relevant and quality e-learning programmes which correspond with the national Core Skills Training Framework. We have increased training capacity in key areas and made improvement to the eUHL System to correspond with training requirements set out. Activity to date has resulted in an overall increase in training compliance by 20%.
- We will sustain current activity and continue to improve performance through planned e-learning developments, continued performance monitoring at Trust, CMG/Directorate, Service and Individual level. Staff will be supported to meet requirements through the provision of guidance, awareness raising sessions and basic IT training. Planned improvements to appraisal monitoring / recording and Corporate Induction will be beneficial to improving and maintaining overall training compliance.

Workforce Profile / Pay Bill

9.1 Workforce Profile

Chart 1 Headcount of Workforce by Staff Group as at 30.11.13

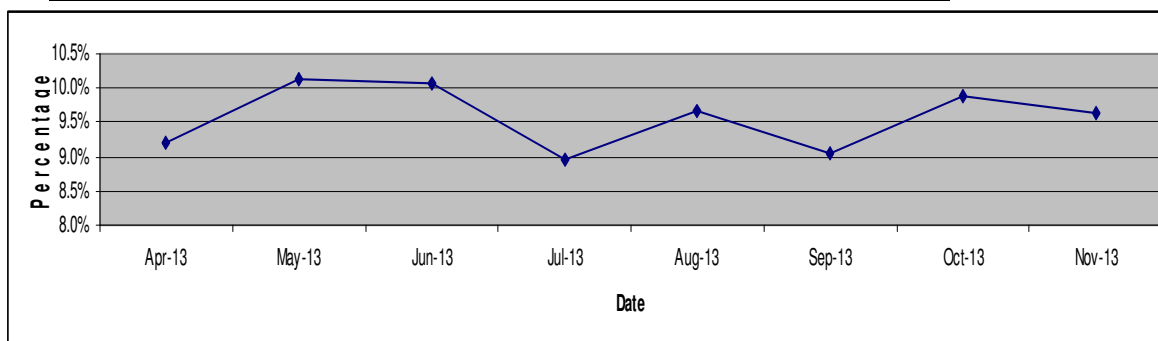
- The total headcount figure as at 30 November 2013 is 11749
- The chart below indicates the workforce profile by staff group (in contracted whole time equivalents) with the largest proportion of staff employed within nursing and midwifery. These figures have increased as a result of preparations for winter pressures and increased nursing establishments (see below).
- Revised establishment figures for nursing staff have been agreed taking into consideration the allowance for two days protected supervisory time for managers. The increase in nursing numbers is expected to take effect in December 2013 when the current newly qualified nurses receive their nursing registration and convert from healthcare assistants



9.2 Pay Bill

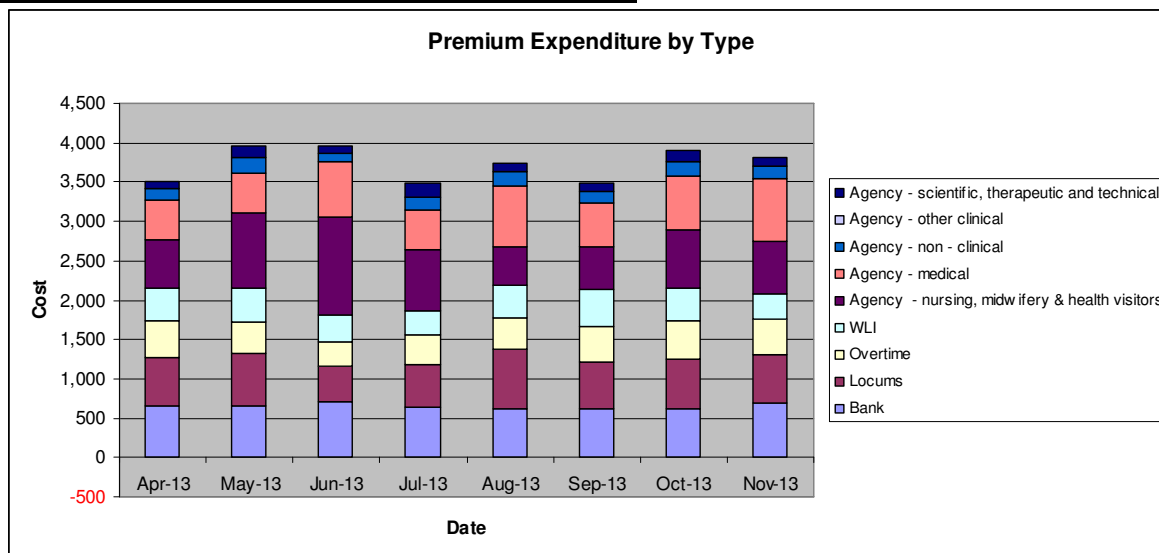
- The total pay bill for 2012/13 was £455m and the target set out in the Trust's Annual Operating Plan for 2013/14 is £440m taking into consideration a £4.4m pay award.
- The total planned value of workforce related CIP schemes is £16.7m with a current forecast delivery of £12.6m. In the main this short fall has been as a result of a continued requirement to keep extra capacity wards open throughout the year.

Graph Six Premium Rate Expenditure as a Percentage of Pay bill



- Premium rate payment in proportion to substantive pay bill has been at 9.0% or above since April 2013. Between October and November 2013, the proportion reduced from 9.9% to 9.6%. Medical agency expenditure increased in both October and November 2013. Nursing agency expenditure has reduced between October and November 2013 with a commensurate increase in bank usage which is in line with Trust plans. The Trust is aiming to reach a target level of 5% of pay bill which will be achieved through a number of recruitment initiatives.

Graph Seven Premium Rate Expenditure by Type



- Following the review of nursing establishments, the total nursing vacancies was calculated as approximately 500. Since October 2013, a rigorous international nursing campaign has been in progress and 40 nurses are scheduled to commence in January 2014. Combined with our on-going nursing recruitment campaigns, this should impact on a reduction in bank and agency spend.
- An international recruitment campaign has also been in place for two medical staffing 'hot spot' areas- emergency medicine and anaesthetics.

9.3 Next Steps

The priority for the next quarter will be to:-

- Ensure an appropriate and robust induction and adaptation period for international nurses
- Complete workforce plans as part of the 2014/15 annual service plan
- Commence work on a workforce plan for the new emergency floor
- Implement the Reward and Recognition Strategy (priorities for 2013/14)

SECTION THREE – TRANSFORMATION OF HR SERVICE

10. Development in HR Service Model

- This was an overwhelming priority raised by staff at the UHL wide LiA Listening Events relating to an urgent need for a streamlined vacancy approval process and dissatisfaction with the Workforce Change Form (WCF). The LiA Enabling our People Scheme for Recruitment has delivered a new, web- based streamlined vacancy approval process, called Route to Recruit (R2R) which was launched on 2 December 2013. In addition, processes for contractual changes have also been reviewed which mean that managers are no longer required to complete a Workforce Change Form.
- Recruiting managers will receive a survey early in the New Year to evaluate the new vacancy process to inform future developments.
- Whilst still awaiting a final implementation date we are hopeful that NHS Jobs 2 will be live from March 2014. The enhanced functionality of NHS Jobs 2 will complement the LiA Enabling our People Recruitment Scheme priorities with improvements for managers and applicants such as web enabled interview booking.

SECTION FOUR – RECOMMENDATIONS

11. Recommendations

- The Trust Board is asked to note the progress in the third quarter in taking forward key priorities for 2013/14 identified within the Trust's Organisational Development Plan 2013/15.
- The Trust Board is also asked to comment on key HR performance results and the steps undertaken to improve the efficiency and effectiveness of HR delivery across UHL.

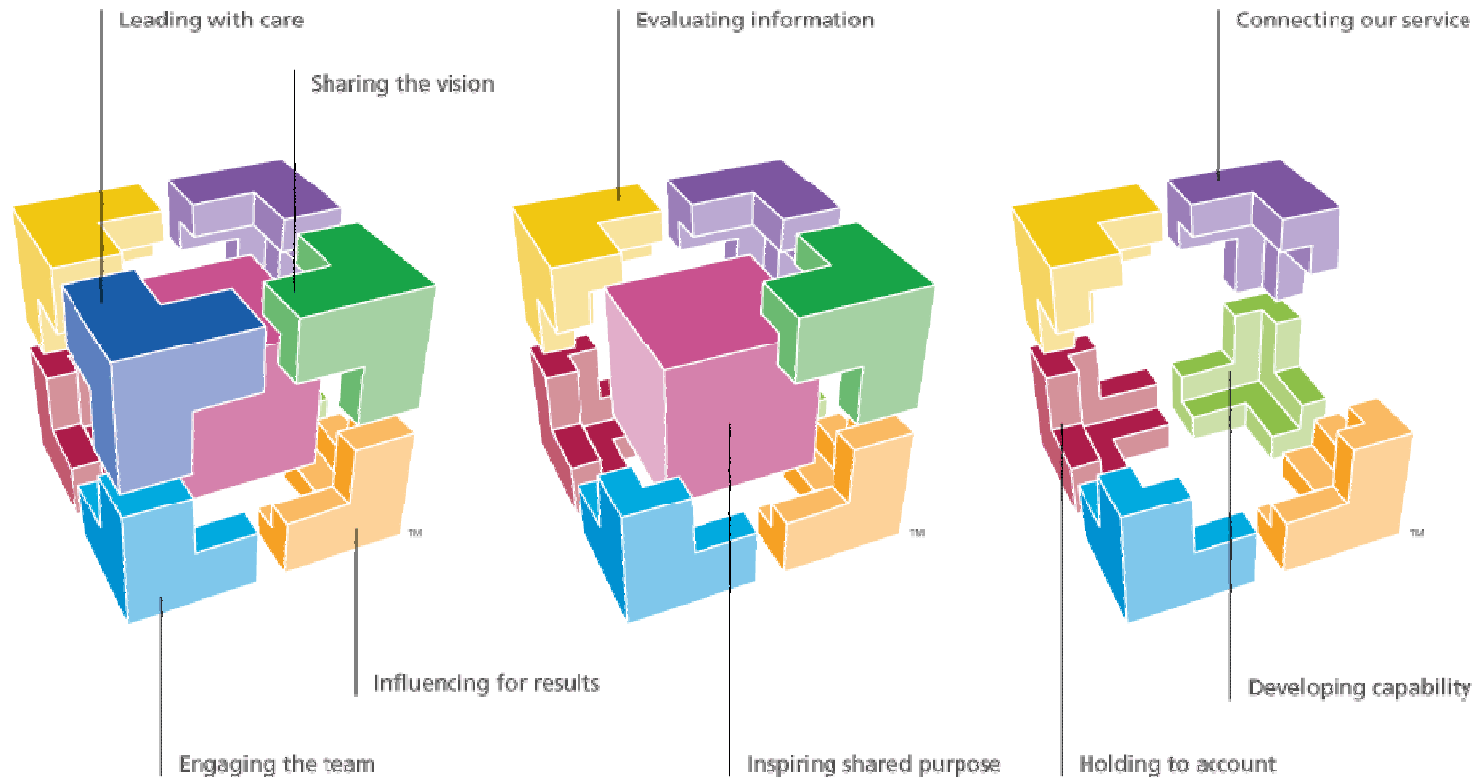
Appendix 1: Organisational Development Plan 2013-2015 – Summary (Updated September 2013)

Caring at its best			
Six Work Streams	2013	2014-15	On-going Fundamentals
1. Live our Values	<ul style="list-style-type: none"> Implement Putting People First / Cultural Shift Programme Implement Values Based Recruitment 	<ul style="list-style-type: none"> Delivery of “Caring at its best” training Trust wide 	<ul style="list-style-type: none"> Embed Values within Systems and Processes Continue ‘Caring at its best’ Awards
2. Improve Two-way Engagement	<ul style="list-style-type: none"> Embed Listening into Action Framework (LiA) Implement Medical Engagement Strategy Priorities 	<ul style="list-style-type: none"> Build on Health and Well Being and Resilience at Work Programmes 	<ul style="list-style-type: none"> Change Management Achieve and maintain ‘Excellent Employer’ status
3. Strengthen Leadership	<ul style="list-style-type: none"> Devise and implement Leadership Qualities and Behaviours Board, Exec and Senior Leadership Development 	<ul style="list-style-type: none"> Embed Inclusive Talent Management 	<ul style="list-style-type: none"> Leadership Development Skills development in Finance and Business Acumen Talent Profile for Senior Leaders
4. Enhance Workplace Learning	<ul style="list-style-type: none"> Statutory and Mandatory Training Implementation of Workforce Plans and Enhance Workplace Capacity 	<ul style="list-style-type: none"> Build on training capacity and resources 	<ul style="list-style-type: none"> Improve Appraisal quality Training, education and development for all staff Recruitment and retention
5. Improve External Relationships and Workplace Partnerships	<ul style="list-style-type: none"> Develop Patient and Public Involvement Strategy Production of key guidance / toolkits 	<ul style="list-style-type: none"> Implement actions highlighted in PPI strategy 	<ul style="list-style-type: none"> Community Ambassador Programme Representative Membership Community Engagement and Representation
6. Encourage Creativity and Innovation	<ul style="list-style-type: none"> Develop an Improvement and Innovation Framework (IIF) Develop and implement a plan for building improvement capacity 	<ul style="list-style-type: none"> Roll-out training, to enable a bottom-up approach towards improvement and innovation 	<ul style="list-style-type: none"> Embedding Releasing Time to Care Build on Research and Development Implementation of Improvement and Innovation Framework

Appendix 2: Improving Experience for Patient and Staff Development Days

Division	Approx. No. of Attendees	FFT Score						
		Extremely Likely	Likely	Neither likely nor unlikely	Unlikely	Extremely unlikely	Don't know	Overall Score
Acute Care	50	26	1	0	0	0	0	96.3
<i>Comments:</i> <ul style="list-style-type: none"> “Very motivational day that all staff will benefit from. Lots to take back to the ward and influence daily working life. Thank you for the lovely place, food and drinks” “Very friendly, feel good about my job again” “Positive day, giving us skills to promote better patient experience” 								
Planned Care	70	44	19	1	0	0	0	67.2
<i>Comments:</i> <ul style="list-style-type: none"> “Excellent programme very thought provoking” “Very inspiring with great examples and practical models/ideas to use everyday to improve experience and performance” “Really enjoyed all the topics discussed it relates to my job and my role looking forward to a change that I can do for my ward/organisation” 								
Women's and Children's	40	24	10	0	0	0	0	70.5
<i>Comments:</i> <ul style="list-style-type: none"> “Excellent insight in team characteristics and ideas how to communicate. Gives innovative ideas on quick feedback and looking at how simple solutions can make a massive change to patients and staff” “Very inspiring with useful ideas to take back to staff to begin to improve patient experience” “Good tools that can be used easily within staff teams. Excellent motivational speaker” 								

Appendix 3: New Healthcare Leadership Model (14 November 2013)



Appendix 4: Example of one of the nine dimensions of the new Healthcare Leadership Model (November 2013)



Leading with care

What is it?

- Having the essential personal qualities for leaders in health and social care
- Understanding the unique qualities and needs of a team
- Providing a caring, safe environment to enable everyone to do their jobs effectively

Why is it important?

Leaders understand the underlying emotions that affect their team, and care for team members as individuals, helping them to manage unsettling feelings so they can focus their energy on delivering a great service that results in care for patients and other service users


What is it not?

- Making excuses for poor performance
- Avoiding responsibility for the wellbeing of colleagues in your team
- Failing to understand the impact of your own emotions or behaviour on colleagues
- Taking responsibility away from others

<p>Essential</p> <p>Caring for the team</p> <p>Do I notice negative or unsettling emotions in the team and act to put the situation right?</p> <p>Do my actions demonstrate that the health and wellbeing of my team are important to me?</p> <p>Do I carry out genuine acts of kindness for my team?</p>	<p>Proficient</p> <p>Recognising underlying reasons for behaviour</p> <p>Do I understand the underlying reasons for my behaviour and recognise how it affects my team?</p> <p>Can I 'read' others, and act with appropriate empathy, especially when they are different from me?</p> <p>Do I help my colleagues to make the connection between the way they feel and the quality of the service they provide?</p>
<p>Strong</p> <p>Providing opportunities for mutual support</p> <p>Do I care for my own physical and mental wellbeing so that I create a positive atmosphere for the team and service users?</p> <p>Do I help create the conditions that help my team provide mutual care and support?</p> <p>Do I pay close attention to what motivates individuals in my team so that I can channel their energy so they deliver for service users?</p>	<p>Exemplary</p> <p>Spreading a caring environment beyond my own area</p> <p>Do I take positive action to make sure other leaders are taking responsibility for the emotional wellbeing of their teams?</p> <p>Do I share responsibility for colleagues' emotional wellbeing even when I may be junior to them?</p>

Appendix 5: Launch of new E-learning Programmes (Guidance)

www.eUHL.nhs.uk



Completing our New eLearning Modules on eUHL

Over the next few months, you will notice that some new eLearning is appearing on eUHL, this is to help you complete your mandatory and statutory training simply, easily and also to ensure that what they are learning is educationally relevant and up to date.

To this end, we will have a total of 10 new eLearning packages appearing before Christmas 2013, these are easy to identify as they all contain the wording “eLearning – OCB” (OCB is the company that has helped us develop them for you.)

The first of these packages are:




- **Information Governance**
- **Equality & Diversity and**
- **Manual Handling for Non-Patient Handlers**

These packages are all easy to access, take about 30 minutes to complete and also update the system straight away meaning your compliance is logged upon completion.

To Access your eLearning...

1. Log into www.euhl.nhs.uk
2. Click on the blue 'Booking system' icon
3. Click on 'View Course Catalogue and Sessions'
4. Click on the relevant section e.g. 'Information Governance' or 'Equality & Diversity'
5. Once you have found the relevant course, click on 'Book Place'
6. The page will then refresh and then just click on 'Launch External Course'

If you have any feedback about your eLearning experience, please email it to:
Edward.thurlow@uhl-tr.nhs.uk

www.eUHL.nhs.uk

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Trust Board Paper P

To:	Trust Board
From:	Kate Bradley, Director of Human Resources
Date:	20 December 2013

Title:	Reward and Recognition Strategy		
Author/Responsible Directors: Louise Gallagher- Workforce Development Manager/Kate Bradley, Director of Human Resources			
Purpose of the Report: To present a Reward and Recognition Strategy to the Board which is designed to support the recruitment and retention of a professional, passionate and valued workforce			
The Report is provided to the Board for:			
Decision		Discussion	
Assurance		Ratification <input checked="" type="checkbox"/>	
Summary / Key Points:			
<p>The Reward and Recognition Strategy is underpinned by the Organisational Development Plan and has been informed by staff feedback from two 'Listening Events' and forms part of a 'Listening into Action' Enabling our People Scheme focused on Right Staffing. It describes how we will develop a total reward strategy and implement processes to attract new people to the Trust and motivate and retain staff across all roles and professions. It describes a cultural shift in the way we recognise and reward performance namely a shift from rewarding time served to rewarding performance delivery and behaviour and approaches that honour our values.</p> <p>There are six pillars to the delivery of the Strategy, many of which interface with existing workstreams at UHL for example leadership development, living our values and career development. The six pillars are:</p> <ul style="list-style-type: none"> ○ Develop Responsive Pay Systems ○ Embed Innovative Benefits and Recognition Schemes ○ Establish a Culture of Learning and Innovation ○ Develop Clear Career Progression Routes ○ Create an Environment where Staff can Undertake Roles Effectively ○ Brand and Market as an Employer. <p>For each of the strands there is a definition of 'what good will look like' and the steps that will be taken to achieve this aim. Steps are described for 2013-14 and 2014-16 and ongoing work.</p> <p>A detailed action plan for 2013/14 is attached as appendix one.</p>			
Recommendations: The Trust Board is asked to ratify this strategy.			
Strategic Risk Register Relates to risk 3		Performance KPIs year to date Turnover, non-contracted paybill, sickness absence, appraisals, staff attitude and opinion surveys feedback	

Resource Implications (eg Financial, HR) HR and Financial
Assurance Implications – Assurance regarding staff experience and associated CQC standards
Patient and Public Involvement (PPI) Implications – Key elements of the Strategy involve Patient and Public Consultation eg Values Awards
Equality Impact As the strategy is implemented equality input assessments will be made to ensure that no direct or indirect discussion is occurring in relation to opportunities and experience provided by the actions described.
Information exempt from Disclosure No
Requirement for further review? Updates will be provided by the OD Plan Quarterly Board Report

University Hospitals of Leicester



NHS Trust

Reward and Recognise to Recruit, Motivate and Retain

2013-2016 *Reward and Recognition Strategy*



Foreword

OUR VISION: We will become a successful Foundation Trust (FT) that is internationally recognised for placing quality, safety and innovation at the centre of service provision. We will build on our strengths in specialised services, research and teaching; offer faster access to high quality care, develop our staff and improve our patient experience. We call this ...

... *Caring at its best*

We are in a great place to rise to the challenge represented in delivering our strategic vision. The purpose of our Reward and Recognition Strategy is to ensure we have the right total reward design and processes in place to attract new people into the organisation and motivate and retain staff across all roles and professions to deliver our organisational priorities. This Strategy is underpinned by our Organisational Development (OD) Plan which more broadly describes how we will create an organisation which has the capacity and capability to deliver our strategic vision and ensure UHL becomes a better place to receive treatment and to work (see appendix one – OD Strategy at a Glance).

National agreement was reached in 2013 on changes to Agenda for Change terms and conditions whereby pay progression will be contingent on both what individuals achieve and how they do this. This will form a key component of our Reward and Recognition Strategy from April 2014 for our non medical workforce.

This three year Strategy sets out what we have already achieved and wish to build and what else needs to be done to ensure we are responding to strategic influences.

There are two constants throughout this Strategy. The first is to ensure we listen to our staff and ensure we work with them to develop our strategy on an evolving basis. The second is to ensure that we determine the best way to 'market' our approach and ensure it forms part of our employer brand to promote UHL as a place to work.

1 Our Values

Our values have a key influence on shaping our workplace in terms of culture and behaviours. The values are also key to shaping reward and recognition in that we would wish to attract and reward those who are driven and motivated by UHL values.



2 Our Reward and Recognition Strategy – Principles and Aims

Our Strategy will continue to focus on the concept of a total reward package incorporating financial and non financial reward but will also link in with wider good employment practices aimed at cementing the psychological contract. This will be increasingly important as we move to a more market driven NHS and need to attract the very best staff to deliver high quality services.

Our Strategy is underpinned by the following principles:

- Being clear and transparent about what is rewarded, how we decide what is rewarded and how rewards are accessed.
- Ensuring there are flexibilities available to help us respond to a changing labour market.
- To ensure our reward systems recognise what is important to our patients ,services and our staff.
- To ensure there is a means to reward performance as well as loyalty
- To ensure we recognise the importance of Equal Pay
- To ensure we offer choice and flexibility.

Working with these principles we aim to:

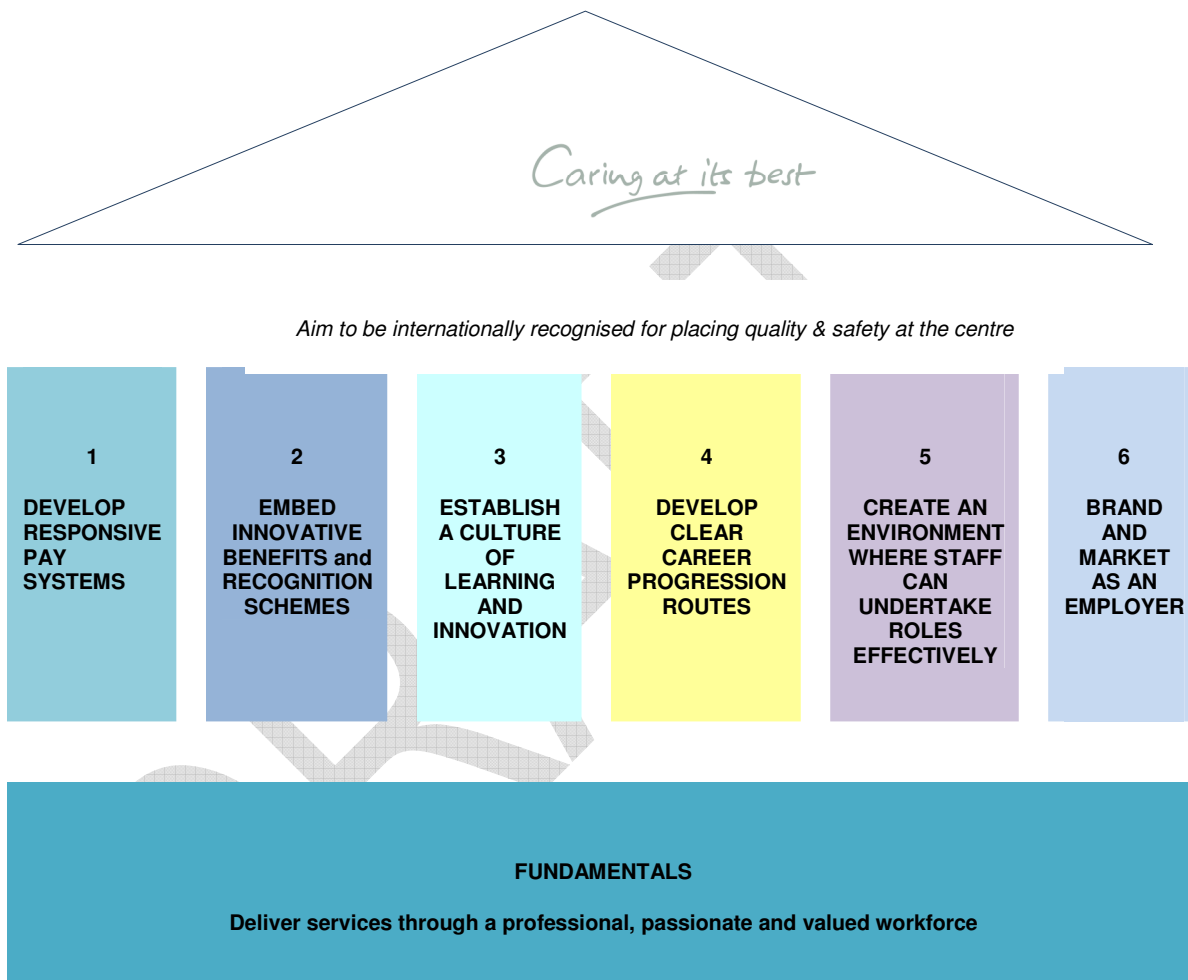
- Improve staff engagement in order to limit turnover
- Manage our skill shortage areas and recruit high calibre staff ensuring a consistent flow of applicants to meet our needs
- Recognise the difference in contribution by teams and individuals
- Move staff to higher levels of performance and productivity
- Ensure UHL is a challenging, rewarding, supportive and enjoyable place to work
- Support staff in focusing on what matters most

3 Where are we now and where do we want to get to?

From	To
<i>Pay for time served and grade</i>	<i>Pay driven by achievement of goals – the what and the how</i>
<i>Pay driven by evaluation</i>	<i>Pay able to take into consideration market forces</i>
<i>Pay for time served and grade</i>	<i>Pay for team performance</i>
<i>Benefits promoted internally</i>	<i>Benefits and reward promoted as part of employer branding</i>
<i>Employment policies and practices not considered as part of reward and recognition</i>	<i>Employment policies and practices promoted as part of 'why I would want to work at Leicester Hospitals'</i>
<i>Separate Organisaional Development and Reward Strategies</i>	<i>Reward as a key part of organisational development used to influence attitudinal and behavioural issues</i>
<i>Benefits promoted to all, not always clear if it is good for me</i>	<i>Staff easily able to see which benefits work best for individuals</i>

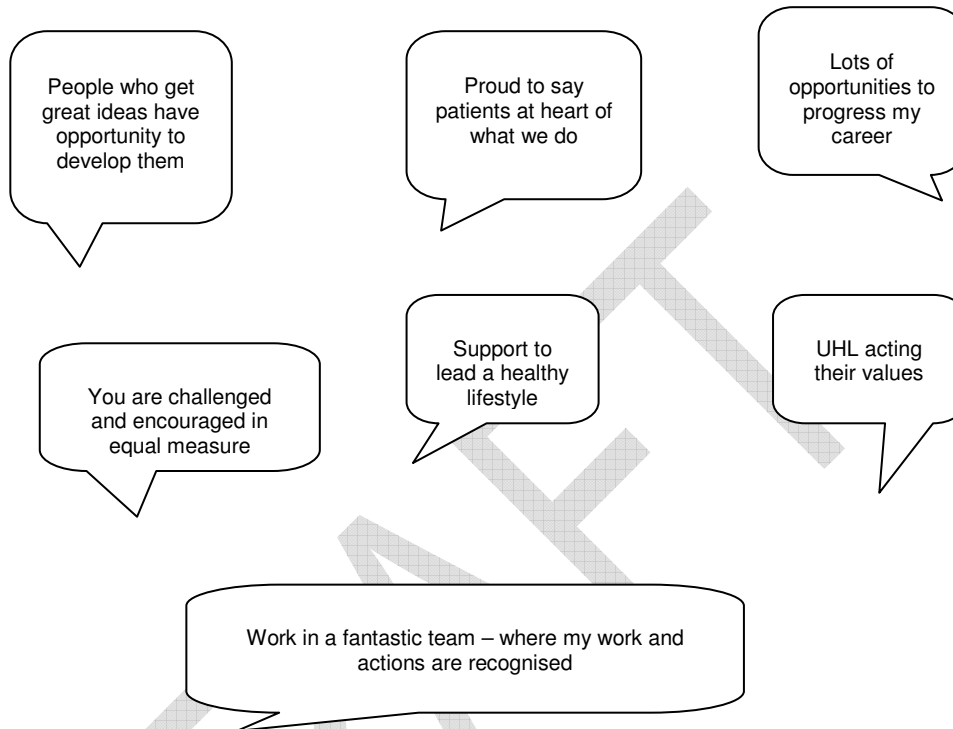
4 How will we structure our initiatives on Reward and Recognition

To deliver this Strategy, we have developed our work under six key headings (not necessarily mutually exclusive) which each contain priorities for focus and scope for staff to further shape what we do.



This Strategy has been informed by the outputs of two 'Listening into Action' events which generated many of the ideas and actions identified as the means to achieve our strategic aims. It is recognised as a key enabler in ensuring we have the right staff, in the right place with the right skills in order to reduce our reliance on temporary sources of labour.

5 What do we know about the vision that staff have for Reward and Recognition?



6 What will our priorities be?

- **2013/14 priorities:** a small number of priority focus areas for 2013/14 have been identified for each work stream within the Strategy.
- **Fundamentals:** selected areas have been identified where we have an on-going commitment to continue delivering in driving forward improvement. These are of key importance and will continue to be pursued.
- **2014-16 priorities:** we have identified other areas that will be prioritised in 2014-6, once we have delivered on 2013/14 priorities and as changes to national terms and conditions emerge. These areas are also considered important, but may not be able to be fully delivered on in the next 12 months. They may also be areas not fully identified until we embed 'Listening into Action' and start to really understand what will motivate staff and ensure they are valued.

7 Work Stream 1: Responsive Pay Systems

This will be fully aligned to Workstream 1 of the Organisational Development Plan 'Live our Values'.

What will it look like?

A more flexible system of pay which allows us to reward for good performance and respond flexibly to demands in the market.

What steps will we take to achieve this?

WORK STREAM 1: RESPONSIVE PAY SYSTEMS

2013/14 Priority

- **Develop a Pay Progression Policy which not only focuses on what is delivered but ensures staff live the organisational values**
- **Establish mechanisms for flexing pay levels for recruitment hotspot areas in order to attract the best talent for example recruitment and retention premia**
- **Promote our organisational values in recruitment literature to ensure we attract those whose work ethic resonates with these and select accordingly**

2014-16 Priority

- **Embed further changes arising in further Agenda for Change agreements and Consultant pay changes**
- **Consider implications of Service Line Management on Pay and Rewards**
- **Scope the opportunity for local reward funds which are applied on a discretionary basis by CMG or Service Line Managers**

On-going (Fundamentals)

- **Embed values within selection and recruitment processes**

8 Work Stream 2: Embed Benefits and Recognition Schemes

This will be closely aligned to Workstream 6 of the Organisational Development Plan – ‘Creativity and Innovation’.

What will this look like?

We will have innovative and cutting edge benefits and recognition packages in place which are simple to access and operate. These will be promoted effectively as part of our ‘employer brand’.

We will encourage the development of simple localised schemes which enable colleagues to nominate colleagues.

What steps will we take to achieve this?

WORK STREAM 2: EMBED BENEFITS AND RECOGNITION SCHEMES

2013/14 Priorities

- **Develop website which clearly sets out ‘Salary Maxing’ Schemes and wider view of benefits of working at Leicester Hospitals. This will form part of the ‘Work for Us’ area of the website. The website will also feature ‘staff stories’ specifically identifying the benefit schemes available**
- **Develop further recognition schemes which reward creativity and innovation for example a ‘badge system’**
- **We will support the development of localised schemes and promote ‘best practice’ emerging**
- **Offer subsidised meals within restaurant facilities**
- **Informal drop in thank you’s from senior colleagues**

2014-16 Priority

- **Develop a structured approach to allow individuals and teams the time and resources to develop innovative practice and ideas**
- **Promote NHS and local discounts available currently. Increase partnerships with local companies to increase scope for sponsorship/ employee benefits to create ‘UHL Discount’**
- **Improve car parking and travel facilities**
- **Promote opportunities to support local charities and activities in Leicester**

On-going

- **Continue to promote ‘Salary Maxing’ and Health**

(Fundamental)

and Well Being Programmes

- Continue 'Caring at its Best Awards'

9 Work Stream 3: Embed and Promote a Culture of Learning and Innovation

This will be underpinned by Workstreams 3,4 and 6 of the Organisational Development Plan relating to leadership, workplace learning and innovation.

What will this look like?

We will be fully marketing and promoting the learning and development activities developed through our OD Plan and ensure staff are encouraged, rewarded and recognised for being innovative in their work. We will ensure learning, education and development links to service improvement and skills required for the future to ensure ongoing employability of our staff.

What steps will we take to achieve this?

WORK STREAM 3. EMBED AND PROMOTE A CULTURE OF LEARNING AND INNOVATION

2013/14 Priorities

- Promote excellent learning and development opportunities on our 'Work for Us' website through 'voice pops' and staff stories
- Ensure statutory and mandatory training is easy to complete and access
- Establish the Local Education and Training Group to ensure our learning and development is fully aligned with service and workforce plans so that staff are trained in the right skills at the right time

2014-16 Priority

- Fully integrated workforce planning mechanisms which drive learning, education and development
- Provide greater scope for work shadowing and opportunities for experiences in alternative work areas
- Develop a formalised coaching and mentorship scheme which provides clarity on what coaching is offered and who in the organisation is available to provide this
- Develop a 'Dragon's Den' approach to access to local improvement and innovation funds for initiatives connected to improving quality and efficiency
- Investment in learning and development facilities to improve quality and access
- Link development opportunities to University and

On-going
(Fundamentals)

Trust research portfolio

- Continue extensive range of development activity
 - apprenticeships, NVQs, leadership
- Improve appraisal quality

DRAFT

10 Work Stream 4: Develop Clear Career Progression Routes

This will be underpinned by the Workstreams 1, 3 and 4 of the Organisational Development Plan.

What will this look like?

We will have systems in place which ensure we can spot, develop and retain the very best talent in our organisation through the right pay systems and robust and focused leadership programmes. These programmes will enable staff to reach the potential identified in their personal development plans. Staff and potential employees will be able to see a clear potential career progression routes.

What steps will we take to achieve this?

WORK STREAM 4. DEVELOP CLEAR CAREER PROGRESSION ROUTES

2013/14 Priorities

- Talent Profiling for all staff with a clear strategy on how it will be used
- Implementation of Workforce Plans where new roles are created to support service and career development
- Where career pathways exist actively describe these in recruitment promotional material
- Ensure a consistency of message at recruitment promotional events such as schools and Connexions careers events
- Pilot and evaluate graduate internship scheme with Leicester and DeMontfort Universities.

2014-16 Priority

- Develop mechanisms for rewarding talented staff through the new freedoms available in Agenda for Change
- More career structures with clear pathways identifying possible routes and development designed to support progress to the next level
- Create programmes to nurture newly appointed leaders

On-going (Fundamentals)

- Leadership Development
- Apprenticeships
- Support NHS Graduate Scheme

11 Work Stream 5: Create an Environment where Staff can Undertake Roles Effectively

What will this look like?

As a healthcare provider, UHL are well placed to promote health and well being, encouraging staff to engage in healthy lifestyles. We will make sure that staff have the opportunity to raise concerns about not having the tools and equipment to do their job and take action to improve work environments. Staff will work in an environment which is safe for themselves and their patients and be encouraged to 'speak up' if they have cause for concern. Staff will be engaged in designing facilities and 'speak up' about unacceptable environments. Staff will be led and managed by leaders who demonstrate appropriate behaviours linked to values.

What steps will we take to achieve this?

WORK STREAM 5. CREATE AN ENVIRONMENT WHERE STAFF CAN UNDERTAKE ROLES EFFECTIVELY

2013/14 Priorities

- Implement LiA methodology in improving the workplace, maximising use of 'pass it on' events
- Undertake a review of health and well being initiatives to ensure staff needs met
- Embed redesign project to identify how staff are engaged in its development
- Develop innovative 'Whistleblowing' promotional materials and hold drop in learning sessions regarding raising concerns
- Act on the feedback from the National Staff Survey

2014-16 Priority

- Build on Health and Well Being and Resilience at Work Programmes
- Provide a more supportive work environment for new starters –streamlining corporate induction
- Provision of better quality information on starting – revamping of employee handbook
- Connect the well being agenda to working in a health environment
- Implement Leadership Strategy to ensure an embedding of Leadership Qualities and Behaviours Framework

On-going
(Fundamentals)

- **Listening into Action as a way we get things done around here**
- **Proactive support from Amica and Occupational Health**

DRAFT

12 Work Stream 6: Brand and Market as an Employer

This will pull together the previous five workstreams to ensure we proactively and appropriately promote the positive aspects of our employment package

What will this look like?

A clearly identifiable and exciting employment brand which attracts talented people who want to work in accordance with our values.

What steps will be take to achieve this?

WORK STREAM 6. BRAND AND MARKET AS AN EMPLOYER

2013/14 Priorities

- Build on nursing 'Work for Us' area to promote benefits and opportunities for all staff using 'staff story telling' approach
- Proactively attend a broader spectrum of recruitment events to attract a diverse and talented workforce
- Create suitable marketing packages to match targeted employment markets eg relocation packages if national/ international recruitment pools are sought; flexible employment terms if temporary workforce is sought

2014-16 Priority

- Develop 'gateway' to employment schemes such as internships and extended 'work and learn' experiences for individuals seeking a career in health
- Undertake a health and social care careers event to showcase career opportunities in Leicestershire

On-going (fundamentals)

- Maintain an innovative and visible external profile in employment branding

13 How will we measure?

We will measure the success of this Strategy through:

Recruitment and retention statistics

Staff Survey results

Access to flexible benefit schemes

A range of performance and quality measures

Appendix One: A detailed action plan identifying what will happen in 2013/14



APPENDIX ONE: REWARD AND RECOGNITION STRATEGY Year one

Executive Sponsor:	Kate Bradley
Lead:	Louise Gallagher
Frequency of review:	Monthly
Date of last review:	10 October 2013

Expected completion of Quick Wins action plan:	31.12.13
Expected completion of Year One action plan:	31.03.14
Expected Full Strategy Implementation	2016

Quick Wins

REF	ACTION	Lead	COMPLETION DATE	RISKS TO DELIVERY OF ACTION	PROGRESS UPDATE	STATUS
1	Responsive Pay Systems					
	Establish mechanisms for flexing pay, benefits for recruitment hot spot areas.	ES	30.09.13	Risk of perceived inequity and impact on other areas	All pay negotiations and administrative processes in place. Arrangements for Consultants and Nursing staff in place	4
	Recruitment and retention premia for Emergency Department Band 5 Nursing staff		31.10.13			
	Recruitment and retention premia for Emergency Department Consultants		30.11.13		At proposal stage. Needs to understand impact on education	
	Specialty Medicine Nursing to include one day educational release and four days clinical as part of attraction package	MM/TR/ES/EM				
2	Embed Benefits and Recognition Schemes					
	Proactively promote current local discount benefits to UHL existing staff	SP/LJ	31.01.14		Being taken forward through ongoing partnership work with Interserve	4
	Offer subsidised meals in existing restaurant facilities with staff only seating and breakout areas	RO	31.04.14			

Status key:	5 Complete	4 On track	3 Some delay – expect to completed as planned	2 Significant delay – unlikely to be completed as planned	1 Not yet commenced	0 Objective Revised
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3	Brand and Market as an Employer					
	<p>International recruitment to have a specific set of actions relating to rewarding and supporting in view of the unique issues faced by staff relocating from abroad.</p> <p>Negotiate for staff to have accommodation in UHL premises funded by Clinical Management Groups for 2 months</p> <p>Specific orientation and mentorship programme for new International recruits</p> <p>Social events to support settling in process</p>	<p>DD/MM</p> <p>CB</p> <p>EM/MM</p> <p>MM</p>	30.11.13	Success of campaign may be limited by other Trusts competing for International Recruits	Project plan for International Recruitment being developed. Accommodation agreement agreed in principle.	4

2013/14 Actions

REF	ACTION	Lead	COMPLETION DATE	RISKS TO DELIVERY OF ACTION	PROGRESS UPDATE	STATUS
5	Responsive Pay Systems					
	<p><u>Pay Progression Policy</u></p> <p>Develop a pay progression policy which is closely aligned to organisational objectives and the delivery of these and underpinned by behaviours aligned to our organisational values. Develop Policy in discussion with Staff Side colleagues and establish mechanisms for implementation</p> <p><u>Values Based Recruitment</u></p> <p>Develop a more robust system for ensuring that values are integrated into the selection process.</p> <p>Revisit training sessions to embed new techniques and methods.</p> <p>Utilise patients and service users in the development of appropriate questions</p>	<p>LG/ES/D M</p> <p>TR/LG/C A</p>	<p>31.03.14</p> <p>31.03.14</p>	<p>Developing a simple but comprehensive policy which meets the requirements of both the organization and staff</p> <p>Determining methods which allow objective measurement</p>	<p>Pay Progression Policy being drafted for wider consultation with HR and Staff Side colleagues</p> <p>Already in recruitment and selection training – need to focus on methodology and give greater weight during training</p>	4

6	Embed Benefits and Recognition Schemes					
	<u>Work for Us area of Website</u> Create an interactive website for staff to explore the total rewards available to them so that they can create a customised reward package to suit their own specific circumstances. Use current staff to describe those benefits and rewards and what value these have added	SP/PR	31.13.14	Caution to be applied in terms of calculating benefit to individual as variables can affect personal financial positions		4
	<u>Badge systems for rewarding performance</u> In the first instance nursing to launch 'Nursing with Pride'scheme with bronze silver and gold rewards. If successful to be launched more widely across the Trust.	MM	31.12.13	Ensuring equity in application of this scheme		
	<u>Development of localised schemes for recognition</u> Promote and share best practice in award schemes. Share processes adopted and gain feedback from colleagues on extent to which scheme is valued	LG/BK	31.03.14	Ensuring equity in application of this scheme		
	<u>Informal drop ins from Executive Colleagues</u> Execs to be advised when team meetings are taking place and given opportunity to thank a team for a particular piece of work which has been done well or that a particular shift has been challenging or when a complimentary letter has been received from a patient/carer	LG/BK	31.03.14			
7	Embed and Promote a Culture of Learning and Innovation					
	<u>Work for Us area of the Website</u> Promote excellent learning and development opportunities through voice pops and stories on 'Work for Us' area of the Website	CJ	31.12.13			4
	<u>Ensure Ease of Access to Statutory and Mandatory Training</u> Follow the existing action plan for this but ensure marketed positively	BK	31.03.14	Technological issues with platform or web based material	Fully on track to deliver	

	<u>Recruitment Events</u> Run a large scale event promoting careers generally in UHL in partnership Leics colleagues from health and social care	MM	31.03.14 and ongoing		Attended nursing forums in London, Manchester and Glasgow which have proven successful in attracting candidates	
	Review scope for local 'open days' which incorporate careers and employment opportunities	TJ/LG				
	<u>Create Local Marketing Packages that Match Needs of Potential New Recruits</u> Develop bespoke reward packages to suit particular groups. International recruitment will need accommodation incentives and orientation plans	MM/EM	31.03.14 and on going		Bespoke package in place for international recruits	

Key to initials of leads	
MM	Maria McAuley
EM	Eleanor Meldrum
BK	Bina Kotecha

SB	Sharon Baines
LG	Louise Gallagher
HM	Helen Mancini
ES	Emma Stevens
TR	Trish Rees
SP	Shaileena Palana
PR	Pete Rogers
RO	Rachel Overfield
CB	Clare Blakemore
DD	Debra Davies
DM	David Morgan
MC	Michelle Cloney
CA	Claire Agnew
CJ	Ceri Jones
NMc	Nicky McCormack
NJ	Nic Junkin
TJ	Tiffany Jones

Q



To:	Trust Board
From:	John Adler, Chief Executive Kate Bradley, Director of Human Resources
Date:	December 2013
CQC regulation:	Regulation 23 Outcome 14: Supporting Workers

Title:	Listening into Action (LiA) Progress Report						
Author/Responsible Director: Michelle Cloney, LiA Lead / John Adler Chief Executive and Kate Bradley, Director of Human Resources							
Purpose of the Report: To update the Trust Board on progress in relation to adopting the Listening into Action (LiA) approach across UHL.							
The Report is provided to the Board for:							
<table border="1"> <tr> <td>Decision</td> <td></td> </tr> </table>		Decision		<table border="1"> <tr> <td>Discussion</td> <td>X</td> </tr> </table>		Discussion	X
Decision							
Discussion	X						
<table border="1"> <tr> <td>Assurance</td> <td>X</td> </tr> </table>		Assurance	X	<table border="1"> <tr> <td>Endorsement</td> <td></td> </tr> </table>		Endorsement	
Assurance	X						
Endorsement							
Summary / Key Points: This report sets out progress in Phase 4 of the LiA Route Map associated with 'Embedding LiA as the way we do things around here'.							
An update is provided on:							
<ul style="list-style-type: none"> • Quick Wins • Key Achievement of the 10 Enabling our People (EoP) Schemes • Key Achievements of the 'First 12 Pioneering Teams' and Team Pulse Check Results • Pass It On event • Inclusion of a LiA listening events within future Improvement and Innovation Framework (IIF) Management of Change projects. • Wave 2 Pioneering Teams and EoP Scheme 							
Recommendations:							
<ul style="list-style-type: none"> • Trust Board are asked to acknowledge the LiA activities undertaken since the last report. In particular the Trust Board are asked to note the achievements by Pioneering Teams and Enabling Our People Schemes in Wave 1 LiA and note the new teams and scheme within Wave 2. 							
Previously considered at another corporate UHL Committee?							
An update was received by the Executive Team on 10 December 2013							
Strategic Risk Register:		Performance KPIs year to date:					
Risk 3		Baseline measures detailed within the report					
Resource Implications (e.g. Financial, HR):							
This work is led by John Adler, Chief Executive, Kate Bradley, Director of Human Resources and the LiA Team, working in collaboration with the UHL LiA Sponsor Group.							



<p>Assurance Implications:</p> <p>All staff should have rewarding and worthwhile jobs, with the freedom and confidence to act in the interest of patients. To do this, they need to be trusted and actively listened to. They must be treated with respect at work, have the tools, training and support to deliver care, and opportunities to develop and progress.</p> <p>UHL has committed to engage staff in decisions that affect them and the services they provide, individually, through representative organisations and through local partnership working arrangements. All staff will be empowered to put forward ways to deliver better and safer services for patients and their families.</p>
<p>Patient and Public Involvement (PPI) Implications:</p> <p>Patient Advisers attended Listening events. Initial focus of LiA is around staff engagement and as the LiA journey unfolds further opportunities to involve patients / carers / patient advisers will be sought. To date, a PPI event was held on the Enabling Our People Scheme for Car Parking and a further event for Childrens CBU Pioneering team. In addition, Pregnancy Assessment Service Pioneering Team are gathering patient stories to help influence the change process within their service. Following the Pass It On event in November a new group of Pioneering Teams started their LiA Journeys and these new teams have been asked to include Patient Listening activities within their journeys. Greater links have also been created between the LiA team and the PPI Team.</p>
<p>Stakeholder Engagement Implications:</p> <p>The UHL LiA Sponsor Group will continue to actively engage with key internal and external stakeholders, in successfully adopting LiA across the Trust.</p>
<p>Equality Impact:</p> <p>Part of the analysis examines event representation against the nine protected characteristics.</p>
<p>Information exempt from Disclosure:</p> <p>No</p>
<p>Requirement for further review?</p> <p>The Executive Team and UHL LiA Sponsor Group will monitor on-going progress at regular meetings. An update will be presented to the Trust Board at quarterly intervals.</p>



REPORT TO: UHL Trust Board

REPORT FROM: John Adler, Chief Executive
Kate Bradley, Director of Human Resources

DATE: December 2013

SUBJECT: Listening into Action Progress Report (LiA)

1. Introduction

- 1.1 This report sets out progress in Phase 4 of the LiA Route Map associated with 'Embedding LiA as the way we do things around here'. Specifically an update is provided on:
- Quick Wins
 - Key Achievement of the 10 Enabling our People (EoP) Schemes
 - Key Achievements of the 'First 12 Pioneering Teams' and Team Pulse Check Results
 - Pass It On event
 - Inclusion of a LiA listening events within future Improvement and Innovation Framework (IIF) Management of Change projects.
 - Wave 2 Pioneering Teams and EoP Scheme

2. Quick Wins

- 2.1 Quick Wins aim to build belief in the LiA process and demonstrate that we mean business. They are a series of high impact; visible actions which address the issues from the Listening events held in May 2013 and can be implemented quickly to get some rapid improvements.
- 2.2 A number of Quick Wins have been published since the last Trust Board Report (August 2013) including:
- Blue Print Bulletin
 - Leadership into Action – Leadership Qualities and Behaviours Framework
 - Staff Areas within all Restaurant Facilities
 - Raising awareness amongst staff of Leicester Hospital Charity
 - Valuing Your Behaviour Campaign
 - Carer Access to Wards – supporting inpatient care
 - Employee Volunteer Pilot for Executive Team and Senior Managers in non clinical roles (to commence in Quarter 4 (1 January 2014 – 31 March 2014)

3. Key Achievements of the 10 Enabling Our People (EoP) Scheme

- 3.1 Enabling Our People (EoP) schemes are about 'enabling' changes to accelerate which have a widespread, positive impact on lots of people. The EoP Schemes are often corporate challenges requiring action from corporate functions, and often include Strategic Priorities which apply to some of the biggest challenges facing the Trust.
- 3.2 Key Achievements from the Wave 1 Enabling Our People (EOP) Schemes are:
- 3.2.1 **Recruitment process:**
We will simplify and shorten our current recruitment process from vacancy to start date.



Strapline: Route to Recruit

Key Achievements -

- Radical streamlining of the approvals process
- Produced a clear document on timescales, roles and responsibilities and shared this widely.
- Electronic vacancy form that can be tracked by managers for clear knowledge of where the approval status is.

3.2.2 **Equipment Fit for the Job:**

We will create a Trust-wide equipment library to ensure staff have access to equipment fit for the job.

Strapline: Medical Equipment Libraries – Equipped to Care.

Key Achievements -

- Have set up local equipment libraries at LRI in Childrens and now in Emergency Care.
- Introduction of collection points where finished equipment can be taken to be returned to the library.

3.2.3 **Communication:**

We will find better ways to communicate with each other and with our patients.

Key Achievements –

- A Who's Who board showing what the different uniforms mean to help patients, visitors and other colleagues.
- Campaign to promote our behaviours called 'Value Your Behaviours'.
- A "How to" guide for setting up and running meetings, giving people access to helpful documents like agendas, minutes and action tables.

3.2.4 **Bed management process:**

We will review the way we manage our beds to determine what we need to run a more effective and efficient service.

Strapline: Let's get in to beds together!

Key achievements -

- There is now an extensive control centre opposite EDU in the LRI which plays a key part in improving patient management.
- Getting patients involved in their discharge as we have changed terminology in letters to improve and make clear the responsibility of patients when they go home.
- Developed a flow chart so that decisions can be made about which patient transport to use making best use of what is available.

3.2.5 **Providing seamless out of hours care (24/7):**

We will work towards providing a more seamless care 24/7.

Strapline: Care doesn't stop at 5 o'clock.

Key Achievements –

- Piloting a transport team based in x-ray so that ward staff do not need to be released to escort patients therefore maintaining the flow of patients.
- Approved funding to provide an enhanced weekend phlebotomy service.
- Approval for extending pharmacy, providing a weekend discharge service to ensure that we can discharge patients home with their medications.

3.2.6 **Reduce and standardise paperwork and processes:**

We will reduce and standardise paperwork and processes, removing barriers, duplication and unnecessary steps so staff can spend more time with patients.



Strapline: Paper, paper everywhere – lets standardise to help us care.

Key Achievements -

- Reduced Day Case documents from 14 to 1 and reduced nursing paperwork supporting Pressure Area Care
- Created an Information Sheet around forthcoming IT solutions to reduce reliance on paperwork and support access by all staff to IT systems such as one single portal.
- Created information crib sheets on changes implemented (Q&A)
- Multiple patients letters streamlined to 4 and all available on ICE

3.2.7 **Car Parking:**

We will improve the car parking system across our sites.

Strapline: Travelling alongwith you.

Key Achievements –

- Improved maintenance of existing car parks.
- More information on saver tickets and drop off points for patients.
- More frequent Hopper service.

3.2.8 **Right staffing for all areas:**

To attract and retain the best staff into our organisation.

Key Achievements –

- Redesigning and re-launching our exit interview process
- A ward staffing review, and the bottom up modelling is complete
- Developing a 'buddy' system for all staff disciplines to support staff

3.2.9 **Information Technology:**

To use the LiA approach within existing projects to ensure a strong voice for front line users.

Strapline: Together we can do IT.

Key Achievements –

- 24/7 Service Desk now available to help with all IT questions and queries.
- IT Equipment Checklist posters - raising awareness of checking equipment and reporting it to IT.
- WiFi Access for Childrens – now looking wider to provide FREE access across the whole Trust.

3.2.10 **Procurement:**

To use the LiA approach within existing projects to ensure a strong voice for front line users.

Strapline:buying together!

Key Achievements –

- Improved communication: by developing newsletter, making improvements to the website, producing who's who information and frequently asked questions.
- Implemented new ways of working: including development of customer care principles/training, improved on-site presence and drop-in sessions to improve clinical engagement.
- Training: including refresher training to all users/approvers and simplifying ordering processes.

- 3.3 Each EoP Scheme is continuing to work on their Long Team actions. An event is scheduled for the 19 December to refocus and re-energise action plans and to help each EoP Scheme lead to 'raise the bar' and seek to be even more ambitious over the next 20 weeks.



4. Key Achievements of the 'First 12 Pioneering Teams' and Team Pulse Check Results

4.1 Emergency Department:

To improve the quality of patient care and experience in the emergency Department through the engagement and involvement of all staff. Strapline: Its' not just our patients that want to get better!

Key Achievements –

- Launch of the New Starter Support Group.
- Band 6 nurses are now undertaking teaching sessions to develop staff.
- A hot and cold vending machine so that patients, relatives and carers have easy access to food.

4.2 Haemodialysis Unit:

To provide excellent care in a safe, friendly environment and to give patients the best possible experience.

Strapline: Dedicated to dialysis.

Key Achievements –

- Nurses to be allocated into same teams on a monthly basis as opposed to daily basis to maintain continuity of care.
- Volunteers come to the unit to play games with patients.
- Extend 'patient self-blood pressure monitoring' with hand held equipment to free up mobile monitors.

4.3 Cardio, Renal and Respiratory CBU & Ward 32:

To put patients at the heart of what we do, to provide a service to be proud of.

Strapline: To the heart of what matters!

Key Achievements –

- Creation of Radial lounge
- Walking patients clothed to Angio Catheter suite
- Implementation of Nurse Delegated Discharge (NDD) for elective angiogram procedure – approved by Cardiorespiratory Board

4.4 Specialist Surgery and GI Medicine/ Surgery/ Urology CBU's:

To take our staff on a journey to shape and improve communication so that every team member feels valued and proud of the care that they deliver.

Strapline: Engage 4 Change

Key Achievements –

- Development of a standard agenda template, action log and standards for meetings to enable communication.
- Road-shows to feedback information gathered to all teams, and provide visible leadership.
- CMG bulletins to share information.

4.5 Theatres:

To focus on patient safety within the Orthopaedic Theatre environment and to use LiA to improve staff engagement, morale, leadership and communication. Strapline: Team Work is Safe Work.

Key Achievements -

- Floor control making regular visits to Theatres and can now be contacted by Bleep.



- Work completed with MSK to trial 'Super Lists' (efficiency lists) to see if we can complete an additional case.
- Team briefs and debriefs conducted for each list – for good days and bad ones.
- No SULs reported in Orthopaedic Theatres since LiA commenced.

4.6 **Geriatric Medicine and Orthopaedic Trauma:**

To work together to streamline and energise the discharge planning process. As a result we will ensure a better patient journey as well as improving flow through the unit by reducing unnecessary delays.

Strapline: Striding Out.

Key Achievements –

- Improved communication with patients and carers by introducing a drop in clinic for care, progress and discharge planning – extended visiting hours from 12-8pm
- Created a Hip Fracture Pathway information sheet to raise awareness with patients and carers about their care and services available.
- Provided dedicated time and an office with IT access for junior medical staff so that they could discharge documentation could be completed in a timely manner.

4.7 **Obstetric haematology:**

To introduce new nurse led clinics to improve patient services in either VTE, thrombophylaxis or anaemia.

Strapline: Deliver the best.

Key Achievements –

- Weekly specialist nurse advisory clinics were established whilst still offering right-time advice for community midwives
- Increased income of £74,000 p.a. was identified
- A campaign to increase education of GPs, community midwives and patients was conducted, in the two most common haematological issues in pregnancy -iron deficiency anaemia and thrombosis prevention

4.8 **Children's HDU, Ward 12:**

To improve the space and support they provide for families of their long-term ventilation patients.

Key Achievements -

- After much negotiation and creative thinking, have found a room solution that works!!
- Have received quotations for enabling works, design and remodelling of the spaces to achieve the room required.
- Have secured partial funding and continue to work with charitable funds to secure the remaining funding necessary to complete the project.

4.9 **Pregnancy Assessment Unit:**

To facilitate meaningful engagement between the multidisciplinary team surrounding the development of patient-centred antenatal outpatient services to women and their families experience complications in pregnancy.

Strapline: Women-centred antenatal outpatient management – building services for the future.

Key Achievements –

- Opportunity for staff to work within the Pregnancy Assessment Service & AAA/Role swap for a shift.
- Production of effective, holistic care pathways to improve patient experience.
- Communication meetings for representatives from different areas within maternity.

4.10 **Children's CBU:**

To improve discharge processes within the Children's Hospital.

Key Achievements -

- Produced patient profile for children with chronic conditions, in conjunction with parents, to improve communication and care provision (currently in draft form undergoing consultation).
- Devised some new ways of working around efficient and timely discharge, with a pilot is due to commence in December.
- Created patient experience videos which have highlighted parents and children's views around discharge processes, used at the Trust AGM.

4.11 **Catering Services (Glenfield Hospital):**

To ensure that ALL our patients get adequate nutrition and hydration as meals are as important as medication in aiding recovery.

Strapline: Protected Meal Appeal.

Key Achievements –

- Identified approved adapted cutlery to aid patient independence in eating and drinking.
- Agreed that all wards would be closed at Meal Times to visitors (staff and relatives) who were not supporting food intake.
- Created a standardised poster for all wards and department entrances to display indicating that the ward is closed and detailing the specific times for meals per ward.

4.12 **Duty Managers:**

To encourage effective communication within the team and present a standardised approach to the rest of the organisation.

Strapline: Call of Duty.

Key Achievements -

- 12 monthly team meeting to be booked in Calendars.
- A training needs analysis for all members of the team, clinical/ non clinical.
- Relocation of the team into a new, fit for purpose office.

4.13 At the beginning of the 20 week journey followed by the Pioneering teams a Pulse Check Survey is completed. Suitability for completion of the Team Pulse Check depends on the mission being worked on.

4.14 Prior to the Pass It On event 8 teams repeated the Pulse Check. The results of the final Team Pulse Check have been compared to the UHL Trust Pulse Check undertaken in March 2013.

4.15 The 10 questions completed are shown at **Appendix A**.

4.16 The comparison is shown at **Appendix B** – *Please note that Question 8 has been changed and therefore no comparison can be made for this question.*

4.17 The Team Pulse Check Results compare favourably against the UHL survey for each question (excluding Question 8) which is a very positive endorsement of LiA by those who have used the approach.

5. **Pass It On event**

5.1 Held on 6 November 2013, hosted by John Adler, CEO and attended by 155 staff and key stakeholders within UHL.



- 5.2 The aim of the event was to celebrate all of the hard work and achievements from the Pioneering Teams and Enabling our People Schemes and to pass on the baton to the Wave Two Teams
- 5.3 The event was an energetic mix of market stalls, videos and presentations and throughout delegates and presenters were given the opportunity to 'tweet' about what was happening.
- 5.4 The event was very well evaluated by those who attended, with comments such as:
- "Enthusiastic to improve the way we work. Impressed at the amount of work done to date!"
 - "Proud to be part of the LiA Journey!"
 - "Convinced that we are doing something about UHL problems."
 - "Quite excited we are given the opportunity to come up with ideas to improve patients and staff experience."
- 5.5 85% of those who attended rated the event as good or excellent
95% of those who attended stated that they were committed to LiA
- 6. Inclusion of a LiA listening events within future Improvement and Innovation Framework (IIF) Management of Change projects.**
- 6.1 During the Pass It On event, John Adler made a commitment that all future IIF Management of Change projects would incorporate an engagement element through the adoption of a listening event before the change started.
- 6.2 The Managed Print project has been selected to start this inclusion. The LiA Lead is currently reviewing the 7 step approach to assimilate an appropriate resource to support and guide those who wish to hold a listening event which is consistent with the principles and techniques deployed within LiA.
- 7. Wave 2 Pioneering Teams and EoP Scheme**
- 7.1 The next Wave of Pioneering Teams were selected by the LiA Sponsor Group following a nomination process.
- 7.2 In total 30 submissions were received by the LiA Team. From this 11 new Pioneering Teams were selected and 1 additional EoP Scheme.
- 7.3 A Welcome Session was held on 18 November to start the new teams on their 7 step journey. The timescale has been slightly extended to account for the Christmas / New Year period and the demands normally experienced within an acute Trust during the first week in January.
- 7.4 Each team has been allocated a nominated LiA Sponsor and a member of the LiA Team to support them on their 7 Steps journey.
- 7.5 Each team has been challenged to include a LiA Patient activity prior to holding their Team listening event.
- 7.6 Team listening events are scheduled to take place during mid to late January 2014.



7.7 Next Wave Teams and EoP Schemes – leads, mission statements, LiA Team Lead and LiA Sponsor

Team	Lead	LiA Sponsor	LiA Team
Information and Data Quality	Shirley Priestnall	Kate Shields	Sue Pavord
Occupational Therapy & Physiotherapy	Lynn Cooke	Kate Bradley	Michelle Scowen
Trust Adolescent and Young Adult Group	Helena Gleeson & Sue Mason	Ian Scudamore	Linsey Milnes
Junior Doctors Administrators	Rachel Williams	Nick Moore	Linsey Milnes
Pressure Ulcer Ambition	Vicky Osborne & Anna Kendrick	Rachel Overfield	Linsey Milnes
Fertility and Assisted Conception	Neelam Potdar & Charlene Freeman	Mark Wightman	Linsey Milnes
Haematology Stroke Medicine	Jane Strong & Amit Mistri	Catherine Free	Sue Pavord
Access Trauma Orthopaedics	Stephen Williams	Richard Power	Sue Pavord
Palliative Care Team	Jane Lee, Karen Badgery & Rebecca Proctor	Carole Ribbins	Michelle Scowen
Pharmacy	Alison Brailey & Marla Martinez	Suzanne Khalid	Michelle Scowen
Quality Mark for Elder Friendly Wards	Jenny Kay	Rachel Overfield	Michelle Scowen
EoP Scheme Improving Clinical Coding	Sanjay Agrawal and John Roberts	Kevin Harris	Sue Pavord

8. Recommendation

- 8.1 The Trust Board is asked to acknowledge work undertaken to date on Quick Wins; the key achievements from Wave 1 Pioneering Teams and Enabling Our People (EoP) Schemes; the positive results achieved by the Teams in their Pulse Check Surveys; the incorporation of LiA within the IIF Management of Change projects and the new Wave of Pioneering Teams and EoP Scheme.



Appendix A

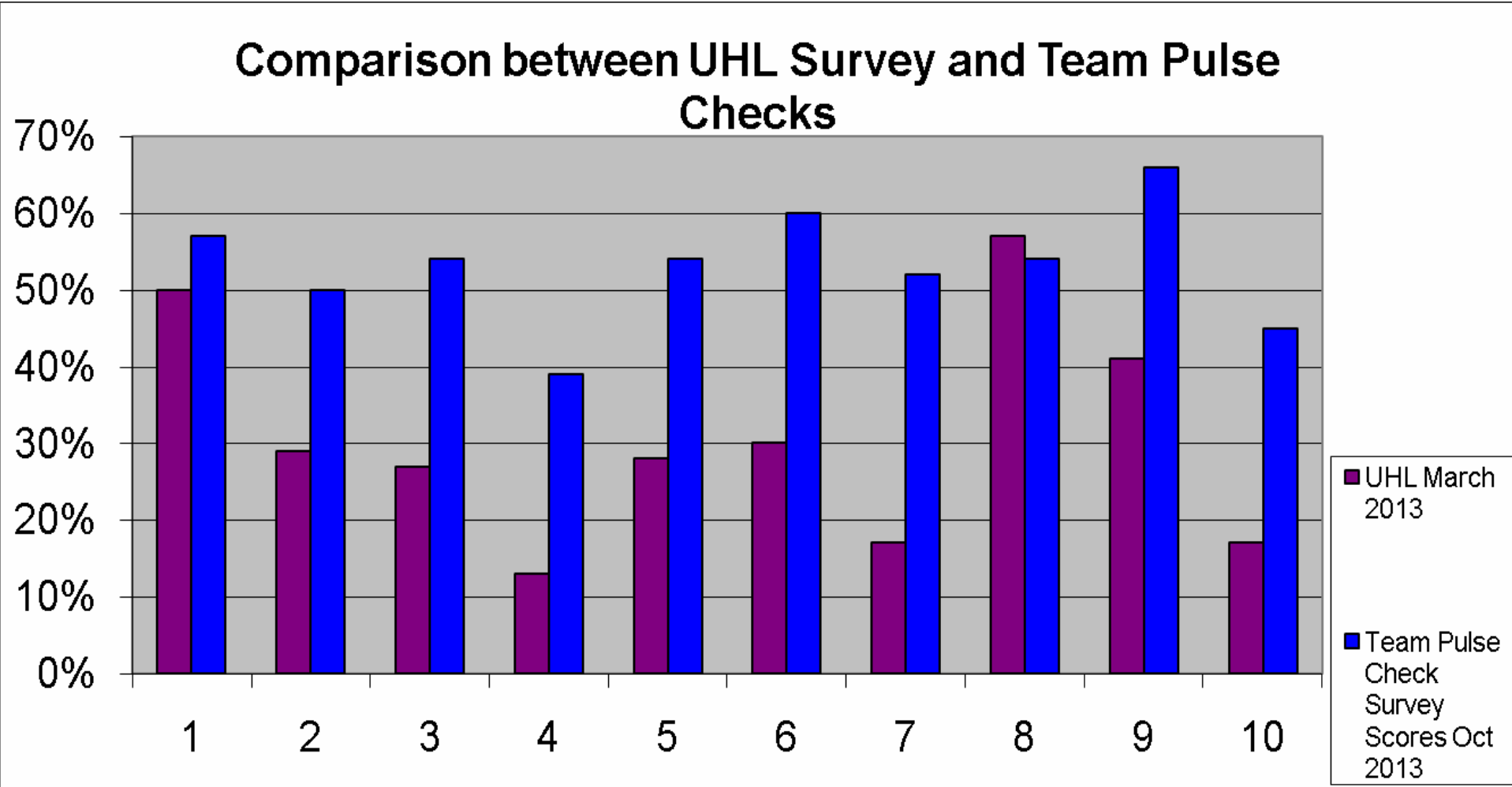
Pulse Check Survey Questions

- Q1 I feel happy working in my work area/team/department
- Q2 I am involved in deciding on changes introduced that affect my work area/team/department
- Q3 Senior managers encourage staff to suggest new ideas for improving services
- Q4 Day to day issues and frustrations that get in our way are quickly identified and resolved
- Q5 This Trust communicates clearly with staff about what it is trying to achieve
- Q6 I believe we are providing the very best services to our patients and their families
- Q7 How satisfied are you with the extent to which the Trust values your work?
- Q8 *I am proud to work in this work area/team/department*
- Q9 I feel that I understand the connection between my role and the wider vision of the Trust
- Q10 Communication between senior management and staff is effective

New Question introduced in June 2013

- Q8 I would recommend our Trust to my family and friends

Appendix B



Please note that Question 8 has been changed between surveys and therefore no comparison can be made.

R

Trust Board Paper R

	Trust Board								
From:	Rachel Overfield, Kevin Harris, Richard Mitchell Kate Bradley Andrew Seddon								
Date:	20th December 2013								
CQC regulation	All								
Title:	Quality & Performance Report								
Author/Responsible Director: R Overfield, Chief Nurse K. Harris, Medical Director R, Mitchell, Chief Operating Officer K. Bradley, Director of Human Resources A. Seddon, Director of Finance									
Purpose of the Report: To provide members with an overview of UHL quality, operational performance against national and local indicators and Finance for the month of November.									
The Report is provided to the Board for: <table border="1" data-bbox="245 949 1115 1117"> <tr> <td>Decision</td><td></td> <td>Discussion</td><td>√</td> </tr> <tr> <td>Assurance</td><td>√</td> <td>Endorsement</td><td></td> </tr> </table>		Decision		Discussion	√	Assurance	√	Endorsement	
Decision		Discussion	√						
Assurance	√	Endorsement							
Summary / Key Points: <p>Successes</p> <ul style="list-style-type: none"> ❖ Theatres – 100% WHO compliant ❖ 62 day cancer – confirmed performance in October was 86.4% ❖ VTE - The 95% threshold for VTE risk assessment within 24 hours of admission has been achieved for the last 5 months ❖ The percentage of stroke patients spending 90% of their stay on a stroke ward has been exceeded for the last 4 months and the contract query will be formally closed by the commissioners. ❖ Friends and Family Test - Performance on the FFT for November is 70.3 <p>Areas to watch:-</p> <ul style="list-style-type: none"> ❖ C Difficile – on trajectory to date with 47 reported against cumulative target of 47. ❖ Diagnostic waiting times– the 1% threshold was delivered for November ❖ C&B – performance similar to this time last year and target is still not delivered. <p>Exceptions/Contractual Queries:-</p> <ul style="list-style-type: none"> ❖ Pressure Ulcers – recovery action plan signed off ❖ ED 4hr target - Performance for emergency care 4hr wait in November was 88.5%. Actions relating to the emergency care performance are included in the ED exception report. ❖ Cancelled Operations – contract query has been raised by the commissioners due to consistent failure of the threshold. Remedial action plan submitted, additional 									

information requested prior to agreement by commissioners.

- ❖ RTT admitted and non-admitted – this remains a contractual failure to agree. Ongoing discussions with commissioners about the capacity gap and financial impact of resolving current backlogs over 18 weeks

Recommendations: Members to note and receive the report	
Strategic Risk Register	Performance KPIs year to date CQC/NTDA
Resource Implications (eg Financial, HR) N/A	
Assurance Implications Underachieved targets will impact on the NTDA escalation level, CQC Intelligent Monitoring and the FT application	
Patient and Public Involvement (PPI) Implications Underachievement of targets potentially has a negative impact on patient experience and Trust reputation	
Equality Impact N/A	
Information exempt from Disclosure N/A	
Requirement for further review? Monthly review	

Caring at its best

Quality and Performance – November 2013

Trust Board

Friday 20th December 2013

One team shared values

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT TO: TRUST BOARD

DATE: 20th DECEMBER 2013

REPORT BY: KEVIN HARRIS, MEDICAL DIRECTOR
 RACHEL OVERFIELD, CHIEF NURSE
 RICHARD MITCHELL, CHIEF OPERATING OFFICER
 KATE BRADLEY, DIRECTOR OF HUMAN RESOURCES
 ANDREW SEDDON, DIRECTOR OF FINANCE

SUBJECT: NOVEMBER 2013 QUALITY & PERFORMANCE SUMMARY REPORT

1.0 INTRODUCTION

The following paper provides an overview of the November 2013 Quality & Performance report highlighting key metrics and areas of escalation or further development where required.

2.0 2013/14 NTDA Oversight and Escalation Level

2.1 NTDA 2013/14 Indicators

Performance for the 2013/14 indicators in Delivering *High Quality Care for Patients: The Accountability Framework for NHS Trust Boards* was published by the NTDA early April.

The indicators to be reported on a monthly basis are grouped under the following headings:-

- ❖ Outcome Measures
- ❖ Quality Governance Measures
- ❖ Access Measures – see Section 5

Outcome Measures	Target	2012/13	Apr-13	May-13	Jun-13	Qtr1	Jul-13	Aug-13	Sep-13	Qtr2	Oct-13	Nov-13	YTD
30 day emergency readmissions	7.0%	7.8%	7.5%	7.8%	7.7%	7.7%	7.5%	7.6%	7.8%	7.6%	7.8%		7.7%
Avoidable Incidence of MRSA	0	2	0	0	0	0	0	0	1	1	0	0	1
Incidence of C. Difficile	67	94	6	7	2	15	6	5	9	20	6	6	47
Incidence of MSSA		46	5	2	5	12	1	4	3	8	1	1	22
Safety Thermometer Harm free care		94.1%*	92.1%	93.7%	93.6%		93.8%	93.5%	93.1%		94.7%	93.9%	
Never events	0	6	1	0	0	1	0	0	1	1	0	0	2
C-sections rates*	25%	23.9%	23.8%	26.1%	26.1%	25.3%	25.0%	25.2%	24.6%	24.9%	25.6%	27.5%	25.5%
Maternal deaths	0	0	0	0	0	0	0	0	0	0	0	0	0
Avoidable Pressure Ulcers (Grade 3 and 4)	0	98	11	4	8	23	8	8	5	21	4	5	53
VTE risk assessment	95%	94.5%	94.1%	94.5%	93.1%	93.9%	95.9%	95.2%	95.4%	95.3%	95.5%	96.7%	95.1%
Open Central Alert System (CAS) Alerts		13	14	9	15		36	10	10		14	15	
WHO surgical checklist compliance	100%	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

*target revised to 25%

Quality Governance Indicators	Target	2012/13	Apr-13	May-13	Jun-13	Qtr1	Jul-13	Aug-13	Sep-13	Qtr2	Oct-13	Nov-13	YTD
Patient satisfaction (friends and family)		64.5	66.4	73.9	64.9		66.0	69.6	67.6		66.2	70.3	
Sickness/absence rate	3.0%	3.4%	3.3%	3.1%	3.0%	3.2%	3.2%	3.1%	3.2%	3.2%	3.5%	4.1%*	3.2%
Proportion temporary staff – clinical and non-clinical (WTE for Bank, Overtime and Agency)			5.6%	5.9%	5.6%		5.6%	5.5%	5.3%		6.0%	6.1%	
Staff turnover (excluding Junior Doctors and Facilities)	10.0%	9.0%	8.8%	8.9%	9.2%	9.2%	9.5%	9.3%	9.7%	9.7%	9.6%	9.7%	9.7%
Mixed sex accommodation breaches	0	7	0	0	0	0	0	0	0	0	0	2	2
% staff appraised	95%	90.1%	90.9%	90.2%	90.7%	90.7%	92.4%	92.7%	91.9%	91.9%	91.0%	91.3%*	91.3%
Statutory and Mandatory Training	75%		45%	46%	46%	46%	48%	49%	55%	55%	58%	60%	58%
% Corporate Induction attendance rate	95%		87%	82%	95%	95%	90%	94%	94%	94%	91%	87%	

*provisional data

2.2 UHL NTDA Escalation Level

The Accountability Framework sets out five different categories by which Trust's are defined, depending on key quality, delivery and finance standards.

The five categories are (figures in brackets are number of non FT Trusts in each category as at July 2013):

- 1) No identified concerns (18 Trusts)
- 2) Emerging concerns (27 Trusts)
- 3) Concerns requiring investigation (21 Trusts)
- 4) Material issue (29 Trusts)
- 5) Formal action required (5 Trusts)

Confirmation was received from the NTDA during October that the University Hospitals of Leicester NHS Trust was escalated to Category 4 – Material issue. This decision was reached on the basis of the significant variance to financial plan for quarter one and continued failure to achieve the A&E 4hr operational standard.

3.0 QUALITY AND PATIENT SAFETY – KEVIN HARRIS/RACHEL OVERFIELD

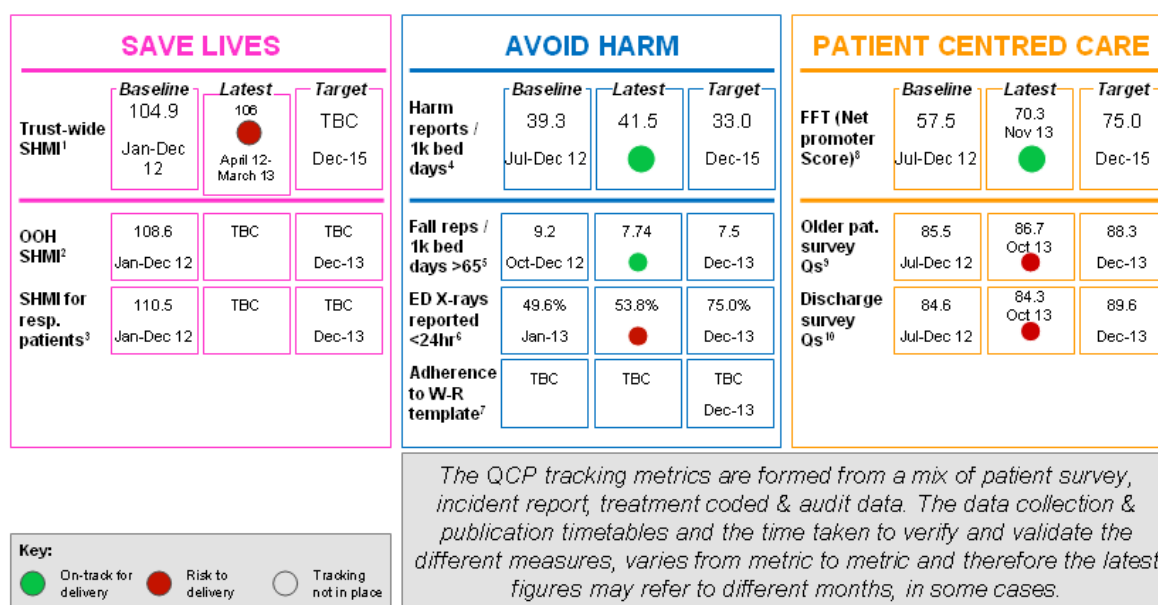
3.1 Quality Commitment

To deliver our vision of 'Caring at its best' we have developed and launched an ambitious Quality Commitment for the trust. Our priorities are being led through three over-arching strategic goals, each with a target to be delivered over the next 3 years. By 2016 we will aim to deliver a programme of quality improvements which will:

- Save 1000 extra lives
- Avoid 5000 harm events
- Provide patient centred care so that we consistently achieve a 75 point patient recommendation rate

A Quality Commitment dashboard has been developed to present updates on the 3 core metrics for tracking performance against our 3 goals (save lives, avoid harm and patient centred care). These 3 metrics will be tracked throughout the programme up to 2015. The dashboard also includes 7 sub-metrics, one to track delivery in each of the 7 work streams. These metrics are selected from a broader group of tracking metrics and were chosen to be representative of the individual workstream targets. These sub-metrics will change during the programme as we achieve are targets and set new focus areas in 2014 and 2015.

Following purchase of the Hospital Evaluation Dataset (HED) clinical benchmarking tool, we will now be in a position to track UHL's SHMI for both the 'out of hours' and 'respiratory' actions on an ongoing basis. Monitoring data and proposed thresholds for the Quality Commitment Dashboard will be submitted to the 19th December meeting of the Mortality Review Committee, which is overseeing the 'Saving Lives' work-streams.



1. 30-day relative mortality rate, excluding stillbirths, day cases & regular day/night attendees; 2. After 8pm & before 6am, excluding elective admissions & Well-Baby admissions; 3. Patients with an primary respiratory diagnosis; 4. All harms reported per 1k bed stays (excl maternity); 5. All falls reported per 1k bed stays for patients >65 years old; 6. % of ED X-rays reported by a radiologist <24hrs; 7. Ward round audit yet to be launched; 8. Net promoters on the Friends & Family survey; 9. Average score for the 3 older patient survey questions; 10. Average score for the 3 discharge experience survey questions;

Save 1000 Lives

Hospital 24/7 – has now been fully implemented at the LRI –went live at weekends at the end of November and is available from 17.00 weekdays (rather than nights only) since the 9th December.

Further developments include supporting discharges at the weekend using NerveCentre. This was trialled last weekend.

Respiratory Pathway – over 300 patients have been reviewed by the Pneumonia Nurses (at the LRI and Glenfield). As well supporting junior doctors teaching, the nurses are also working with the clinical skills centre to look at including teaching about the pneumonia care bundle into a 'simulation package'.

Avoid 5000 harms

Following the success of the falls confirm and challenge meetings, all CMG Heads of Nursing are now reviewing the falls in all of their clinical in-patient areas with a view to ensuring the appropriate involvement in this focused work. The 'confirm and challenge process' continues to show sustained results and CMG HON are keen to replicate initiatives such as cohorting to allow a higher level of patient support and supervision.

Actions planned to continue on from this work is to

- focus on reducing the amount of harmful falls
- implementation of patient specific falls prevention actions for all patients aged 65 and over or with a clinical condition which increases their risk of falls

- ensure that appropriate and timely actions are taken when a patient does fall in order to prevent further harm and ensure patient safety

Senior Medical Review and Ward Round Notation - Ward round standards and documentation audit forms are still being collated. The results are due early December. Currently waiting for spend breakdown for current continuation paper from supplies. Work has commenced to plan implementation of these to include education sessions at junior doctor training sessions. As part of the ECAT work there is involvement with a Task and Finish group to improve ward rounds practice in medicine

Acting on results – Work has been carried out to implement a process for communicating significant high risk reports. This involves; developing a manageable list of “always diagnoses” to communicate, auditing CRIS to monitor performance and to continue the well established MDT codes for malignant disease.

Provide Patient Centred Care

Older patients & dementia – Dementia training continues across the trust for category A, B and C. Currently there is an intensive push to engage with clerical staff and increase numbers having dementia training. Links are being made with CMG senior managers to establish key strategies to improve patients’ feedback in relation to the three key patient survey questions. The Trust has now achieved the required 90% dementia screening for all patients that meet the criteria for the last 4 months. Approximately 75 patients with the possibility of dementia are being referred to their GP each month for review and onward referral for diagnosis/support.

Discharge experience – A discharge tracking report has been developed which is being used by all the medical wards and captures the discharge status of all patients. The report is being refined following implementation but is already having a positive impact on discharge planning.

3.2 Mortality Rates

Mth	Qtr 1	Qtr2	YTD
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UHL’s HSMR for 13/14 (Apr to Sept) is 92 (using the Dr Foster Intelligence clinical benchmarking tool). Our current HSMR is compared with the England average of 100 for 2012/13. Following Dr Foster's annual rebasing at the end of the financial year it is likely to be higher than 92 (the number of in-hospital deaths falls nationally year on year). Currently UHL’s rebased HSMR for 13/14 is predicted to be 100 (i.e. the same as the England average).

UHL’s monthly HSMR for the past 12 months is presented below.

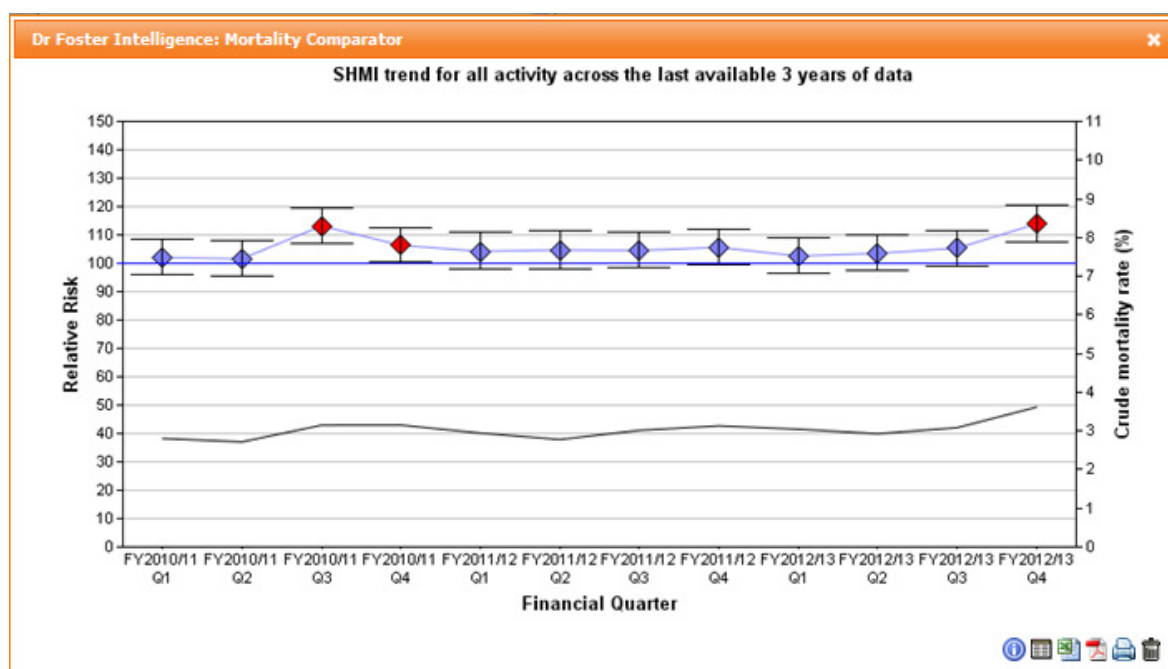
Nov-12	Dec-12	Jan-13	Feb-13	Mar-13		May-13	Jun-13	Jul-13	Aug-13	Sep-13
95.1	98.5	101.4	98.7	102.9		89.9	92.9	92.8	93.9	83.0

The latest published SHMI by the Health and Social Care Information Centre (HSCIC) covers the financial year 12/13 and UHL’s SHMI is 106 and is in Band 2 (ie within expected)

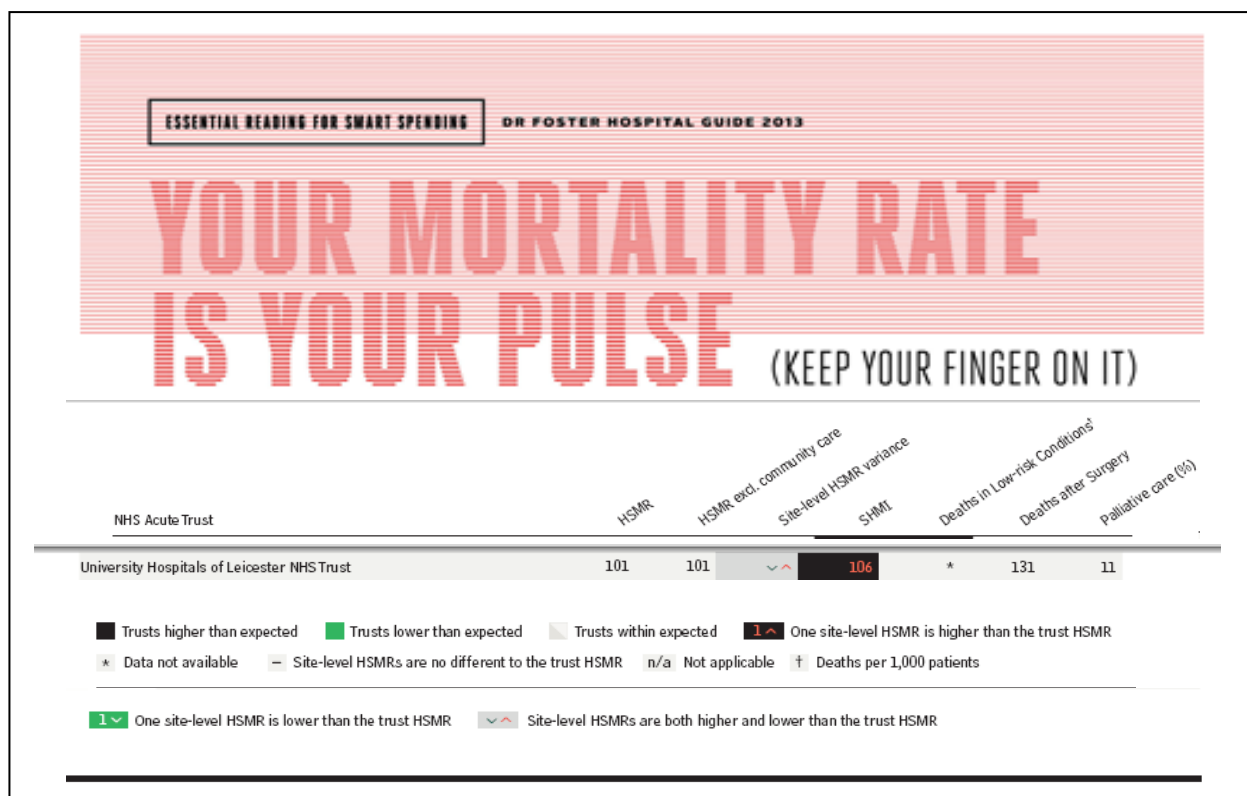
Top 10 SHMI CCS Groups, by Observed deaths for all admissions in April 2012 to Mar 2013

	CCS Group	SHMI Spells	SHMI	Obs	Exp	95% CI
Rank	Total of All CCS Groups *	141226	106.43	4469	4199.2	103.33-109.59
1	Pneumonia	2469	112.46	578	514.0	103.48-122.02
2	Acute cerebrovascular disease	1147	106.83	213	199.4	92.96-122.18
3	Acute bronchitis	2549	129.87	204	157.1	112.66-148.97
4	Congestive heart failure, nonhypertensive	1321	89.08	194	217.8	76.98-102.54
5	Urinary tract infections	2596	114.52	180	157.2	98.40-132.53
6	Septicemia (except in labour)	624	113.53	156	137.4	96.41-132.81
7	Acute myocardial infarction	1568	104.76	151	144.1	88.71-122.86
8	Chronic obstructive pulmonary disease (COPD) and bronchiectasis	2244	93.59	148	158.1	79.12-109.95
9	Acute and unspecified renal failure	579	105.51	113	107.1	86.96-126.86
10	Secondary malignancies	658	79.34	85	107.1	63.37-98.11

Three of the 'top 10 diagnosis' groups are pneumonia, acute bronchitis and COPD and good progress is being made with implementation of the Respiratory Pathway and the 'Pneumonia Care Bundle' at both the LRI and Glenfield sites. Early findings continue to suggest the pathway is having a positive impact on our mortality rates for pneumonia patients.



Both our HSMR and SHMI for 2012/13 have been reported on the Dr Foster website as part of their Hospital Guide 2013 publications.



Due to Dr Foster applying 'narrower control limits' when presenting the SHMI results, UHL's SHMI is reported as being 'higher than expected' in the Hospital Guide. The difference between the two control limits means that although the HSCIC reported only 7 Trusts being in Band 1 ('higher than expected'), there are 32 trusts with a 'higher than expected' mortality in the Hospital Guide.

Whilst site specific HSMR figures are not presented in the Hospital Guide, it is noted that "Site-level HSMRs are both higher and lower than the trust HSMR". This refers to the fact that our LRI HSMR is higher than our overall HSMR of 101 for 2012/13, whilst both the LGH and Glenfield HSMRs are lower.

Two other mortality related indicators for the same time period require specific comment:

Deaths after surgery – UHL's relative risk for this group of patients is 131 and whilst it is 'within expected', work is being undertaken to ensure that all deaths have been reviewed as part of the relevant specialties' M&M process.

Deaths in Low Risk Diagnosis Groups. - UHL's performance has not been published in the Hospital Guide. Originally, the trust had been informed we would be shown as having a 'higher than expected' mortality for this group of patients but on further investigation it was confirmed by Dr Fosters that this was an error and UHL's mortality rate is in fact within the expected range.

Dr Fosters have informed the CQC of this change and we are no longer being reported as having an 'elevated risk' for this indicator in the CQC's 'Intelligent Monitoring 'acute and specialist trusts datasheet'. The CQC have been contacted to request that the elevated risk is also removed from the Hospital Intelligent Monitoring Report for UHL. In the

meantime, a review is being carried out of the case notes of patients who died with a 'low risk diagnosis' on admission to UHL, in order to confirm that their management was appropriate.

A joint health community response to the LLR patient care review is under development and will be available in the early new year.

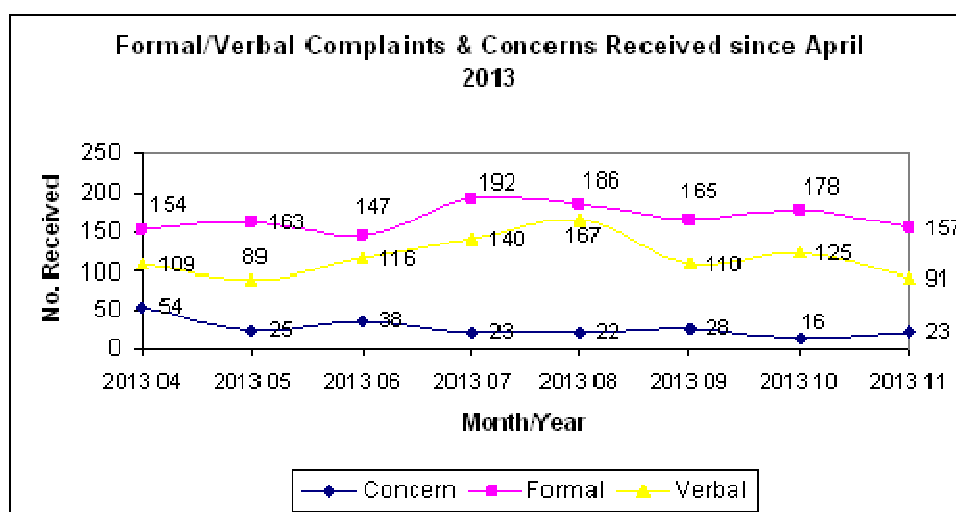
3.3 Patient Safety



In November a total of 16 new Serious Untoward Incidents (SUIs) were escalated within the Trust, 8 of which were patient safety incidents, 3 were Hospital Acquired Pressure Ulcers and 5 were Healthcare Acquired Infections. No Never Events were reported in the Trust in November. One patient safety root causes analysis (RCA) investigation report was completed and signed off last month, the actions and learning of which have been shared internally.

Pleasingly there was a reduction in November of incidents reported relating to staffing levels, falls and medication errors and a reduction of complaints relating to discharge issues.

Overall complaint activity remains high but November has seen a slight reduction in verbal and formal complaints received; GP/ CCG concerns are up slightly. The overall complaints performance has failed to reach the trust standard of 95% and this is being actively pursued with the new CMGs and also with corporate directorates and Interserve. The trend of complaints is detailed below:-



3.4 5 Critical Safety Actions



The aim of the 'Critical safety actions' (CSAs) programme is to see a reduction in avoidable mortality and morbidity. The key indicator being focused upon by commissioners is a reduction in Serious Untoward Incidents related to the CSAs.

For Quarter 2 the Trust received 100% CQUIN funding for the CSA programme.

1. Improving Clinical Handover.

Aim - To provide a systematic, safe and effective handover of care and to provide timely and collaborative handover for out of hours shifts

Actions:-

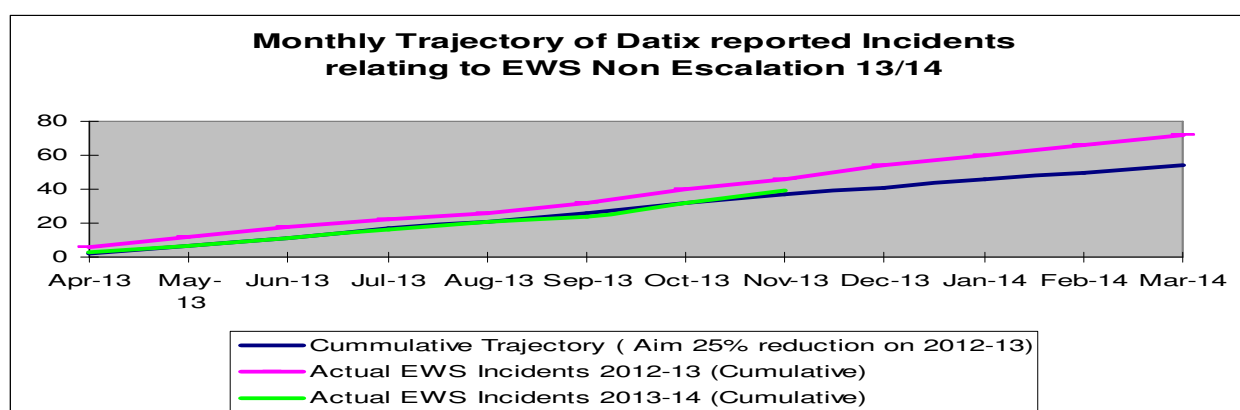
- ❖ The ACCA report for the pilot work with alternative Nerve Centre handover system in surgery at LRI was launched at a patient safety European parliament event. This work won a HSJ 2013 Award in the category of 'Enhancing Care by Sharing Information and Data'.
- ❖ Business plan to procure and purchase system now signed off. Project steering group to meet early December to agree implementation plan and resource required.
- ❖ A template was sent out to all CBU leads to complete to identify and re-scope current handover practice for doctors in each speciality. Still waiting for a few specialities to respond.

2. Relentless attention to Early Warning Score triggers and actions

Aim - To improve care delivery and management of the deteriorating patient.

Actions:-

- ❖ EWS Datix reported incidents related to non escalation are still being monitored this year. The aim is to reduce these by 25% against 2012-13 figures.



- ❖ Monthly data for response times to red calls which includes EWS>4 calls is captured from 24/7 system. As per EWS pathway, these should be responded to within 30 minutes.

% of red calls within response time <30 minutes		
Site	September 13	October 13
GH	100%	100%
LGH	100%	98%
LRI	100%	97%

The EWS response times < 30 mins **Green 95% and above, Amber 85%- 94% Red > 84%**

The LGH and LRI site both achieved 100% at a response time of 35 minutes.

- ❖ Plan to validate data with case note review for the medical documentation of for the review of patients with escalated EWS via 24/7 system. This will commence 2nd December 2013 for 3 weeks, one site per week.

3. Acting upon Results

Aim - No avoidable death or harm as a failure to act upon results and all results to be reviewed and acted upon in a timely manner.

Actions:-

- ❖ Have received signed off processes for managing diagnostic tests for 50% of specialities. More are still in draft version and require local approval.
- ❖ CMG deputy directors have been communicated with to ensure that those specialities without agreed processes are supported to undertake these in adherence with the CSA plan.

4. Senior Clinical Review, Ward Rounds and Notation

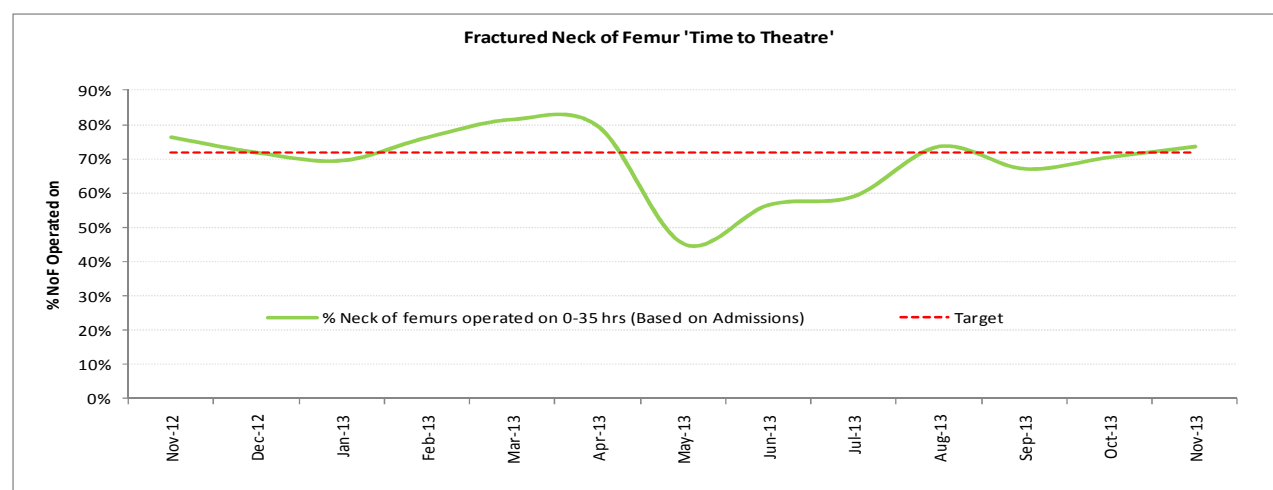
Aim -To meet national standards for clinical documentation. To provide strong medical leadership and safe and timely senior clinical reviews and ensure strong clinical governance.

Actions:-

- ❖ Ward round standards and documentation audit forms still being collated. Results due early December.
- ❖ Waiting for spend breakdown for current continuation paper from supplies, will receive In December. What areas are ordering them, how much is being ordered and how much per annum is being spent.
- ❖ Work commenced to plan implementation of these to include education sessions at junior doctor training sessions.
- ❖ Involvement with Task and Finish group to improve ward rounds practice in medicine initially as part of the ECAT work.

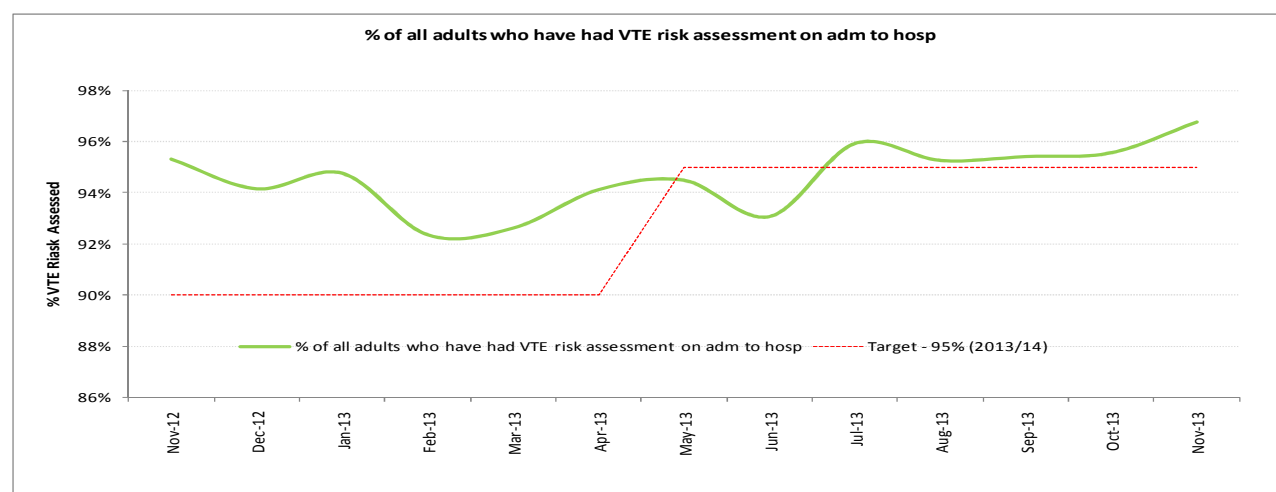
A comprehensive report for the CSA programme will be submitted to Executive Quality Board in January 2014.

3.5 Fractured Neck of Femur 'Time to Theatre'



The percentage of patients admitted with fractured neck of femur during November who were operated on within 36hrs was 73.6% (53 out of 72 #NOF patients admitted during November).

3.6 Venous Thrombo-embolism (VTE) Risk Assessment



The 95% threshold for VTE risk assessment within 24 hours of admission has been achieved for November at 96.7%. The year to date performance is also being achieved at 95.1%.

3.7 CQUIN Schemes – Quarter 3

All CQUIN schemes are currently on track for meeting Q3's requirements. A detailed report will be included in next month's Q&P report.

3.8 Theatres – 100% WHO compliance



The National Patient Safety Agency endorsed WHO checklist consists of four stages and is monitored and reported every month to commissioners. For November the checklist compliance stands at 100% and has been fully compliant since January 2013.

3.9 C-sections rate



Following discussions with commissioner and a benchmark of other Trusts it was agreed to revise the C-sections rate target to 25%. This has been backdated to April, which in turn has changed some of the RAG ratings from previous reports. The rate for November was 25.6%.

There is a C/S audit registered with the CASE team on 28th October 2013, to include reasons for C/S, decision making, grade of staff, consultant presence, VBAC (vaginal birth after C/S) offered or not. Results are awaited.

3.10 Safety Thermometer

The percentage of Harm Free Care for November was 93.86%. There are no areas of concern in relation to New Harms.

Pressure Ulcer Prevalence

There was an increase in the number of patients with either an Old or New pressure ulcer for the November ST reflecting a higher number of patients admitted to UHL with pressure damage. The number of new pressure ulcers decreased slightly.

Falls Prevalence

In November 2013, UHL reported three falls with harms on the safety thermometer. One of these falls occurred within UHL where the patient sustained a level 2 harm (facial laceration) which required first aid. The first of the falls that occurred prior to admission to UHL occurred at the patient's home where she sustained a level 2 harm of bruising, the patient lives alone at home with a package of care. The second of the falls that occurred prior to admission to UHL occurred in a patient's residential home where the patient sustained a level 3 harm, a fractured clavicle.

CAUTI Prevalence

The number of patients with newly acquired Urinary Tract Infections (UTIs) who had urinary catheters in situ was 10 in November, a reduction of four.

VTE Prevalence

VTE prevalence from increased from seven to ten in November. There can be marked fluctuation with in-patient VTEs from one month to the next and within this month's prevalence data, four of the patients were admitted with a Pulmonary Embolus.

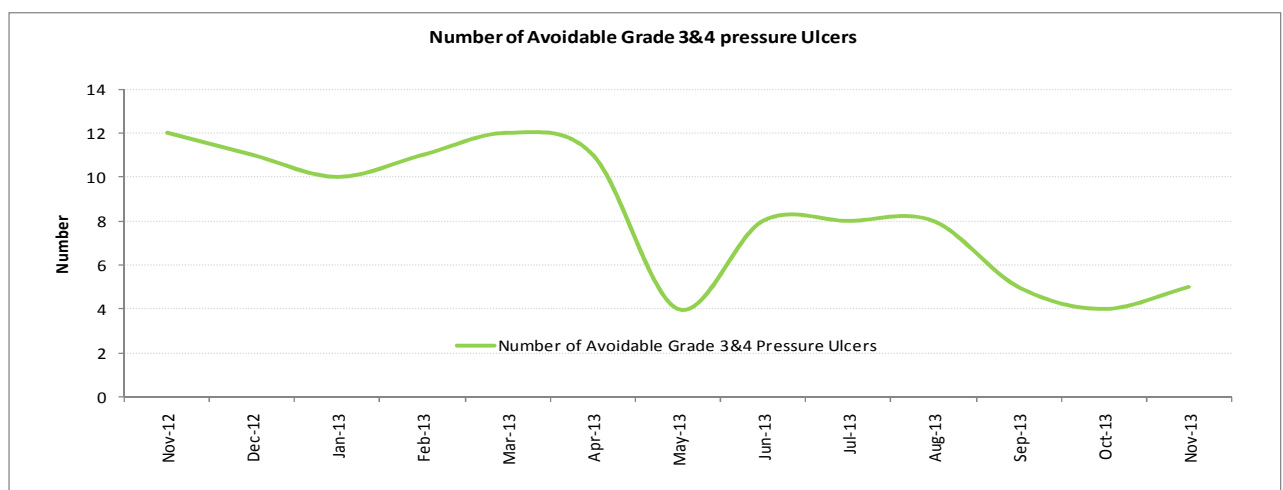
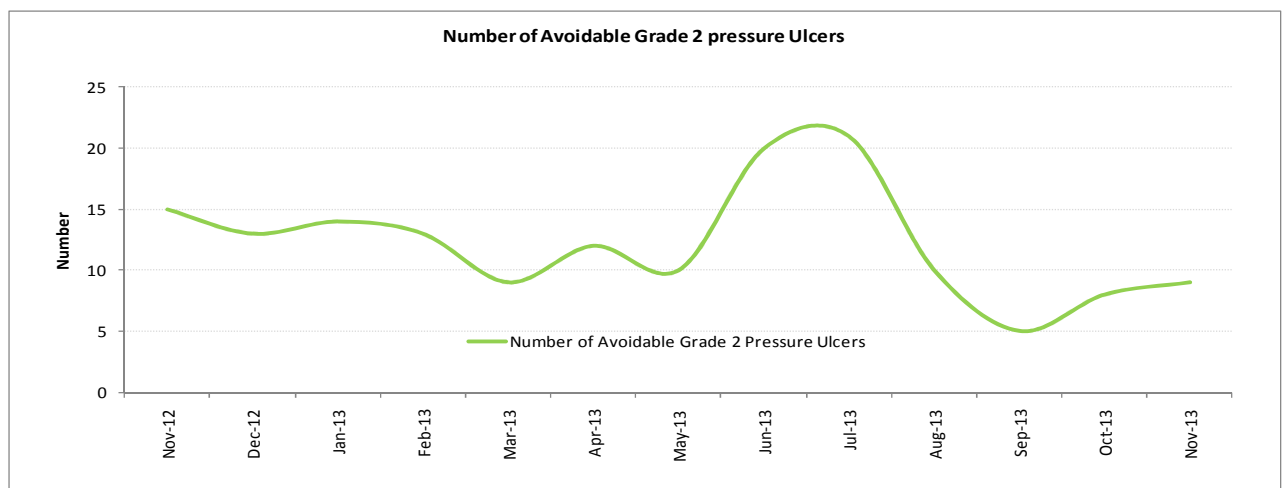
		Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13
Number of patients on ward		1672	1686	1650	1514	1496	1579	1596	1662
All Harms	Total No of Harms - Old (Community) and Newly Acquired (UHL)	150	117	113	100	108	121	85	102
	No of patients with no Harms	1531	1577	1540	1417	1392	1466	1512	1560
	% Harm Free	91.57%	93.53%	93.33%	93.59%	93.05%	92.84%	94.74%	93.86%
Newly Acquired Harms	Total No of Newly Acquired (UHL) Harms	73	58	56	49	59	46	42	40
	No of Patients with no Newly Acquired Harms	1600	1631	1596	1466	1438	1535	1555	1622
	% of UHL Patients with No Newly Acquired Harms	95.69%	96.74%	96.73%	96.83%	96.12%	97.21%	97.43%	97.59%
Harm One	No of Patients with either an OLD or NEWLY Acquired Grade 2, 3 or 4 Pressure Ulcers (PUs)	92	75	73	66	67	87	54	74
	No of Newly Acquired Grade 2, 3 or 4 PUs	26	27	26	19	25	16	19	17
Harm Two	No of Patients having fallen in hospital in previous 72 hrs	14	8	8	5	3	3	2	3
Harm Three	No of Patients with Urinary Catheter and Urine Infection (prior to or post admission)	36	27	27	25	31	25	22	15
	Newly Acquired UTIs with Catheter	25	16	17	21	24	21	14	10
Harm Four*	Newly Acquired VTE (DVT, PE or Other)	8	7	5	4	7	6	7	10

Pressure Ulcer Incidence

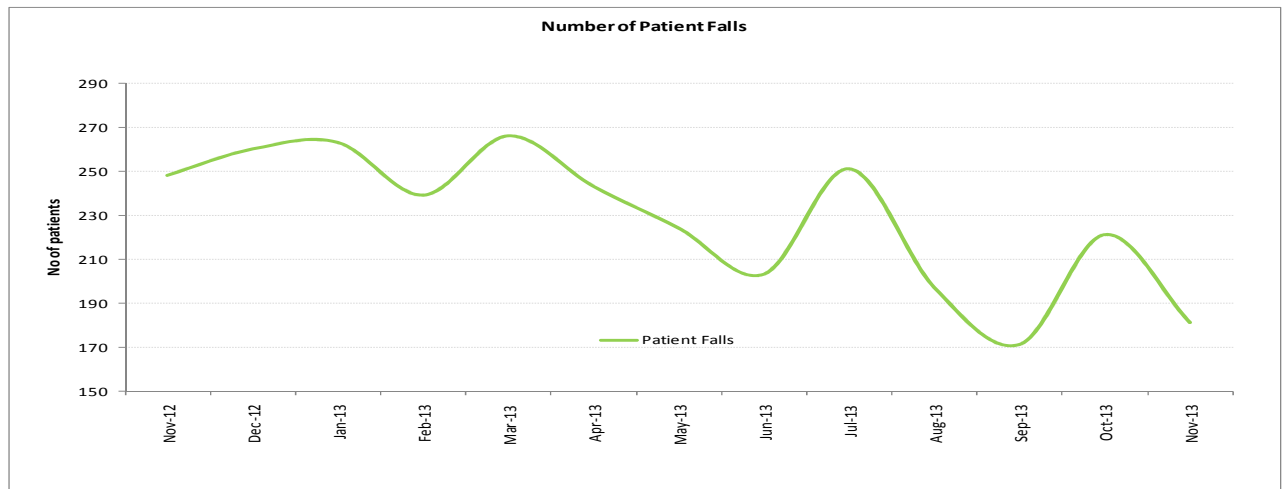
Mth	Qtr 1	Qtr2	YTD
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Pressure ulcer incidence for November is nine grade 3 and five grade 3.

The review of pressure ulcer data from other Trusts has been undertaken by the commissioners confirming that UHL are not outliers in this area. It was also noted that none of the Trusts have achieved zero avoidable pressure ulcers (with some Trusts continuing to report small number of grade 4 pressure ulcers). Overall performance of the trusts confirmed that UHL ranks as 6th best performing trust for quarter two out of the 14 comparable trusts. Based on this information it has been agreed with commissioners that UHL need to maintain a threshold of **nine or less grade 2 and seven or less grade 3 avoidable pressure ulcers a month.**



Patient Falls



November has seen a decrease from the number of falls reported. The increase in falls for October highlighted staffing issues within the emergency and speciality medical wards experienced during this month.

At the monthly confirm and challenge meetings for wards with the highest number of falls many wards reported difficulty in covering 'one to one' requests for patients at risk of wandering / falling and the provision of additional staff for optimum supervision in the falls or high visibility bays.

There was evidence to show that staff had made contingency plans and other falls prevention methods such as intentional rounding and supervision in bathrooms were in place. All the wards involved in the 'confirm and challenge' meetings have made outstanding progress and have considerably reduced their falls by introducing the cohort of high risk patients with increased supervision in previous months.

Nevertheless, although this way of working ensures patient safety, it can also break down if staffing problems occur.

CMG Heads of Nursing have met to discuss the revised falls validation process to commence from December 2013. Some further actions were agreed at this meeting including:

- ❖ The need to review per ward, the level of harm that occurs with each falls in conjunction with the number of falls reported (using the same harms grading system for as the Safety Thermometer)
- ❖ The need to review the number of wards / departments who are involved with the validation process. There may be some wards in the Trust that are reporting a small number of harms and so are not included in the validation process, but the falls may result in more serious harm.
- ❖ The need to review Datix fields in order to improve the quality of Datix information
- ❖ The need to review the falls reporting processes within areas such as imaging / OPD etc.

4.0 PATIENT EXPERIENCE – RACHEL OVERFIELD

4.1 Infection Prevention

a) MRSA

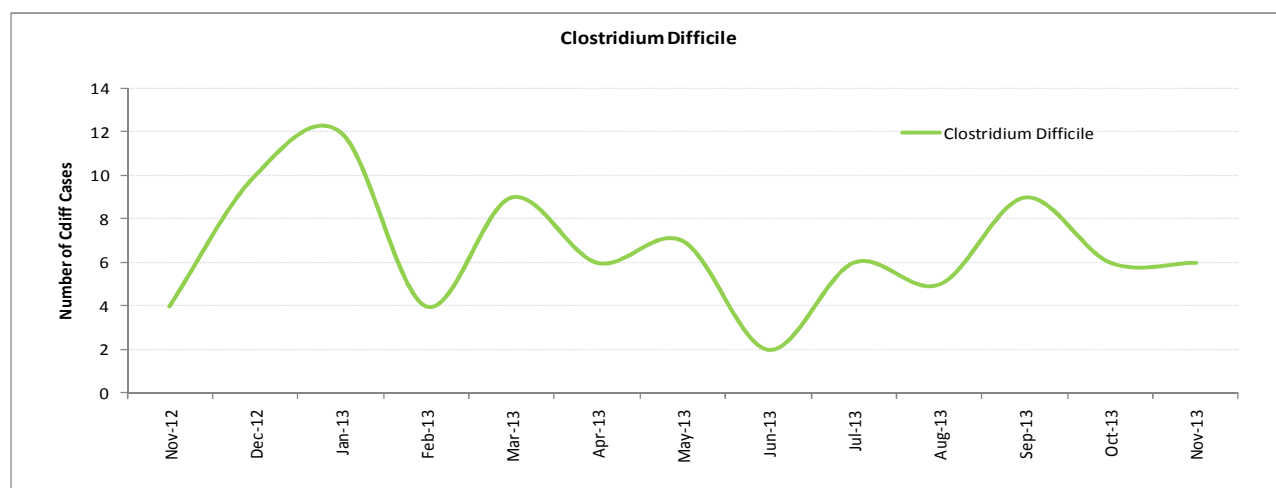


There were no avoidable MRSA cases reported in November.

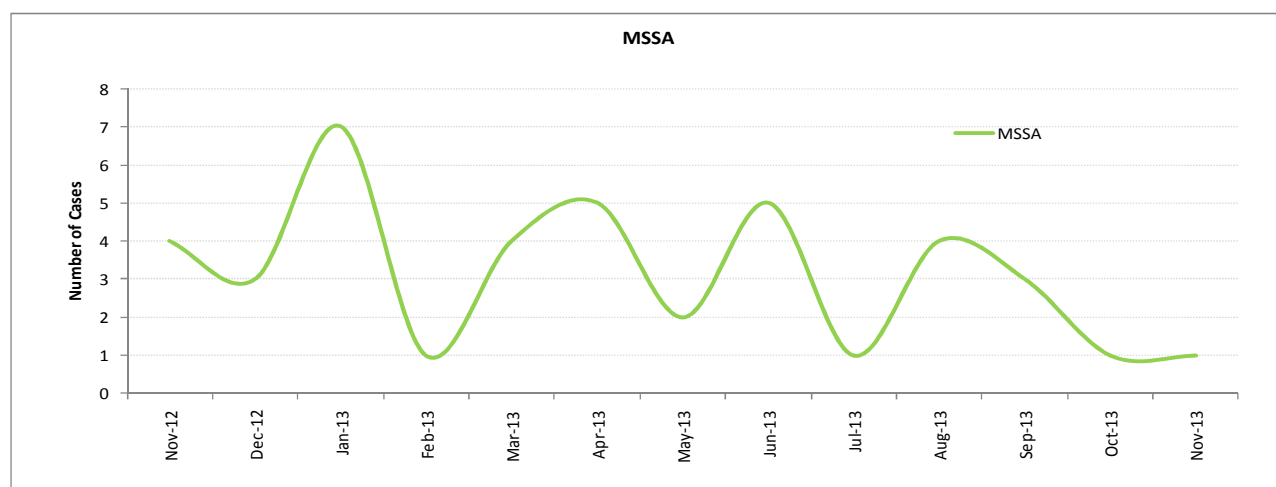
b) CDT



Ahead of trajectory to date with 47 reported against cumulative target of 47. All 6 cases of CDT reported in November have been fully investigated and there are no links between any of the cases.



c) The number of MSSA cases reported in November was 1, with a year to date figure of 22.



4.2 Patient Experience

Patient Experience Surveys continue across 94 clinical areas and have four paper surveys for adult inpatient, children's inpatient, adult day case and intensive care settings and eleven electronic surveys identified in the table below.

In November 2013, 4,468 Patient Experience Surveys were returned this is broken down to:

- 2,263 paper inpatient/day case surveys
- 1,227 electronic surveys
- 753 ED paper surveys
- 225 maternity paper surveys

Share Your Experience – Electronic Feedback Platform

In November 2013, a total of 1,227 electronic surveys were completed via email, touch screen, our Leicester's Hospitals web site or handheld devices.

A total of 204 emails were sent to patients inviting them to complete a survey. The table below shows how this breaks down across the trust:

Share Your Experience Survey	Email	Touch Screen	Hand held	Web	Total Surveys	Emails sent
Carers Survey	0	0	0	2	2	0
Children's Urgent & ED Care	0	34	0	0	34	0
A&E Department	0	108	13	3	124	0
Eye Casualty	0	273	0	0	273	0
Glenfield CDU	0	31	2	0	33	0
Glenfield Radiology	6	0	0	0	6	15
IP and Childrens IP	0	0	0	1	1	0
Maternity Survey	0	0	440	2	442	1
Neonatal Unit	0	0	0	15	15	0
Outpatient Survey	45	7	227	1	280	188
Windsor Eye Clinic	0	17	0	0	17	0
Total	51	470	682	24	1227	204

Treated with Respect and Dignity

Mth	Qtr 1	Qtr2	YTD
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The Trust has maintained a GREEN rating for the question 'Overall do you think you were you treated with dignity and respect while in hospital' based on the scoring methodology used in the national survey.

Friends and Family Test

Inpatient

The inpatient surveys include the Friends and Family Test question; **How likely are you to recommend this ward to friends and family if they needed similar care or**

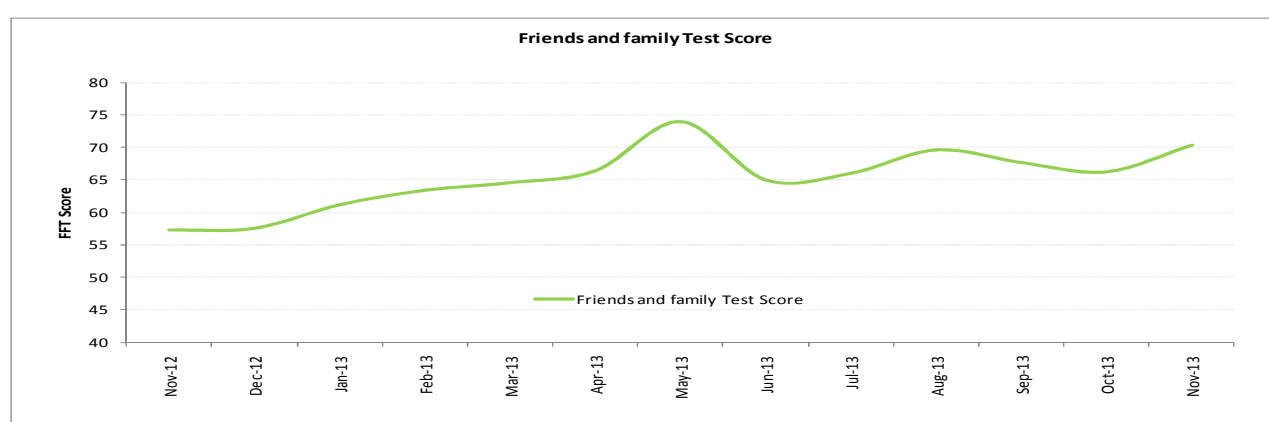
treatment?’ Of all the surveys received in November, 1,739 surveys included a response to this question and were considered inpatient activity (excluding day case / outpatients) and therefore were included in the Friends and Family Test score for NHS England.

Overall there were 6,852 patients in the relevant areas within the month of November 2013. The Trust easily met the 15% target achieving coverage of **25.4%**.

The Friends & Family Test responses broken down to:

Extremely likely:	1,296
Likely:	339
Neither likely nor unlikely:	59
Unlikely	12
Extremely unlikely	15
Don't know:	18

Overall Friends & Family Test Score 70.3



October 2013 Data Published Nationally

NHS England has begun publishing all trust's Friends and Family Test scores. October data was published at the end of November and the average Friend and Family Test score for England (excluding independent sector providers) was **71**.

With private, single speciality and Trusts that achieved less than a 20% footfall excluded, the UHL Friends and Family Test score of **66** for October ranks the Trust 98th out of the remaining 128 Trusts.

Friends and family Test Scores by CMG

All CMGs contributed to the increased overall FFT score for November, as all showed an improvement on their October score. The largest improvements were shown by Renal, Respiratory and Cardiac, Women's and Children's and Emergency and Specialist Medicine.

Across all CMGs there was an increase in promoters, and a reduction in passive responses.

Emergency and Specialist Medicine was the only CMG to have had significantly fewer responses this month. This CMG also showed a slight increase in the number of detractors as a proportion of responses.

FFT performance for Musculoskeletal and Specialist Surgery in November was consistent with October performance.

	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Point Change in FFT Score (Oct -Nov 13)
UHL Trust Level Totals	66.4	73.9	64.9	66.0	69.6	67.6	66.2	70.3	+4.1
Renal, Respiratory and Cardiac	70	76	73	80	80	79	70	78	+7.7
Emergency and Specialist Medicine	64	72	57	62	63	68	63	68	+4.7
CHUGS	59	70	57	53	61	53	58	59	+1.1
Musculoskeletal and Specialist Surgery	72	75	73	66	68	69	69	70	+0.9
Women's and Children's	78	80	74	68	76	77	70	76	+5.4
Emergency Department	43	47	61	57	60	58	59	59	-0.2

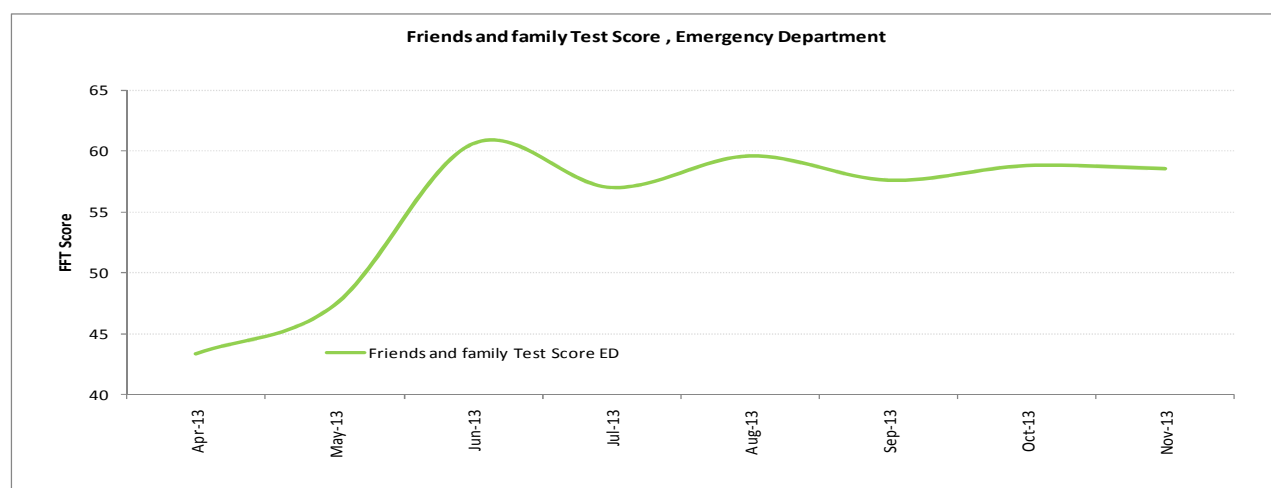
Emergency Department & Eye Casualty

Electronic and paper surveys are used to offer the Friends and Family Test question; **How likely are you to recommend this A&E department to friends and family if they needed similar care or treatment?** in A&E Minors, Majors and Eye Casualty.

Overall there were 5,639 patients who were seen in A&E and then discharged home within the month of November 2013. The Trust surveyed 1,039 eligible patients meeting **18.4%** of the footfall. The Friends & Family test responses break down to:

Extremely likely:	665
Likely:	311
Neither likely nor unlikely:	31
Unlikely	9
Extremely unlikely	19
Don't know:	4

Overall Friends & Family Test Score 58.6



Breakdown by department	No. of responses	FFT Score	Total no. of patients eligible to respond
Emergency Dept Majors	257	58.8	1,393
Emergency Dept Minors	361	61.7	2,237
Emergency Dept – not stated	42	69.0	
Emergency Decisions Unit	127	61.3	779
Eye Casualty	252	61.0	1,230

October 2013 Data Published Nationally

NHS England also published all trust's A&E Friends & Family Test scores. October data was published at the end of November and the average Friends and Family Test score for A&E in England was **55** including data from 143 Trusts.

If we filter out the Trusts that achieved less than 20% footfall, then we are left with 26 Trusts. However our UHL score of **59** does not feature among these as the 20% footfall was not achieved.

Maternity Services

November was the second month that Maternity Services have reported the Friends and Family Test scores externally. Electronic and paper surveys are used to offer the Friends and Family Test question to ladies at different stages of their Maternity journey. A slight variation on the standard question: **How likely are you to recommend our <service> to friends and family if they needed similar care or treatment?** is posed to patients in antenatal clinics following 36 week appointments, labour wards or birthing centres at discharge, postnatal wards at discharge and postnatal community follow-up at 10 days after birth.

Overall there were 3,322 patients in total who were eligible within the month of November 2013. The Trust surveyed 1,005 eligible patients meeting **30.3%** of the footfall. The Friends & Family test responses break down to:

Extremely likely:	665
Likely:	291
Neither likely nor unlikely:	24
Unlikely	12
Extremely unlikely	8
Don't know:	5

Overall Maternity Friends & Family Test Score 62.1

Breakdown by maternity journey stage	No. of responses	FFT Score	Total no. of patients eligible to respond
Antenatal following 36 week appointment	170	68.2	871
Labour Ward/Birthing centre following delivery	401	61.8	826
Postnatal Ward at discharge	350	55.5	703
Postnatal community – 10 days after birth	84	78.6	922

Details at hospital and ward level for those wards included in the Friends and Family Test Score are included in Appendix 1.

4.3 Nurse to Bed Ratios

Nurse to Bed Ratio by ward for November are reported in Appendix 2. This is based on a 60% qualified and 40% unqualified skill mix split, with 1 x Band 7 and 2 x Band 6s in the funded establishment:

- ❖ General base ward range = 1.1-1.3 WTE
- ❖ Specialist ward range = 1.4-1.6 WTE
- ❖ HDU area range = 3.0-4.0 WTE
- ❖ ITU areas = 5.5-6.0 WTE

When reviewing the staffing levels for wards during November they are all above the agreed minimum ratio and therefore no action plans are required.

4.4 Ward Performance and Ward Alerting Concerns

A new system of measuring ward performance has been introduced that seeks to look at wards via the monthly clinical measures dashboard in Appendix 3 and also over time via the ward performance review process in Appendix 4. Both tools will continue to be developed and will include 'peer review' by Heads of Nursing. This information together with various other pieces of information that we have around wards helps to form a view and early warning about wards starting to get into difficulty. The system is obviously very new but using the Nursing Executive Team, LRI Ward 19 was identified in November as potentially becoming challenged as well as LRI Wards 29, 30 and 41. As a result a condition report was requested for Ward 19 (a 360 degree assessment) and a chief nurse review of ward performance measures of the other three wards.

In addition Ward 19 has been required to attend an accountability meeting with the Chief nurse regarding pressure damage rates. At this meeting general ward performance was also discussed in light of the 360 degree review and it was decided to offer weekly monitoring support from corporate nursing against specific improvement objectives i.e. targeted support. The ward understands that failure to improve will result in Special Measures status.

The Chief Nurse is satisfied that the Head of Nursing for the group can continue to monitor the other 3 wards without any additional input at this stage but has requested a monthly ward performance review instead of quarterly for the next three months.

Ward 19 = targeted corporate support

Ward 29, 30, 41 = targeted CMG support via monthly ward performance review.

4.5 Same Sex Accommodation

Mth	Qtr 1	Qtr2	YTD
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On 12th November there was a breach of this standard affecting 2 patients. Due to a busy Emergency Department a female patient placed into a HDU bay on ward 30 with 2 female and 1 male patient. Following consultation with commissioners this breach was deemed not clinically justified.

5.0 OPERATIONAL PERFORMANCE – RICHARD MITCHELL

Performance Indicator	Target	2012/13	Q2	Oct-12	Nov-12	Dec-12	Q3	Jan-13	Feb-13	Mar-13	Q4	Apr-13	May-13	Jun-13	Q1 2013	Jul-13	Aug-13	Sep-13	Q2 2013	Oct-13	Nov-13	YTD
A&E - Total Time in A&E (UHL+UCC)	95%	91.9%	97.0%	94.2%	92.0%	92.0%	92.7%	84.9%	86.1%	84.7%	85.2%	82.0%	88.7%	85.3%	85.3%	88.3%	90.1%	89.5%	89.3%	91.8%	88.5%	87.9%
RTT waiting times – admitted	90%	91.3%		91.2%	91.7%	91.9%		92.2%	91.9%	91.3%		88.2%	91.3%	85.6%	88.4%	89.1%	85.7%	81.8%	85.6%	83.5%	83.2%	
RTT waiting times – non-admitted	95%	97.0%		97.1%	96.7%	97.3%		97.3%	97.0%	97.0%		97.0%	95.9%	96.0%	96.3%	96.4%	95.5%	92.0%	94.6%	92.8%	91.9%	
RTT - incomplete 92% in 18 weeks	92%	92.6%		94.6%	93.9%	93.3%		93.4%	93.5%	92.6%		92.9%	93.4%	93.8%	93.8%	93.1%	92.9%	93.8%	93.8%	92.8%	92.4%	
RTT - 52+ week waits	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Diagnostic Test Waiting Times	<1%	0.5%		0.4%	0.6%	1.1%		0.7%	1.0%	0.5%		1.6%	0.6%	0.6%		0.6%	0.8%	0.7%		1.0%	0.8%	
Cancelled operations re-booked within 28 days	100%	92.9%	92.6%	91.0%	97.3%	89.0%	93.1%	97.1%	92.3%	94.2%	94.6%	90.4%	91.0%	86.4%	89.8%	99.1%	96.0%	98.6%	98.0%	94.2%	97.6%	94.8%
Cancelled operations on the day (%)	0.8%	1.2%	0.8%	1.1%	1.6%	1.2%	1.3%	1.6%	1.6%	1.6%	1.6%	1.5%	1.5%	1.0%	1.3%	1.2%	1.4%	2.3%	1.6%	1.7%	1.8%	1.6%
Cancelled operations on the day (vol)		1247	202	100	149	91	340	137	130	137	404	125	134	81	340	114	124	208	446	171	168	1125
Urgent operation being cancelled for the second time	0	1	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2 week wait - all cancers	93%	93.4%	94.1%	93.0%	90.6%	95.1%	92.8%	89.8%	95.9%	95.2%	93.7%	93.0%	95.2%	94.8%	94.4%	94.2%	94.6%	93.0%	94.0%	94.9%		94.3%
2 week wait - for symptomatic breast patients	93%	94.5%	95.3%	93.4%	93.9%	94.6%	93.9%	93.6%	93.1%	95.4%	94.0%	94.0%	94.8%	93.2%	94.1%	93.6%	92.0%	95.2%	93.8%	93.0%		93.8%
31-day for first treatment	96%	97.4%	98.3%	98.3%	97.5%	97.4%	97.8%	96.6%	97.6%	98.8%	97.6%	97.5%	97.0%	99.0%	97.8%	98.3%	99.7%	99.1%	99.0%	98.9%		98.5%
31-day for subsequent treatment - drugs	98%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%
31-day wait for subsequent treatment - surgery	94%	95.8%	96.6%	98.1%	97.4%	94.6%	97.1%	94.6%	94.1%	92.7%	94.0%	97.2%	94.4%	97.5%	96.4%	100.0%	98.4%	88.6%	95.9%	96.4%		96.2%
31-day wait subsequent treatment - radiotherapy	94%	98.5%	98.8%	99.3%	98.9%	100.0%	99.4%	99.1%	98.9%	99.1%	99.0%	100.0%	97.8%	99.1%	98.8%	100.0%	100.0%	97.7%	99.4%	97.5%		98.8%
62-day wait for treatment	85%	83.5%	86.5%	85.6%	85.8%	84.6%	85.3%	79.5%	75.4%	81.5%	78.8%	80.9%	80.3%	85.9%	82.3%	85.8%	88.2%	87.4%	87.1%	86.4%		84.9%
62-day wait for screening	90%	94.5%	94.6%	96.8%	98.7%	92.3%	96.3%	91.7%	95.7%	95.8%	94.4%	98.6%	94.3%	95.0%	95.9%	90.6%	97.2%	96.2%	94.1%	100.0%		95.8%
Stroke - 90% of Stay on a Stroke Unit	80%	79.8%	82.2%	83.7%	79.5%	71.3%	77.9%	77.8%	81.4%	82.3%	80.6%	77.4%	80.0%	78.0%	78.5%	87.1%	88.6%	89.1%	87.9%	83.5%		83.0%
Stroke - TIA Clinic within 24 Hours (Suspected TIA)	60%	68.4%	63.9%	68.7%	72.5%	68.7%	70.0%	60.8%	85.1%	77.0%	73.1%	51.1%	69.2%	72.0%	63.9%	60.5%	73.6%	64.6%	66.0%	62.4%	76.8%	66.0%
Choose and Book Slot Unavailability	4%			10%	13%	8%		5%	10%	9%		7%	9%	13%		15%	14%	11%		16%	17%	
Delayed transfers of care	3.5%	3.1%	3.4%	3.4%	3.6%	2.7%	3.3%	2.8%	2.7%	3.7%	3.0%	3.7%	3.9%	3.1%	3.6%	3.6%	3.1%	3.9%	3.5%	3.1%	4.6%	3.6%

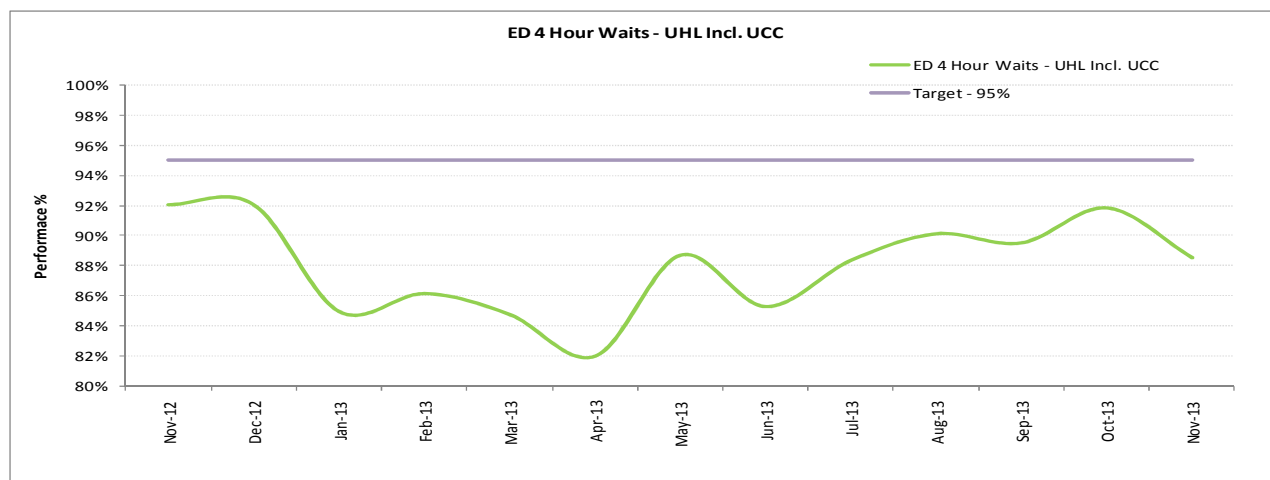
5.1 Emergency Care 4hr Wait Performance

Mth

Qtr 1

Qtr2

YTD



Performance for emergency care 4hr wait in November was 88.5%. Actions relating to the emergency care performance are included in the ED exception report.

UHL was ranked 141 out of 144 Trusts with Type 1 Emergency Departments in England for the four weeks up to 1st December 2013. Over the same period 93 out of 144 Acute Trusts delivered the 95% target.

5.2 RTT – 18 week performance

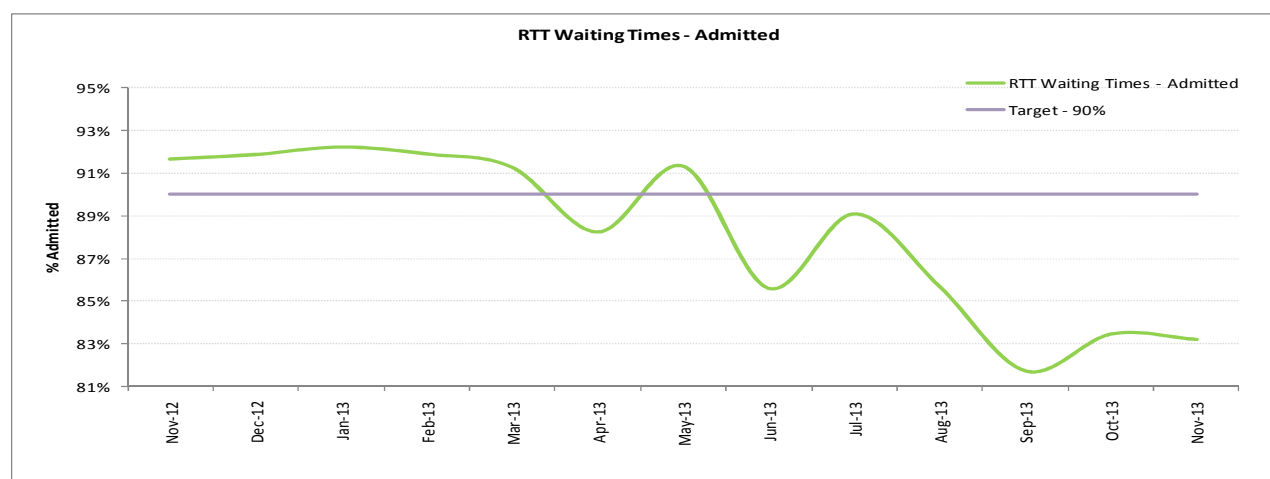
a) RTT Admitted performance

Mth

Qtr 1

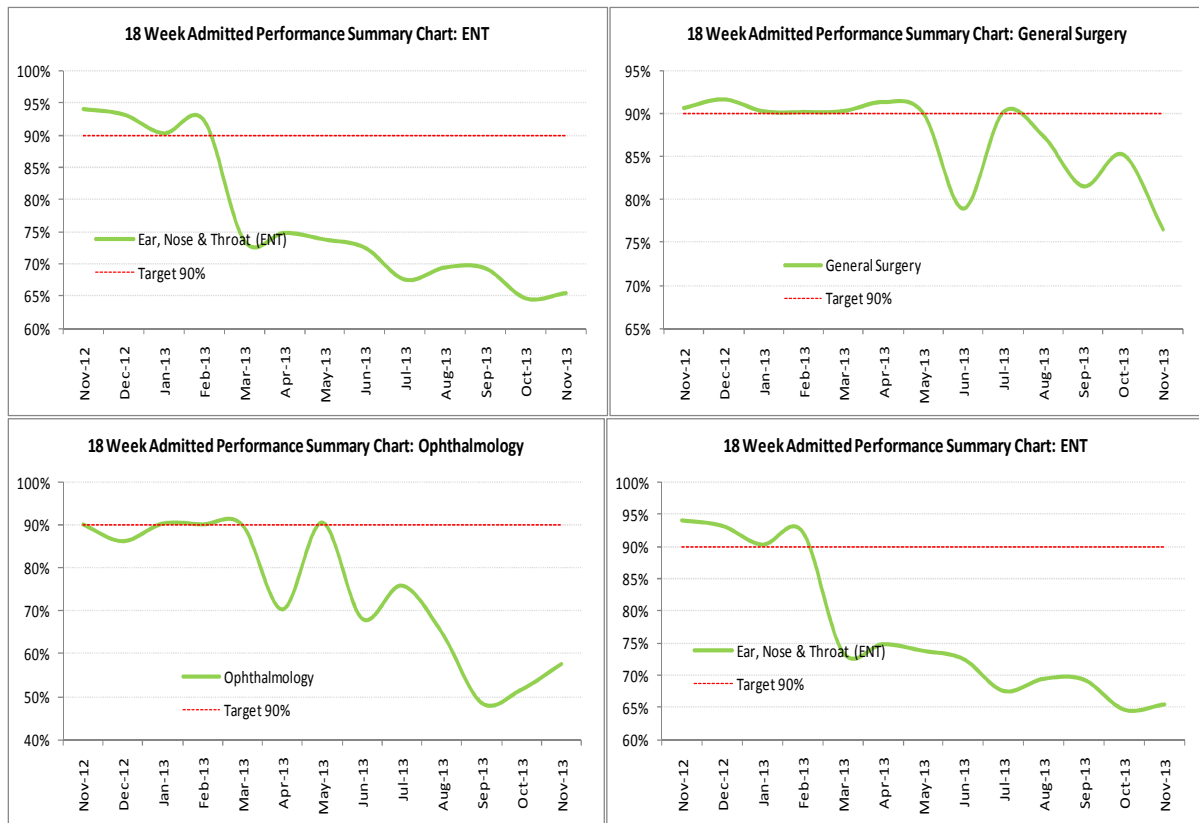
Qtr2

YTD

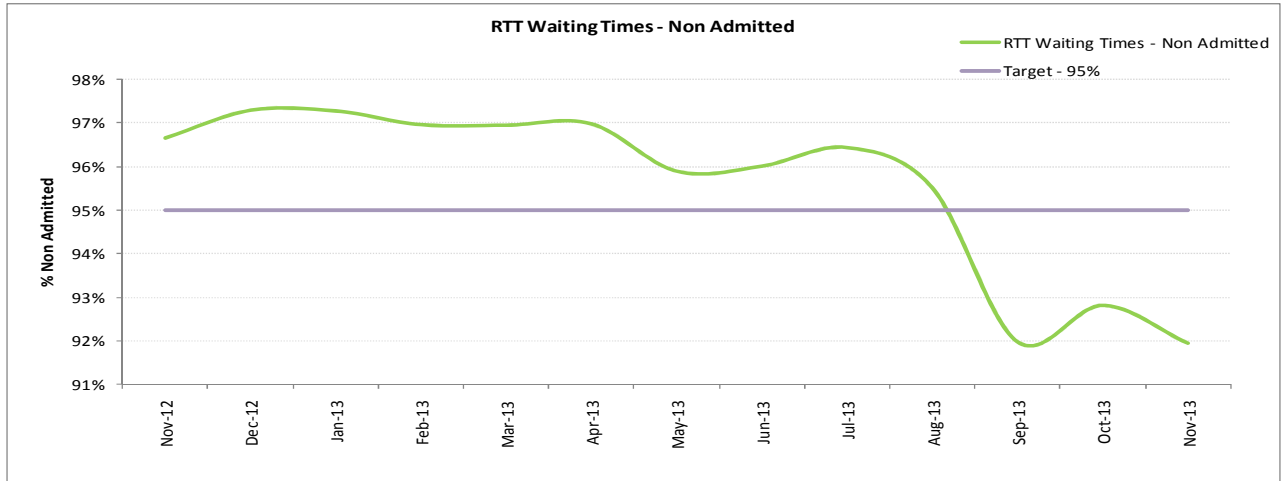


RTT admitted performance for November was 83.2% with significant speciality level failures in ENT, General Surgery, Ophthalmology and Orthopaedics.

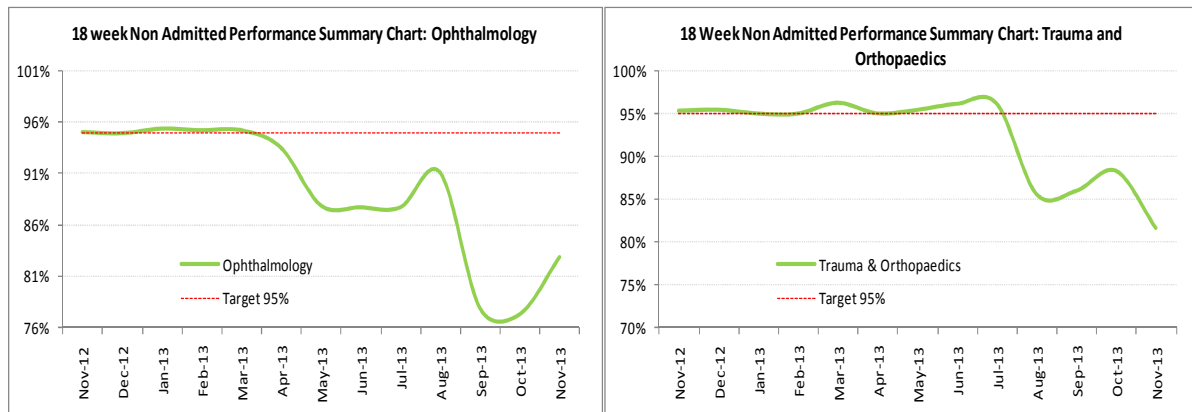
The capacity and demand modelling work completed by the UHL team in conjunction with the Intensive Support Team (IST) in October is the most detailed estimate of the core capacity requirements (recurrent) and backlog (non-recurrent) to date and was shared with commissioners on 7 November 2013. A further meeting has been arranged with commissioners to agree capacity requirements and financial affordability.



b) RTT Non Admitted performance

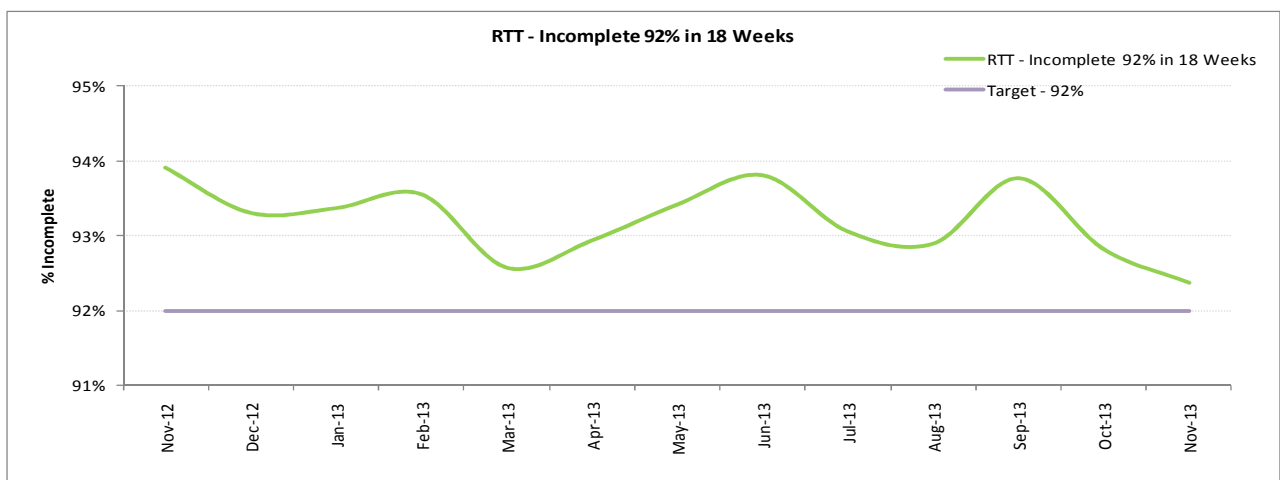


Non-admitted performance during November was 91.9%, with the significant specialty level failures in Orthopaedics and Ophthalmology. The continued deterioration in performance during November was as a result of the plan to reduce the number of non-admitted patients waiting 18+ weeks.



c) RTT Incomplete Pathways

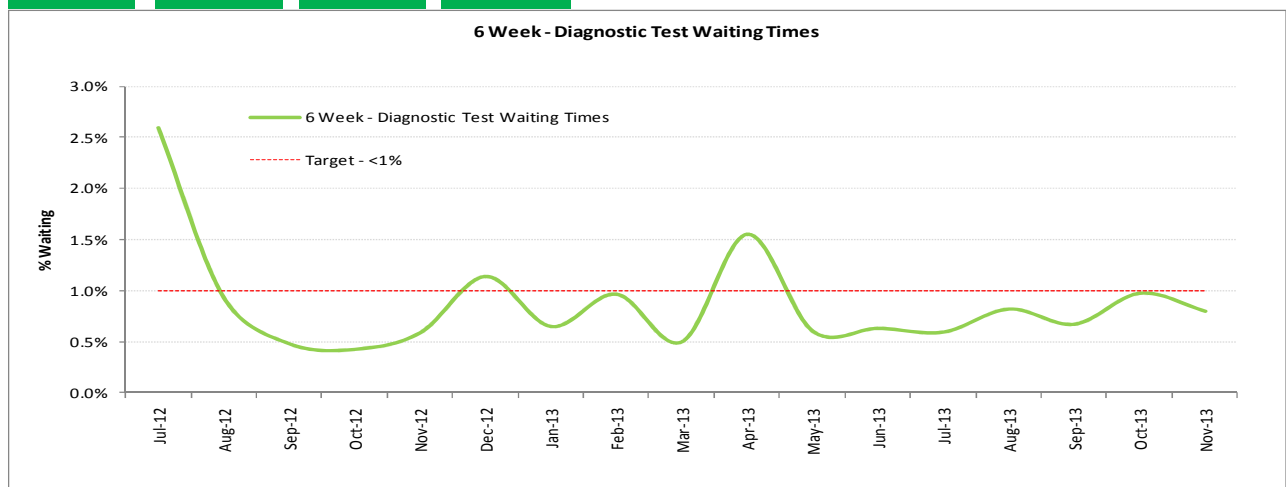
Mth Qtr 1 Qtr2 YTD



RTT incomplete (i.e. 18+ week backlog) performance was 92.6%. In numerical terms the total number of patients waiting 18+ weeks for treatment (admitted and non-admitted) at the end of November was 2,932.

5.3 Diagnostic Waiting Times

Mth Qtr 1 Qtr2 YTD



At the end of November 0.8% of patients were waiting for diagnostic tests longer than 6 weeks. National performance for October shows that 0.9% of patients were waiting for diagnostic tests longer than 6 weeks.

5.4 Cancer Targets

a) Two Week Wait

Mth

Qtr 1

Qtr2

YTD

October performance for the 2 week to be seen for an urgent GP referral for suspected cancer was achieved at 94.9% (national performance 95.7%). Performance for the 2 week symptomatic breast patients (cancer not initially suspected) was also achieved at 93.0% (national performance 96.2%).

b) 31 Day Target

Mth

Qtr 1

Qtr2

YTD

All four of the 31 day cancer targets have been achieved in October (latest reported month).

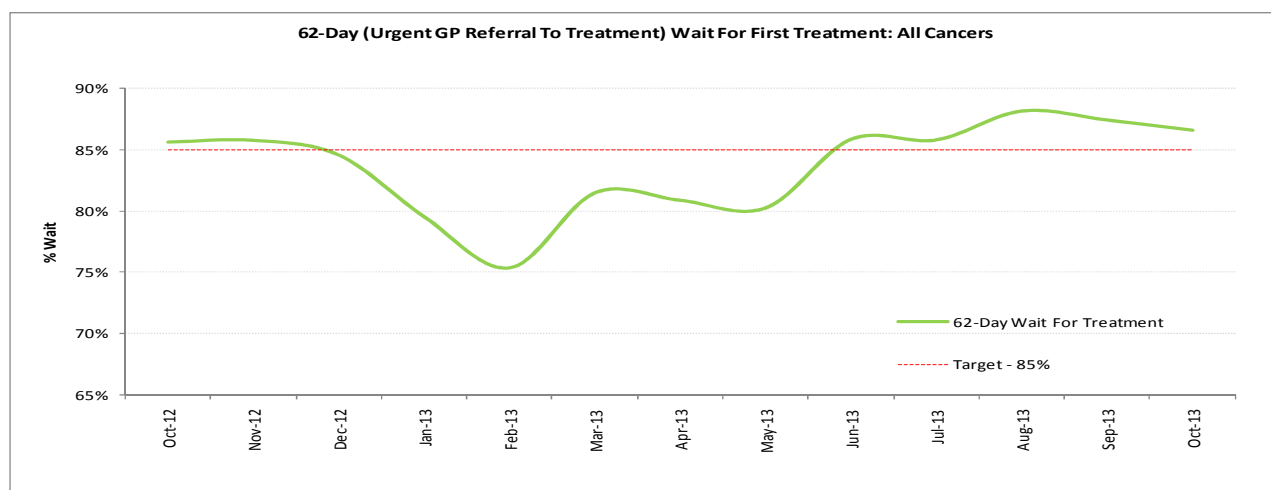
c) 62 Day Target

Mth

Qtr 1

Qtr2

YTD



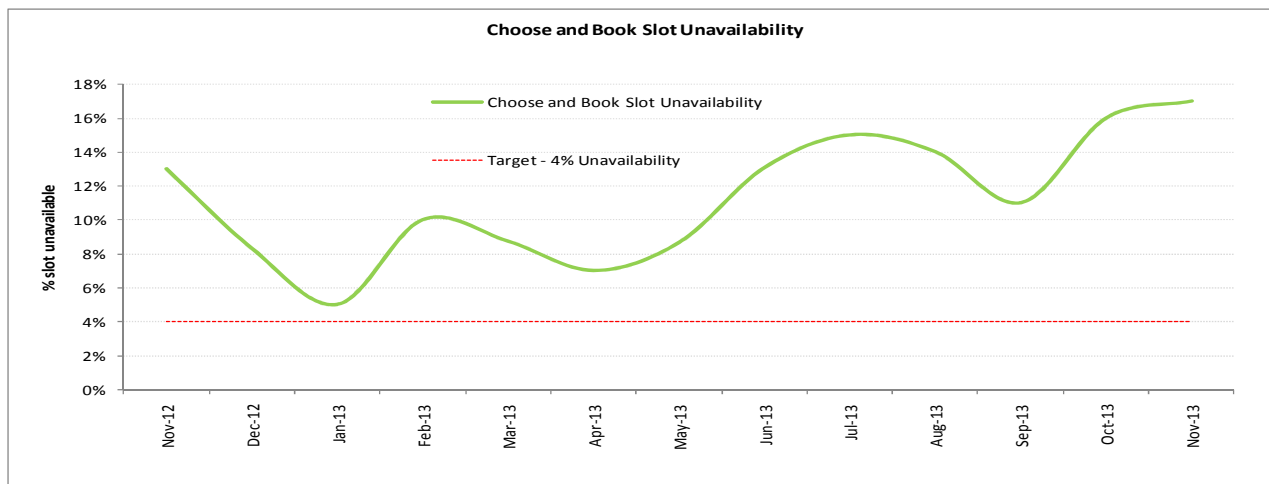
The 62 day urgent referral to treatment cancer performance in October was 86.4% (national performance close to 85%) , against a target of 85%. The year to date position at 84.9% is ahead of the revised trajectory which was submitted as part of the recovery plan.

The Cancer Action Board continues to meet weekly, it is responsible for monitoring the Trusts Cancer Action Plan to ensure that actions are being delivered and there is representation from all the key tumour sites including Radiology and theatres. This meeting is chaired by the Cancer Centre Clinical Lead.

The key points to note this month are:-

- Performance for November is on track to deliver trajectory
- 62 day backlog is 19 as at the 6th December (threshold is 30)
- There are 2 patients waiting 100+ days both in Urology – one patient was a late referral from Derby and the other patient has only recently decided on their treatment plan.

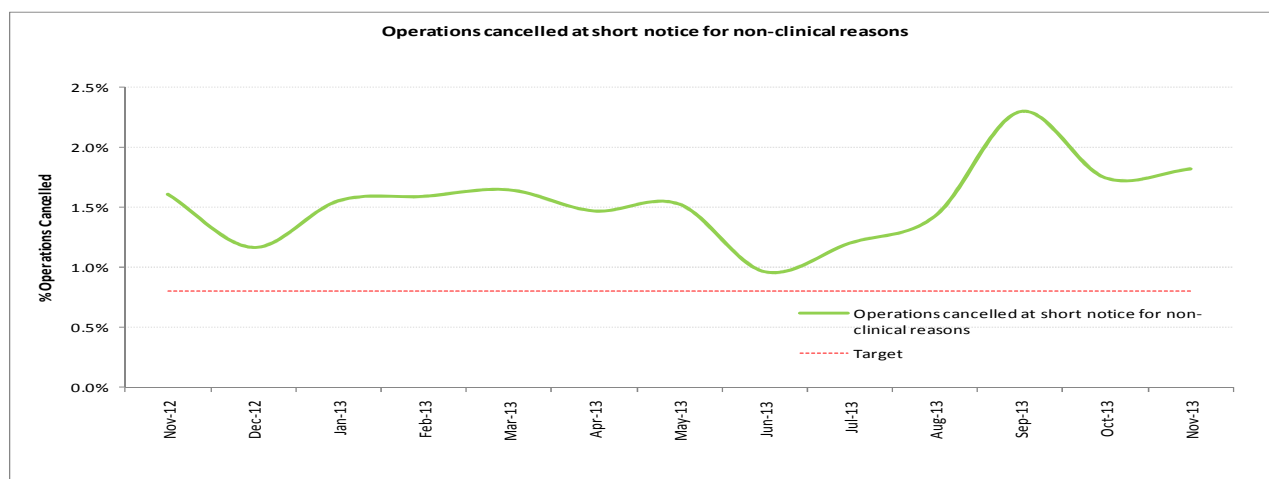
5.5 Choose and Book slot availability



Choose and book slot availability performance for November is 17% with the national average at 10%. Resolution of slot unavailability requires a reduction in waiting times for 1st outpatient appointments in key specialties and prospectively, ensuring that there is sufficient capacity available at all times. This will form part of the 18 week remedial action plan.

5.6 Short Notice Cancelled Operations

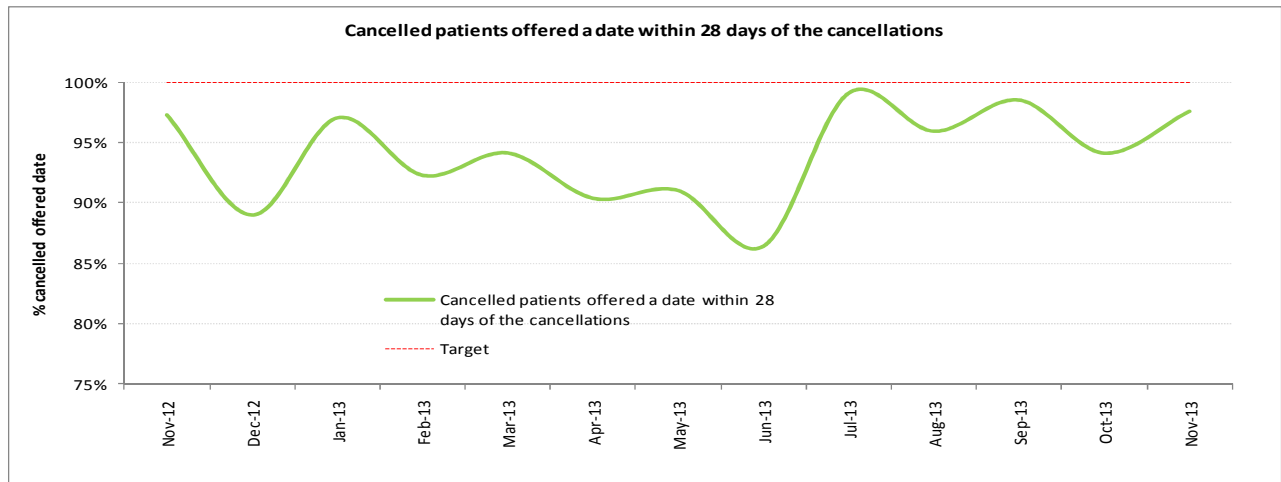
Mth Qtr 1 Qtr2 YTD



November performance shows that the percentage of operations cancelled on/after the day of admissions of all elective activity for non-clinical reasons was 1.8% against a target of 0.8%. The year to date performance is 1.6%. A Remedial Action Plan was submitted to the commissioners in November. A number of additional questions have been raised which will be responded to before the next Contract meeting

Cancelled patients offered a date within 28 days

Mth Qtr 1 Qtr2 YTD



The threshold has been amended from 95% to 100% to reflect that every breach of this standard is subject to a financial penalty. The number of patients breaching this standard in November was 4 with 97.6% offered a date within 28 days of the cancellation.

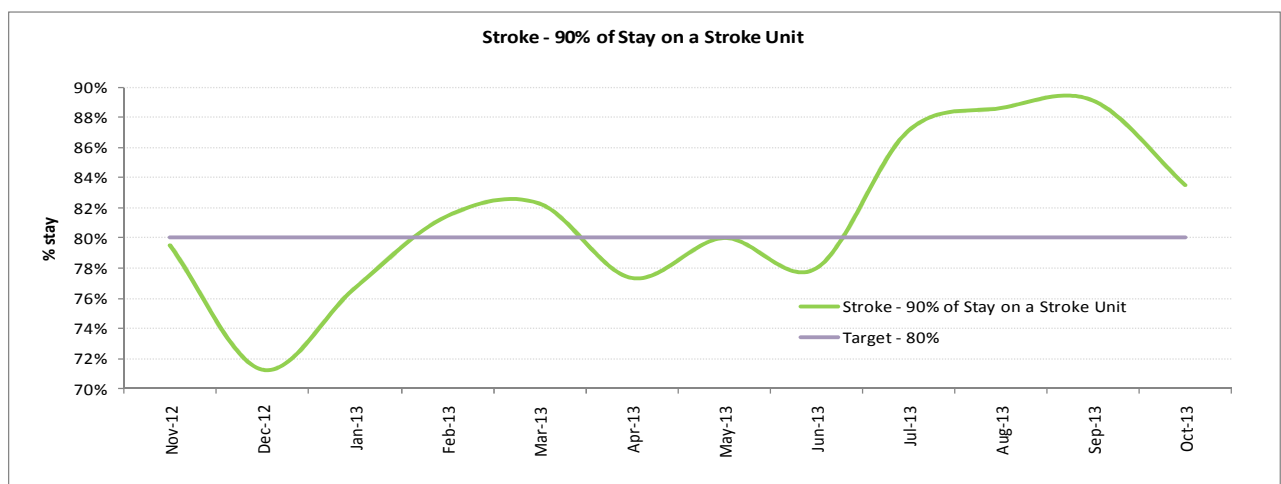
5.7 Stroke % stay on stroke ward

Mth

Qtr 1

Qtr2

YTD



The percentage of stroke patients spending 90% of their stay on a stroke ward in October (reported one month in arrears) is 83.5% against a target of 80%.

Commissioners have confirmed verbally that due to the improved performance for stroke patients, the Contract Query has been formally closed.

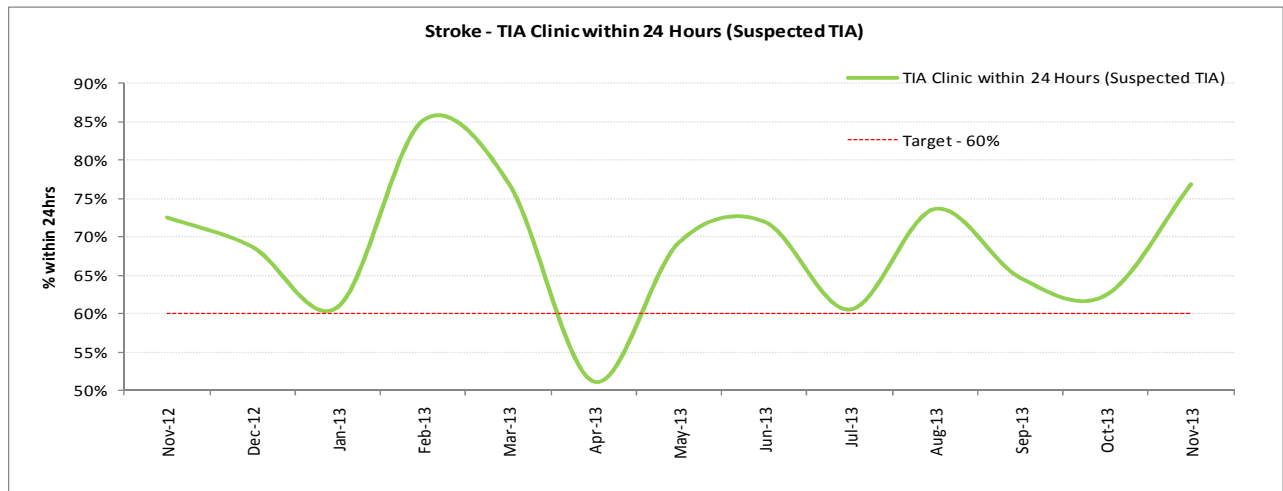
5.8 Stroke TIA

Mth

Qtr 1

Qtr2

YTD



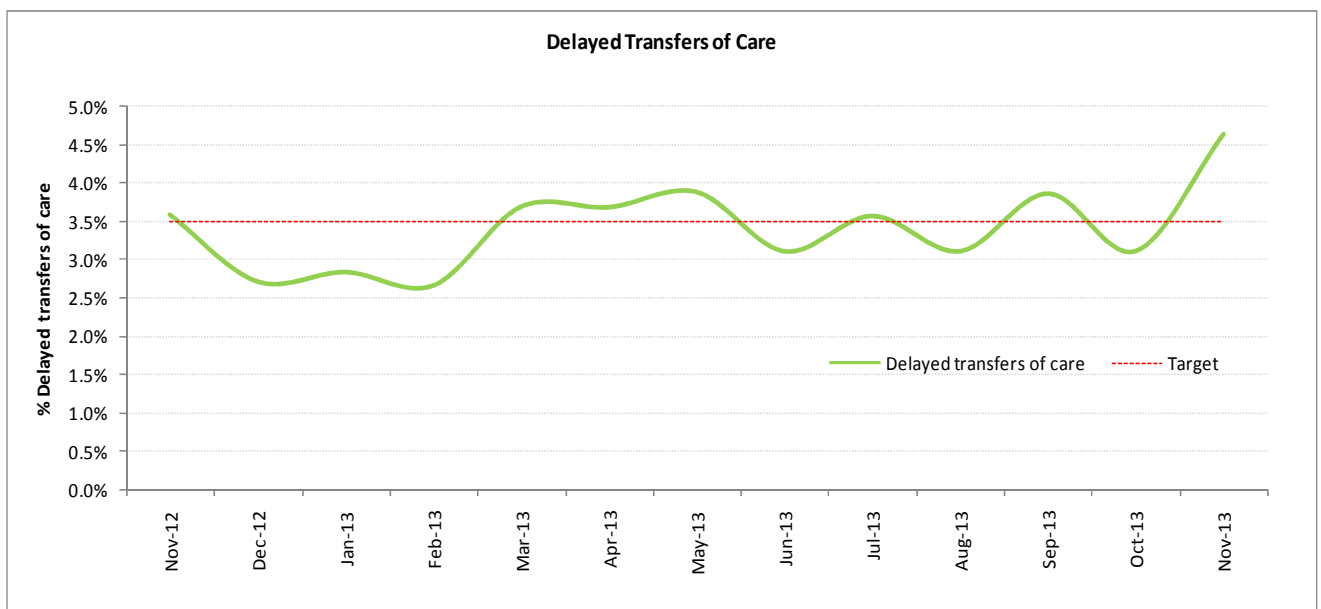
The percentage of high risk suspected TIAs receiving relevant investigations and treatment within 24 hours of referral receipt is 76.8% against a national target of 60.0%. The year to date performance is 66.0%. The contractual target for this indicator remains under review.

5.9 Delayed Transfers of Care



During November 2013, UHL has seen deterioration in the DTOC level. The November position was 4.6% of patients on the DTOC, which is the highest percentage YTD. A work stream of the HUB work plan is focussing on reducing DTOCs.

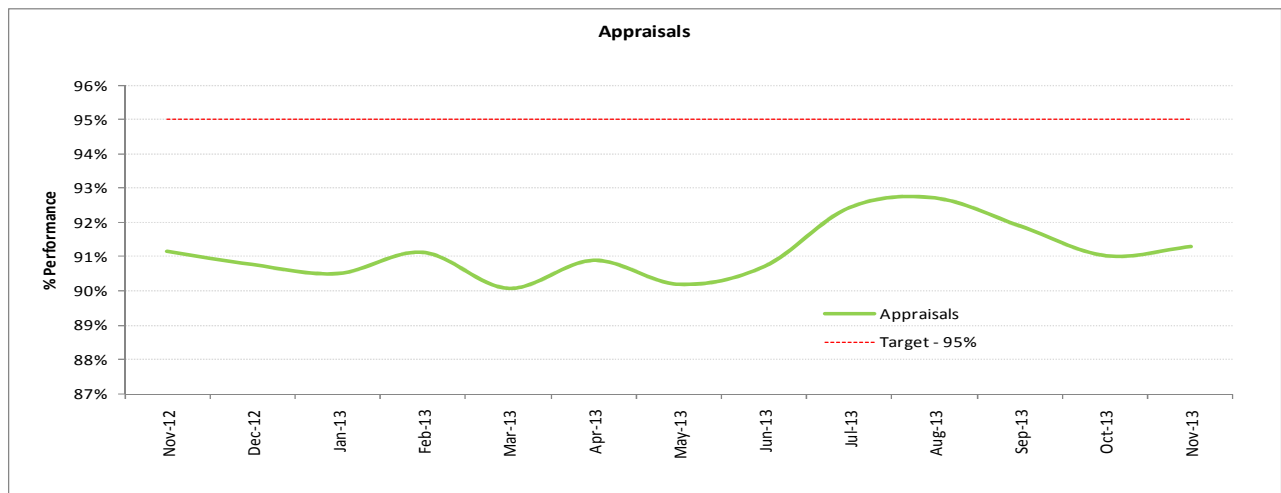
Numbers of delays by reason for April to November are shown below:-



6.0 HUMAN RESOURCES – KATE BRADLEY

6.1 Appraisal





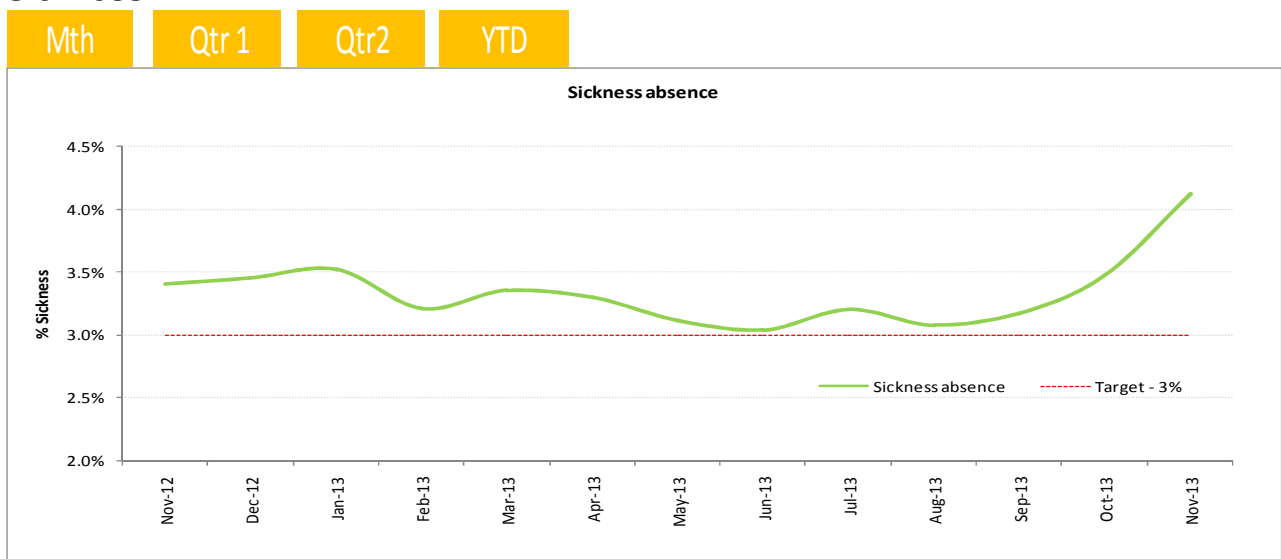
*November sickness rate is provisional.

Appraisal rates have shown deterioration since August 2013. Between October and November, the rates have improved as a result of the management of trajectories to reach 95% and the re-alignment of responsibilities in the new CMG Structures. The appraisal rate for November is skewed due to TUPE transfer of some staff groups, for example Sexual Health Service and IM+T.

Appraisal performance continues to feature on CMG Board Meetings in monitoring the implementation of agreed actions. HR CMG Leads continue to work closely with CMGs to implement targeted 'recovery plans'. Appraisal data leads for all service areas and CMGs have been identified in the new structure to ensure accuracy of reporting and robust monitoring.

A Project Board has been established to take forward the development of an eAppraisal Solution to support and evidence the appraisal process and automate the reporting.

6.2 Sickness

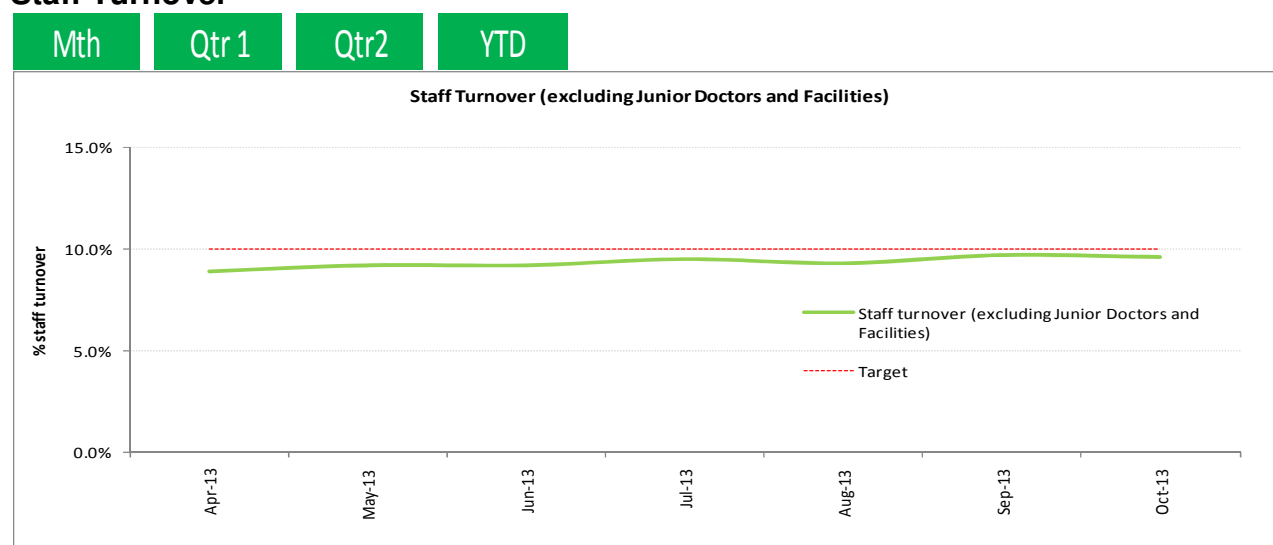


*November sickness rate is provisional.

The sickness rate for November is 4.12% and the October figure has now adjusted to 3.47% to reflect closure of absences. The overall cumulative sickness figure is now 3.34% which is an increase of 0.2% on last month. This is below the previous SHA's target of 3.4% but slightly above the Trust stretch target of 3%.

The sickness trend is consistent with 2012 when the first cut of the November figure was 4.09%, subsequently adjusting to 3.69%.

6.3 Staff Turnover



The cumulative Trust turnover figure (excluding junior doctors and facilities staff who have Tupe'd from the Trust) has increased slightly from 9.6% to 9.7%. The latest figure includes the TUPE transfer of 27 IM & T staff to IBM on 30 November 2013 and therefore skews the overall turnover figures.

6.4 Statutory and Mandatory Training

Mth **Qtr 1** **Qtr2** **YTD**

As a Trust we are now reporting against nine core subjects in relation to Statutory and Mandatory Training. These are Fire Safety Training, Moving & Handling, Hand Hygiene, Equality & Diversity, Information Governance, Safeguarding Children, Conflict Resolution, Safeguarding Adults and Resuscitation (BLS Equivalent).

CBU	Fire Training %age	Moving & Handling %age	Hand Hygiene %age	Equality & Diversity %age	Info. Governance %age	Safeguard Children ONLY %age	Conflict Resolution %age	Safeguard Adults ONLY %age	Resus - BLS Equivalent %age	Average %age Compliance
Refresher period Months	12	24	12	36	12	36	36	36	12	
(E = eLearning, F = Face to Face)	E&F	E&F	E	E	E	E	F	E	F	
Acute Care	69%	72%	69%	63%	63%	76%	40%	61%	52%	63%
Planned Care	66%	73%	64%	55%	64%	76%	31%	65%	67%	61%
UHL Corporate Areas	54%	59%	52%	51%	53%	61%	21%	46%	49%	51%
Women's & Children's	70%	75%	66%	54%	57%	89%	26%	28%	73%	58%
Trustwide Compliance	66%	70%	64%	57%	61%	75%	32%	54%	60%	
UHL staff are this compliant with their mandatory & statutory training from the key 9 subjects										60%

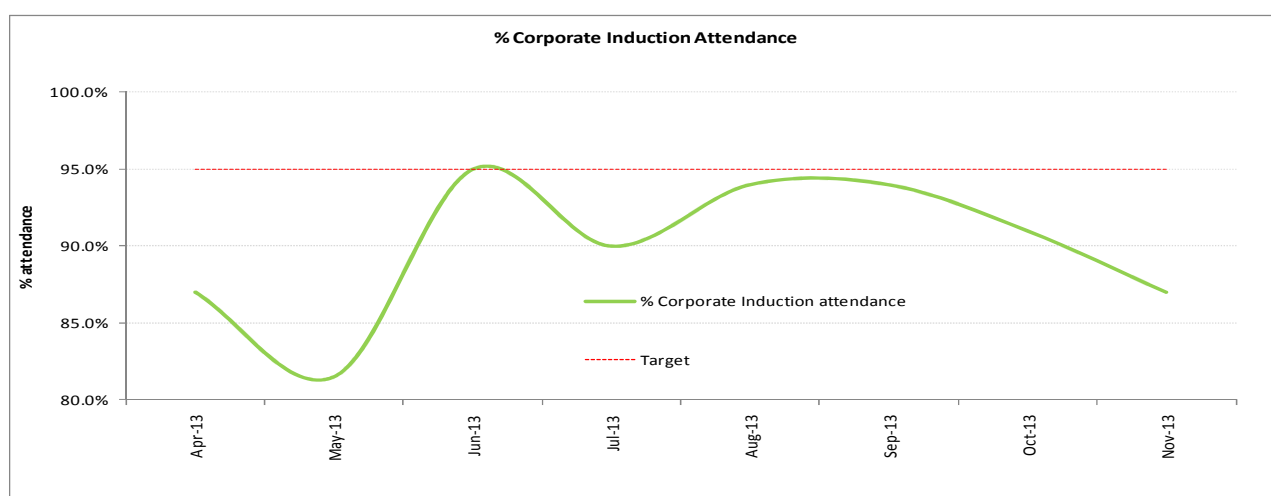
Over the last month UHL staff compliance against Statutory and Mandatory Training has increased from 58% to 60% across these nine core areas. eUHL needs to be restructured by IM&T to capture performance by Clinical Management Groups; this should be completed by the end of February 2013.

There are a total of 7 new eLearning packages live on eUHL, the remaining 3 will be live by the end of Dec 2013. The feedback received on new packages during the testing phase has been very positive.

We continue to communicate progress, essential training requirements and follow up on non-compliance at an individual level. This has been supported by the distribution of the 'UHL Mandatory and Statutory Training Guide – Dec 2013.'

Work is underway in developing the new Learning Management System to improve reporting functionality and programme access.

6.5 Corporate Induction



There has been a reduction to 87% of staff attending corporate induction at the end of November. The November figure reflects numbers booked onto Corporate Induction against actual attendance. This reduction continues to be primarily due to large numbers of new employees and limitation on venue capacity within this period.

The process for following-up non- attendees is investigated and resolved at a local level as outlined in the Policy for Statutory and Mandatory Training. Corporate Induction performance continues to be communicated to Induction Leads at local level for monitoring the implementation of agreed actions.

The Task and Finish Group are finalising induction requirements and progressing with increasing the number of Corporate Inductions to weekly from 31st March 2014.

7.0 2013/14 CONTRACTUAL QUERY STATUS

Progress Log on Commissioner Notices/Penalties

Commissioner Notices	Subject	Action/Update	Associated Penalty	Status
Contract Query	Cancer 62 Day	Remedial Action Plan (RAP) has been signed off. Monthly progress reports against the agreed RAP	£50,000 Qtr1 fine has been repaid.	On/above trajectory.
Contract Query/First Exception Report sent on 19th November 2013.	ED Performance	Remedial Action Plan & Trajectory Agreed. Due to the failure of meeting the improvement trajectory a First Exception report has been issued.	2% Overall Contract penalty from August to November Automatic Contract Penalty (non refundable)	Failing to meet improvement trajectory.
Contract Query	18 Wk RTT	Revised RAP rejected September 2013. Intensive Support Team worked with Trust to model level of activity required to deliver RTT on a sustainable basis. Revised trajectory being worked up alongside the RAP.	2% overall contract value commencing August. Automatic Individual specialty penalties	Meeting with CCG's December to agree capacity requirements and financial affordability.
Contract Query	Ambulance Turnaround	Remedial Action Plan has been signed off. Agreement to re-invest incurred penalties upon trajectory achievement for the requested £90-£100k	Automatic Contract Penalty	Trajectory not delivered.
Contract Query	Pressure Ulcers	RAP has been signed off The action plan is reported as RED against the trajectory. CCG's to work with UHL to see a significant sustained improvement.	Revised trajectory and financial penalties confirmed by CCG's. Automatic penalties applied.	On-going
Contract Query	Short notice cancelled operations and rebooking in 28 days	Remedial Action Plan was submitted November 2013.	Automatic Contract Penalty	On-going - CCG's have asked for some additional information before signing off the
Activity Query Notice	Emergency over performance	Emergency analysis provide by commissioners and initial meeting held. UHL response has been provided.	Withholding of financial over performance	On-going
Activity Query Notice	Outpatients over performance	Analysis provided by commissioners and response provide by Trust.	Withholding of financial over performance	CCG's have agreed to pay for overperformance.

8.0 UHL - FACILITIES MANAGEMENT– RACHEL OVERFIELD

8.1 Introduction

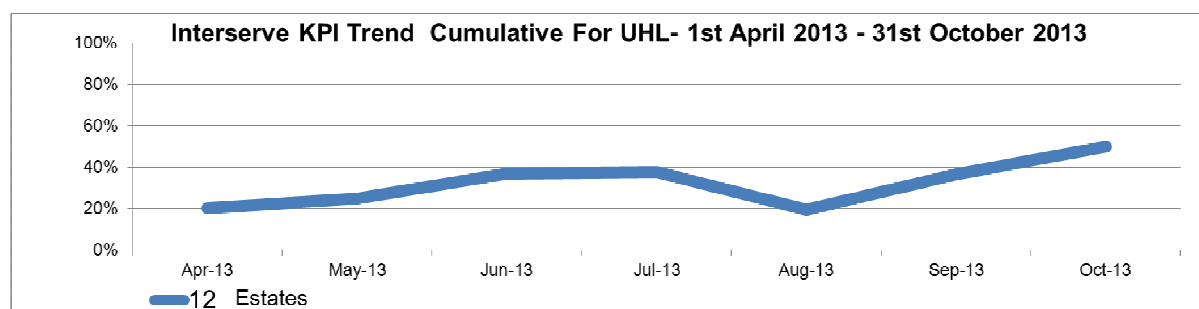
This report covers a review of overall performance on the Facilities Management (FM) delivery provided by Interserve FM (IFM) and contract managed by NHS Horizons over a seven month period.

The FM contract supplying 14 different services to the Trust is underpinned by 83 Key Performance Indicators (KPI's) and the summary information and trend analysis below is a snapshot of 6 key Indicators over the seven month period.

8.2 Key Performance Indicators

KPI 12 – Estates

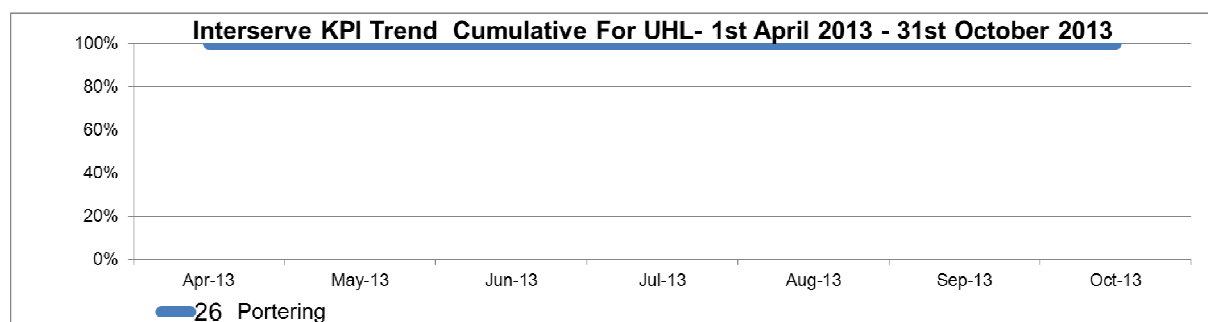
Percentage of emergency requests achieving response time within the 30 minutes Service Level Agreement time given.



KPI 12 has never achieved a high percentage from the start of the contract, and dipped considerably in transformation period around August, we can now see an improvement over the last 2 months and a general rise in percentage

KPI 26 – Portering

Percentage of scheduled portering tasks completed in the contract month within 15 minutes of the scheduled time.



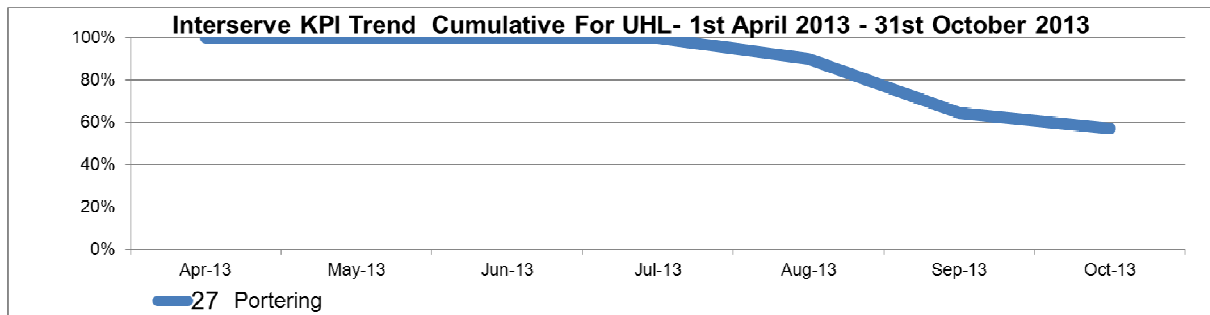
KPI

KPI26 has been 100% over the 7 month period from April – October 2013 and has always achieved the Service Level Agreement times the scheduled items listed below.

- ❖ Delivery and collection of linen
- ❖ Removal of waste to the waste compound
- ❖ Medical gas duties
- ❖ Postal services

KPI 27 – Portering

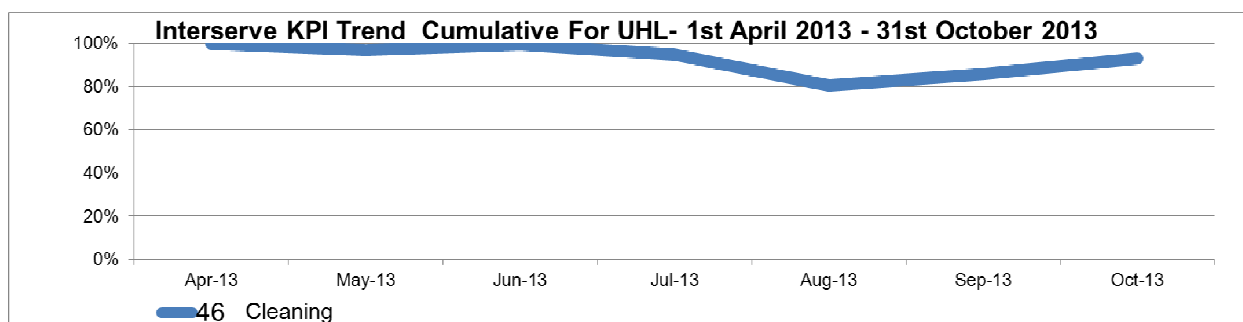
Percentage of emergency portering tasks achieving response time



KPI 27 at the beginning of the contract in March 2013 - 388 requests were logged and responded to. This has reduced in July, August, September and October 2013 to 16, 10, 14 and 7 respectively. These smaller numbers greatly affect the KPI percentage when responses are not met.

KPI 46 – Cleaning

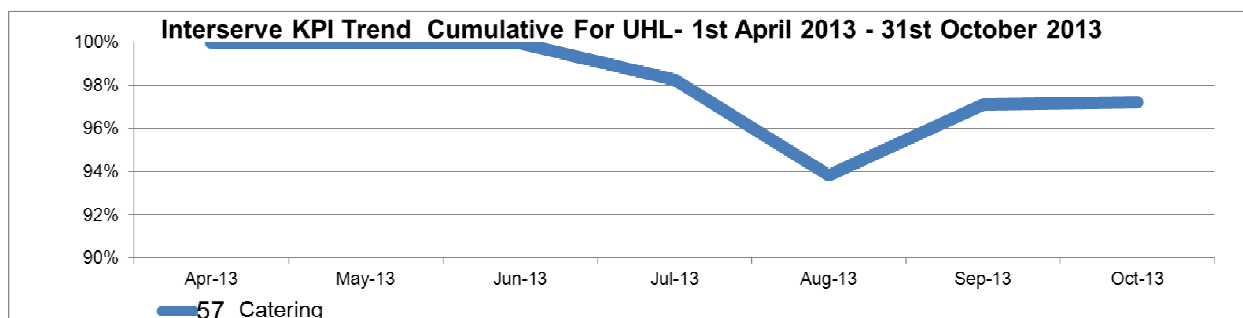
Percentage of audits in clinical areas achieving National Specification For Cleaning audit scores for cleaning above 90%



KPI 46 started well but dipped around transformation of the service but we can see a good recovery which can be seen in the above data

KPI 57 – Catering

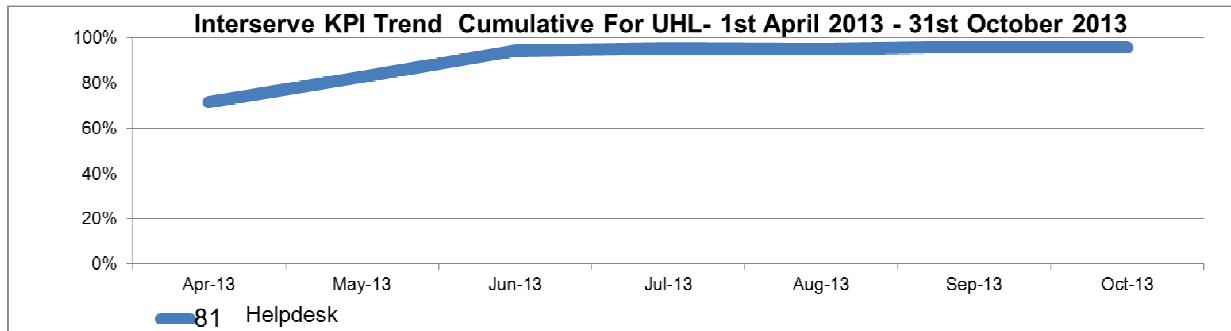
Percentage of meals delivered to wards in time for the designated meal service as per agreed schedules.



KPI 57 again started well with meals delivered through business as usual, this also dipped at the time around transformation but has recovered to an acceptable level with slight improvements shown for October 2013

KPI 81 – Helpdesk

Percentage of telephone calls to the helpdesk answered within 5 rings using a non-automated solution.



KPI 81 started at a low percentage due to the change in how helpdesk calls across the services were handled at the start of the contract. Interserve have increased the percentage by staff training and recruitment over the last 7 months

8.3 General Summary

The above trend diagrams identify that the mobilisation of the contract and initial phases of service delivery from April to June by IFM were successful in maintaining and in some areas improving the standards and responses as regard service delivery.

This was followed by a period of transition generally covering the period July to September where in some cases performance dipped as new methodology and different ways of working coupled with staff changes were introduced.

Recent performance has identified a dip in one element of portering responses which aligns to substantial increase in patient activity and demands upon this service, however scheduled portering tasks which constitute a major component of the service has remained consistent throughout.

Encouragingly the past two months (Sept – Oct) have identified continuous improvements in performance by Interserve FM across the UHL for the majority of all KPI's.

9.0 October IM&T Service Delivery Review

9.1 Highlights

- Go live of the Meeting Room Booking System
- Go live of Dawn DMARDS system
- Annual Tiara system upgrade
- Reconfiguration of disks on Proton servers
- Manual Patient Centre, Clinicom & iCM Clock Change
- Transition of Projects & Programmes and Applications Management Wave 2 to the Managed Business Partner

9.2 IT Service Review

There were 7498 (7686 previous month) incidents were logged during November, out of which 5198 (5220 previous month) were resolved. 1558 (1781 previous month) incidents were closed on first contact

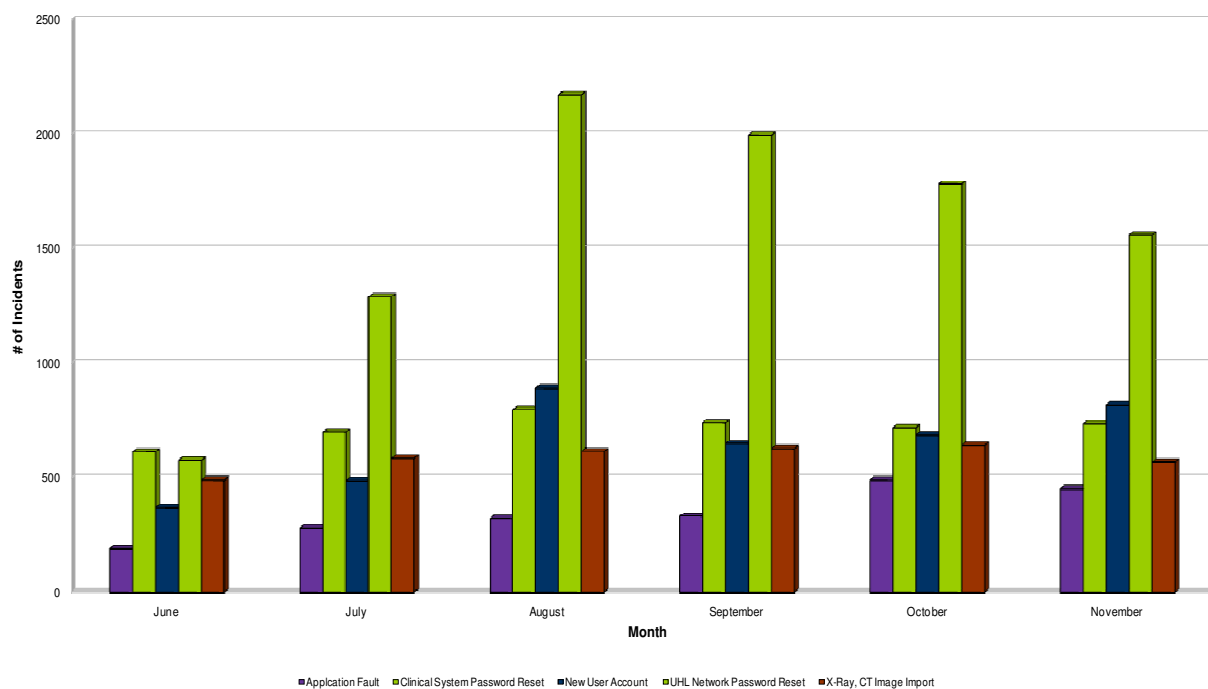
Performance against service level agreements is as expected and follows the flight path for service level agreements.

Number of complaints relating to service has dropped to 5 in month (18 in previous month)
There were 635 (837 previous month) incidents logged out of hours via the 24/7 service desk function.

9.3 Future Action

Managed Print service to be deployed at the GH. Audit of printer being undertaken at the other 2 sites

9.4 IM&T Service Desk top 5 issues



9.5 IM&T November Heatmap

IM&T Heatmap Report - November 2013

Incidents Outstanding at end of October*		394		Priority 1 4hrs 45mins		Priority 2 1 working day		Priority 3 2 working days		Priority 4 4 working days		Priority 5 10 working days		Totals for This Month (November)		Totals for Last Month (October)	
New Incidents Logged in November		7498															
Incidents Logged & Resolved in November		5188															
Outstanding Incidents**		1267															
Application Management	Calls resolved in SLA (%)	100%		100%		89.29%		98.22%		100%		98.1%		97.62%			
	Resolved in SLA/Total Resolved	3	3	1	1	25	28	1328	1352	34	34	1391	1418	1148	1176		
Business Intelligence	Calls resolved in SLA (%)	N/A		N/A		N/A		N/A		N/A		N/A		100%			
	Resolved in SLA/Total Resolved	0	0	0	0	0	0	0	0	0	0	0	0	3	3		
Data Centre Service	Calls resolved in SLA (%)	100%		100%		96.3%		96.36%		92.31%		96.23%		98.16%			
	Resolved in SLA/Total Resolved	1	1	2	2	26	27	291	302	12	13	332	345	320	326		
Desktop & AMC	Calls resolved in SLA (%)	N/A		100%		94.16%		95.49%		98.86%		95.8%		93.52%			
	Resolved in SLA/Total Resolved	0	0	2	2	129	137	995	1042	173	175	1299	1356	1299	1389		
I&D Team	Calls resolved in SLA (%)	N/A		N/A		66.67%		82.14%		N/A		80.65%		87.5%			
	Resolved in SLA/Total Resolved	0	0	0	0	2	3	23	28	0	0	25	31	28	32		
Imaging	Calls resolved in SLA (%)	100%		100%		95.62%		84.44%		98.15%		89.59%		94.98%			
	Resolved in SLA/Total Resolved	1	1	1	1	437	457	608	720	106	108	1153	1287	1267	1334		
Network Services	Calls resolved in SLA (%)	N/A		100%		100%		98.27%		96.15%		98.17%		97.24%			
	Resolved in SLA/Total Resolved	0	0	2	2	18	18	170	173	25	26	215	219	176	181		
Pathology	Calls resolved in SLA (%)	N/A		N/A		N/A		N/A		N/A		N/A		100%			
	Resolved in SLA/Total Resolved	0	0	0	0	0	0	0	0	0	0	0	0	2	2		
Pharmacy	Calls resolved in SLA (%)	N/A		N/A		N/A		100%		N/A		100%		94.74%			
	Resolved in SLA/Total Resolved	0	0	0	0	0	0	6	6	0	0	6	6	18	19		
Service Desk	Calls resolved in SLA (%)	0%		100%		100%		97.6%		91.67%		96.54%		97.98%			
	Resolved in SLA/Total Resolved	0	1	1	1	10	10	487	499	88	96	586	607	632	645		
Telecoms	Calls resolved in SLA (%)	N/A		N/A		100%		92.55%		90%		92.24%		92.65%			
	Resolved in SLA/Total Resolved	0	0	0	0	11	11	87	94	9	10	107	116	126	136		
Theatre Support	Calls resolved in SLA (%)	N/A		N/A		33.33%		66.67%		0%		64.77%		63.86%			
	Resolved in SLA/Total Resolved	0	0	0	0	1	3	56	84	0	1	57	88	53	83		
Undefined Teams	Calls resolved in SLA (%)	100%		100%		95.05%		90.46%		70.59%		90.86%		93.13%			
	Resolved in SLA/Total Resolved	1	1	1	1	96	101	218	241	12	17	328	361	393	422		

Incidents Closed on first contact	1558	
All Incidents Resolved in October	5834	
Incidents Resolved on Day Logged	2463	
Incidents Escalated / Total Escalations	217	282
Incidents Unresolved / Total Unresolved	98	98

Service Level Agreements

Red : <90% of calls resolved within SLA
Amber : 90-94.99% of calls resolved within SLA
Green : >95% of calls resolved within SLA

Affected System	Incidents	
	Logged	Resolved
CRIS	210	234
EDIS	60	38
Euroking/E3	5	7
HISS/Clinicom	543	514
iLab/Apex	558	542
JAC	8	9
ORMIS	77	96
PACS/IMPAX	256	250
Sunquest ICE	236	175
Total:	1953	1865

* Incidents logged before end of October and not resolved or closed by 1st November.

** All outstanding incidents at time of printing.

Friends & Families Test

What is the Friends & Family test?

The Friends & Family score is obtained by asking patients a single question, "*How likely are you to recommend our <ward/A&E department> to friends and family if they needed similar care or treatment*"

Patients can choose from one of the following answers:

Answer	Group
Extremely	Promoter
Likely	Passive
Neither likely or	Detractor
Unlikely	Detractor
Extremely	Detractor
Don't	Excluded

Friends & Family score is calculated as : % promoters minus % detractors.

$$((\text{promoters} - \text{detractors}) / (\text{total responses} - \text{'don't know' responses})) * 100$$

Patients to be surveyed:

- Adult Acute Inpatients (who have stayed at least one night in hospital)
- Adult patients who have attended A&E and left without being admitted to hospital or were transferred to a Medical Assessment Unit and then discharged

Exceptions:

- Daycases
- Maternity Service Users
- Outpatients
- Patients under 16 yrs old

NB. Wards with fewer than 5 survey responses per month are excluded from this information to maintain patient confidentiality

Response Rate:

It is expected that responses will be received from at least 15% of the Trusts survey group - this will increase to 20% by the end of the financial year

Current methods of collection:

- Paper survey
- Online : either via web-link or email
- Kiosks
- Hand held devices

FRIENDS AND FAMILY TEST : June - November '13

									NOVEMBER SCORE BREAKDOWN				
			Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Total Responses	Promoters	Passives	Detractors	Score
GLENFIELD HOSPITAL	GH WD 15	F15	100	91	100	82	91	73	30	22	8	0	73
	GH WD 16 Respiratory Unit	F16	74	80	68	80	80	87	30	26	4	0	87
	GH WD 20	F20	61	77	79	-	59	56	25	18	3	4	56
	GH WD 23A	F23A	100	83	-	80	55	82	27	22	5	0	82
	GH WD 24	F24	94	100	-	95	96	100	3	3	0	0	100
	GH WD 24	F24	94	100	-	95	96	100	3	3	0	0	100
	GH WD 26	F26	-	0	94	93	87	80	35	28	7	0	80
	GH WD 27	F27	66	45	90	67	54	74	32	23	8	0	74
	GH WD 28	F28	88	90	96	76	89	80	20	16	4	0	80
	GH WD 29	F29	21	96	75	68	74	90	20	18	2	0	90
	GH WD 30	F30	-	91	94	0	95	94	17	16	1	0	94
	GH WD 31	F31	79	87	94	88	90	95	20	19	1	0	95
	GH WD 32	F32	83	81	87	81	74	79	19	16	2	1	79
	GH WD 33	F33	79	81	73	76	77	79	33	27	5	1	79
	GH WD 33A	F33A	86	80	84	67	80	87	23	20	3	0	87
	GH WD Clinical Decisions Unit	FCDU	46	49	58	50	44	65	95	71	13	10	65
	GH WD Coronary Care Unit	FCCU	90	98	90	91	100	89	104	93	11	0	89

FRIENDS AND FAMILY TEST : June - November '13

									NOVEMBER SCORE BREAKDOWN				
			Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Total Responses	Promoters	Passives	Detractors	Score
LEICESTER GENERAL HOSPITAL	LGH WD 1	G1	-	-	-	-	78	84	19	16	3	0	84
	LGH WD 10	G10	60	80	70	50	56	70	10	8	1	1	70
	LGH WD 14	G14	83	70	85	61	78	46	40	24	9	6	46
	LGH WD 15N Nephrology	G15N	75	-	-	38	60	86	10	6	1	0	86
	LGH WD 16	G16	95	75	71	50	94	70	20	16	2	2	70
	LGH WD 17 Transplant	G17	84	81	84	88	86	79	29	23	6	0	79
	LGH WD 18	G18	91	75	93	71	81	85	74	63	11	0	85
	LGH WD 18	G18	91	75	93	71	81	85	74	63	11	0	85
	LGH WD 2	G2	-	25	-	87	57	46	14	7	5	1	46
	LGH WD 22	G22	45	42	50	79	46	42	25	12	10	2	42
	LGH WD 26 SAU	G26	52	65	48	46	52	60	42	28	11	3	60
	LGH WD 27	G27	57	0	64	55	58	60	25	16	8	1	60
	LGH WD 28 Urology	G28	55	31	100	24	51	60	37	26	7	4	60
	LGH WD 3	G3	33	67	70	43	100	80	5	4	1	0	80
	LGH WD 31	G31	79	84	73	83	89	79	77	64	10	3	79
	LGH WD Brain Injury Unit	GBIU	-	100	-	100	100	50	2	1	1	0	50
	LGH WD Surg Acute Care	GSAC	83	-	100	79	100	100	8	8	0	0	100
	LGH WD Young Disabled	GYDU	100	-	100	100	50	0	0	0	0	0	0

FRIENDS AND FAMILY TEST : June - November '13

			Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	NOVEMBER SCORE BREAKDOWN				
									Total Responses	Promoters	Passives	Detractors	Score
LEICESTER ROYAL INFIRMARY	LRI WD 15 AMU Bal L5	R15	31	43	65	56	53	67	3	2	1	0	67
	LRI WD 19 Bal L6	R19	5	43	35	59	44	63	25	18	3	3	63
	LRI WD 21 Bal L6	R21	91	-	89	100	91	82	22	18	4	0	82
	LRI WD 22 Bal 6	R22	48	64	44	38	63	58	34	23	6	4	58
	LRI WD 24 Win L3	R24	47	29	52	38	25	18	19	6	8	3	18
	LRI WD 25 Win L3	R25	60	75	69	88	73	85	20	17	3	0	85
	LRI WD 26 Win L3	R26	58	80	65	0	69	86	14	13	0	1	86
	LRI WD 27 Win L4	R27	33	75	100	75	100	100	5	5	0	0	100
	LRI WD 29 Win L4	R29	65	55	70	65	75	67	18	13	4	1	67
	LRI WD 31 Win L5	R31	48	64	48	23	72	40	21	11	6	3	40
	LRI WD 32 Win L5	R32	43	23	48	58	54	69	15	10	2	1	69
	LRI WD 33 Win L5	R33	58	77	75	58	81	77	31	23	7	0	77
	LRI WD 34 Windsor Level 5	R34	-	80	58	55	55	70	20	15	4	1	70
	LRI WD 36 Win L6	R36	0	50	50	60	57	63	19	12	7	0	63
	LRI WD 37 Win L6	R37	91	86	71	81	52	100	1	1	0	0	100
	LRI WD 38 Win L6	R38	100	87	85	100	82	92	25	24	0	1	92
	LRI WD 39 Osb L1	R39	89	87	72	88	81	76	25	20	4	1	76
	LRI WD 40 Osb L1	R40	82	77	-	71	56	61	28	18	9	1	61
	LRI WD 41 Osb L2	R41	47	55	73	50	75	86	21	18	3	0	86
	LRI WD 7 Bal L3	R07	70	71	64	61	75	61	62	40	18	3	61
	LRI WD 8 SAU Bal L3	RSAU	70	49	52	56	14	40	50	28	14	8	40
	LRI WD Bone Marrow	RBMT	0	100	67	33	25	86	7	6	1	0	86
	LRI WD Fielding John Vic L1	RFJW	60	71	67	86	81	82	22	18	4	0	82
	LRI WD GAU Ken L1	RGAU	70	46	82	65	53	71	75	54	20	1	71
	LRI WD IDU Infectious Diseases	RIDU	69	80	68	48	67	25	16	8	4	4	25
	LRI WD Kinmonth Unit Bal L3	RKIN	80	70	57	89	74	76	25	21	2	2	76
	LRI WD Osborne Assess Unit	ROND	88	68	84	88	73	76	25	20	4	1	76

FRIENDS AND FAMILY TEST : June - November '13

								NOVEMBER SCORE BREAKDOWN				
		Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Total Responses	Promoters	Passives	Detractors	Score
EMERGENCY DEPARTMENT	ED - Majors	42	50	47	23	48	59	257	169	70	18	59
	ED - Minors	64	60	65	31	66	62	361	246	90	24	62
	ED - (not stated)	60	63	72	65	69	69	42	31	9	2	69
	Eye Casualty	70	55	54	44	50	51	252	136	108	8	51
	Emergency Decisions Unit	-	-	69	81	57	61	127	83	34	7	61

	November 2013 Nurse to Bed ratio			Per finance ledger									
Cost centre	Cost centre description	No. of beds	Actual worked WTEs(per finance ledger)	Including bank wtes	Including agency wtes	Budgeted Nurse to bed ratio	Actual Nurse to bed ratio	November 13 RAG Rating	October 13 RAG Rating	Sickness %	Budgeted Qualified %age	Budgeted Unqualified %age	
C20	Ward 15	30	35.97	3.37	0.00	1.31	1.20				60.4%	39.6%	
C21	Ward 16	30	33.10	6.35	2.00	1.21	1.10				63.4%	36.6%	
C23	Ward 17 - Respiratory	30	34.25	5.25	4.00	1.35	1.14				75.0%	25.0%	
C24	Ward 27	27	29.67	1.54	0.00	1.16	1.10				61.9%	38.1%	
C27	Coronary Care Unit - Ggh	19	49.93	1.19	0.00	2.77	2.63				75.8%	24.2%	
C29	Clin Dec. Unit - Ward 19 Ggh	25	85.19	5.74	0.69	3.84	3.41				62.9%	37.1%	
C30	Ward 28 - Cardio	31	34.52	4.90	0.00	1.11	1.11				60.0%	40.0%	
C31	Ward 33	29	32.21	2.49	0.19	1.17	1.11				70.2%	29.8%	
C32	Ward 32	17	18.54	3.29	1.00	1.19	1.10				74.7%	25.3%	
C33	Ward 33a	20	23.46	3.75	0.00	1.32	1.17				64.2%	35.8%	
C35	Ward 31	34	41.58	3.97	0.00	1.29	1.22				76.9%	23.1%	
C38	Ward 26	15	24.59	4.12	0.00	2.05	1.64				76.5%	23.5%	
C48	Ward 23a	17	21.40	1.49	0.00	0.89	1.26				45.2%	54.8%	
C99	Ward 29 - Resp	25	27.64	5.81	0.00	1.22	1.11				61.3%	38.7%	
S04	Ward 15 High Dependency	9	24.46	2.14	0.00	3.07	2.72				85.9%	14.1%	
S05	Ward 15 Nephrology	18	29.64	0.71	0.00	1.78	1.65				63.1%	36.9%	
S21	Ward 10 Capd	18	35.99	0.00	0.09	2.15	2.00				60.9%	39.1%	
S64	Ward 17 - Capd	14	19.37	0.82	0.00	1.43	1.38				70.3%	29.7%	
N15	Admissions Unit (15/16) Lri	52	107.13	15.31	26.00	2.23	2.06				60.0%	40.0%	
N44	Emergency Decisions Unit Lri	16	20.74	0.00	-1.43	1.76	1.30				66.8%	33.2%	
N24	Ward 24 Lri	27	33.10	4.26	3.99	1.43	1.23				60.0%	40.0%	
N26	Ward 36 Lri	28	31.01	4.79	10.91	1.41	1.11				60.0%	40.0%	
N31	Ward 31 Lri - Med	30	33.48	3.37	5.37	1.41	1.12				60.0%	40.0%	
N33	Ward 37 Lri	24	30.44	7.33	1.61	0.92	1.27						
N36	Ward 23 Lri	28	32.53	4.39	6.63	1.41	1.16				60.0%	40.0%	
N38	Ward 38 Lri	28	31.25	5.97	8.16	1.30	1.12				60.0%	40.0%	
N39	Infectious Diseases Unit	18	20.65	4.66	1.48	1.31	1.15				60.0%	40.0%	
N51	Ward 19 Lri	30	35.08	1.37	10.84	1.41	1.17				60.0%	40.0%	
N52	Ward 2 Lgh	21	26.89	27.25	0.00	1.32	1.28				60.0%	40.0%	
N56	Ward 8 Lgh	15	23.71	6.19	0.00	1.84	1.58				60.0%	40.0%	
N57	Stroke Unit - Ward 25 & 26 Lri	36	49.60	3.02	9.52	1.59	1.38				69.5%	30.5%	
N60	Ydu Wakerley Lodge Lgh	8	15.64	0.86	0.00	2.40	1.96				60.0%	40.0%	
N61	Brain Injury Unit Lgh	7	19.05	2.13	0.00	3.06	2.72				70.0%	30.0%	
N84	Fielding Johnson - Medicine	20	22.51	11.59	7.51	1.60	1.13				60.0%	40.0%	
N92	Ward 34 Lri	26	30.63	4.95	2.05	1.27	1.18				60.0%	40.0%	
B01	Onc Ward East	19	24.96	1.88	0.80	1.28	1.31				65.8%	34.2%	
B02	Osbourne Assessment Unit	6	10.05	0.68	0.00	2.04	1.68				67.0%	33.0%	
B06	Onc Ward West	19	21.53	0.61	0.37	1.28	1.13				72.5%	27.5%	
B21	Haem Ward	22	24.30	2.89	2.00	1.52	1.10				71.5%	28.5%	
B24	Bmtu	5	16.28	0.74	0.00	3.02	3.26				96.7%	3.3%	
N29	Ward 29 Lri	28	32.37	6.32	1.00	1.31	1.16				60.0%	40.0%	
N30	Ward 30 Lri	30	35.61	3.46	0.00	1.32	1.19				60.0%	40.0%	
S75	Ward 26 Lgh	25	27.04	3.43	2.00	1.12	1.10				65.7%	34.3%	
W63	Sau - Lri	30	33.82	1.57	0.00	1.51	1.13				56.3%	43.7%	
W64	Ward 22 - Lri	30	32.63	2.37	0.00	1.21	1.10				63.3%	36.7%	
W70	Ward 29 - Lgh	27	32.97	0.31	0.00	1.42	1.22				58.1%	41.9%	
W71	Ward 22 - Lgh	20	26.75	0.16	0.00	1.32	1.34				61.8%	38.2%	
W72	Ward 28 - Lgh	25	28.37	1.40	0.00	1.41	1.13				62.4%	37.6%	
W73	Ward 20 - Lgh	20	25.68	4.32	1.00	1.22	1.28				60.8%	39.2%	
W74	Sacu - Lgh	6	15.61	0.16	0.00	2.78	2.60				68.4%	31.6%	
Y13	Ward 17 Lri	30	39.90	0.98	0.00	1.43	1.33				57.5%	42.5%	
Y14	Ward 18 Lri	30	37.22	0.76	0.09	1.41	1.24				55.2%	44.8%	
Y16	Ward 32 Lri	24	38.50	0.62	0.00	1.62	1.60				56.3%	43.7%	
Y23	Ward 18 Lgh	15	16.54	5.33	0.00	0.88	1.10				76.8%	23.2%	
Y24	Ward 14 Lgh	20	22.96	3.13	0.00	1.19	1.15				66.5%	33.5%	
W13	Ward 7 - Lri	29	31.80	4.08	0.00	1.19	1.10				57.6%	42.4%	
W43	Ward 21 - Lri	28	31.01	3.69	1.00	1.20	1.11				60.9%	39.1%	
C61	Paediatric Itu	6	39.27	0.18	0.37	7.60	6.55				94.5%	5.5%	
D11	Ward 11	12	30.66	1.14	0.00	3.10	2.56				67.3%	32.7%	
D12	Ward 12	5	20.89	0.98	0.00	5.72	4.18				83.1%	16.9%	
D13	Children'S Intensive Care Unit	6	36.72	0.00	1.55	6.70	6.12				94.7%	5.3%	
D14	Children'S Admissions Unit	9	20.56	0.00	0.00	2.89	2.28				68.6%	31.4%	
D17	Ward 27 - Childrens	9	21.99	0.03	0.00	3.18	2.44				80.0%	20.0%	
D40	Ward 28 - Childrens	14	20.51	1.31	0.15	1.86	1.47				73.6%	26.4%	
D41	Ward 10	14	20.49	0.00	0.00	1.97	1.46				69.2%	30.8%	
D51	Ward 14	19	24.06	0.55	0.00	1.42	1.27				69.7%	30.3%	
X10	Neo-Natal Unit (Lri)	24	76.12	0.00	0.00	3.76	3.17				89.8%	10.2%	
X13	N.I.C.U. (Lgh)	12	24.20	0.00	0.00	2.40	2.02				65.3%	34.7%	
X34	Ward 5 Obstetrics (Lri)	26	36.60	0.00	0.10	1.54	1.41				59.9%	40.1%	
X35	Ward 6 Obstetrics (Lri)	26	41.98	0.00	0.00	1.65	1.61				63.4%	36.6%	
X37	Lgh Delivery Suite & Ward 30	32	105.98	0.00	0.00	3.61	3.31				76.3%	23.7%	
X51	Gau	20	22.22	0.47	0.00	1.39	1.11				68.9%	31.1%	
X57	Lgh Ward 31 Gynae	21	23.48	0.11	0.00	1.38	1.12				61.3%	38.7%	

APPENDIX 3 - MONTHLY CLINICAL MEASURES DASHBOARD: October '13

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APPENDIX 3 - MONTHLY CLINICAL MEASURES DASHBOARD: October '13

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		Budgeted Qualified %	Total vacancies (WTE)	Current appraisal Rate % (rolling 12 months)	Sickness Absence %	Friends & Family score	No. of compliments	No. of compliments	Safety Thermometer - No new harms %	Hand Hygiene %	Pressure Ulcers - Grade 2 (avoidable)	Pressure Ulcers - Grade 3 (avoidable)	Pressure Ulcers - Grade 4 (avoidable)	No. MRSA Bacteraemias (post 48 hrs)	MRSA Screening - Non elective %	MRSA Screening - Elective %	No. of C Diff cases (post 48 hrs)	No. of falls	No. of falls per 1000 beds	No. of patient safety SUI's (severe)	No. Patient safety incidents (moderate)	No. Patient safety incidents (low)	Number of never events	No. of medication errors	Confidence	Controlled Medicines	Discharge	Falls Assessment	Infection Prevention & Control	Medicine Prescribing & Administration	Nutritional Assessment	Pain Management	Patient Dignity	Patient Observations	Pressure Area Care	Resuscitation Equipment			
		>= 60%	<= 5	>= 95%	<= 3%	>= 75.0	< 2		>= 95%	>= 90%	0	0	0	0	100%	100%	0	0	<= 7.5	0	0	0	0	0	RED: < 80 AMBER: 80 - 90 GREEN: >90														
LEICESTER ROYAL INFIRMARY	R01	-	-	0.00	0.00	-	↔ 0	-	-	↔ 0%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0	↔ 0	↔ 0.0	↔ 0	↔ 0	↔ 0	↔ 0	↔ 0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	R05	↔ 60%	↓ -0.84	↓ 88%	↑ 13.4%	-	↔ 0	-	-	↔ 0%	↔ 0	↔ 0	↔ 0	↔ 0	↔ 100%	-	↔ 0	↓ 0	↓ 0.0	↔ 0	↔ 0	↔ 1	↔ 0	↑ 3	↔ 100	↔ 100	↓ 56	-	↑ 100	100	↔ 100	↓ 89	↔ 100	-	↔ 100	↔ 100			
	R06	↔ 63%	↑ 3.00	↑ 88%	↑ 11.3%	-	↑ 2	↓ 7	-	↑ 100%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0	↔ 0	↔ 0.0	↔ 0	↔ 0	↑ 1	↔ 0	↓ 0	↔ 100	↔ 100	↑ 78	-	↔ 100	100	↔ 100	↓ 67	↔ 100	-	↔ 100	↑ 100			
	R07	↔ 58%	↑ 34.58	↑ 94%	↑ 4.1%	↑ 75.0	↔ 1	-	-	↔ 100%	↔ 0	↔ 0	↔ 0	↔ 0	↔ 100%	↔ 100%	↔ 0	↑ 3	↑ 2.0	↔ 0	↓ 0	↔ 0	↓ 2	↔ 100	↔ 100	↓ 90	↓ 50	↓ 78	↑ 100	↓ 97	↓ 89	↑ 98	↓ 85	↔ 100	↔ 100				
	R10	↑ 69%	↑ 6.85	↓ 96%	↑ 1.5%	↑ 83.3	↔ 1	-	↔ 100%	↑ 100%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0	↔ 0	↔ 0.0	↔ 0	↑ 1	↔ 0	↔ 0	↔ 3	100	100	75	100	81	94	100	100	69	100	100	100			
	R11	↓ 67%	↑ 11.76	↓ 96%	↑ 7.3%	↑ 77.3	↓ 0	↓ 31	↔ 100%	-	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0	↓ 0	↓ 0.0	↔ 0	↔ 0	↑ 2	↔ 0	↑ 1	↔ 100	↔ 100	↑ 100	↔ 100	↑ 100	↔ 96	↔ 100	↑ 100	↔ 96	↑ 100	↔ 100	↔ 100			
	R12	↔ 83%	↔ 6.03	↓ 96%	↑ 8.1%	↑ 78.6	↔ 0	↔ 8	↔ 100%	↓ 90%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0	↔ 0	↔ 0.0	↔ 0	↔ 0	↔ 0	↔ 0	↔ 2	100	100	100	100	89	100	98	100	100	100	100	100			
	R12A	↔ 83%	↔ 6.03	↓ 96%	↑ 8.1%	-	↔ 0	-	-	-	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0	↔ 0	↔ 0.0	↔ 0	↔ 0	↔ 0	↔ 0	↔ 0	↔ 0	-	-	-	-	-	-	-	-	-	-	-			
	R14	↓ 70%	↓ 1.46	↔ 100%	↓ 0.5%	↑ 100.0	↑ 1	-	↔ 100%	↔ 100%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0	↓ 0	↓ 0.0	↔ 0	↔ 0	↔ 2	↔ 0	↑ 2	100	100	75	100	85	96	93	100	100	100	100	100			
	R15	↔ 60%	↑ 22.51	↓ 91%	↓ 7.2%	-	↔ 2	-	↔ 93%	↔ 0%	↔ 0	↔ 0	↔ 0	↔ 0	↔ 100%	-	↔ 0	↑ 8	↑ 5.9	↔ 0	↔ 0	↑ 7	↔ 0	↔ 0	↓ 90	↔ 100	↓ 81	↑ 97	↑ 92	↔ 100	↑ 97	↓ 89	↓ 91	↓ 86	↓ 90	↔ 100			
	R16	↔ 60%	↑ 22.51	↓ 91%	↓ 7.2%	-	↑ 2	-	↓ 96%	↔ 0%	↓ 0	↑ 2	↓ 0	↔ 0	-	-	↓ 0	↓ 2	↓ 0.8	↔ 0	↔ 0	↓ 4	↔ 0	↔ 3	-	-	-	-	-	-	-	-	-	-	-	-	-		
	R17	↓ 57%	↑ 1.39	↓ 87%	↑ 3.8%	↓ 43.5	↓ 0	-	↓ 93%	↔ 90%	↔ 0	↔ 0	↔ 0	↔ 0	↔ 100%	-	↔ 0	↑ 3	↑ 2.6	↔ 0	↔ 0	↑ 3	↔ 0	↑ 3	↑ 100	↔ 100	↔ 80	↑ 96	↑ 100	↔ 100	↑ 100	↓ 93	↑ 96	↔ 97	↑ 100	↑ 100			
	R18	↔ 55%	↑ 7.06	↔ 100%	↑ 7.8%	↓ 48.4	↓ 1	-	↑ 100%	↔ 100%	↓ 0	↓ 0	↔ 0	↔ 0	↔ 100%	↔ 100%	↓ 0	↑ 6	↑ 4.8	↔ 0	↓ 0	↑ 3	↔ 0	↑ 2	↑ 100	↔ 100	↑ 77	↑ 100	↔ 100	↔ 100	↑ 100	↔ 90	↔ 100	↑ 100	↑ 100	↔ 100			
	R19	↔ 60%	↓ 7.45	↑ 84%	↓ 2.2%	↓ 44.0	↑ 4	↑ 11	↓ 97%	↑ 100%	↔ 0	↑ 1	↑ 1	↔ 0	-	-	↔ 0	↑ 7	↑ 6.2	↑ 1	↓ 0	↓ 4	↔ 0	↑ 1	-	-	-	-	-	-	-	-	-	-	-	-	-		
	R21	↔ 61%	↑ 33.62	↓ 97%	↑ 3.5%	↓ 91.3	↔ 0	↓ 30	↓ 95%	↓ 0%	↔ 0	↔ 0	↔ 0	↔ 0	-	↔ 100%	↔ 0	↓ 3	↓ 1.9	↔ 0	↓ 0	↑ 6	↔ 0	↔ 0	↑ 100	↔ 100	↓ 80	↔ 100	↔ 100	↔ 100	↑ 100	↔ 100	↓ 94	↓ 83	↔ 100	↔ 100			
	R22	↔ 63%	↑ 3.99	↑ 100%	↓ 5.6%	↑ 62.5	↔ 0	-	↑ 100%	↓ 0%	↔ 0	↔ 0	↔ 0	↔ 0	-	↔ 100%	↑ 1	↓ 4	↓ 3.6	↔ 0	↔ 0	↓ 1	↔ 0	↔ 2	↑ 93	↑ 100	↑ 77	↓ 43	↑ 100	↑ 100	↑ 100	↓ 94	↑ 91	↑ 97	↔ 100	↑ 100			
	R23	↔ 60%	↓ 5.65	↓ 91%	↑ 7.8%	↓ 0.0	↔ 0	↑ 6	↑ 100%	↑ 92%	↔ 0	↑ 1	↔ 0	↔ 0	-	-	↑ 1	↓ 6	↓ 5.0	↔ 0	↔ 1	↑ 2	↔ 0	↓ 0	↑ 100	↓ 0	↓ 71	↑ 100	↑ 100	↔ 100	↔ 100	↓ 87	↑ 100	↓ 77	↔ 100	↓ 0			
	R24	↔ 60%	↓ 11.20	↑ 82%	↓ 3.0%	↓ 25.0	↓ 1	↔ 7	↓ 96%	↑ 100%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0	↑ 4	↓ 6.2	↔ 0	↓ 0	↑ 6	↔ 0	↓ 0	↑ 92	↓ 0	↓ 54	↓ 72	↓ 95	↔ 100	↓ 47	↓ 60	↑ 100	↓ 63	↓ 80	↓ 0			
	R25	↔ 70%	↓ -1.07	↑ 80%	↓ 5.9%	↓ 72.7	↓ 0	-	↔ 100%	↔ 0%	↓ 0	↔ 0	↔ 0	↔ 0	1.00	-	↔ 0	↑ 8	↑ 1.8	↔ 0	↓ 0	↑ 8	↔ 0	↑ 4	↔ 100	↓ 0	↓ 77	↑ 96	↔ 100	↑ 100	↓ 93	↓ 93	↑ 100	↑ 100	↔ 100	↓ 0			
	R26	↔ 70%	↓ -1.07	↑ 80%	↓ 5.9%	↑ 69.4	↑ 2	-	↓ 94%	↓ 88%	↑ 1	↔ 0	↔ 0	↔ 0	-	-	↔ 0	↑ 3	↑ 1.5	↔ 0	↔ 0	↑ 2	↔ 0	↔ 0	↓ 0	↓ 0	↓ 0	↓ 0	↓ 0	↓ 0	↓ 0	↓ 0	↓ 0	↓ 0	↓ 0	↓ 0	↓ 0		
	R27	↓ 80%	↑ 6.63	↓ 90%	↑ 0.3%	↓ 71.4	↔ 0	-	↔ 100%	↑ 100%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0	↓ 0	↓ 0.0	↔ 0	↔ 0	↓ 2	↔ 0	↑ 3	↔ 100	↔ 100	↓ 75	↔ 100	↓ 94	↓ 97	↓ 96	↑ 100	↓ 97	↔ 100	↔ 100	↔ 100			
	R27A	↓ 80%	↑ 6.63	↓ 90%	↑ 0.3%	-	↔ 0	-	-	-	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0	↔ 0	↔ 0.0	↔ 0	↔ 0	↔ 0	↔ 0	↔ 0	-	-	-	-	-	-	-	-	-	-	-	-	-		
	R28	↔ 74%	↓ 5.32	↓ 73%	↑ 7.0%	↑ 82.4	↔ 0	-	↔ 100%	↑ 66%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0	↑ 1	↑ 0.4	↔ 0	↔ 0	↑ 3	↔ 0	↔ 1	100	100	50	100	96	88	74	100	96	96	80	100			
	R29	↔ 60%	↔ 12.20	↔ 100%	↑ 3.9%	↑ 75.0	↓ 0	↓ 2	↓ 96%	↓ 0%	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0	↔ 3	↑ 2.7	↔ 0	↔ 0	↔ 4	↔ 0	↔ 0	-	-	-	-	-	-	-	-	-	-	-	-	-		
	R30	↔ 60%	↔ 10.87	↓ 94%	↓ 1.6%	↓ 0.0	↔ 0	-	↔ 100%	↓ 0%	↔ 0	↓ 0	↔ 0	↔ 0	-	-	↔ 0	↓ 3	↓ 2.2	↔ 0	↓ 0	↓ 3	↔ 0	↓ 0	-	-	-	-	-	-	-	-	-	-	-	-	-		
	R30H	↔ 60%	↔ 10.87	↓ 94%	↓ 1.6%	-	↔ 0	-	-	-	↔ 0	↔ 0	↔ 0	↔ 0	-	-	↔ 0	↓ 0	↔ 0.0	↔ 0	↔ 0	↔ 0	↔ 0	↔ 0	-	-	-	-</											

Appendix 4 - University Hospitals of Leicester NHS Trust
Ward Performance Tool - Trust Level Summary (November 2013)

CMG	Ward/Department	Objective						
		1	2	3	4	5	6	7
		Matrons and Ward Sisters are responsible for ensuring the patient environment is clean and Infection Prevention procedures are in place.	Matrons and Ward Managers will ensure all patients will have their essential care needs met.	Matrons and Ward Sisters are responsible for ensuring nursing care is delivered with due regard to Compassion in Practice of those in their care.	Matrons and Ward Sisters ensure systems are in place to maximise patient experience by the way they communicate with patients and their relatives.	Matrons and Ward sisters will ensure the needs of the vulnerable person are recognised and met.	Matrons and Ward Sisters will ensure harm free care is delivered.	Matrons and Ward Sisters will make effective use of all resource and is able to effectively manage the workforce.
Emergency and Specialist Medicine	Emergency Department							
	EDU							
	Ward 15/16 Assessment Area							
	Ward 33 Elderly Frailty Unit							
	Ward 34 (was 37)							
	FJW LRI							
	Ward 19 LRI							
	Ward 23 LRI							
	Ward 24 LRI							
	Ward 25 LRI							
	Ward 26 LRI							
	Ward 31 LRI							
	Ward IDU LRI							
	Ward 36 LRI							
	Ward 37 LRI							
	Ward 38 LRI							
	Ward 1 LGH							
	Ward 2 LGH							
	Ward 3 LGH							
	Ward BIU LGH							
	Ward YDU LGH							
Musculo Skeletal and Specialist Surgery	Ward 19 LGH							
	Ward 16 LGH							
	Ward 18 LGH							
	Ward 14 LGH							
	Ward 21 LRI							
	Ward 17 LRI							
	Ward 18 LRI							
	Ward 32 LRI							
	Ward 7 LRI							
	Kinmonth LRI							

Appendix 4 - University Hospitals of Leicester NHS Trust
Ward Performance Tool - Trust Level Summary (November 2013)

CMG	Ward/Department	Objective						
		1	2	3	4	5	6	7
		Matrons and Ward Sisters are responsible for ensuring the patient environment is clean and Infection Prevention procedures are in place.	Matrons and Ward Managers will ensure all patients will have their essential care needs met.	Matrons and Ward Sisters are responsible for ensuring nursing care is delivered with due regard to Compassion in Practice of those in their care.	Matrons and Ward Sisters ensure systems are in place to maximise patient experience by the way they communicate with patients and their relatives.	Matrons and Ward sisters will ensure the needs of the vulnerable person are recognised and met.	Matrons and Ward Sisters will ensure harm free care is delivered.	Matrons and Ward Sisters will make effective use of all resource and is able to effectively manage the workforce.
	Ward 24 GGH							
CHUGS	Ward 30 LRI							
	BMTU LRI							
	Osborne Assessment Unit LRI							
	SACU LGH							
	Ward 8 SAU LRI							
	Ward 22 LGH							
	Ward 22 LRI							
	Ward 23 LGH							
	Ward 26 LGH							
	Ward 27 LGH							
	Ward 28 LGH							
	Ward 29 LGH							
	Ward 29 LRI							
	Ward 41 LRI							
	Ward 39 LRI							
	Ward 40 LRI							
Renal, Respiratory and Cardiac	Ward 10 LGH							
	Ward 17 GH							
	Ward 26 GH							
	Ward 31/34 GH							
	Ward 32 GH							
	CDU/20 GH							
	Ward 23a GH							
	Ward 17 LGH							
	Ward 28 GH							
	Ward 15N LGH							
	Ward 15A LGH							
	Ward 33a GH							
	Ward 27 GH							
	Ward 33 GH							

Appendix 4 - University Hospitals of Leicester NHS Trust
Ward Performance Tool - Trust Level Summary (November 2013)

CMG	Ward/Department	Objective						
		1	2	3	4	5	6	7
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	CCU GH							
	Ward 16 GH							
	Ward 29 GH							
Women's and Children's	Ward 10 LRI							
	Ward 11 LRI							
	Ward 12 LRI							
	Ward 14 LRI							
	Ward 27 LRI							
	Ward 28 LRI							
	CICU LRI							
	CAU LRI							
	Ward 30 GH							
	PICU GH							
	NNU LGH							
	Delivery Suite LGH							
	Ward 30 LGH							
	Ward 31 LGH							
	Ward 11 LGH							
	Ward 5 LRI							
	Ward 6 LRI							
	Delivery Suite LRI							
	NNU LRI							
	GAU LRI							

University Hospitals of Leicester

NHS Trust

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT BY TRUST BOARD COMMITTEE TO TRUST BOARD

DATE OF TRUST BOARD MEETING: 20 December 2013

COMMITTEE: Quality Assurance Committee

CHAIRMAN: Ms J Wilson, Non-Executive Director

DATE OF COMMITTEE MEETING: 27 November 2013

RECOMMENDATIONS MADE BY THE COMMITTEE FOR CONSIDERATION BY THE TRUST BOARD:

- None

OTHER KEY ISSUES IDENTIFIED BY THE COMMITTEE FOR CONSIDERATION/ RESOLUTION BY THE TRUST BOARD:

- Fractured Neck of Femur (#NOF) Performance (Minute 108/13/1 refers);
- Patient Safety Report (Minute 110/13/1 refers);
- Update on Pressure Ulcers (within Minute 110/13/3 refers), and
- Infection Prevention report (Minute 110/13/6).

DATE OF NEXT COMMITTEE MEETING: 17 December 2013

**Ms J Wilson
16 December 2013**

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

**MINUTES OF A MEETING OF THE QUALITY ASSURANCE COMMITTEE HELD ON WEDNESDAY
27 NOVEMBER 2013 AT 12:00 NOON IN THE LARGE COMMITTEE ROOM, MAIN BUILDING,
LEICESTER GENERAL HOSPITAL**

Present:

Ms J Wilson – Non-Executive Director (Chair)
Mr M Caple – Patient Adviser (non-voting member)
Dr K Harris – Medical Director
Ms R Overfield – Chief Nurse
Mr P Panchal – Non-Executive Director

In Attendance:

Dr J Acheson – ED Consultant/ Post Graduate Medical Education Lead (for Minute 108/13/2)
Mr J Braybrooke – Consultant Orthopaedic Surgeon (for Minute 108/13/1)
Dr B Collett – Associate Medical Director
Miss M Durbridge – Director of Safety and Risk
Mr M Fores – Project Manager, Medical Education Service Improvement (for Minute 108/13/2)
Mrs S Hotson – Director of Clinical Quality
Mr C Lyon – CMG Manager, MSS (for Minute 108/13/1)
Ms C Ribbins – Director of Nursing

RESOLVED ITEMS

ACTION

106/13 APOLOGIES

Apologies for absence were received from Mr J Adler, Chief Executive; Ms K Jenkins, Non-Executive Director, Ms C O'Brien, Chief Nurse and Quality Officer, East Leicestershire and Rutland CCG (non-voting member) and Professor D Wynford-Thomas, Non-Executive Director and Dean of the University of Leicester Medical School.

107/13 MINUTES

Resolved – that the Minutes of the meeting held on 29 October 2013 (papers A & A1 refer) be confirmed as a correct record.

108/13 MATTERS ARISING REPORT

Members reported on progress in respect of the following actions:-

- (a) Minute 79/13/1 (ii) of 28 August 2013 – the Director of Nursing advised that Dementia Awareness training sessions could be arranged for Trust Board members upon request.
- (b) Minute 103/13/1 of 29 October 2013 – the Committee Chair had liaised with the Patient Adviser in respect of the CMG presentations and therefore this item could now be removed from the log. **TA**
- (c) Minute 101/13/3 of 29 October 2013 – 'a report on patient centred care' to be replaced with 'a report on the Quality Commitment'. **TA**
- (d) Minute 100/13/7 (ii) – members noted that the Patient Experience Group was being re-established and the governance structures of various other Committee were also being reviewed.

Resolved – that the matters arising report (paper B) and the actions above, be noted.

TA

108/13/1 Fractured Neck of Femur (#NOF) Performance

Further to Minute 89/13/1 of 25 September 2013, Mr J Braybrooke, Consultant Orthopaedic Surgeon and Mr C Lyon, CMG Manager, MSS attended the meeting to present paper C, an update on performance in relation to the #NOF Best Practice Tariff and CQUIN indicators. Members noted that the performance for #NOF patients taken to theatre within 36 hours of attendance had deteriorated recently due to multifactorial reasons and one of the main reasons was theatre productivity. However, Mr Braybrooke assured members that relevant colleagues had met and a cohesive approach had been taken to put appropriate actions in place to ensure that performance for time to surgery within 36 hours for fractured neck of femur improved. Discussion took place regarding equipment availability issues which were being taken forward appropriately. Laminar flow theatre capacity was being progressed for the LRI site. Orthogeriatrician posts had been advertised to provide cover for Ward 32. In respect of the theatre scheduler role, it was noted that funding had been approved by the Emergency Care Action Team.

It was agreed that in future, #NOF performance reports needed to be presented to the Executive Quality Board prior to submission to Commissioners. Further to this, the Executive Quality Board (EQB) would determine whether an update on this matter was required to be provided to QAC.

**CMG
Manager
, MSS
CN**

Resolved – that (A) the contents of paper C be received and noted;

(B) the CMG Manager, MSS be requested to ensure that #NOF performance reports were presented to the Executive Quality Board prior to submission to Commissioners, and

**CMG
Manager
, MSS**

(C) the Chief Nurse (via the Executive Quality Board) be requested to advise the QAC Chair whether an update on #NOF performance needed to be presented to QAC.

CN

108/13/2 Update on Deanery visit to the Emergency Department (ED)

Dr J Acheson, ED Consultant and Mr M Fores, Project Manager, Medical Education Service Improvement attended the meeting to present an update on the feedback received from the Local Education and Training Board's (LETB) (formerly the Deanery) visit to UHL's ED on 1 October 2013 (paper D refers). The formal report from the visit had been received on the morning of 27 November 2013. In summary, the visit team had been impressed with the changes that the department had implemented since their previous visits in October 2012 and February 2013. The Medical Director commended the work undertaken which had led to the positive result from the LETB. The list of appointments made to improve the ED educational provision was provided in section 2 of paper D.

Dr Acheson stressed the need for a Nurse Education Lead in ED – in discussion on this matter, the Director of Nursing advised that due to the number of nurse vacancies, the focus had been on basic mandatory training, however she noted that a joined up approach needed to be taken to ensure that an appropriate education programme was in place for ED nurses. The Committee Chair requested that verbal assurance be provided at the QAC meeting in December 2013 regarding progress with this issue and assurance be provided that nurses were encouraged to use the e-learning platform ENLIGHTEN-me.

DN

In discussion on future funding to maintain the momentum and make the ED educational project sustainable, the Medical Director provided a brief update on the SIFT funding and Medical Education monies. However, he noted the need for funding support from the Emergency and Specialty Medicine CMG in order to ensure that progress continued

ED

to be made. He suggested that a discussion first be held with the Associate Medical Director, Clinical Education prior to approaching the CMG in respect of this matter.

Consultant

Resolved – that (A) the contents of paper D be received and noted;

(B) the Director of Nursing be requested to provide verbal assurance at the QAC meeting in December 2013 regarding the education programme for ED nurses and the usage of the e-learning platform ENLIGHTEN-me by them, and

DN

(C) Dr J Acheson, ED Consultant be requested to liaise with Professor S Carr, Associate Medical Director, Clinical Education regarding the future funding of the ED educational project prior to contacting the CMG in respect of this.

ED
Consultant

108/13/3 Winter Plan 2013

Mr P Walmsley, Head of Operations (on behalf of the Chief Operating Officer) was scheduled to attend the meeting to present this item and the next item on the agenda, however he had not been able to attend due to operational pressures. The Chief Nurse therefore provided a brief oral update in his absence.

Paper E (Winter Plan 2013-14) had been scheduled on the agenda for discussion to allow the QAC to assure itself about the impact on quality of delivery against the plan. Members welcomed the level of detail provided within the plan. The Medical Director stressed the importance of ensuring that the estates issues were resolved. The Committee Chair noted that a discussion on the plan had also taken place at the Finance and Performance Committee (FPC) in the morning on 27 November 2013 to allow FPC to review performance against plan and have visibility on how the additional winter funding was being spent.

Responding to a query from Mr P Panchal, Non-Executive Director, the Chief Nurse confirmed that appropriate actions had been put in place to resolve matters in respect of the recent Norovirus outbreak. She advised that the NHS Trust Development Authority would be visiting the Trust on 2nd and 3rd December 2013 to review the Trust's Infection Prevention procedures. A report on the feedback from this visit would be provided to the QAC in December 2013.

CN

Resolved – that (A) the contents of paper E be received and noted, and

(B) an update on the feedback from the NTDA visit in respect of reviewing the Trust's IP procedures be provided to the QAC in December 2013.

CN

108/13/4 Outsourcing Elective Work – Backlog Reduction – Assurance re. quality and safety

Further to Minute 100/13/6 of 29 October 2013, the Medical Director reported that the standards in the Trust's contract were the same as those adopted by the Trust's Commissioners.

Resolved – that the verbal update be noted.

109/13 **QUALITY**

109/13/1 Month 7 – Quality and Performance Update

Paper F provided an overview of the October 2013 quality and performance report highlighting key metrics and areas of escalation or further development where required.

The following issues were highlighted in particular:-

- (a) Quality Commitment goal to save 1000 lives – in discussion on the timescales regarding the achievement of this goal, it was noted that SHMI and HSMR data would be able to indicate this. A detailed report on each goal would be presented to the Executive Quality Board in December 2013 and an update would be provided to QAC in December 2013;
- (b) 95% threshold for VTE risk assessment within 24 hours of admission had been achieved for October 2013;
- (c) C section rate during October 2013 was 25.6% against a revised target of 25.0%;
- (d) staff compliance against statutory and mandatory training was 58% - the Chief Nurse expressed concern and noted the need for appropriate scrutiny. Risk assessments had been completed and would be submitted to the EQB and QAC in December 2013;
- (e) 5 Critical Safety Actions – a report was scheduled to be presented to EQB in December 2013 (Minute 110/13/11 below also refers);
- (f) friends and family test (FFT) score – the Patient Adviser highlighted that the FFT score for Eye Casualty was 50 and queried whether benchmarking information was available. The Chief Nurse noted that usually Emergency Department and Eye Casualty Department would be batched together in most other Trusts but it might be possible to source this information. However, the Committee Chair advised that a detailed report from the Ophthalmology team was scheduled to be presented to the Finance and Performance Committee in December 2013 and suggested that this report be circulated to QAC, for information;
- (g) nurse to bed ratios would be provided in the new format to the QAC from December 2013, and
- (h) facilities management – the Chief Nurse expressed disappointment that the trend data had not been included. She highlighted that although there had been an improvement in some areas, the pace was not fast enough. She provided assurance that performance was being monitored closely. A six monthly review by Interserve and NHS Horizons would be presented to QAC in January 2014.

Resolved – that (A) the contents of paper F be received and noted;

(B) risk assessments for statutory and mandatory training compliance be presented to EQB and QAC in December 2013;

(C) the Ophthalmology report scheduled to be presented to the December 2013 Finance and Performance Committee be circulated to QAC members for information, and

(D) a six monthly review by Interserve and NHS Horizons be presented to the QAC in January 2014.

109/13/2 Gap Analysis of the key recommendations from Robert Francis QC, Professor Bruce Keogh and Professor Don Berwick with the Trust's Quality and Safety Priorities

The Director of Clinical Quality presented paper G, an update on the key actions identified to address any gaps arising from the review of three external reports (Robert Francis QC, Professor Bruce Keogh and Professor Don Berwick). Paper G drew together a number of themes around quality, culture, patient experience, openness and transparency, accountability and education/training and provided a gap analysis against these themes. The report was also scheduled to be presented to the Trust Board on 28 November 2013.

The Chief Nurse advised that although the reports had common themes, there were however differences in approach and therefore it had been challenging to capture all of the themes into one report. She suggested that this needed to be embedded with the Trust's Quality Commitment and Quality Strategy.

Appendix 2 of the report highlighted some of the key themes from the reports together with existing assurance and potential gaps. The Committee Chair highlighted that the timescale for the action relating to undertaking 'Regular Events with Prospective Governors' would need to be amended. In respect of the ward level display boards, (information about quality and safety for the public), it was noted that plans were in place to ensure that this was actioned. The report was scheduled to be presented to the Executive Quality Board in December 2013 and the Chief Nurse suggested that an additional column be added to Appendix 2 and Leads would need to provide an update on how each work stream was being monitored. The Director of Clinical Quality was requested to provide verbal assurance to QAC in December 2013 on implementation of the action plan, further to discussion at EQB.

DCQ

In discussion on patient and public engagement, the Patient Adviser expressed concern that there was inconsistency in respect of CMG awareness on this matter. The Chief Nurse assured members that the reason for re-establishing different Committees was to ensure appropriate governance and triangulation of information. As part of this work, focus would also be given to developing CMG colleagues and expectations regarding patient and public engagement would be made clear.

Resolved – that (A) the contents of paper G be received and noted, and

(B) the Director of Clinical Quality be requested to provide verbal assurance with regard to the implementation of the action plan further to discussion at the Executive Quality Board on 4 December 2013.

DCQ

109/13/3 Forthcoming CQC Inspection

The Director of Clinical Quality made members aware of an unannounced CQC inspection of the Peterborough Renal Satellite Unit (managed by UHL) on 22 November 2013. The CQC had asked for information to be submitted re. training data for staff, cleaning information and infection prevention care in relation to water treatment plant. A report on this would be presented to EQB in December 2013.

DCQ

The Director of Clinical Quality briefed members on a forthcoming visit from the CQC on 13 January 2013 to inspect UHL's services. A CQC Inspection Steering Group had been established and met weekly. A Trust Board Development session to prepare for the visit had been held on 21 November 2013. The CQC had requested a range of information which would need to be submitted by 13 December 2013.

The Chief Nurse highlighted that the CQC had requested a summary of the Trust's highest risks relating to quality of care and treatment and noted the need for a discussion and agreement by the Trust Board in respect of this matter. The Committee Chair and Chief Nurse agreed to discuss outside the meeting in respect of including this item for discussion at the private section of the Trust Board meeting on 28 November 2013. The Director of Safety and Risk agreed to make available a summary of high risks from the risk register relating to quality and safety to support this discussion.

CN/Chair

DSR

Resolved – that (A) the verbal update be received and noted, and

(B) a discussion on the Trust's highest risks relating to quality of care and treatment be held at the Trust Board meeting on 28 November 2013 and a summary of high risks from the risk register relating to quality and safety be provided to support this discussion.

CN/Chair
/DSR

109/13/4 Clinical Audit Quarterly Report

The Director of Clinical Quality presented paper I, a progress update against delivering UHL's clinical audit programme. Appendix 3 provided details of the completed audits in

quarter 2 of 2013-14. The Chief Nurse expressed concern that the outcome summary of a significant number of audits undertaken in the Emergency Department had been rated 'red'. She noted the need for Audit Leads particularly in relation to the 'red' rated audits to be invited to the January 2014 EQB to provide an update.

DCQ

In discussion on priority rating of audits, the Associate Medical Director and the Director of Clinical Quality agreed to liaise outside the meeting on the preferred way forward.

AMD/
DCQ

Resolved – that (A) the contents of paper I be received and noted;

(B) the Audit Leads be invited to attend the Executive Quality Board in January 2014 to provide an update on the audits that had been RAG rated 'red', and

DCQ

(C) the Associate Medical Director and the Director of Clinical Quality be requested to liaise outside the meeting in respect of the priority rating of audits.

AMD/
DCQ

110/13 SAFETY

110/13/1 Patient Safety Report

The Director of Safety and Risk presented paper J, the patient safety report. The following points were highlighted in particular:-

- (i) appendix 1 detailed the quarter 2 (2013-14) patient safety report. The next quarterly report would track incidents, complaints and inquests per CMG in line with the new structure;
- (ii) increase in complaints relating to communication and cancellations;
- (iii) themes and trends from SUIs continued to be reviewed to ensure that actions were implemented and learning was embedded, and
- (iv) sections 6.2 and 6.5 provided details on the further work undertaken in terms of root cause analysis reports.

Responding to a query from Mr P Panchal, Non-Executive Director re. provision of appropriate equipment, the Chief Nurse advised that a brief review of the ward based equipment had been undertaken but indicated that it was a complex piece of work. The Director of Safety and Risk highlighted that NHS England had issued a proposal on safety around devices and the Trust was required to respond by 10 January 2014. It was agreed that this matter would be discussed at EQB in December 2013.

DSR

The Committee Chair requested that an update on complaints rate by CMGs be provided to the QAC in January 2014.

DSR

Responding to a query from the Director of Safety and Risk, members requested that SUI updates in the Patient Safety report should continue as normal, however more detailed reports of never events should be included.

In response to a query from the Patient Adviser, it was noted that the Learning from Experience Group was the medium to share good and bad practice in the CMGs. The membership of this Group was being reviewed to ensure appropriate accountability.

Resolved – that (A) the contents of paper J be received and noted, and

(B) the Director of Safety and Risk be requested to:-

DSR

- discuss NHS England's proposal on safety around devices at the EQB meeting in December 2013, and
- present complaints rate by CMGs at the QAC in January 2014.

110/13/2 Review of the NHS Hospitals Complaints System – Clywd-Hart Report

Appendix 1 of paper K detailed the Clwyd-Hart review into the NHS hospitals complaints process and set out a number of recommendations to improve the complaints system. Paper K outlined UHL's strategy for dealing with the recommendations contained in the report. Section 3.3 listed the recommendations most relevant to UHL and its patients. The recommendations proposed in section 4.1 of the report were those that could be implemented without further delay.

Discussions had been held between the Director of Safety and Risk and the LLR Healthwatch to consider this report and improve the Trust's complaints handling. The Director of Safety and Risk proposed to hold a 'Putting Patients Back in the Picture' LiA event with internal staff and external stakeholders. The Patient Adviser welcomed the LiA event and suggested that consultation prior to implementation was the key to success. He also suggested that progress be made as a whole rather than focussing on 'quick wins'. The Chief Nurse and Committee Chair noted the need for a Trust Board Development session to be scheduled to discuss this report.

CN/Chair

Responding to a suggestion, the Director of Safety and Risk highlighted that other organisations had been contacted in the past in respect of their complaints handling processes and additional time and resource would be required to undertake this exercise again.

Resolved – that (A) the contents of paper K be received and noted, and

(B) the Chief Nurse and Committee Chair be requested to arrange for a Trust Board Development session to be scheduled to discuss the 'Review of the NHS Hospitals Complaints System – Clywd-Hart Report'.

CN/Chair

110/13/3 Update on data reported in the NHS Safety Thermometer (ST) regarding 'harms'

The Chief Nurse presented paper L, an update on the NHS Safety Thermometer prevalence results for October 2013. The percentage of harm free care for October 2013 was 94.74% reflecting a reduction in the number of patients with newly acquired harms. The Chief Nurse tabled a paper re. position statement of UHL's Hospital Acquired Avoidable Pressure Ulcers (PU) which the Chief Nurse and Quality Lead ELR CCG had presented to the Contract Performance meeting on 21 November 2013. Appendix 1 of the tabled paper provided pressure ulcer benchmarking information which confirmed that UHL was not an outlier in this respect.

One grade 4 avoidable PU had been reported which would be treated as if it were a never event. The Chief Nurse had been liaising with the CCGs in respect of grade 4 PUs to be investigated as never events but not reported formally as never events in the future.

Resolved – that the contents of paper L be received and noted.

110/13/4 Nursing Workforce Report

Paper M provided an overview of the nursing workforce position for UHL. International recruitments had commenced and it was expected that in excess of 100 Registered Nurses would commence in post by February 2014.

Real time staffing data went 'live' during week commencing 25 November 2013. A screen shot of this information was tabled at the meeting. The staffing data was reviewed twice on a daily basis including weekends and it was expected to publish this information on the wards. Currently, real time staffing information for Theatres, ITU and HDU was not in place but consideration would be given on whether it would be possible to capture this information.

Members were advised that the Chief Nursing Officer in England had published new staffing guidance to support Providers and Commissioners to make the right decisions about nursing, midwifery and care staffing capacity and capability – this was tabled at the meeting.

Resolved – that the contents of paper M be received and noted.

110/13/5 Additional Staff in ED to Care for Long Wait Patients

The Chief Nurse highlighted that additional staff were in place in ED to care for long wait patients. Weekly audits had been undertaken and a dashboard was now in place. In future, information on this would be included in the nursing workforce report.

CN

Resolved – that the verbal update be noted and the dashboard in respect of the additional staff in ED to care for long wait patients be included within the Nursing Workforce report.

CN

110/13/6 Infection Prevention Report – Results of the review of the two MRSA Bacteraemias in September 2013 and C Diff Action Plan

The Chief Nurse presented paper N and advised that there had been 3 cases of MRSA in UHL since April 2013 and post infection reviews had been undertaken to identify how the infections occurred and the actions that needed to be put in place to prevent re-occurrence. Two of these cases were classified ‘unavoidable’ and the third case was classed as ‘equivocal’ as some of the documentation had not been completed.

Members noted paper N1 which provided an overview of the Trust’s position to-date with regard to the number of C Difficile cases. The good performance to-date in spite of the challenging trajectory was noted.

Resolved – that the contents of papers N and N1 be received and noted.

110/13/7 Report from the Director of Nursing

Resolved – that this item be classed as confidential and taken in private accordingly.

110/13/8 Care of the Dying Patient – Interim Guideline

Further to Minute 77/13/5 of 28 August 2013, the Director of Nursing advised that as part of NHS England, the Leadership Alliance for the Care of Dying People had been established to lead and provide focus for improving the care of dying people and their families. Interim guidance had been developed and this would be subject to national consultation. Paper P was based on this guidance and it was a report which provided interim guidelines for care of patients in the last days of life to ensure the delivery of high quality end of life care within UHL. It was noted that Dr R Bronnert, Consultant in Palliative Medicine was the End of Life Care Lead at UHL.

Mr P Panchal, Non-Executive Director noted the need for discussion with the Leicester Council of Faiths in order to get their buy-in in relation to the development of the interim guidance – it was noted that this was in-train.

The Associate Medical Director stressed the need for appropriate on-going training and education programme once the guideline was in place. In response to a suggestion from the Chief Nurse, the Director of Nursing undertook to complete an equality impact assessment prior to implementation and present it to the Executive Quality Board in December 2013. She also agreed to check whether this guideline needed to be approved by the Trust’s Policy and Guideline Committee. The Committee Chair

DN

DN

requested an update on assurance to the QAC in February 2014 on how this guideline was being deployed within the Trust.

DN

Resolved – that (A) the contents of paper P be received and noted, and

(B) the Director of Nursing be requested to:-

DN

- to complete an equality impact assessment prior to the implementation of UHL's interim guideline for end of life care and present it to the Executive Quality Board in December 2013;
- check whether this guideline needed to be approved by the Trust's Policy and Guideline Committee, and
- provide an update on assurance to the QAC in February 2014 on how this guidance was being deployed within the Trust.

110/13/9 Update on the Quality Mark Elder Friendly Hospital Wards project

Resolved – that the contents of paper Q be received and noted.

110/13/
10 Patient Experience Feedback – Quarter 2 (2013-14)

Paper R provided an update on the Patient and Family Feedback for Quarter 2 (July - September 2013). Particular emphasis on the following was made:-

- friends and family test score;
- three positive and negative themes that appeared on both NHS Choices and Patient Opinions;
- patient experience survey – free text comments;
- carer's information and support programme, and
- meaningful activity facilitators whose role was to improve the well being of patients with dementia as well as promoting a closer working relationship with their carers.

Appendix 1 (action plan) detailed progress in respect of the UHL Quality Commitment – patient centred care priorities for 2013. In discussion on action 1.13, it was noted that space had been found in the Windsor Building for an information centre in collaboration with AGE UK and external organisations to ensure that information was accessible to carers.

A discussion on carer experience would also regularly feature on the agenda for future Patient Experience Group (PEG) meetings which were currently being re-established. The Committee Chair welcomed this and suggested that improvement plans for patient waiting times also be accommodated on the agenda for the PEG meetings, as appropriate.

Resolved – that the contents of paper R be received and noted.

110/13/
11 Overview of the Critical Safety Actions

Due to time constraints, this item was deferred to the QAC meeting in December 2013.

AMD/TA

Resolved – that this item be deferred to the QAC meeting in December 2013.

111/13 **ITEMS FOR INFORMATION**

111/13/1 Executive Quality Board – Terms of Reference

Resolved – that the contents of paper T be received and noted.

111/13/2 Data Quality Report

Resolved – that the contents of paper U be received and noted.

112/13 MINUTES FOR INFORMATION

112/13/1 Finance and Performance Committee

Resolved – that the public Minutes of the Finance and Performance Committee meeting held on 30 October 2013 (paper V refers) be received and noted.

112/13/2 Executive Performance Board

Resolved – that the action notes of the Executive Performance Board meeting held on 27 August 2013 (paper W refers) be received and noted.

113/13 ANY OTHER BUSINESS

There were no items of any other business.

114/13 IDENTIFICATION OF ANY KEY ISSUES FOR THE ATTENTION OF THE TRUST BOARD

Resolved – that the following items be brought to the attention of the Trust Board on 28 November 2013:-

- Fractured Neck of Femur (#NOF) Performance (Minute 108/13/1 refers);
- Patient Safety Report (Minute 110/13/1 refers);
- Update on Pressure Ulcers (within Minute 110/13/3 refers), and
- Infection Prevention report (Minute 110/13/6).

115/13 DATE OF NEXT MEETING

Resolved – that the next meeting be held on Tuesday, 17 December 2013 at 9:30am in the Large Committee Room, Main Building, LGH.

The meeting closed at 3.20pm.

Cumulative Record of Members' Attendance (2013-14 to date):

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
J Adler	8	4	50	R Overfield	3	3	100
M Caple*	8	7	87.5	R Palin*	4	3	75
S Dauncey	1	1	100	P Panchal	8	5	62.5
K Harris	8	6	75	C Ribbins **	4	3	75
S Hinchliffe	1	1	100	J Wilson (Chair)	8	8	100
K Jenkins	1	0	0	D Wynford-Thomas	8	5	62.5
C O'Brien – East Leicestershire/Rutland CCG*	8	5	62.5				

- non-voting members
- ** records attendance whilst Acting Chief Nurse

Hina Majeed, Trust Administrator

University Hospitals of Leicester

NHS Trust

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT BY TRUST BOARD COMMITTEE TO TRUST BOARD

DATE OF TRUST BOARD MEETING: 20 December 2013

COMMITTEE: Finance and Performance Committee

CHAIRMAN: Mr R Kilner, Non-Executive Director

DATE OF COMMITTEE MEETING: 27 November 2013

RECOMMENDATIONS MADE BY THE COMMITTEE FOR CONSIDERATION BY THE TRUST BOARD:

None

OTHER KEY ISSUES IDENTIFIED BY THE COMMITTEE FOR CONSIDERATION/ RESOLUTION BY THE TRUST BOARD:

- Minute 126/13/4 – Medical Staff Benchmarking
- Minute 127/13/1 – In-Month Financial Performance and RTT Performance
- Minute 128/13/2 – Confidential report by the Director of Finance and Business Services

DATE OF NEXT COMMITTEE MEETING: 18 December 2013

Mr R Kilner
16 December 2013

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

**MINUTES OF A MEETING OF THE FINANCE AND PERFORMANCE COMMITTEE, HELD ON
WEDNESDAY 27 NOVEMBER 2013 AT 8.30AM IN SEMINAR ROOMS A & B, CLINICAL
EDUCATION CENTRE, LEICESTER GENERAL HOSPITAL**

Present:

Mr R Kilner – Acting Chairman (Committee Chair)
Colonel (Retired) I Crowe – Non-Executive Director
Mr R Mitchell – Chief Operating Officer
Mr A Seddon – Director of Finance and Business Services
Mr G Smith – Patient Adviser (non-voting member)
Ms J Wilson – Non-Executive Director

In Attendance:

Dr S Agrawal – Associate Medical Director and Consultant Respiratory Intensivist (for Minute 126/13/1)
Mr P Burns – Head of Trust Cost Improvement Programme (for Minute 128/13/1)
Ms D Mitchell – Head of Improvement and Innovation (for Minute 128/13/1)
Mrs K Rayns – Trust Administrator
Mr S Sheppard – Deputy Director of Finance

ACTION

RESOLVED ITEMS

123/13 APOLOGIES

Apologies for absence were received from Mr J Adler, Chief Executive and Mr I Sadd, Non-Executive Director.

124/13 MINUTES

Resolved – that the Minutes of the 30 October 2013 Finance and Performance Committee meeting (papers A and A1) be confirmed as a correct record.

125/13 MATTERS ARISING PROGRESS REPORT

The Committee Chairman confirmed that the matters arising report provided at paper B detailed the status of all outstanding matters arising. Particular discussion took place in respect of the following items:-

- (a) Minute 114/13/1 of 30 October 2013 – the Trust Administrator was requested to remind the Chief Nurse of her allocated action to circulate a nursing budget reconciliation report to all Finance and Performance Committee members for information;
- (b) Minute 114/13/2 of 30 October 2013 – the Chief Operating Officer provided a verbal report on the 6 main work streams associated with the Ophthalmology recovery plans, noting that 5 of these were now considered to be on track. Progress with reducing the backlog of clinic letters had been slower than expected due to increased volumes of patient activity. The Chief Operating Officer agreed to circulate a copy of the last Executive Team briefing note on this subject (for members' information). Ms J Wilson, Non-Executive Director queried the quality of the forecasting processes within Ophthalmology and the extent to which UHL had been sighted to the challenges within this service. Members noted that an Ophthalmology position statement was due to be presented to the Committee on 18 December 2013;
- (c) Minute 115/13/1(c) and (d) of 30 October 2013 – the Trust Administrator was requested to invite Mr M Metcalfe, Cancer Centre Lead Clinician to attend the 18

TA

COO

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December 2013 Finance and Performance Committee to provide a presentation on the recent improvements in UHL's cancer performance. The Chief Operating Officer confirmed that appropriate nominations were being considered from the Cancer Centre to attend the IBM-led Innovation Workshop;	TA
(d) Minute 115/13/1(e) of 30 October 2013 – further enquiries had been made regarding potential strike action by Interserve employees and no substantive concerns had been raised. Item to be removed from the progress log;	TA
(e) Minute 115/13/1(f) of 30 October 2013 – the Acting Chairman advised that a meeting had been arranged to consider the governance arrangements surrounding workforce planning and a verbal update would be provided to the December 2013 meeting;	Acting Chair
(f) Minute 103/13/1.1 of 25 September 2013 – the Chief Operating Officer confirmed that named people had been identified within the CMG structure to support the Outpatients Improvement and Innovation Programme, and	
(g) Minute 100/13/1.2 of 25 September 2013 – a report on the Specialist Nurse workforce plan would be presented to the January 2014 Finance and Performance Committee meeting.	CN
<u>Resolved</u> – that the matters arising report and any associated actions above, be noted.	NAMED LEADS

126/13 STRATEGIC MATTERS

126/13/1 Financial and Business Awareness Workshops

Dr S Agrawal, Associate Medical Director and Consultant Respiratory Intensivist attended the meeting to present paper C, summarising progress to date with the programme of financial and business awareness workshops for Consultants (Level 1) and seeking the Committee's endorsement of the recommendations to deliver the Level 2 actions as highlighted in section 5 of paper C. Copies of the presentation slides from the workshops and a summary of feedback received from attendees were appended to the report.

During discussion on this item, the Committee:-

- | | |
|---|-------------|
| (a) commended the approach taken towards acknowledging and overcoming any barriers to improving clinical awareness of crucial financial information; | |
| (b) requested examples of any hospital "dead ends", and noted that this might include an instance where someone agrees to provide a clinician with particular information but never actually provides this or responds in any way; | |
| (c) queried whether UHL's own training department would have capacity to implement the Level 2 training programme; | |
| (d) queried whether the Executive Team had committed to support the Level 2 activities. In response, the Associate Medical Director expressed concern that no clear process or project plan had been agreed to maintain the momentum. The Acting Chairman requested that an Executive Director lead be nominated to support this work stream; | CE/
DFBS |
| (e) noted a suggestion from the Director of Finance and Business Services, that this workstream would be compatible with the Service Line Management workstream (led by the Director of Strategy); | |
| (f) requested that Colonel (Retired) I Crowe, Non-Executive Director be invited to attend one of the workshops; | DDF/
AMD |
| (g) agreed that a review of progress with the Level 2 work streams would be presented to the Committee in January 2014; | |
| (h) queried what success would look like and how this would be measured. The Associate Medical Director noted that clinical use of the PLICS system had doubled | DFBS |

- since the workshops had commenced, and
- (i) commented upon opportunities to provide these workshops within the existing University of Leicester education programme for medical staff.

Resolved – that (A) the update on Financial and Business Awareness Workshops (paper C) be received and noted;

(B) an Executive Director be nominated to support the implementation of Level 2 training;

**CE/
DFBS**

(C) Colonel (Retired) I Crowe, Non-Executive Director be invited to attend a Financial and Business Awareness Workshop, and

AMD

(D) an update on the implementation of level 2 training be provided to the Finance and Performance Committee in January 2014.

DFBS

126/13/2

Improvement and Innovation Framework Update

The Director of Finance and Business Services introduced paper D, providing an update on progress with implementing the Improvement and Innovation Framework at UHL, noting that the Director of Strategy was currently reviewing the interface between service improvements and cost improvements. Members considered the balance between strategic and operational projects and agreed that it might not be practical to progress either of these in isolation.

Finance and Performance Committee members noted the arrangements in place for Ms D Mitchell, Head of Improvement and Innovation to take over the role of Mr P Burns, Head of Trust CIP at the end of his fixed term appointment and they queried the point at which demonstrable improvements in working methodologies (eg Lean) would be evidenced. The Acting Chairman agreed to seek the views of the Director of Strategy on this subject outside the meeting and provide feedback to the Committee on 18 December 2013.

**Acting
Chair**

Resolved – that (A) the update on implementation of the Improvement and Innovation Framework be received and noted (as detailed in paper D), and

(B) the Acting Chairman be requested to seek the views of the Director of Strategy regarding the timescale for delivering material outputs from the framework and provide a verbal report to the 18 December 2013 meeting.

**Acting
Chair**

126/13/3

Update on the Landlord Elements of UHL Accommodation Occupied by the University of Leicester

The Director of Finance and Business Services reported orally on the outputs of the 6 facet survey, advising that a meeting with the University would be held during mid-December 2013 and that this would provide an opportunity to compare data relating to the University occupied elements of UHL's accommodation.

The Acting Chairman noted material delays in this work stream and sought a timescale for its resolution. In response, the Director of Finance and Business Services expressed concern that a lack of assurance was available on this issue and that this work was having a considerable impact upon the workload for Mr P Walmsley, Head of Operations. The Acting Chairman undertook to discuss this matter with the Managing Director, NHS Horizons outside the meeting.

**Acting
Chair**

Resolved – that (A) the verbal update on landlord elements of UHL accommodation occupied by University of Leicester staff be received and noted, and

(B) the Acting Chairman be requested to discuss this matter further with the Managing Director, NHS Horizons and provide feedback to the Director of Finance and Business Services outside the meeting.

**Acting
Chair**

126/13/4 Benchmarking of Consultant Costs

The Deputy Director of Finance introduced paper E, briefing the Committee on progress surrounding medical staff benchmarking and the links with activity levels and case mix. Particular discussion took place regarding the table provided in section 2.1 of the report (providing the average medical staffing costs for inpatient activity during the financial year 2012-13 amongst a self selected peer group sample of 6 other Trusts). Members considered that UHL's average cost (£313) appeared high amongst this sample group, although it was noted that the data quality for the Southampton University Hospitals NHS Trust was not robust (£56).

The Deputy Director of Finance reported on the arrangements to develop a transparent process to understand service level movements in UHL's clinical workforce, noting that over 40 additional Consultant posts had been recruited to in the last 16 to 17 months. He provided assurance that clinical staff were keen to engage in this work stream and had identified the top 45 to 50 UHL services for further analysis. A pilot scheme had been implemented in Trauma and Orthopaedic services and the initial findings from this work were appended to paper E. A further report would be presented to the Committee in January 2014 which would include the outcome of the Trauma and Orthopaedics pilot.

DDF

During discussion on this report, the Committee highlighted opportunities to:-

- (1) re-configure services and pathways to reduce clinical whole time equivalent costs,
- (2) review service level inefficiencies that might be driving demand for increased clinical staffing levels, eg delayed theatre start times, lack of bed availability, and addressing the balance between surgeons and anaesthetists;
- (3) analyse the benchmarking data for other Trusts and challenge this where appropriate;
- (4) increase the understanding of processes surrounding clinical interventions and how to maximise productivity by skill level;
- (5) make clinical work easier to carry out by removing barriers such as access to beds and reducing cancellations, and
- (6) incorporate the outputs from the Consultant Job Planning workstream which was being led by Dr P Rabey, Assistant Medical Director.

Resolved – that (A) the report on medical staff benchmarking be received and noted, and

(B) a further report on medical staffing costs be provided to the January 2014 Finance and Performance Committee meeting (including the outputs from the Trauma and Orthopaedics pilot).

DDF

126/13/5 Winter Plan 2013-14 Performance

Paper F provided a briefing on the allocation of funds from NHS England and the CCGs for winter pressures, delivery of the rapid improvement plan and some aspects of the transformation work streams as agreed by the Urgent Care Board. Members noted that robust monitoring arrangements were in place for each scheme and that monthly invoices were due to be raised for each scheme to ensure timely financial flows.

The Chief Operating Officer commented on the need to monitor progress and implement substitute schemes if any schemes were not proving to be effective, noting the importance of ensuring that costs were committed on a non-recurrent basis. Where any schemes were assessed to be adding significant value, separate consideration would be given to funding these recurrently. Consideration would also be given to ring-fencing a

number of specialty beds.

The Acting Chairman sought confirmation that detailed evidence was available to support the high level data provided for each scheme listed within appendix 1. In response, the Chief Operating Officer confirmed that additional staffing costs were held by number of staff and by staff bandings and that this information was provided to the CCGs through the weekly review meetings. Members noted that assurance had been provided to the TDA that UHL would review expenditure against the winter plan on a monthly basis. The Deputy Director of Finance confirmed that the profile of expenditure by month, by scheme, and by CMG could be provided.

Resolved – that the briefing paper on Winter Plan 2013-14 performance be received and noted.

127/13 PERFORMANCE

127/13/1 Month 7 Quality, Performance and Finance Report

Paper G provided an overview of UHL's quality, patient experience, operational targets, HR and financial performance against national, regional and local indicators for the month ending 30 September 2013 and a high level overview of the Divisional Heatmap report. The Chief Operating Officer reported on the following aspects of UHL's operational performance:-

- (a) ED performance against the 4 hour target (which stood at 91.8% against the 95% target) representing UHL's best month's performance over the last 9 months. However, a further peak in admissions had been experienced and the position had since deteriorated again. Focused interventions were being implemented with the aim of improving access to beds, preventing non-admitted breaches and improving the resilience of the organisation in terms of consistent working practices and staffing levels. The Acting Chairman noted the impact of variable performance between clinicians and queried whether any patients were being admitted unnecessarily. The Chief Operating Officer also reported verbally on his recent telephone conversation with the Secretary of State, highlighting the generic and unique aspects of UHL's performance and the supportive response received;
- (b) RTT 18 week performance stood at 83.5% for admitted patients with specialty level failures being reported in General Surgery, Orthopaedics, Ophthalmology and ENT. Non-admitted RTT performance stood at 92.8% with failures being reported in Orthopaedics and Ophthalmology. Appendix 3 to paper G provided an RTT exception report and paper G1 detailed the RTT recovery plans to achieve sustainable compliant performance. Table 2 in paper G1 set out the modelling for patient volume reductions which were planned to be delivered through a combination of core capacity increases and backlog clearance plans – the latter to be delivered by using both independent sector providers and improving UHL's own throughput. Members particularly noted concerns regarding the affordability of the proposals which might mean significant commissioning costs and agreed that appropriate discussions with Commissioners and the TDA were a priority.

Discussion took place regarding capacity for dedicated short stay and day case facilities (possibly using modular wards), opportunities to centralise or outsource outpatient booking systems, opportunities for UHL surgeons to undertake activity within private sector theatres, and the ability of independent sector providers to select the lighter case mix through the pre-screening process. The Director of Finance and Business Services commented upon the impact of the Ophthalmology backlog and GP referral patterns, and

- (c) cancer performance for 31 day waits for subsequent surgery (reported 1 month in

arrears) had been revalidated from 88.6% to 90% and confirmation was provided that all cancer targets had been met for October 2013. Members noted that Mr M Metcalfe, Cancer Centre Lead Clinician had been invited to attend the December 2013 Finance and Performance Committee meeting for the purposes of an appreciative enquiry.

The Director of Finance and Business Services briefed members on the key aspects relating to UHL's financial performance (as detailed in section 10 of paper G). The report was taken as read, but members particularly noted:-

- (1) an in-month financial deficit of £0.7m which was £3.5m adverse to the planned surplus of £2.8m for October 2013;
- (2) that the Trust was reporting a year to date deficit at the end of October 2013 of £17.3m which was £19.5m adverse to the planned surplus of £2.2m;
- (3) continued reliance upon premium temporary staffing alongside a 4% increase in contracted medical and nursing staff, and
- (4) the ongoing work to analyse volume increases in emergency activity at a specialty and sub-specialty level.

Resolved – that (A) the month 7 Quality, Performance and Finance report (paper G) be received and noted, and

(B) detailed discussion on ED performance and emergency care issues be deferred to the public Trust Board meeting on 28 November 2013;

128/13 FINANCE

128/13/1 Delivery of Cost Improvement Programme (CIP) 2013-14 Update

The Head of Trust CIP and the Head of Improvement and Innovation attended the meeting to introduce paper H, providing the October 2013 status report on the Cost Improvement Programme for 2013-14, consisting of 329 schemes with a total forecast delivery value of £37.3m against the £37.7m target. The RAG ratings for each scheme were provided in a table on page 2 of paper H. Members noted that the value of schemes RAG rated as red was now £400,000, following some recent slippage within the CHUGS and CSI CMGs (in respect of staffing and procurement CIP schemes and delays in recruiting an Acute Oncologist). It was also noted that 8.7% of the overall CIP forecast was RAG rated as amber.

The Acting Chairman sought a view from the Head of Trust CIP regarding any particular CMGs that the Committee should focus upon in terms of their CIP delivery, noting in response that the CSI CMG was the furthest away from target currently and that the Emergency and Specialist Medicine CMG was already scheduled to provide a presentation to the Committee on 18 December 2013. Ms J Wilson, Non-Executive Director sought and received confirmation that the scheduling tool (as outlined in section 1.4 of paper H) had now been implemented within Ophthalmology as planned.

Discussion took place regarding the governance structure for the Improvement and Innovation Framework and CIP delivery through fortnightly review meetings with each of the Improvement and Innovation Framework project leads and CMGs. Ms D Mitchell, Head of Improvement and Innovation highlighted the need to implement a formal CIP reporting process through the monthly Executive Performance Board (EPB) meetings and requested that she be invited to attend the EPB meetings for this discussion.

The Acting Chairman queried the potential impact of removing the Head of Trust CIP role at the end of this fixed term appointment, noting also that Ms S Khalid, Head of Improvement and Innovation had relinquished 50% of her role to become the Clinical Director for the CSI CMG. In response, members received assurance that Ms S Khalid

would continue to focus upon building capability and capacity to support the Improvement and Innovation Framework and noted the additional financial management input to be provided by Mr S Sheppard, Ms L Bentley and Mr P Gowdridge.

Resolved – that (A) the 2013-14 CIP update (paper H) be received and noted;

(B) the CSI CMG be invited to present a summary of their financial and operational performance to the January 2014 Finance and Performance Committee meeting, and

TA

(C) consideration be given to implementing a formal CIP reporting process through the Executive Performance Board, as part of the wider review of Improvement and Innovation Framework and CIP governance processes.

CE

128/13/2 Report by the Director of Finance and Business Services

Recommended – that this Minute be classed as confidential and taken in private accordingly, on the grounds that public consideration at this stage could be prejudicial to the effective conduct of public affairs.

128/13/3 Reference Costs and PLICS/SLR Update

The Deputy Director of Finance presented paper J providing an update on UHL's draft Reference Costs Index (RCI) score for 2012-13 and the month 6 2013-14 PLICS/SLR reporting position. The draft RCI score was noted to be 97, representing a slight improvement on the 2011-12 score of 98 and indicating that UHL was marginally less expensive than the national average (RCI 100). The final RCI score would be reported to the Finance and Performance Committee once this information became available.

The Committee noted current developments to improve engagement in PLICS and SLR data in order to create value within services and address variations in clinical practice. The Director of Finance and Business Services also commented upon the need to sense-check some RCI data and to consider the impact of historical contractual negotiations (such as the Goodwin contract).

Resolved – that the briefing report on Reference Costs, PLICS and SLR (paper J) be received and noted.

129/13 **SCRUTINY AND INFORMATION**

129/13/1 Clinical Management Group (CMG) Performance Management Meetings

Resolved – that the action notes arising from the November 2013 CMG Performance management meetings be presented to the December 2013 Finance and Performance Committee meeting.

COO

129/13/2 Executive Performance Board

Resolved – that the notes of the 29 October 2013 Executive Performance Board meeting (paper K) be received and noted.

129/13/3 Improvement and Innovation Framework Board

Resolved – that the notes of the 19 November 2013 Improvement and Innovation Framework Board meeting (paper L) be received and noted.

129/13/4 Quality Assurance Committee (QAC)

Resolved – that the Minutes of the 29 October 2013 QAC meeting (paper M) be received and noted.

129/13/5 Quality and Performance Management Group (QPMG)

Resolved – that the notes of the 2 October 2013 QPMG meeting (paper N) be received and noted.

130/13 ITEMS FOR DISCUSSION AT THE NEXT FINANCE AND PERFORMANCE COMMITTEE

Paper O provided a draft agenda for the 18 December 2013 meeting. It was agreed that the Trust Administrator would update this draft agenda to include a number of additional items arising from this meeting and recirculate the draft agenda outside the meeting.

TA

Resolved – that (A) the items for consideration at the Finance and Performance Committee meeting on 18 December 2013 (paper O) be noted, and

(B) the Trust Administrator be requested to update the draft agenda and recirculate it outside the meeting.

TA

131/13 ITEMS TO BE HIGHLIGHTED TO THE TRUST BOARD

Resolved – that the following issues be highlighted verbally to the Trust Board meeting on 28 November 2013:-

JW,
NED

- Minute 126/13/4 – Medical Staff Benchmarking
- Minute 127/13/1 – In-Month Financial Performance and RTT Performance
- Minute 128/13/2 – Confidential report by the Director of Finance and Business Services

132/13 ANY OTHER BUSINESS

Resolved – that there were no items of any other business raised.

133/13 DATE OF NEXT MEETING

Resolved – that the next Finance and Performance Committee be held on Wednesday 18 December 2013 from 8.30am – 11.30am in Teaching Room 2, Clinical Education Centre, Leicester Royal Infirmary.

The meeting closed at 11.32am

Kate Rayns, Trust Administrator

Attendance Record

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
R Kilner (Chair from 1.7.13)	8	8	100%	I Reid (Chair until 30.6.13)	3	3	100%
J Adler	8	6	75%	I Sadd	1	0	0%
I Crowe	5	5	100%	A Seddon	8	8	100%
R Mitchell	5	4	75%	G Smith *	8	7	88%
P Panchal	4	2	50%	J Tozer *	2	2	100%
				J Wilson	8	7	88%

* non-voting members

Trust Board Paper R3

To:	Trust Board
From:	Andrew Seddon, Director of Finance & Business Services
Date:	20 December 2013
CQC regulation:	All applicable

Title:	2013/14 financial forecast
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Author/Responsible Director: Andrew Seddon, Director of Finance & Business Services

Purpose of the Report: To set out the basis for the full year reforecast.

The Report is provided to the Board for:

Decision	X	Discussion	
Assurance		Endorsement	X

Summary / Key Points:

The trust has consistently reported losses through the current financial year. At the end of month 8, year-to-date losses amounted to £20.3 million.

In addition to an underlying deficit at the start of the year of c£15 million, the trust has overspent in-year on the back of increased emergency activity, investment in additional nurses in response to a review of ward staffing levels, and has incurred transformation costs without revenue support.

Discussions have been ongoing with commissioners over several months regarding financial support to the trust, in the shape of strategic transitional support (to fund the underlying deficit) and also transformational funding. Those discussions have now concluded and there is a material funding shortfall.

A full reforecast has been carried out, based on the month 8 results, and has been subject to a limited scope independent review by the trust's internal auditors, PwC. On the basis of that re-forecast the trust's year-end forecast has been revised to a deficit of £39.8 million.

In order to fund the deficit, an application will be made to the Department of Health for PDC funding.

Given the scale of the deficit in 2013/14, and the associated underlying deficit, this will require a medium-term financial recovery plan. This needs to be prepared in conjunction with the Better Care Together programme for service transformation across the LLR health economy. Given the practical constraints over the rate at which clinical change and related cost reduction can be implemented, it is highly likely that 2014/15 will be a deficit plan.

Recommendations:

The board is asked to:

<ul style="list-style-type: none"> • note the contents of the paper, • confirm the year-end forecast deficit of £39.8 million, • mandate the executive team to ensure that the CMG/corporate directorate outturns are no worse than the reforecast • note the proposed measures around working capital and capital expenditure management • note the submission of the revised forecast the NTDA on 16 December • mandate the executive team to further develop the trust's medium-term financial strategy within the context of the Better Care Together programme.
<p>Previously considered at another corporate UHL Committee? Private Trust Board on 13 December 2013 Executive Team meeting on 17 December 2013</p>
<p>Strategic Risk Register The Trust will be in danger of breaching its statutory duty to break-even, taking one year with another. (This is generally taken to mean a cumulative breakeven position over 3 years.)</p>
<p>Resource Implications (eg Financial, HR) Not at this stage, but the trust may decide to seek external support in achieving financial turnaround.</p>
<p>Assurance Implications The Finance & Performance Committee, on behalf of the board, will continue seek assurance on the robustness of the financial forecast and of the financial recovery actions. The independent limited scope PwC review has given some assurance on the robustness of the basis of preparation of the 2013/14 forecast.</p>
<p>Patient and Public Involvement (PPI) Implications The size the deficit will understandably lead to public concern regarding the continuity of services at UHL. A comprehensive stakeholder briefing programme earlier this week has sought to proactively address those concerns. PPI involvement is being designed into the Better Care Together work streams.</p>
<p>Equality Impact -</p>
<p>Information exempt from Disclosure -</p>
<p>Requirement for further review? The forecast and recovery plan will be reviewed at each future board meeting.</p>

Andrew Seddon

Director of Finance & Business Services, 20 December 2013

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT TO: Trust Board
DATE: 20 December 2013
REPORT FROM: Andrew Seddon, Director Finance & Business Services
SUBJECT: 2013/14 Financial Forecast

1. Introduction and Context

1.1. This paper summarises the full year forecast which is based on the month 8 (November) year to date results, and provides high level analysis of the main factors giving rise to the deficit. The paper also sets the results in the context of the Trust's 2012/13 results and the 2013/14 annual plan. The contents of the paper are as follows:

- 2012/13 results, focusing on this the underlying deficit and non-recurrent support
- 2013/14 Annual Operating Plan – and the key planning assumptions
- 2013/14 results for the year-to-date – focusing on variances against key Plan assumptions
- 2013/14 full year forecast – including key risks and mitigations
- Recommendations.

2. 2012/13 Financial Performance

2.1. Whilst the headlines stated that the Trust delivered its 2012/13 I&E surplus and cash targets, the reported position contained an underlying deficit of at least £12.5m. Within the reported surplus of £90k (0.01% of revenue) were some significant I&E variances. Income was £35.8m (5%) over Plan, after a £5.1m 70% marginal rate deduction in respect of emergency admissions (MRET). Operating costs were £36.1m over Plan, with premium cost staff largely being used to deliver the additional activity.

2.2. Income included £21m related to a year-end agreement with commissioners, agreed during the final quarter of the year. The £21m came from three sources:

- £7.5m via the newly-formed Local Area Team
- £7.0m from the (soon-to-be abolished) PCT cluster
- £6.5m from the PCTs to reflect the re-investment of performance penalties from ED 4-hour and 62-day Cancer target failures.

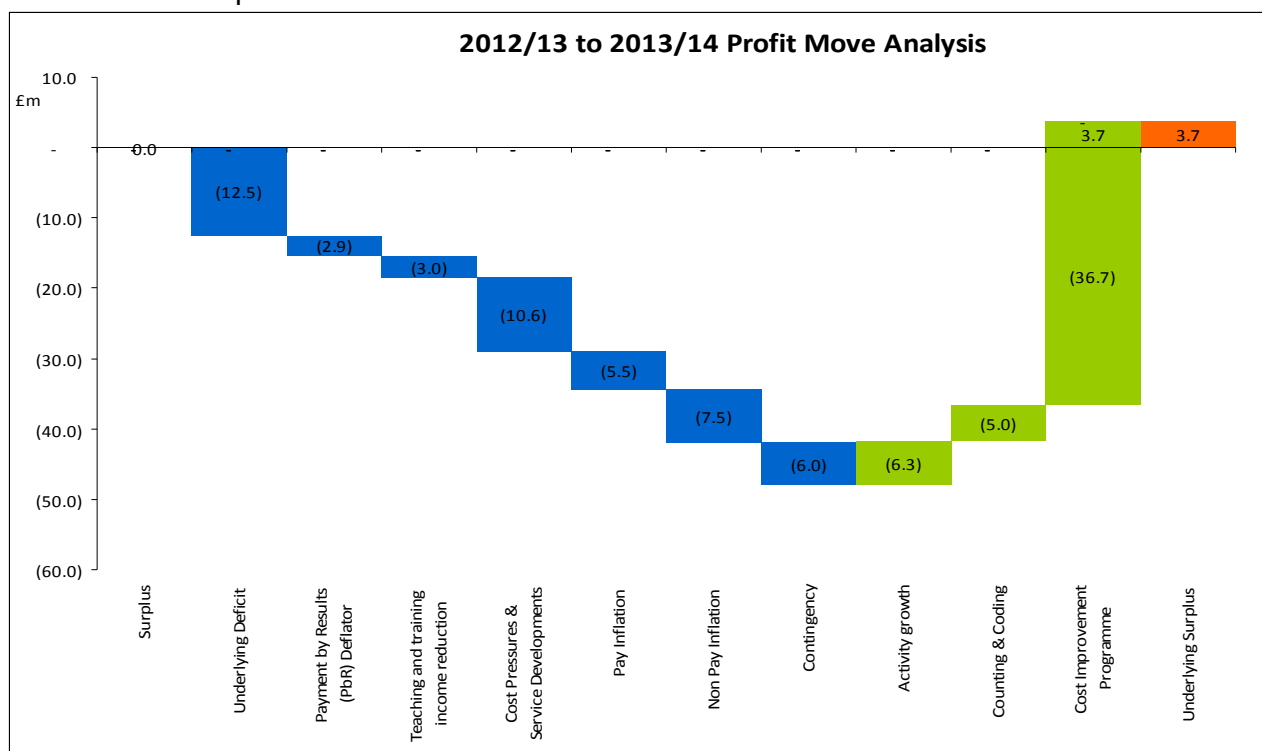
2.3. Apart from this major year-end settlement, the commissioners also provided £1.3 million of non-recurrent funding for step-down winter capacity during the course of the year, and a further £7.5m to fund agreed transformational schemes. The transformational funding covered projects schemes such as Hospital at Night, outpatients, Transforming Transcription services, enhanced clinical education and emergency flows.

2.4. The non-recurrent nature of the first two funding streams (£14.5m), less £2m of non-recurrent costs, left UHL with an underlying deficit of a minimum of £12.5m. There may be differences of view between UHL and commissioners as to how much of this support could fairly be attributed to headings such as reinvestment of marginal rate (MRET) deductions and readmission fines. What is not contested however is that without a collaborative approach, UHL would have been left with a substantial reported deficit in 2012/13.

(Note: The year-end value of the MRET deduction and re-admission fines was £9.9m – this excludes the financial impact of delivering the increased emergency activity; additional beds, increased staffing costs, particularly premium pay, and cancelled elective activity.)

3. Annual Operating Plan (AOP)

- 3.1. UHL's 2013/14 AOP was signed off by the Trust Board in March 2013. The AOP was underpinned by an agreed contract with commissioners and with a substantially complete cost improvement (CIP) plan in place.
- 3.2. The following "waterfall chart" shows the movement from the 2012/13 reported result to the 2013/14 Plan surplus of £3.7m.



- 3.3. The key points to highlight, in addition to the opening underlying deficit are:

- The net **tariff deflator** of £2.9m – this includes a reduction via the national Payment by Results (PbR) mechanism of £9.1m, offset by increases for new tariffs in Imaging and Maternity.
- A reduction in **teaching and training income** of £3m mainly as a consequence of the rebasing of SIFT to a national tariff per student week
- AOP income was stated net of c£8m of marginal rate emergency threshold (**MRET**) deduction and **readmission** penalties. No reinvestment of those monies was assumed within our AOP. This was intended to be a cautious assumption – effectively creating a further contingency within the plan. Planning guidance in these areas for 2013/14 required cooperation and joint decision-making between providers and commissioners regarding the reinvestment of these monies.
- No allowance was made for any performance related **finer or performance penalties** within the AOP.
- The plan assumed **CIP** plans of £40.4m. This represented c5.5% of UHL's cost base. All schemes were reviewed for their quality impact first by UHL's Medical Director and Chief Nurse and then by senior commissioners. Delivery costs of the CIP schemes were assumed to be funded out of the 2% transformation fund that commissioners held for use non-recurrently across the health economy.

Note: It is clear that this element of the planning process could have been better managed as cost pressures identified subsequent to the end of March – and not funded by commissioners – are a material component of the breakage in the 2013/14 plan. Based on our interpretation of planning guidance, it was reasonable to assume that 2% of the contract value (c£12m) would be available to UHL as a transformation fund. This should have covered implementation costs including project teams, operational inefficiencies, redundancies and

other non-recurrent costs. However, this issue was not sufficiently clarified during the contracting process, resulting in a significant mismatch between the Trust's planning assumptions and the subsequent allocation of the funds.

- **Service development** costs of £10.6m. Key priorities included increases in nurse staffing (acuity and supervisory) and investment in services to support emergency patient flow. A small element of these cost pressures related to transformational schemes, but no matching transformation income was assumed within the Plan. This was intended to be a cautious assumption as application would be made to commissioners to support these transformation costs out of their non-recurrent 2% transformation fund.
 - **Inflation** was allowed at just under 2%, totalling £13m across pay and non-pay. This included the national 1% pay increase, AfC incremental drift, drug price increases, and anticipated CNST (the NHS insurance scheme) pressures.
 - A **contingency** of £6m (originally intended to be £10 million, but reduced during the final stage of the planning process to offset some of the cost pressures). The reduction in the contingency was phased into Q1 to offset the anticipated deficit from the underlying run rate (see below).
- 3.4. Against this level of caution and contingency built into the plan, concerns were expressed during the commissioning round by both UHL and commissioners regarding the monthly financial run rate (deficit) exiting 2012/13 and the trust's poor access performance, particularly against the four hour A&E target. In order to address this risk and give a greater degree of certainty around plan delivery, whilst commencing work on the necessary strategic projects designed to resolve the underlying the Trust, the Trust Board determined that strategic transitional support of £15m was needed to assure delivery of the 2013/14 Plan. The finalisation of the 2013/14 plan, including the rollout of budgets to divisions in April 2014, confirmed the need for the additional transitional support to balance the 2013/14 budget.
- 3.5. Therefore, in response to this concern, the AOP was followed on 8 May 2013 by a request to the Local Area Team of NHS England, the NHS Trust Development Authority and CCGs for transitional funding of £15 million. This was intended:
- To restore the annual plan contingency to the intended level of £10 million
 - To provide cover against further slippage in run rate
 - To fund the commencement of strategic site reconfiguration projects designed to address the long-term financial and clinical sustainability of the trust's services.
- 3.6. In making this bid, it was implicitly acknowledged by UHL that the trust is financially and possibly clinically unsustainable in its current (historically-derived) site and service configuration.
- 3.7. There is a difference of view between the Trust and its commissioners as to whether the 2013/14 contracting agreement was understood to have addressed the Trust's underlying deficit. It is the Trust's contention that this was not the case, hence the need for the bid for transitional support. Nevertheless, it is the case that the bid was only formally quantified after the contracting round had been completed. With hindsight, it would have been better if the quantum of required support been identified in the AOP and contracting round. The position was further confused by initial indications that a national framework was being developed to address such situations. This did not materialise and on 8 September the issue was referred back to the Trust and CCGs for local resolution. It is clear that by this stage the CCGs did not have unallocated resources at this level.
- 3.8. It should be noted that the Trust's AOP for 2013/14 was developed in the absence of a quantified activity and capacity model emanating from the Better Care Together health economy programme. It should be the case that provider plans are derived directly from such models, so as to ensure complete alignment between commissioner and provider expectations and the continued viability of the economy as a whole.

3.9. The following table summarises the AOP key planning assumptions, especially in respect of income sources, against the likely position, based on most recent discussions with commissioners.

Item	AOP assumption	Current position	Comment
Strategic transitional support	£15 million requested	Nil	The Leicestershire & Lincolnshire Area Team (LAT) was engaged in seeking to broker a solution with LLR CCGs and other parties through to September, at which point the matter was referred back for local discussion. CCGs have indicated that at present there is no basis for the provision of such support and in any event the quantum of funds required is not available.
Transformation funding	2% (£12m) would be available to cover UHL projects.	Comprehensive bid (£12.5m) submitted Q1. c£1.4m funded to date.	Local commissioners have not followed a process which involved discussion with UHL and have not responded to the trust's formal submission (other than in respect of urgent care (see below). We understand that all £20m of LLR transformation funds have now been allocated. Much of this funding has been allocated to schemes which assist with UHL's operations but this does not address the mismatch in financial planning assumptions. Specialised commissioners have not made any transformation funds available (we would have expected c£4 million for UHL schemes).
Readmission penalties	c£4.6m of penalties – no firm assumption regarding reinvestment	Re-admission penalties fully committed to non-UHL schemes.	UHL worked with commissioners to carefully implement 2012/13 readmissions guidance. UHL acknowledge that we did not follow through to agree investment of funds in 2013/14. However, processes around allocation of these funds have been unclear.
MRET	c£3.4m of deductions built into plan	MRET deductions fully committed to non-UHL schemes.	Total MRET deduction increased by £4m in year due to over-performance. The MRET deductions have been invested in their entirety in schemes outside UHL which are aimed at reducing admissions and other schemes in support of the urgent care system.
Winter funding	c£2m built into baseline	£7.8m allocated to UHL (total £9.2m with £1.4m above).	This income is substantially above the AOP assumption but is offset by costs (see below for reconciliation)
Performance fines	No allowance made plan - assumed these would be reinvested in full.	£1.4m of fines / contract deductions recognised in the first seven months	Potential performance failures around: <ul style="list-style-type: none"> • ED (failure to achieve the recovery plan) and • RTT (as a consequence dealing with backlog) • ambulance turnaround will have a material adverse impact on UHL's position unless reinvested in full.

4. Financial results for the eight months to November 2013

- 4.1. 2013/14 year to date results have been poor. Continued overheating of emergency demand, and the inability of the hospital to manage this effectively, has led to adverse operational and financial consequences. Delivery of key emergency access targets has been compromised, despite investment of substantial non-recurrent financial resources by the Trust.
- 4.2. There has been considerable expert external support, changes in clinical management and operational processes and active commissioner support, but A&E performance remains amongst the worst of NHS acute trusts. A successful nursing recruitment campaign – with c500 posts vacant - remains a fundamental challenge for the trust and is now underway in Mediterranean Europe.
- 4.3. To cope with the additional emergency demand, and to ensure safe staffing levels, the trust has had to resort to substantial use of bank and agency staffing. Nursing ratios were reviewed in the summer and enhanced in the light of the Francis report recommendations and existing local acuity reviews. Partly as a result, the trust has averaged over £3.5 million per month in non-contractual payments, despite an increase in permanent headcount. The enhanced nursing levels add a recurrent £5.8 million to budget baselines (and therefore to the deficit), but in reality the expenditure has been greater as many of those posts have been filled this year at premium rates.
- 4.4. As a consequence of the poor financial and emergency performance year-to-date, the trust has been graded at Level 4 by the NTDA, which is reserved for those trusts that either submitted a deficit AOP or are reporting material adverse deficits year-to-date.
- 4.5. Cost controls have been stretched and in part found wanting. Revised procedures have been implemented over the last two months, in particular over the use of agency nursing staff, and we are seeing some improvement in the underlying run rate. Enhanced controls of non-pay have been announced more recently – with a theme being stronger compliance with existing processes.
- 4.6. The month 8 results and year-to-date performance may be summarised:

	November 2013			April -November 2013		
	Plan £m	Actual £m	Var (Adv) / Fav £m	Plan £m	Actual £m	Var (Adv) / Fav £m
Income						
Patient income	53.8	58.4	4.6	425.6	434.4	8.8
Contingency Release	-	-	-	5.0	5.0	-
Teaching, R&D	5.7	5.6	(0.1)	51.2	50.5	(0.6)
Other operating Income	1.6	1.6	0.0	25.7	25.7	0.1
Total Income	61.1	65.7	4.5	507.4	515.7	8.3
Operating expenditure						
Pay	37.2	39.6	(2.4)	298.8	312.2	(13.4)
Non-pay	23.9	25.4	(1.5)	184.1	194.8	(10.7)
Reserves	(4.1)	-	(4.1)	(7.6)	-	(7.6)
Total Operating Expenditure	57.0	65.0	(8.0)	475.3	507.1	(31.7)
EBITDA	4.2	0.7	(3.5)	32.1	8.6	(23.4)
Net interest	0.0	-	(0.0)	0.0	(0.0)	0.0
Depreciation	(2.7)	(2.7)	(0.0)	(21.7)	(21.5)	0.2
PDC dividend payable	(1.0)	(1.0)	(0.0)	(7.7)	(7.4)	0.3
Net deficit	0.5	(3.0)	(3.5)	2.7	(20.3)	(23.0)
EBITDA %		1.1%			1.7%	

4.7. The Trust is reporting;

- A cumulative deficit for the 8 months of £20.3m, £23.0m adverse to Plan.
- An in-month deficit of £3.0m, £3.5m adverse to Plan, and £0.5m adverse to the M8 forecast.
- Note that the November result includes £4.1m of the underlying deficit/lack of strategic transitional support.

4.8. Expenditure

4.9. The key task for the trust in delivering a controlled full year I&E position is to manage operating expenditure in the remaining months of the year. Operating expenditure is £31.7m above Plan as at the end of November (6.7%).

4.10. **PAY** – as at Month 8, pay costs are £13.4m over budget, £16.7m more than the same period in 2012/13 (5.7%). When viewed by staff group, the most significant increases year on year are seen across agency and medical locums, nursing spend and consultants' costs (see below).

Staff Type	2013/14 £'000s	2012/13 £'000s	Change £'000s	%
A&C / Managers	39,094	39,917	823	2.1
Agency / Medical Locums	15,018	11,268	(3,749)	(33.3)
Allied Health Profs	12,516	12,509	(7)	(0.1)
Medical - Non Consultant	41,915	40,519	(1,397)	(3.4)
Consultant	59,282	53,796	(5,486)	(10.2)
Nursing & Midwifery	115,797	109,864	(5,933)	(5.4)
Other	28,586	27,593	(992)	(3.6)
TOTAL	312,207	295,466	(16,741)	(5.7)

4.11. The year to date £13.4m variance to Plan may be analysed by CMG (the table below excludes Corporate Directorates and Research & Development:

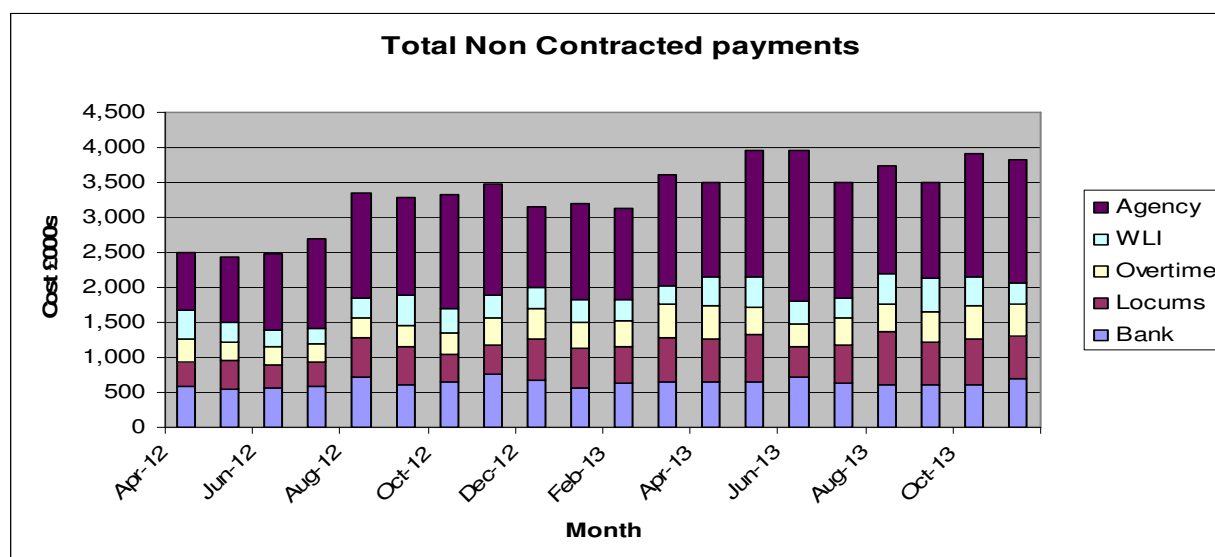
	YTD Budget £000s	YTD Actuals £000s	Variance £000s	M1-8 actuals 2012/13 £000s	Year on year change £000s	Year on year change %
C.H.U.G.S	30,331	30,824	(494)	29,363	(1,461)	(5.0%)
Clinical Support & Imaging	44,867	46,257	(1,390)	44,892	(1,365)	(3.0%)
Divisional Management Codes	2,632	2,533	99	2,512	(21)	(0.8%)
Emergency & Specialist Med	42,307	48,872	(6,565)	41,322	(7,550)	(18.3%)
I.T.A.P.S	33,359	36,320	(2,960)	33,867	(2,453)	(7.2%)
Musculo & Specialist Surgery	29,049	29,992	(943)	29,521	(471)	(1.6%)
Renal, Respiratory & Cardiac	37,409	38,746	(1,336)	37,771	(974)	(2.6%)
Womens & Childrens	49,600	49,564	36	47,083	(2,480)	(5.3%)
Total	269,554	283,106	(13,553)	266,331	(16,776)	(6.3%)

4.12. The main factors are:

- **Activity related - £4.8m** - assuming that marginal pay cost is c50% of patient care income in respect of the increased activity (which assumes non-premium rates)
- **CIP schemes £2.5m** - Declared under-delivery on pay related CIP schemes. Note also that our CIP programme had to be amended to reflect higher than expected emergency activity levels during the summer months.

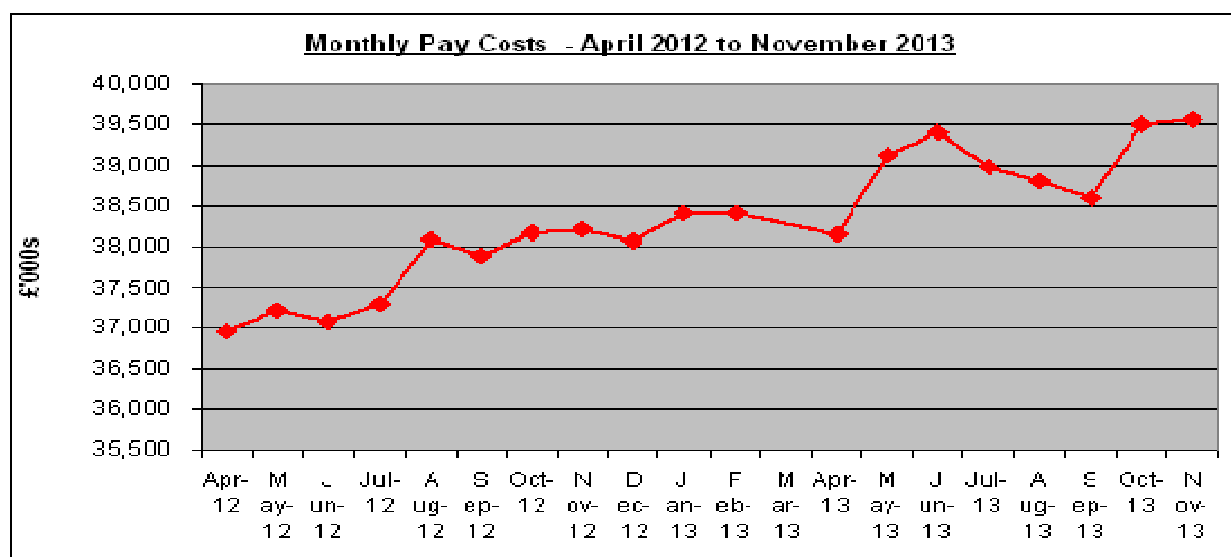
- **Unfunded extra capacity wards** (Fielding Johnson, Ward 1 LRI, Ward 2 LGH, Ward 19 LRI and Odames LRI) to meet the emergency activity levels. Premium spend has covered a significant amount of the staff costs in these areas. Nursing incentives are also being paid to bank and agency to increase the “fill rates”, although these are now restricted to the Emergency Care CMG.
- **Increased doctors and nurses in Medicine and ED (£6.6m)** to ensure the flow of patients from ED to support the 4 hour target. The CMG is now £6.6m adverse to the pay plan and spending almost £7.6m (18%) above the same level in 2012/13.
- **A continued reliance on premium payments** as per Chart 1 below. Premium rate spend has continued to rise in 2013/14, averaging between £3.5m-£4m per month. There has been a significant rise in the percentage of pay costs made up by non-contracted spend to almost 10% in Quarter 1 of this financial.

Chart 1: Non-Contracted/Premium Pay Spend



4.13. Total monthly pay costs rose steadily from April 2012 to June 2013, hitting an initial peak of £39.4m in June. The November (£39.6m) position is unsustainable and in excess of our most recent forecast.

4.14. Nursing and related agency costs make up the largest part of the adverse pay variance. Some of the overspend, as described above, is volume related (extra capacity opened) and the impact of agency rates is clear. However a conscious investment in increased nurse:bed ratios following a mid-year acuity review of nursing levels has also pushed up costs. The success of the recruitment drive is essential in reducing this spend whilst enhancing patient safety.



4.15. The continued reliance on premium despite increases in our contracted clinical staff. WTE numbers in medical and nursing professions have increased by 6.0% in the last 20 months, equivalent to an increase of 378 WTE since March 2012. The number of Consultants has increased by 53wte (10%) in that period reflecting different working models, partly due to EWTD and also increased R&D activity.

Staff Type	Movement Nov 13 - March 12		Contracted Staff	
	WTE	(%)	Nov 13	March 12
ADMIN & CLERICAL	(25)	(1.4)	1,762	1,787
ALLIED HEALTH PROFESSIONALS	7	1.5	465	458
CAREER GRADES	10	14.7	80	70
CONSULTANT	53	10.0	586	533
HEALTHCARE ASSISTANTS	26	11.8	243	217
HEALTHCARE SCIENTISTS	(15)	(2.0)	726	741
MAINTENANCE & WORKS	1	10.6	7	6
NURSING QUALIFIED	25	0.8	3,374	3,348
NURSING UNQUALIFIED	227	19.0	1,422	1,195
OTHER MEDICAL & DENTAL STAFF	36	4.0	935	899
OTHER SCIEN, THERAPY & TECH	53	23.0	337	274
SENIOR MANAGERS	(36)	(21.0)	135	171
TOTAL	373	3.8	10,072	9,699
MEDICAL & NURSING	378	6.0	6,640	6,262
OTHER STAFF GROUPS	(5)	(0.1)	3,432	3,437
TOTAL	373	3.8	10,072	9,699

4.16. **Non-pay** spend year-to-date is £10.7m (5.8%) adverse to Plan. This is due to three main factors:

- **Activity related marginal costs £2.4m** e.g. keeping Ward 19 open - (assuming that non-pay marginal cost is c25% of patient care income variance)
- **High cost devices - £2.6m** – these costs are fully recovered through patient care income. This includes NICE/HCT costs e.g. haemophilia patients, high cost devices in Renal, Respiratory and Cardiac CMG and Women's & Children's CMG.
- **Other (including CIP under-delivery) £5.7m** – this includes Imaging and laboratory non pay consumables, use of independent sector and contracted clinical services, blood products and a £0.3m increase in security costs in ED and medical wards.

5. Year End Forecast

5.1. The revised year end forecast, taking account of the month 8 results is **£39.8m deficit**. This is summarised in the following table:

	Year End Forecast		
	Plan £m	Forecast £m	Var (Adv) / Fav £m
Income			
Patient income	634.3	655.7	21.4
Contingency Release	-	-	-
Teaching, R&D	78.4	77.1	(1.3)
Other operating Income	33.8	33.9	0.1
Total Income	746.5	766.7	20.2
Operating expenditure			
Pay	447.4	471.5	(24.1)
Non-pay	275.0	291.3	(16.3)
Reserves	(23.7)	-	(23.7)
Total Operating Expenditure	698.7	762.8	(64.1)
EBITDA	47.8	3.9	(43.9)
Net interest			0.0
Depreciation	(32.5)	(32.5)	-
PDC dividend payable	(11.6)	(11.2)	0.4
Net deficit	3.7	(39.8)	(43.5)
EBITDA %		0.5%	

5.2. The year end forecast at CMG and Corporate Directorate level is shown in appendix 1, with the performance in November against the forecast shown in appendix 2.

5.3. The principal drivers for the forecast deficit result are:

- Non-receipt of strategic transitional support (£15m) to fund the underlying deficit
- Less than expected non-recurrent funding from commissioners to support the transformation project costs incurred (£5.3m)
- In year operating cost pressures and a conscious investment in nurse staffing to sustain quality of care and patient safety standards (£14.3m)
- Contractual penalties and deductions of £5.2m including a £3.4m increase in MRET deductions (taking the total MRET deduction to £7.1m).

5.4. Within this forecast there are the following potential risks and opportunities;

- Activity, and the associated income, necessary to fully recover and deliver all **RTT targets** is not included in the forecast. There is currently insufficient capacity to undertake this work in-house. Additional (outsourced) capacity may be available to cover part of the gap but presents a major risk to the health economy finances.
- **Activity and income assumptions** have been aligned with our commissioners, both CCGs and NHS England. Current NHS patient care over-performance, excluding additional winter funding, is £13.8m.
- **Winter severity** – the current forecast assumes an average winter in terms of emergency activity, and elective activity assumed to be the same as 2012/13.
- The forecast assumes that **contractual penalties are reinvested**, specifically ED performance fines, ambulance handover and RTT penalties. This has been reconfirmed in discussions with CCGs. MRET deductions, readmission penalties and service line penalties will continue to be transacted and retained by commissioners.
- There is a **contingency of** £1.5m within the forecast, reduced to £0.8m after agreement on the forecast income position and contractual disputes with CCG commissioners.

- Note that **enhanced expenditure controls**, with greater centralisation over discretionary spend, both pay and non-pay, have just been introduced. This will be reinforced through rigorous performance management of the CMG forecasts and operational performance in the remaining months of this year. This will have the effect of creating an additional contingency in the forecast.

5.5. Independent **review of the forecast**

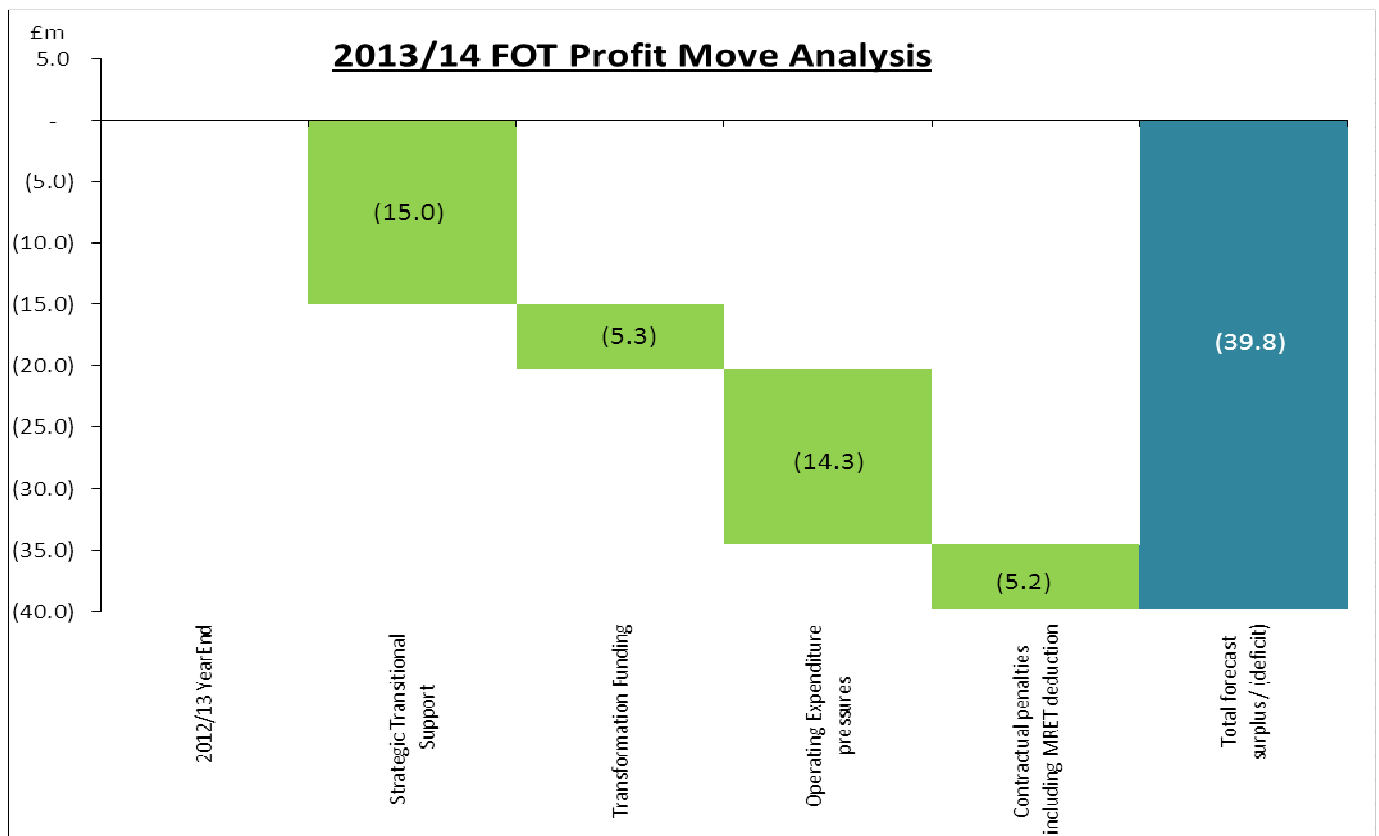
5.6. To give the Trust Board assurance on the robustness of the forecast we commissioned our internal auditors, PwC, to undertake an independent review of the following:

- The methodology used to prepare the forecast,
- The principal assumptions and their vulnerability. This included specific consideration of the workforce assumptions, and specifically,
- the alignment of assumptions in respect of the nurse recruitment programme;
- Undertake a sensitivity analysis of the key risks to the forecast result.

5.7. The draft PwC report indicates that the forecast was prepared using robust methodology, following an inclusive process. PwC's limited scope review did not identify any material errors or omissions within the base case forecast, but highlighted the £0.5m adverse position in M8 to the forecast result. They have prepared an illustrative sensitivity analysis with the risks identified in their review. Key risks relate to:

- controls over temporary staffing
- additional mandatory fines that may be accrued
- delivery of "Amber rated" CIPs
- fluctuations in activity, particularly in emergency inpatient activity.

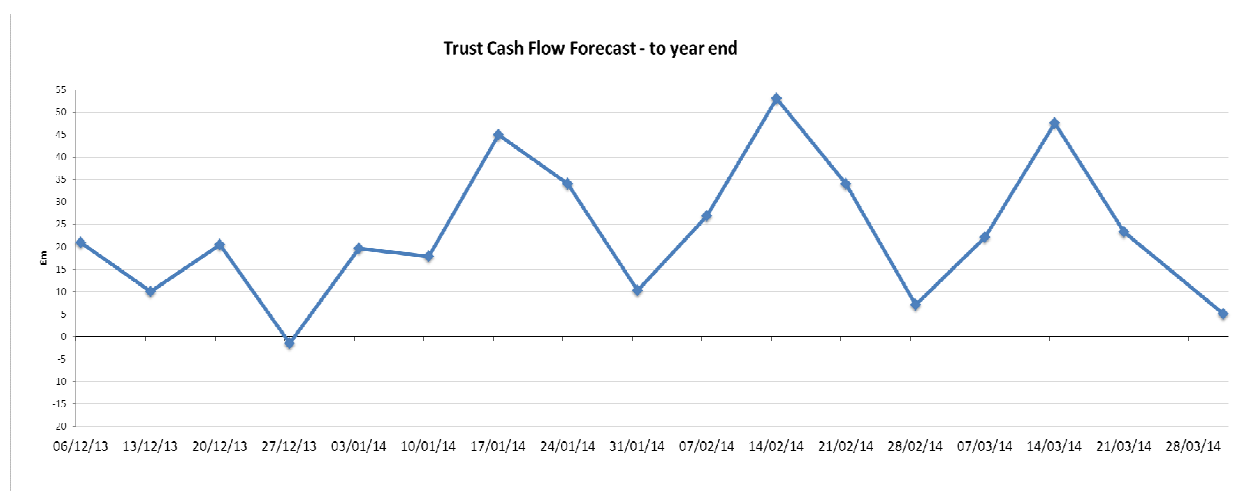
5.8. Following receipt of the draft PwC report, and discussion with the review team, the Board agreed to a forecast deficit of £39.8m.



6. Cash Flow

6.1. The Trust's cashflow forecast has been aligned to the forecast year end deficit of £39.8m. This indicates a year end cash balance of c£4m, as shown on the graph below, against a Plan balance of £19m. The forecast includes the following assumptions:

- capital cash payments will total £34m for the full year;
- the current balance of £15m extended creditor payments will be reduced to £10m by the year end;
- all suppliers remain on 30 day payment terms (apart from specific exceptions); and
- the current level of NHS debtors is reduced by £7.2m.



Capital

- 6.2. The capital expenditure forecast indicates an outturn of £34m against the capital programme of £39.8m. The forecast includes £15m of cash payments in the last four months of the year.
- 6.3. To preserve cash it is proposed that the Trust proactively manages capital orders and cash flow around the year-end. If necessary we may slip a proportion of capital expenditure into the next financial year to reduce the cash outflows.
- 6.4. We have the opportunity to reduce capital cash expenditure by a further £6m by managing capital orders in this way – this is not included in the forecast.

Creditor payments

- 6.5. We currently have a total of £15m of creditor invoices which are authorised for payment and which are beyond their 30 day payment terms. We are paying invoices in 47 days on average, which is 17 days past their normal due date. We intend to maintain a balance of £10m extended creditor payments through the year-end.

Debtors

- 6.6. We plan to reduce the current underlying level of NHS debtors by £7.2m from the current balance of £14.6m by the year-end. This is a prudent estimate - the current level of NHS debtors is inflated due to specific issues which have arisen due to the NHS restructure and the change in commissioning responsibilities. These debts include:
- £2.9m legacy debts from the demised PCTs which will now be paid by CCGs; and
 - £4.3m overdue debts with NHS England (NHSE) related to Clinical Excellence and SLA performance which will be paid by the year end.
- 6.7. We continue to work with CCGs and NHS England on a monthly basis and also as part of the NHS agreement of balances exercises in months 6 and 9 to agree all outstanding balances and

ensure they are paid. The receipt of these debts will reduce the NHS debt to approximately £7.4m at the year-end which is a normalised position.

6.8. These receipts are already assumed in the current forecast year end position.

7. 2014/15 cash and medium term loan/PDC application

- 7.1. We will produce a detailed cashflow model for 2014/15 once the Trust's wider financial budgets and CIP plans have been established. Our forecasts already extend beyond the end of March 2014 and will be refreshed as part of the January 2014 first-cut submission of the 2014/15 annual plan.
- 7.2. We will work with all relevant stakeholders to understand the likely pressure on cash in early 2014-15. We have commenced work, in conjunction with the NTDA, to prepare an application for either a medium term loan or PDC capital, to be available either prior to the end of 2013/14 or at the very start of the 2014/15 financial year. Discussions with the NTDA during the course of December indicated that the funding is likely to take the form of distress PDC capital, and as such would not be repayable, and would carry an annual interest charge of 3.5%. Assuming illustrative PDC financing of £40 million, this would give an annual PDC dividend (interest) charge of £1.4 million.

8. Communications and Stakeholder briefings

- 8.1. A deficit of this size, notwithstanding the size of the Trust, is a significant event and has been discussed with the NTDA at a national level. Local stakeholders and Trust staff have been briefed in advance of this paper being released in order to manage the message and address any immediate concerns.

9. Next Steps & Recommendations

9.1. The Trust Board is **RECOMMENDED** to:

- **Note** the contents of this report
- **Confirm** the year-end reforecast of a deficit of £39.8 m.
- **Mandate** the Executive Team to ensure that the CMG and Corporate Directorate outturns are no worse than the reforecast
- **Approve** the proposed measures around capital expenditure and creditor payments to increase year end cash balances
- **Note** the Finance Director's incorporation of the reforecast into the trust's formal M8 submission to the NTDA on 16th December
- **Mandate** the relevant Executive Directors to continue with discussions to further develop the Better Care Together Programme and the Trust's medium term financial strategy within that.

Andrew Seddon

Director of Finance and Business Services

16 December 2013

Appendix 1

FOT Position as at Month 8

Division	CMG's	Patient Care Income adj for penalties held centrally			Other Income			Pay			Non Pay			TOTAL			M7 FOT	Change in forecast M7 vs M8
		Budget £000s	Actual £000s	'Variance £000s	Budget £000s	Actual £000s	'Variance £000s	Budget £000s	Actual £000s	'Variance £000s	Budget £000s	Actual £000s	'Variance £000s	Budget £000s	Actual £000s	'Variance £000s	'Variance £000s	
Clinical CMG's	C.H.U.G.S	117,558	120,133	2,574	2,909	2,885	(24)	45,500	46,497	(998)	35,817	39,431	(3,614)	39,150	37,089	(2,062)	(2,062)	0
	Clinical Support & Imaging	23,831	25,758	1,927	7,253	7,090	(163)	67,000	70,249	(3,249)	2,454	4,587	(2,133)	(38,369)	(41,987)	(3,618)	(3,395)	(223)
	Divisional Management Codes	0	0	0	625	167	(458)	3,941	3,132	809	827	159	669	(4,143)	(3,124)	1,019	967	52
	Emergency & Specialist Med	100,874	113,800	12,927	4,934	4,079	(855)	63,868	74,347	(10,479)	30,011	32,337	(2,327)	11,930	11,195	(735)	(735)	(0)
	I.T.A.P.S	27,005	28,238	1,234	734	706	(28)	49,526	53,860	(4,334)	19,551	19,910	(359)	(41,339)	(44,826)	(3,488)	(3,472)	(16)
	Musculo & Specialist Surgery	93,970	95,750	1,780	1,949	1,510	(439)	43,571	44,898	(1,328)	18,201	18,747	(546)	34,148	33,615	(532)	(533)	0
	Renal, Respiratory & Cardiac	126,547	129,381	2,834	3,250	2,610	(640)	56,033	58,789	(2,756)	41,881	45,560	(3,680)	31,884	27,642	(4,241)	(4,242)	0
	Womens & Childrens	136,989	138,236	1,247	4,052	3,513	(539)	74,589	74,206	383	29,478	30,176	(697)	36,973	37,367	394	117	276
Clinical CMG's Total		626,774	651,296	24,523	25,707	22,560	(3,147)	404,026	425,978	(21,952)	178,220	190,907	(12,687)	70,234	56,971	(13,263)	(13,354)	91
Corporate	Communications & Ext Relations	0	0	0	33	32	(1)	755	846	(91)	121	151	(30)	(843)	(965)	(122)	(116)	(6)
	Corporate & Legal	0	0	0	0	72	72	971	975	(4)	1,168	1,314	(146)	(2,139)	(2,218)	(79)	(79)	0
	Corporate Medical	0	0	0	1,456	1,577	121	3,800	3,786	14	670	895	(225)	(3,014)	(3,104)	(90)	(94)	4
	Facilities	216	216	0	11,468	11,490	22	1,274	1,230	44	54,874	54,017	857	(44,464)	(43,541)	923	922	0
	Finance & Procurement	0	0	0	50	49	(1)	4,351	4,395	(43)	2,690	2,572	118	(6,991)	(6,917)	74	74	0
	Human Resources	0	0	0	2,858	3,270	411	5,483	5,469	15	1,782	2,150	(369)	(4,407)	(4,350)	57	58	(0)
	Im&T	0	0	0	184	171	(13)	2,490	2,378	112	5,575	5,903	(327)	(7,882)	(8,110)	(228)	(218)	(10)
	Nursing	0	0	0	275	313	38	5,834	5,548	286	13,247	13,647	(399)	(18,806)	(18,882)	(75)	(80)	5
	Operations	276	1,538	1,262	0	72	72	2,934	4,742	(1,808)	214	645	(431)	(2,872)	(3,777)	(905)	(904)	(1)
	Strategic Devt	0	0	0	0	59	59	2,807	3,244	(437)	147	712	(565)	(2,953)	(3,897)	(943)	(927)	(16)
Corporate Total		492	1,753	1,262	16,324	17,103	779	30,699	32,612	(1,913)	80,489	82,005	(1,517)	(94,372)	(95,761)	(1,389)	(1,365)	(24)
Research & Development Total		0	0	0	28,019	28,436	417	12,968	12,715	252	15,242	15,639	(397)	(190)	82	272	191	81
Central Division Total		(521)	(3,404)	(2,882)	49,051	49,064	13	0	196	(196)	20,494	46,552	(26,058)	28,035	(1,088)	(29,123)	(27,963)	(1,159)
Grand Total		626,744	649,646	22,902	119,101	117,163	(1,938)	447,693	471,501	(23,808)	294,445	335,103	(40,658)	3,707	(39,796)	(43,502)	(42,491)	(1,012)

Appendix 2

November - Actual Results against Forecast

	Variance compared to forecast - November			
	Pay £'000	Non Pay £'000	Income £'000	Total £'000s
C.H.U.G.S	7	(323)	392	76
Clinical Support & Imaging	(64)	(188)	18	(234)
Divisional Management Codes	(1)	(4)	0	(4)
Emergency & Specialist Med	(46)	(227)	410	138
I.T.A.P.S	(207)	(28)	(128)	(363)
Musculo & Specialist Surgery	(153)	(110)	139	(124)
Renal, Respiratory & Cardiac	11	(353)	321	(21)
Womens & Childrens	(86)	(98)	660	476
Total CMGs	(540)	(1,331)	1,813	(57)
Communications & Ext Relations	(2)	(6)	(1)	(9)
Corporate & Legal	7	19	0	26
Corporate Medical	(2)	(54)	33	(24)
Facilities	9	25	35	70
Finance & Procurement	14	8	(0)	22
Human Resources	9	(6)	19	22
Im&T	(14)	(34)	1	(47)
Nursing	48	(15)	(1)	33
Operations	(32)	(32)	144	81
Strategic Devt	(3)	(12)	(0)	(15)
Total Corporate Directorates	35	(106)	230	159
Total Central	(65)	(210)	(332)	(607)
Research & Development	7	(38)	42	11
Grand Total	(563)	(1,685)	1,753	(495)

To:	Trust Board	Trust Board Paper R4								
From:	Andrew Seddon, Director of Finance and Business Services									
Date:	20 December 2013									
CQC regulation:	All applicable									
Title: Update of the UHL Capital Plan at the end of November & submission of a revised plan for 2013/14.										
Author/Responsible Director: Andrew Seddon – Director of Finance & Business Services, Darren Stell – Capital Accountant										
Purpose of the Report: <ul style="list-style-type: none"> ▪ Highlight the year to date expenditure against the annual capital plan ▪ Advise on the progress of individual schemes and budgets ▪ Highlight any potential problems or issues ▪ Highlight potential cash issues in light of on-going Trust deficits ▪ Submit a revised plan for 2013/14 for approval 										
The Report is provided to the Executive Performance Board for: <table border="1" data-bbox="446 1081 1318 1252"> <tr> <td>Decision</td> <td>X</td> <td>Discussion</td> <td>X</td> </tr> <tr> <td>Assurance</td> <td></td> <td>Endorsement</td> <td></td> </tr> </table>			Decision	X	Discussion	X	Assurance		Endorsement	
Decision	X	Discussion	X							
Assurance		Endorsement								
Summary / Key Points: <ol style="list-style-type: none"> 1. The current capital plan for 2013/14 is £39.781m. 2. The year to date (YTD) expenditure at the end of November (Month 8) was £16.1m. This equates to just over 40% of the annual plan being delivered to date. 3. Further orders have been placed for another £10.0m of goods and services that should be delivered within the current financial year. Combined this represents 65% of the plan. 4. Due to the lack of progress on a number of schemes the year end forecast has now being reduced down to £35.485m. This forecast is optimistic and could be reduced further during the year although this may be partially offset by new schemes being developed. 5. A revised capital plan for 2013/14 is presented to re-align the funding with the work being undertaken. 6. The on-going revenue deficits may lead to the capital programme having to be managed to maintain an adequate cash balance in the bank. 										
Recommendations: <p>The Trust Board is asked to note the attached report and approve the revised capital plan.</p>										

Strategic Risk Register	Performance KPIs year to date N/A
Resource Implications (e.g. Financial, HR) N/A	
Assurance Implications N/A	
Patient and Public Involvement (PPI) Implications N/A	
Equality Impact N/A	
Information exempt from Disclosure No	
For further review? No	

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

TO: TRUST BOARD

FROM: ANDREW SEDDON, DIRECTOR OF FINANCE & BUSINESS SERVICES,
DARREN STELL, CAPITAL ACCOUNTANT

DATE: 20 DECEMBER 2013

SUBJECT: CAPITAL PLAN UPDATE

1. Purpose

- 1.1. To update the Executive Performance Board on the position of the UHL Capital Plan as at the end of November 2013.

2. Position (See Appendix A)

- 2.1 The capital plan for 2013/14 is currently £39.781m. Additional PDC of £2.147m has been awarded the Trust from the DoH Energy Efficiency Fund.
- 2.2 Year to date expenditure at the end of November was £16.134m. Commitments have been placed for another £10m of goods and services that should be delivered within the financial year.
- 2.3 The full year forecast has been reduced to £35.485m which may be reduced further as the year progresses. This does not assume any expenditure against the CHP schemes at present.

3. Recurrent Budgets

- 3.1. **IM&T.** IM&T have committed to spend their full allocation within the financial year and have requested additional funds to support storage requirements and to enable the E-Prescribing system roll-out to be completed. There should be a low risk of an underspend due to the flexibility within IM&T to re-allocate funds within schemes if needed to items with a short lead time.
- 3.2. **Medical Equipment.** The medical equipment plan for the year has been approved and distributed to the CMG's. Delivery of the plan is therefore in the hands of the CMG's. Some slippage and underspends have been identified and the MEE would like approval to re-allocate this funding to other items on the priority list. The planning process for 2014/15 is nearing completion with the intention to present the final list to the January commercial executive. Medium risk of an underspend as delivery of the plan is outside the direct control of the MEE.
- 3.3. **Facilities.** Approximately half of the sub group budget is being used to finish off schemes that were planned or started last year. Horizons have started placing orders against the remaining budget and they continue to forecast that they will spend their entire budget by year end. Medium risk of an underspend due to the lead time on some works not yet commissioned.
- 3.4. **Divisional Discretionary Capital / CMG contingency.** Following the restructure to CMG's the divisional discretionary capital has been closed off. The balance of approximately £194K has been used to create a CMG contingency fund. Access to this CMG fund still needs to be agreed and circulated to the CMG management.

- 3.5. **MES Installation Costs.** We are still to fully complete the replacement of the CT's & MRI's across the 3 sites that started last year. Work is also on-going relating to this year's plan with a forecast overspend of up to £0.75m. Medium risk of underspend as some cost estimates are on the high side and there is a risk that not all schemes will finish this year.

4. Reconfiguration Schemes

4.1. Emergency Floor:

- The discharge lounge expansion has now completed on time and on budget.
- Other interim works are also being carried out in ED to improve the department until the main scheme commences.
- Emergency Floor. FBC due in June 2014. Payment for the OBC and interim payments against the FBC will utilise most of the budget.
- ED Enabling works. Going to feasibility but works will not be undertaken until we receive NTDA approval.

- 4.2. **Theatre Assessment Area (TAA).** Work is on-going and is forecast to complete at the end of January. Minimal risk of not completing this financial year and only a small risk of overspending against budget.

- 4.3. **Advanced Recovery Area LRI.** The delayed completion of the TAA will mean this project will start later than originally planned. Medium risk of further slippage if the start is further pushed back.

- 4.4. **Single Site Take** – GH Vascular Surgery, Hybrid Theatre, GH Imaging. Work to develop the business case and to obtain an estimated cost is underway and is due before the end of the year. Some enabling works are also planned at GH to free up the space needed. Low risk of overspend within current year.

- 4.5. **Daycase / OPD Hub.** Minimal expenditure forecast this year waiting on conclusion of option appraisal exercise.

- 4.6. **Ward 4 LGH / H Block Isolation.** The conversion of Ward 4 is now estimated at £750K but we are unlikely to get much done in the current financial year. Medium risk of slippage if the start of the work is delayed.

- 4.7. **GH Modular Wards.** Feasibility being undertaken but not expecting any further progress this financial year. This plan has now been moved to the LRI and we are progressing a plan to deliver an additional 32 beds and 16 consulting rooms by Autumn 2014. The cost profile is still being developed but is unlikely to be more than £500K in 2013/14.

- 4.8. **Brandon Unit Refurbishment.** Not expecting this to progress this financial year above design works already completed.

5. Corporate / Other Schemes

- 5.1. **Osborne Ventilation.** Works to Ward 41 are underway with the forecast completion at the end of February. Partly due to higher than anticipated decant costs and partly due to facilities undertaking other backlog works whilst the ward is empty the scheme is forecasting an overspend of £84K. Low risk of any additional overspends.

- 5.2. **Endoscopy Redesign LRI.** This has now been completed and whilst we haven't yet agreed final accounts with the contractor it is anticipated that this will come in under budget.

- 5.3. **Maternity Interim Development.** Construction work is ongoing although running behind plan. Work is now planned to run through until October 2014. Some extra works and equipment costs have pushed up the total scheme costs both this year and next year. Medium risk of slippage against plan but also costs increasing due to extra works and equipment costs.
- 5.4. **Aseptic Suite.** Work has finally started but the scheme will now run through into the next financial year. Likely to need around £150K of funding next year in addition to current year budget. Medium to High Risk of further slippage and overspends.
- 5.5. **Stock Management System.** Main part of the scheme cannot commence until the business case is approved by the NTDA. High risk of slippage if the start of the scheme is delayed awaiting NTDA approval. The scheme has gone to the NTDA Capital Investment Group, with feedback awaited.
- 5.6. **LiA Schemes.** New allocation to support developments identified through the LiA process. Medium risk of slippage as no schemes currently identified or approved although these are likely to have relatively short lead times.
- 5.7. **Other Developments.** These include:
- Odames Education Centre. The project group is meeting regularly to work up a preferred solution with the intention of starting building works early in the new financial year.
 - Birthing Pools LRI/LGH. Completion of works funded by a grant at the end of last year.
 - Resus Monitors for ED. Purchase of equipment funded by PCT at end of last year.
 - LRI Boardroom Upgrade.
 - Lloyds pharmacy works. GH & LRI.
 - E-UHL E-learning modules. Capitalisation of new modules purchased by Human Resources.
 - Donations. Includes expenditure relating to the Teenage Cancer Unit and the MacMillan Oncology Information Centre.

6. Capital Plan

- 6.1. A revised capital plan of £40,145 is attached (Appendix B). This includes the award of PDC relating to the replacement of CHP units but not the £2m Transitional Funding we were anticipating earlier in the year. Other budgets have been re-aligned to reflect where the current expenditure is forecast.
- 6.2. Other new schemes include:
- Surgical Assessment Unit LRI. Phase 1 to be undertaken this year. £150K
 - EDRM. Purchase of system and hardware in advance of implementation next year. £1.639m
 - Vascular Enabling GH. Relocate some departments to create space to open extra beds. £200K
 - KSOPD Relocations. Relocate remaining staff to allow building demolition next year. £300K
 - LiA Schemes. Funding to progress capital works identified as part of the LiA process. £500K

- 6.3. UHL has been awarded capital funding (PDC) from the DoH Energy Efficiency Fund of £2.127m to enable the replacement of Combined Heat & Power (CHP) units at the LRI & GH. We are trying to secure this funding to allow us to deliver these in March.
- 6.4. Work has started on developing the capital plan for 2014/15 in conjunction with the revenue planning process.

7. Conclusion

- 7.1. Currently we have only spent 40% of the current annual plan. The forecast shows an anticipated underspend against the plan.
- 7.2. A lot of schemes are currently being planned which cannot be completed within the current financial year. These schemes will form a sizeable pre-commitment against next year's capital programme.
- 7.3. Whilst there is already a high chance of slippage against the capital plan, the Trust cash position may necessitate elements of the capital plan being managed to maintain working cash balances.

APPENDIX A

University Hospitals of Leicester NHS Trust
Capital Expenditure Report for the Period 1st April 2013 to 31st March 2014

	Capital Plan 2013/14	YTD Spend 13/14	Expenditure Profile												Forecast Out Turn	Variance
			Actual								Forecast					
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£'000's	
Recurrent Budgets																
IM&T	3,375	2,829	69	226	290	203	688	311	1,031	12	400	400	400	396	4,425	(1,050)
Medical Equipment	4,187	2,667	264	7	209	119	386	347	904	431	72	0	518	930	4,187	0
Facilities Sub Group	6,000	1,888	286	204	193	388	261	143	78	334	500	750	1,250	1,612	6,000	0
Divisional Discretionary Capital	406	322	150	65	9	10	16	12	56	4	48	36	0	0	406	0
MES Installation Costs	1,750	1,582	38	178	343	455	40	403	32	92	200	200	250	268	2,500	(750)
Total Recurrent Budgets	15,718	9,287	807	680	1,045	1,174	1,392	1,215	2,102	872	1,220	1,386	2,418	3,206	17,518	(1,800)
Reconfiguration Schemes																
Emergency Floor	4,000	1,197	2	7	14	79	79	130	312	575	300	500	750	653	3,400	600
Theatres Assessment Area (TAA)	1,549	981	4	10	27	30	491	172	75	171	200	191	208	0	1,580	(31)
Advanced Recovery LRI & LGH	625	149	63	(7)	55	11	7	(6)	18	8	15	15	100	235	514	111
GGH Vascular Surgery	1,156	28	0	0	0	0	0	0	24	4	0	0	100	705	833	323
Hybrid Theatre (Vascular)	500	0	0	0	0	0	0	0	0	0	0	0	0	0	0	500
Daycase / OPD Hub	350	0	0	0	0	0	0	0	0	0	0	0	0	0	0	350
GH Imaging	500	0	0	0	0	0	0	0	0	0	0	0	0	0	0	500
Ward 4 LGH / H Block Isolation	283	1	0	0	0	0	0	0	1	0	32	50	100	100	283	0
Modular Wards	4,050	0	0	0	0	0	0	0	0	0	43	0	0	0	43	4,007
Brandon Unit Refurb: OPD 1-4	2,000	106	0	0	0	0	5	4	1	95	0	0	0	16	122	1,878
ITU	140	0	0	0	0	0	0	0	0	0	0	0	0	0	0	140
Poppies Conversion	250	28	0	0	0	0	0	0	0	28	0	100	100	72	300	(50)
Feasibility Studies	100	33	0	0	0	0	0	0	35	(2)	5	5	5	12	60	40
Total Reconfiguration	15,503	2,523	70	10	96	121	582	300	465	880	595	861	1,363	1,793	7,135	8,368
Corporate / Other Schemes																
Osborne Ventilation	566	230	0	0	0	0	13	(1)	18	199	100	110	110	100	650	(84)
Endoscopy Redesign	250	152	0	80	(1)	24	5	28	16	1	14	0	0	0	166	84
Maternity Interim Development	2,800	1,547	3	18	9	273	388	332	190	334	330	362	354	407	3,000	(200)
Aseptic Suite	650	17	7	0	1	0	0	2	5	1	150	150	150	183	650	0
Diabetes BRU	600	719	0	62	125	128	141	37	105	121	1	0	0	0	720	(120)
Respiratory BRU	500	731	3	809	(245)	190	9	(46)	10	1	0	0	0	1	732	(232)
Stock Management System	3,000	187	0	0	0	0	0	0	3	185	20	800	1,000	993	3,000	0
LIA Schemes		0	0	0	0	0	0	0	0	0	100	100	150	150	500	(500)
CMG Contingency	194	0	0	0	0	0	0	0	0	0	44	50	50	50	194	0
Other Developments	0	742	163	123	91	36	69	(9)	104	163	100	100	100	178	1,220	(1,220)
	8,560	4,324	177	1,093	(20)	650	625	343	450	1,006	859	1,672	1,914	2,063	10,832	(2,272)
Total Capital Programme	39,781	16,134	1,054	1,783	1,121	1,945	2,598	1,858	3,017	2,759	2,674	3,919	5,695	7,062	35,485	4,296

APPENDIX B

Capital Plan 2013/14

Version 30 - December 2013

2013/14
£ ' 000

Recurrent Budgets - Approved

IM&T Sub Group Budget	4,425
Medical Equipment Executive Budget	4,187
Facilities Backlog Maintenance	6,000
Divisional Discretionary Capital	381
MES Installation Costs	2,500
Feasibility Studies	100
	<hr/> 17,593

Schemes - approved Business Cases

Maternity Interim Development	3,000
Theatres Assessment Area (TAA)	1,580
Advanced Recovery LRI	514
Osborne Ventilation	650
Poppies conversion	300
Stock Management Project	2,800
Endoscopy redesign LRI (JAG compliance)	165
	<hr/> 9,009

Schemes approved re. annual Cap Prog

Emergency Floor	3,500
SST - GH Vascular Surgery	650
	<hr/> 4,150

Planned Schemes

Isolation of 'H Block' LGH	33
Ward 4 refurbishment LGH	250
Modular Wards GH / LRI	500
Brandon Unit refurb - Clinics 1-4	100
Interim ITU Developments	140
Daycase / OPD Hub	328
CHP Units LRI & GH	2,147
Surgical Assessment Unit	150
Vascular Enabling	200
Endoscopy GH	100
EDRM System	1,639
	<hr/> 5,587

Corporate / Other Schemes

Medical Equipment Library	55
Kensington Reception	30
Pharmacy Alterations GH	100
Pharmacy Modular Building LRI	150
KSOPD Relocations	300
Boardroom LRI	55
LIA Schemes	500
MHU Alterations	39
CMG Contingency Budget	147
Aseptic Suite	650
Diabetes BRU Development	750
Respiratory BRU - Third Floor	730
Donations	300
Cohort OH System	
	<hr/> 3,806

Total Capital Plan

40,145

Funding

Depreciation / CRL / Disposals	32,452
DoH Energy Efficiency Programme	2,147
Unspent capital cash from previous year	5,246
Donations	300
	<hr/> 40,145

Total Source of Funds

40,145

S

Trust Board Paper S

To:	Trust Board										
From:	Richard Mitchell, Chief Operating Officer										
Date:	20 December 2013										
CQC regulation:	As applicable										
Title:	Emergency Department Performance Report										
Author: Richard Mitchell, Chief Operating Officer											
Purpose of the Report: To provide an overview on ED performance.											
The Report is provided to the Board for: <table border="1" style="width: 100%;"> <tr> <td>Decision</td><td></td><td>Discussion</td><td></td></tr> <tr> <td>Assurance</td><td>√</td><td>Endorsement</td><td></td></tr> </table>				Decision		Discussion		Assurance	√	Endorsement	
Decision		Discussion									
Assurance	√	Endorsement									
Summary / Key Points: <ul style="list-style-type: none"> • Performance in November was 88.50% • Performance year to date is 87.95% • Emergency admissions continue to increase creating significant capacity problems • A resilience checklist has been refined for use in the site meetings • There is an increased focus on non-admitted breaches • A senior site manager and deputy site manager have been externally appointed with start dates in 2014 • Improvement is still far too reliant on key individuals • Performance continues to come under considerable external scrutiny. 											
Recommendations: The Trust Board is invited to receive and note this report.											
Previously considered at another UHL corporate Committee N/A											
Strategic Risk Register		Performance KPIs year to date									
Yes		Please see report									
Resource Implications (eg Financial, HR)											
Yes											
Assurance Implications											
The 95% (4hr) target and ED quality indicators.											
Patient and Public Involvement (PPI) Implications											
Impact on patient experience where long waiting times are experienced											
Equality Impact											
N/A											
Information exempt from Disclosure											
N/A											
Requirement for further review											
Monthly											

REPORT TO:	Trust Board
REPORT FROM:	Richard Mitchell, Chief Operating Officer
REPORT SUBJECT:	Emergency Care Performance Report
REPORT DATE:	20 December 2013

Introduction

UHL's performance continues to vary against the four hour emergency care measure. Plans for performance improvement including the 'Hub' integrated plan have been updated since the last Trust Board. This report provides an overview of performance for November and December 2013.

Performance overview

In November 2013, 88.50% of patients were treated, admitted or discharged within four hours. This was deterioration in performance from the previous month. December 2013 performance, month to date, (up to and including 15 December 2013) has dropped to 87.56%. Year to date performance is 87.95%.

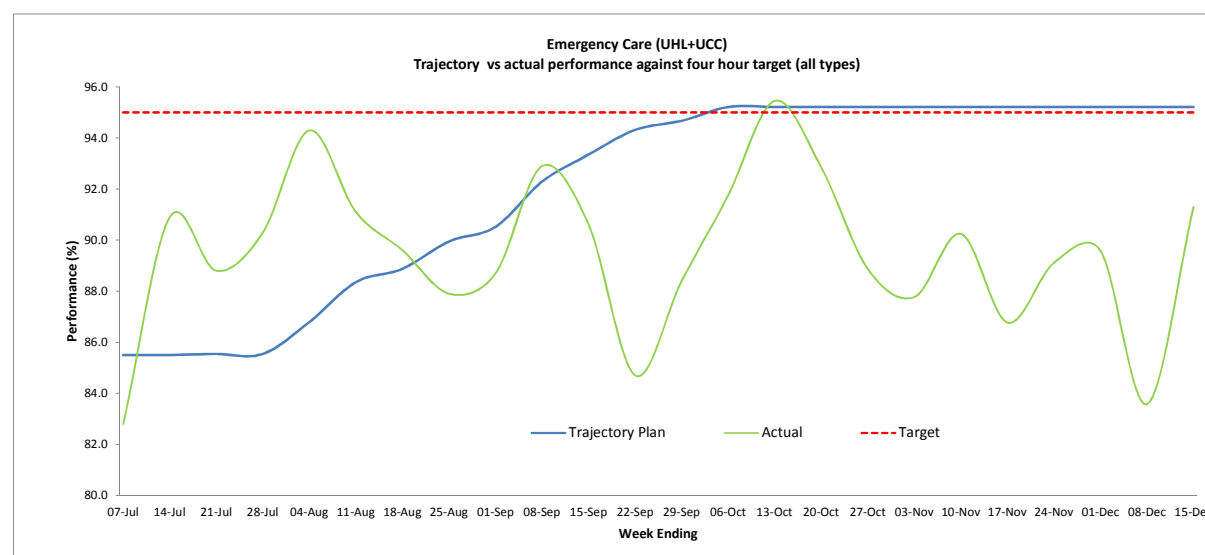


Table one

Key actions

Key actions continue to be taken and are recorded on the 'Hub' action plan attached as appendix one. Particular success is evident in reducing the number and % of non-admitted breaches (table two below). UHL has set a target of no more than five non-admitted breaches per day.

A group of UHL staff visited University Hospitals of Coventry and Warwickshire NHS Trust on 10 December 2013 because UHCW are a trust which has dramatically improved their emergency performance over the last three months. The findings from the visit are attached as appendix two and were discussed with 30 of the most senior clinical leaders at UHL on 16 December. An agreement was made to revisit UHCW the week commencing 23 December with a group of clinical representatives from A&E, the assessment units and medical wards and then UHL will implement trial bronze command cells on 6 January 2014. In addition, plans are being agreed for providing increased staffing numbers on the weekend of 4 and 5 January and elective surgery will reduce across January to increase the number of emergency lists and to reduce the number of on the day cancellations.

		AB	NAB	NAB %
	Q2	3748	1818	33
w/e	03-Nov	326	150	32
	10-Nov	262	126	32
	17-Nov	366	167	31
	24-Nov	293	132	31
	01-Dec	314	107	25
	08-Dec	523	133	20
Days	28-Nov	35	12	26
	29-Nov	34	14	29
	30-Nov	16	2	11
	01-Dec	50	19	28
	02-Dec	88	28	24
	03-Dec	81	14	15
	04-Dec	79	20	20
	05-Dec	70	8	10
	06-Dec	83	28	25
	07-Dec	69	25	27
	08-Dec	53	10	16
	09-Dec	98	23	19
	10-Dec	51	18	26
	11-Dec	26	3	10

Table two

Recommendations

The board are asked to:

- Note the contents of the report
- Acknowledge the continuing focus on sustainably improving emergency care performance.

Action Area Number	Action Area	Lead	Action Reference	Action	Lead Organisation	Lead Individual	Project Support	Completion Date & RAG	Update
			1.1	Analysis of exclamation orders and rapid feedback to referrers + links to UCC audit of inappropriate attenders	UHL/GEH/CCGs	Kim Wilding	N/A	Complete	<p>KW has shared the data from the pilot and avoidable data September. This will be shared with practices individually Nov localities for LC CCG.</p> <p>Oct/Nov data is now being reviewed by UCC GP on 13.11, fed back to GPs during the December localities as opposed to localities. Audit of GP inappropriate referrals expected on 13.11. Audit findings being reviewed by KW for feedback to Infla 2/12</p> <p>Oct/Nov GP-referred majors data reviewed. 35 cases had by ED as possibly inappropriate but the review shows that 16 were inappropriate. The others were not inappropriate r UHL campus, but were inappropriately in ED. In 16 cases because the GPs were told to send patients to ED due to it capacity elsewhere e.g. Assessment clinic / ward. In 14 cases clear if the GP had spoken to a clinician first. 3 patients were appropriate for ED.</p> <p>This is the second audit that has shown very small number of inappropriate GP referrals in ED majors and is therefore not to be an issue. However it does identify when there are issues.</p>
			1.2	Implementing a 15 min handover times between UCC and ED	UHL / GEH	Jane Edyvean Kim Wilding	Catherine Free Kim Wilding	Complete	<p>Nursing processes have been agreed by KW and JE. There is a dedicated porter in the Assessment Bay area.</p> <p>The new nursing process is making a big difference to handover times.</p> <p>As an ongoing measure, a process has been implemented to contact JE in the event of a significant delay for handover.</p> <p>Exception reporting process is now in place. No further action required.</p> <p>Exception report relating to Sun 01/12.</p>
			1.3	Patients referred by GPs in to ED to be triaged through UCC	GEH	Julie Whittikar	Kim Wilding	Complete	<p>Pilot went live on 28.10.13 for one week using additional resources. is now completed.</p> <p>A detailed review of data was undertaken on 11/11/13.</p> <p>The second phase pilot will be undertaken from 18.11.13 triage GP referrals through the ED Front Door without additional resources. If successful, the process will remain in place.</p> <p>During the second pilot, 72 patients attended with a GP referral now being reviewed for discussion at meeting on 2/12.</p> <p>Findings of the review discussed on 2/12. Only 4 patients for self-care. Others were appropriate for UHL campus although there as instructed by other UHL specialty e.g. ENT. There was an issue of inappropriate GP referrals.</p>
			1.4	Understand what can be done to improve the issue of patients transferring from UCC following assessment late into the 4 hour pathway	GEH	Jane Edyvean Kim Wilding	N/A	18.11.13	<p>UCC to ensure that duty manager at UHL called and informed immediately as and when this happens - this process has been implemented.</p> <p>KW has only ever received one >20minute triage data report.</p> <p>First report received for 1/12/13. Shows 27 x20 min breaches. 331 transfers to ED. Review shows only 5 were over the 4 hour target.</p> <p>The remaining 22 were either delayed at transfer to ED or did not completed the triage in time but needed further consultant assessment.</p> <p>Of the 9 that breached 4 hours on 1/12, the UCC accepted them to them.</p> <p>No further information has been shared by UHL with GEH.</p>

1	Inflow	Sue Lock	<p>1.5</p> <p>Results management out of hours - pathology reporting</p>	UHL / OOH	Angus McGregor Roy Aston	N/A	30.11.13	<p>Generic use of ICE would assist with this. ICE requesting primary care are a little over 85% at the moment. We believe telephone number is a part of that requesting process; they have more up to date records of patient information (add number) than the Trust; and that increasing the usage of ICE will improve the quality of the data and in particular ensure patients have the right telephone number linked to the patient request.</p> <p>Access to the patients phone number is the key issue and mandatory field in ICE will resolve this. Pathology are involved. A significant proportion of cases will have a phone number (laboratory computer) already and staff who are phoning in will provide that number with immediate effect.</p> <p>Pathology have investigated the above by auditing ICE requests to find that the proportion of patients for whom the telephone number known is 99.1%, however the accuracy of these phone numbers is questionable. Pathology are also reviewing how ICE links to Access to ICE for OOH would allow them to view previous results. If GPs are expecting the results to be high GPs will be asked to provide numbers of Pathology patients flowing through UHL will look at numbers of Pathology patients attending.</p> <p>Information received from Pathology shows that 85% of patients have a phone number. Roy to report back to Tim Sacks whether or not the phone number S1 access in OOH to be given.</p>
			<p>1.6</p> <p>Potential duplication of Clinic 1 and ED front door/UCC or not complimenting as best it could.</p>	CCGs	Tim Sacks	Roy Aston Kim Wilding	Complete	<p>A meeting occurred on 04.12.13 to discuss how these services align.</p> <p>An agreement has been made that mutual aid will be given in case of escalation. This has the potential to benefit 20-25 patients.</p>
			<p>1.7</p> <p>Consultant triage of GP referrals for medical admission via Bed Bureau.</p>	UHL	Lee Walker	Sue Harris	Monthly	<p>Lee Walker will continue to provide a monthly update of effectiveness of this at the Inflow Group meetings. A report on data is in progress.</p> <p>Report received from Lee Walker re analysis of figures / trends. Results will be fed back to November localities.</p>
			<p>1.8</p> <p>Streamlining of cardiology and respiratory admissions via the clinical decisions unit at GGH.</p>	UHL	Catherine Free Tim Sacks	N/A	Complete	<p>Pathway now written and agreed with UHL. Pathway now live at EMAS clinical governance forum.</p> <p>Pathway became live on 18.11.13.</p>
			<p>1.9</p> <p>GP Bounce Back levels are poor from both UCCs.</p>	GEH	Kim Wilding Angela Bright	Kim Wilding Simon Court	Complete	<p>A review of the '20 minute triage window' for these patients commenced at the Inflow meeting on 04.11.13. Completed.</p> <p>In addition, a pilot of the original Bounce Back pathway was run. A date for this is still to be decided. A proposed pilot process was discussed with the UCC CD on 20.11.13.</p> <p>The Bounceback process has been reinstated at the front door to be provided at 2/12.</p>
			<p>1.10</p> <p>There is inconsistency of criteria used WIC/MIU/UCCs to refer into ED.</p>	CCGs	Angela Bright Sue Lock Tim Sacks	Kim Wilding Simon Court	Complete	<p>CCG COO's provided a review of ED referrals and Bounce Back as well as issues to understand issues.</p> <p>The Merlyn Vaz contract due for renewal next year and this will be discussed with the UCC SOP.</p>

1.11	Lack of consistency in implementing EoL Pathway across CCGs.	CCGs	Angela Bright Sue Lock Tim Sacks	N/A	Complete	<p>Discussion had at Inflow Group meeting. UHL feel that no is required here in order to turn a patient around from wi</p> <p>Primary care work is continuing however. These scheme developed and are being implemented. The impact of the being progressed by the LLR EoL group. The group will n more robustly and share the results at the end of Februar</p> <p>Therefore it is suggested that this is closed.</p>
1.12	Frequent Flyers	UHL	Jane Edyvean	TBC	Complete	COOs have confirmed that practices already receive frequ reports via HERA and undertake action where appropriat
1.13	Batching of calls – EMAS.	EMAS	TBC	TBC	Complete	This has been investigated and confirmed with EMAS that occur. It is proposed that this is removed.
1.14	Low % of patients seen by GP prior to presentation at hospital.	CCGs	Angela Bright Sue Lock Tim Sacks	N/A	Complete	<p>The three CCG COOs will meet on 25.11.13 to satisfy each CCG is doing all it can within Primary Care to keep patien</p> <p>COOs have discussed this issue. CCGs are focusing on high appropriate pathways to GPs. We do not have informatio this action and require further evidence that we can take discussion.</p> <p>COOs have confirmed that care plans are a priority for ea will reduce the number of patients who are admitted with contact with a primary care clinician.</p>
1.15	GP – admits earlier in the day.	CCGs	Angela Bright Sue Lock Tim Sacks	N/A	20.11.13 16.01.13	<p>The three CCG COOs will meet on 25.11.13 to satisfy each CCG is doing all it can to ensure that GPs admit patients ea day.</p> <p>COOs have shared details of schemes. City - Emergency R undertaking urgent home visits in the mornings. County Community Paramedics undertaking urgent home visits c working day. CCGs will share referral criteria / learning p impact. For update in Jan 2014.</p> <p>Given that this action has been completed and it is follow needs completing, it is proposed that the date is changed</p>
1.16	Explore possibility of creating electronic templates in GP clinical systems to support consistent referral information.	CCGs	Angela Bright Sue Lock Tim Sacks	N/A	16.12.13	
1.17	Explore feasibility of x-ray requests via ICE from GP practices.	CCGs	Angela Bright Sue Lock Tim Sacks	N/A	16.12.13	
1.18	Special Patient Notes to be visible by ED, EMAS and OOH	CCGs	Angela Bright Sue Lock Tim Sacks	N/A	31.12.13	

2.1	Streamline and speed up TTO process	UHL	Suzanne Khalid	Claire Ellwood David Kearney Kevin Harris Nick Pulman	30.11.13 16.12.13	<p>Proof of concept studies with Pharmacist on ward rounds, discharge medication and ensuring appropriate medication. Pharmacist to update ICE letter successfully completed. The rollout of the use of discharge tab on ePMA.</p> <p>This has been very positive and pharmacist input is well received by medical staff.</p> <p>Four locums now in place and supporting roll out of discharge tab on ePMA. Retraining completed on wards 38, 37, FJ and 19 for rotation of Junior Doctors. Plan to roll out to 36, IDU, 23, 16th Dec, then 29, 30, 25, 26 the following week. Plan to roll out of discharge tab to base wards by end Dec. Demo to clinical IT fix now planned for 12.12.13 with plan to pilot on ward Dec if viable. Progressing recruitment to fixed term posts.</p>
2.2	Locum inductions	UHL	Pete Rabey	Rachel Williams	Complete	<p>Handbook developed as well as the process flash cards to Any new locum is left an envelope in the pocket near major note for the doctor in charge on the daily sheet to indicate this envelope to the doctor.</p> <p>They are allocated a locum EDIS account.</p> <p>Also developed a folder with CV's and feedback on all locum worked in the department and this is then taken to the meetings for feedback on competency of the doctors.</p> <p>A final review of this process to ensure completeness has been completed.</p> <p>This is now complete.</p>
2.3	Timely Specialty engagement (workshop with specialties to understand the blocks)	UHL	Andrew Furlong	Sarah Morley	Complete	Successful Specialty/ED engagement workshop held on 8 Hub support). Initial resulting plans for MSK, Surgery, Critical ENT reviewed on 15/11/13. COMPLETE
2.4	Progress CMG/Specialty project plans - output from workshop 08.11.13 - gain agreement to progress	UHL	Andrew Furlong	Sarah Morley	15.11.13 29.11.13 06.12.13	The HUB did not support the plans going forward due to not further discussed at ECAT 6.12.13. MSK & ENT did not feel take these plans further forward without investment but away to review whether they might be able to introduce a of surgical triage during the working week M-F.
2.5	Setup Task & Finish Group to monitor, track, measure and report on agreed outputs from workshop.	UHL	Andrew Furlong	Sarah Morley	Complete	ECAT decision 22.11.13 that ECAT should be the forum for progress instead of a separate task/finish group.
2.6	Re-establish communication lines between ED & specialties through a monthly/bi-weekly meeting between ED & HOS to include: 1. quick wins identified from workshop 8/11/13 2. review of existing SOPs for accuracy, effectiveness and adherence.	UHL	Andrew Furlong	Sarah Morley	22.11.13 06.12.13 03.01.14	Some meetings have been setup but further confirmation outstanding areas required.
2.7	EDIS to be put into place for identified areas	UHL	Andrew Furlong	Sarah Morley	Complete	In light of failure of the HUB to support the plans as per 2 longer clear whether EDIS is required. However, will look in the estates work for the surgical triage unit which is not commence until 20.1.14 with a 6 week work period.
2.8	Walk through ED from ITU Consultant	UHL	Andrew Furlong	John Parker	22.11.13 6.12.13 16.12.13	Plan for this to commence w/c 16.12.13 - now confirmed Parker. JP is on call this week and will test the process for
2.9	Reconvene daily operational meetings between ED & Specialties to enforce communication and change culture	UHL	Andrew Furlong	Sarah Morley/Specialty Leads	Complete	In view of the feedback from the HUB, we suggest this is not due to lack of resources to take forward
2.10	Re-establish communication lines between ED & specialties through a month/bi-weekly meeting between ED & HOS	UHL	Andrew Furlong	Sarah Morley/Specialty Leads	Complete	See action 2.6 - merged action point
2.11	Review existing SOPs for accuracy, effectiveness and adherence.	UHL	Andrew Furlong	Sarah Morley/Specialty Leads	Complete	See action 2.6 - merged action point
2.12	Radiology availability and rapid access to investigations by ED consultants (avoiding specialty sanction)(Radiologists in ED)	UHL	Andrew Furlong	Sarah Morley	30.11.13 16.12.13	Existing action plan from Radiology still expected to deliver

2.13	Clear ED SOP's and implementation	UHL	Catherine Free Ben Teasdale		<p>45.11.13 22.11.13</p> <p>All SOPs have been written and reviewed to account for n External comparisons have also been undertaken.</p> <p>3 SOPs were signed off at ECAT on 22.11.13 for:</p> <ul style="list-style-type: none"> - Minors - Assessment - AMU <p>A further SOP was signed off at ECAT on 06.12.13 for:</p> <ul style="list-style-type: none"> - Majors
2.14	Ensure consistent shift by shift ED leadership	UHL	Ben Teasdale	Jay Banerjee	<p>45.11.13 13.12.13</p> <p>Rotas have been re-organised to reduce exposure of those cope with high levels of pressure.</p> <p>Date has been extended to reflect development of actions sustainability. A SOP is being written that includes a check measurable actions on behalf of the doctor in charge and SBAR concept to maintain safety in the department and a escalation plan to reduce variation under these extreme c will go to ECAT for sign off by end of November.</p> <p>Coaching plan for specific individuals has been developed will commence in December.</p> <p>MD to review first draft of SOP with Ass Director of QL.</p> <p>Meeting with consultant to agree objectives for coaching.</p>
2.17	Engagement with services that have wider capacity issues – Critical care, theatre capacity for emergency surgery, out of hours capacity etc. –(link to specialty discussions)	UHL / CCGs	Andrew Furlong	Sarah Morley	<p>Complete</p> <p>Gen surgery have produced a short business case for SAU along similar lines to LRI MAU. Now to be linked to action following speciality workshop.</p> <p>T&O have also produced plan for increased senior decision through from ED to # clinic assessment area.</p> <p>19.11.13 UPDATE - Suggest that this is removed as covered action points. In addition, timeframe for rapid improvement suggests ability to have a reasonable impact as a separate limited. Business plans to be submitted from the specialty improve capacity issues within the specialties in order to improved flow and process with ED.</p>
2.18	Robust ED medical staffing Undertake fundamental review of ED activity and capacity and medical processing power	UHL	John Adler/Catherine Free/Ben Teasdale	Tim Coats Rachel Williams	<p>45.11.13 06.12.13 15.01.14</p> <p>Plan revised to include fundamental demand and capacity basing of establishment and ongoing recruitment plan. New template developed to highlight gaps and relationship to prospective and retrospective versions reported weekly and address issues in real time.</p> <p>Initial KM&T work based on Leeds model indicates significant proceeding gap at junior trainee level. In house model not populated against CEM and UHL productivity standards to 80th percentile demand. Initial results will be available by Christmas.</p>
2.19	Specialty referrals being routed through ED + adherence to SOP's	UHL	Andrew Furlong	Sarah Morley	<p>Complete</p> <p>KW and PW met and initiated new process. Any declines referrals will be raised with duty manager.</p> <p>Any referrals to ED from UCC will be marked as such on S</p> <p>In relation to the SOPs being adhered to, AF is reviewing and believe these need to be looked at from GP, UCC and other referrals.</p> <p>A.Furlong reviewed SOPs prior to the meeting on 08.11.13.</p> <p>Inflow group to set up monitoring process/data set to monitor have report for their referrals and KW to speak to Simon Loughborough UCC to ensure they can utilise the same report Complete as per the above detail - outstanding SOP review now detailed elsewhere.</p> <p>AF UPDATE 19.11.13 - Suggest this is now merged with workstream in action 2.11 above.</p>

			2.20	Implement new discharge focussed approach to rounds	UHL	Catherine Free	Lee Walker	31.12.13	New approach to weekend discharge rounds at LR impler improve flow rate.
			3.1	Liberating nursing time - Keeping senior nurses in clinical areas for the next month (no meetings)	UHL	Rachel Overfield	Julia Ball	Completed	This is now operational and will be monitored for effectiveness. Complete Ward Managers/Matrons returned to wards full time from 11.11.13
			3.2	Establish Ward round - baselines - rapid improvement (using exemplar wards)	UHL	Andrew Furlong Julia Ball	Julia Ball	Complete	Audit completed. Mixed picture. New standards drafted and out for comment (8/12). A further action has been developed as per 3.19.
			3.3	Prevent computers hibernating – action now	UHL	John Clarke	Jane Edyvean	Complete	Completed
			3.4	Management plan for all patients transferring to community hospitals (and GP letters)	LPT	Jude Smith	Julia Ball	45-11-13 01/12/13	agreed can link medical/nursing handover IT solution to tracker.
			3.5	Minimum data set for transfer information / avoidance of re-clerking	LPT	Jude Smith	Julia Ball	45-11-13 01/12/13	As above
			3.6	Expedited recruitment – increase of HR expertise to increase pace (recent significant increase in nursing establishment following workforce and skill mix review)	UHL	Kate Bradley	Elenour Meldrum (Nurse) TBC (HR)	31.12.13	Recruitment action plan in place and progressing as expected. 100 overseas nurses offered posts to start in January, more recruitment planned. Over recruiting to HCA posts. week commencing 11 November 538 nursing posts vacated
			3.7	Discharge / transfer checklist	UHL	Rachel Overfield	Julia Ball	Complete	Transfer checklist revised. Meeting with Mandy Gillespie off. Roll out via matrons next week (11.11.13) District nurse referral letters /drug authorisation letter now all available and this will replace where possible all paper versions by November. Ann Hall supporting access to ICE /ICM and transfer medical ward sisters and matrons . Will be completed by 11.12.13
			3.8	Access to equipment	UHL	Rachel Overfield	Releasing Time To Care Team	45-11-13 01.12.13	Equipment list now available, pending funding approval. : agreed. Details of equipment to be agreed this week. Agree computers on wheels will have biggest impact. Order placed. Equipment purchase agreed and being purchased.
			3.9	Ward clerk resources	UHL	Rachel Overfield	Rachel Overfield	45-11-13 01/12/13	Induction/training programme being finalised Funding agreed. be confirmed re posts later this week. Aim to have in post November. Recruitment slipped - in post mid december.

			3.10	Facilities engagement in roles and responsibilities over meal times	UHL	Rachel Overfield	Releasing Time To Care Team	45.11.13 31/12/13	LiA events taken place on all three sites. Clear plans for in Will not be a quick solution. Action should come off this p
			3.11	Environment for Medical teams to work at ward level (including IT)	UHL	Rachel Overfield	Releasing Time To Care Team	45.11.13 01/12/13	link to action 3.8 . CMG are working thorough plans for eac wards have identified quiet space for doctors but signage improved. Not considered a big issue now.
			3.12	Consistency of practice and protocols across wards	UHL	Rachel Overfield Andrew Furlong	Julia Ball	15.11.13	Audit current practice against internal professional stand audit along side 1.2 This workstream to be combined wit foward.
			3.13	Recruit discharge cleaning team - releasing 40 minutes of nusing time for every discharge bed space cleaned.	UHL	Rachel Overfield	Julia Ball	01.12.13	Interserve asked to provide source. Weekly to take too lo thorough contract variation process therefore Bank HCAs first two months. 8:00 am - 8:00 pm cover at LRI/LGH - in December 2013. rapidly recuyiting but likley to be mid de
			3.14	Review of roles and responsibilities of who can discharge (including confidence and competence)	UHL	Pete Rabey Nursing Lead (TBC)	Julia Ball	15.11.13	All discharge work in UHL reviewed at a meeting w/c 04. and Finish group to meet Monday 18th Novemeber. Meet matrons and sisters in medical CMG to take place with R Thursday/Friday next week . Discussed with nursing exe has now commenced.
			3.15	Communication to patients - setting expectations at point of admission	UHL	Pete Rabey	Ann Hall	Complete	Letter A approved for issue to all in patient s on admissio stating discharge expectations. This is available on all w included in nursing metrics. Also checked on daily census
			3.16	Implementation of a functional patient census used consistently, twice every day	UHL	Rachel Overfield	Julia Ball	30.11.13	Twice daily census meetings now working well Daily rept produced for all Daily feedback to ward teams to raise st
			3.17	External agencies to feed into the patient census and use the information to pull any patients out of UHL on a daily basis.	UHL	Rachel Overfield	Julia Ball	30.11.13	Daily census feedback to teams and all teams communica
			3.18	Protocols and procedures for the patient census to be written.	UHL	Julia Ball	N/A	30.11.13	Procedures and policies in draft
			3.19	Agree action plan to improve ward round processes.	UHL	Julia Ball	N/A	20.12.13	Standards drafted for circulation for comment. Coaching continues to improve communication through Nursing , Andy Jones and team.
			4.2	Review and improvement to bed bureau process Ensure one process is in place for allocating beds at UHL	UHL	Phil Walmsley	Helen Mather	Complete	Some changes implemented but date extended to incorpo extensive process improvements- screens now in place
			4.3	ED process - lots of just do it issues : telecoms, IT (including IT passwords), equipment	UHL	Jane Edyvean	Ann Hall	Complete	Complete.
			4.4	Fully staffed site management team and bed coordinators team	UHL	Phil Walmsley	Helen Mather	30.11.13 02.01.14	Date changed to note staff in post/ change of detail in acti Assessment centre next week. We are confident some sta immediately. Nb- this is not a significant delay but is a critical action. All interviews complete and all roles app
			4.5	Non clinical vacancies recruited to with staff in post	UHL	Jane Edyvean	Rachel Williams	30.11.13 02.01.14	Date changed to note staff in post/ change of detail in acti vacancies has been placed. Currently covered through bai
			4.6	Review protocols for discharge lounge - re - trollies	UHL	Richard Mitchell	Phil Walmsley	Complete	Protocol written. Appropriate patients transferred to the lounge.
			4.7	Minor estates work discharge lounge	UHL	Richard Mitchell	Phil Walmsley	Complete	Minor estates work required to increase scope of patient discharge lounge
			4.8	Investigate the feasibility for UHL to open an additional 24 beds at LGH.	UHL	Richard Mitchell	Phil Walmsley	Complete	Completed. Not Feasible.
			4.9	Meeting to review impact of FOPAL changes on admission rates	UHL / CCGs	Simon Conroy Spencer Gay	Catherine Free	30.11.13	There is now a service on EFU and AFU providing more el assessment facility than was available previously. There i LPT/UHL geriatrician appointments recently but recruitn additional posts is not possible at present.
			4.10	Meeting to agree the subcontracting of elective activity	UHL	Richard Mitchell	Sarah Taylor	Complete	Agreement made to outsource work whilst plan to increa capacity and reduce backlog agreed.
			4.11	Opening of additional assessment unit capacity and benefits fully realised	UHL	Catherine Free	Jane Edyvean	Complete	16 Beds opened.
			4.12	Additional Decanting space via converting daycase unit into an inpatient unit.	UHL	Richard Mitchell	Sarah Taylor	Complete	Major estates work complete
			4.13	Completion of capacity modelling	UHL	Richard Mitchell	John Roberts	Complete	Complete and shared with Emergency Care Hub, UCWG. It received and meeting being organised to discuss modellin with Dave Briggs
			4.14	Ensure consistent use of the outlier list	UHL	Richard Mitchell	Helen Mather	Complete	Outlier list is compiled as part of the discharge conference medical wards and via the CMG is for all other wards. Thi at 1400 and 1700 site meetings.

4	Operational	Richard Mitchell	4.15	Increased use of discharge lounge for patients who do not need to be on a ward- learning from LTH	UHL	Richard Mitchell	Jane Edyvean	Monthly	Patient suitable for the discharge list are discussed at eac
			4.16	Improve patient signage in ED- learning from LTH	UHL	Jane Edyvean	Gill Staton	02.01.14	Estates and ED team are now working on plans. Agreed a
			4.17	Review of internal escalation process	UHL	Richard Mitchell	Phil Walmsley	30.11.13	Meeting with HM 7/11/13. Escalation plan being reviewe
			4.18	Appoint to senior site manager post	UHL	Richard Mitchell	Richard Mitchell	31.01.14	JD writtten, candidates contacted. Interviews planned for 2/12/12 Nb- this is not a significant delay but is a mis- action Candidate appointed
			4.19	Appoint to substantive SMOC posts	UHL	Richard Mitchell	Richard Mitchell	31.01.14	JD written. Now advertising. Nb- this is not a significant mission critical action
			4.20	Review best clinical and physical location for patients awaiting beds	UHL	John Adler	Richard Mitchell/ Rachel Overfield	30.11.13	Discussed at ECAT 15-11-13. Further discussions to be h decision paper to ECAT on 29-11-13. Discussion at the ECAT identified that there are no safe al locating patients away from ED whilst they await medical
			4.21	Explore ways for greater exec leadership in site meetings and out of hours	UHL	Richard Mitchell	Richard Mitchell	Monthly	COO or CN attend, when possible, every site meeting.
			4.22	Refocus on zero minors breaches	UHL	Richard Mitchell	Jane Edyvean	Monthly	This is checked at every site meeting and disciplinary wai shared
			4.23	Refocus on minimal non-admitted breaches	UHL	Richard Mitchell	Jane Edyvean	Monthly	This is checked at every site meeting and disciplinary wai shared. New escalation process is in place
			4.24	Ensure set agenda in site meetings is adhered to and new resilience checklist being implemented.	UHL	Richard Mitchell	Helen Mather	Monthly	COO or CN attend, when possible, every site meeting.
			4.25	Introduce 24/7 escalation process for threatened, non-admitted breaches.	UHL	John Adler	Richard Mitchell	Monthly	Revised policy sent out on 28 November ensuring that all non-admitted breaches are escalated through to the CEO 24/7.
			4.26	JA to chair meeting with all heads of speciality/ service and CMG directors to reconfirm expectations for speciality involvement in the emergency pathway	UHL	John Adler	Richard Mitchell	Complete	Meeting chaired
			4.27	Implement a bronze level of consultant command with four cells; ED, assessment units, medical base wards, all other specialities	UHL	Richard Mitchell	Richard Mitchell	18.12.13 6.1.14	Each cell nominates a named consultant to work between 0 week day to be a point of contact for decision making, expect discharges, keeping flow going etc. The day may be split into consultant does not necessarily need to be supernumerary t to be the focal point for their cell's activity without other du them- Learning from UHCW
			4.28	The four bronze commanders above, senior medical colleague eg KH, AF etc and RM meet daily at 0800 to review position and agree on plans to get patient flow going.	UHL	Richard Mitchell	Richard Mitchell	18.12.13 6.1.14	Learning from visit to UHCW
			4.29	If GP bed referrals come to ED because of bed pressures, the patients remain the responsibility of medicine, and medicine provide support for them.	UHL	Richard Mitchell	Catherine Free	18.12.13 6.1.14	Learning from visit to UHCW
			4.3	When a specific trigger point is met eg 150% of maximum patients in ED, on call consultant comes in to assist irrespective of clinical commitments tomorrow.	UHL	Richard Mitchell	Catherine Free	23.12.13	The incentive is to resolve issues in hours other than out Learning from visit to UHCW
			4.31	Trial Super Saturday and Sunday first weekend in January	UHL	Richard Mitchell	Andrew Furlong	05.01.14	Paper going to ET and ECAT this week
			4.32	Amend site report to show capacity gap more clearly and to state the number of discharges required per area	UHL	Richard Mitchell	Phil Walmsley	Complete	Learning from visit to UHCW
		Mental Health	5.1	Mental health assessment and crisis response - matching of capacity and demand - immediate actions	LPT	Jim Bosworth Debi O'Donovan	N/A	30.11.13	Pathway now written and agreed between LPT and and G
			5.2	Community hospital and Mental Health inflow (talk to consultant in ED first)	LPT	Jim Bosworth Debi O'Donovan	N/A	30.11.13	As 5.1
			5.3	Set number of CH transfers at 9am daily - pre book Arriva for immediate transfer *	UHL / LPT	Phil Walmsley Rachel Bilsborough	Rachel Bilsborough Nikki Beacher Hospital Matron the	Complete	Whilst the process was deliverable - 4 patients per day w acheivable and on review was agreed that resources wou used from 11am. But patients ready for transfer should b discharge lounged to enable propt transfer from 11 am

5	Multi-agency Integration	Jane Taylor	Use of Community Hospital Capacity	5.4	24 additional rehab / step down beds at LPT 12 at Loughborough and 12 at LGH.	LPT	Rachel Bilsborough	Rachel Bilsborough	15.11.13	All City beds are open, all additional Loughborough beds : ICS have 48 in West, 24 in East with another 24 being opened every week, City have 16 with two being opened every week on 24.
			Integrated Discharge	5.5	Single integrated discharge team *	CCGs	Jane Taylor	Tracy Yole	Complete	
				5.16	Define operating protocols for the Integrated Discharge Team	CCGs	Jane Taylor	Tracy Yole	20.12.13	
				5.6	Directory of Services - knowing what's available	CCGs	Jane Taylor	Tracy Yole	31.12.13	EOL update - see 5.12 and 5.15
			CHC and Care Homes	5.7	Expediting CHC decisions*	LA	Jackie Wright Helen Manning	Alison Cain	Complete	
				5.8	Expediting discharge whilst waiting dispute resolution and facilitation of discharge to assess continuing health needs	LA / CCGs / GEM	Jackie Wright Helen Manning	Alison Cain	30.11.13 31.03.14	Strategy meeting arranged for the 18th December to review D2A provision. CCG DM have met with GEM - the outcome is for GEM to propose provision of an end to end CHC service, D2A site, provision of fast track.
				5.9	Care homes and protocol for falls management	LA / CCGs / GEM	Jackie Wright Helen Manning Caroline Trevethick	Jane Taylor	30.11.13 25.12.13	Follow up meeting on 9th Dec re falls decision tree and draft to be circulated and further meeting with stakeholders for the 17th Dec.
			EOL	5.10	Expansion of capacity of existing EOL service to result in 3 EOL patients per day to be discharged.	CCGs	Tracey Yole	N/A	Complete	Links with 5.6 New pathway proposed and being refined this week. We are receiving 1-2 EOL patients per day within existing resources.
			Choice	5.11	Withdrawn choice for Rehab location - agree protocol to avoid expectation of choice for next step care. UCWG to sign off next week	UCWG / UHL	Kevin Harris Richard Mitchell Azhar Farooqi Nick Pulman Hamant Mistry	Julia Ball	Complete	
				5.17	Monitor issuing of letters via patient census	UCWG	Azhar Farooqi Nick Pulman Hamant Mistry	N/A	20.12.13	No choice letters issued this week
			EOL	5.12	Review of end of life pathway	CCGs	Jane Taylor	Tracy Yole	31.12.13	Developed from 5.6 pathway has been updated to define EOL and palliative care. Access to the EOL team now 7/7 and available to all ward single contact phone number. New pathway to be circulated and the chief nurse bulletin. The patient census t/c are also supporting coaching of wards of process application.
			Reducing discharge delays out of UHL and LPT	5.13	Establish external partner discharge group		Jane Taylor		Complete	Group established further meeting on the 12th Dec - action on other points
				5.14	Utilisation of the daily patient census report to focus partner actions		Jane Taylor	Julia Ball	31.12.13	Information being received- quality is improving daily with increasing the ability to focus on those over 48 hours of bed fit. Data is being collected to enable review of impact of a
				5.15	Same day provision of community equipment for UHL discharges		Jane Taylor	Julie Morley	31.12.13	Negotiation for same day delivery and 7/7 working arrangements been agreed and started - the weekend cover will commence weekend. Additional staff to undertake ordering has been identified. Training to be undertaken this week to support week

RAG Status Key:	
5	Complete.
4	On Track / Delivered with continuing monitoring.
3	Slight delay to delivery but within a reasonable tolerance level and a risk of not being completed as planned. Any action with a delay.
2	Significant Risk or Issue or Deadline already missed - unlikely to be completed.
1	Not yet commenced.

**Top ten learning from University Hospitals Coventry and Warwickshire NHS Trust/
Reflection on UHL**

1. Partnership working between senior clinicians in different specialities is insufficient. We need a 'call to arms' noting the importance of closer working. **Action- JA to chair meeting at 1730 on Monday 16 December for all heads of speciality/ service and CMG directors to attend with quick drink afterwards.**
2. Operational decisions to support emergency flow are too dependent on junior administrators, managers and nurses. Clinicians rarely attend site meetings. **Action- RM implement a bronze level of command with four cells; ED, assessment units, medical base wards, all other specialities.** Each cell nominates a named consultant to work between 0730- 1800 each week day to be a point of contact for decision making, expediting discharges, keeping flow going etc. The day may be split into two. The consultant does not necessarily need to be supernumerary but must be able to be the focal point for their cell's activity without other duties distracting them. **This is the biggest change that UHCW made with immediate benefits.**
3. There is insufficient pace to decision making early in the morning. **Action- The four bronze commanders above, senior medical colleague eg KH, AF etc and RM meet daily at 0800 to review position and agree on plans to get patient flow going.**
4. When the wards cannot directly take GP bed referrals they are routed to ED but there is no further support for the ED team. **Action- if GP bed referrals come to ED because of bed pressures, the patients remain the responsibility of medicine and medicine provide support for them.**
5. At times of difficulty out of hours, ED are left too much to get on with it. **Action- when a specific trigger point is met eg 150% of maximum patients in ED, on call consultant comes in to assist irrespective of clinical commitments tomorrow. The incentive is to resolve issues in hours other than out of hours.**
6. Duty management team is not strong enough with too much variability between individuals. **Action- senior site manager recruited, deputy site managers being recruited and team will be overhauled.**
7. Processes at weekends are weak compared to midweek with too few discharges. **Action- super Saturday and Sunday planned for first weekend in January. AF leading on this.**
8. Site report doesn't clearly articulate the number of beds required each day. **Action- RM to amend site report to show capacity gap more clearly and to state the number of discharges required per area**
9. Function of site meetings remains inconsistent linked into # 5. **Action- RM to send an email to UHL bed state group reminding them of expectations.**
10. Still unclear about the functionality of ward rounds. UHCW have a 'Mr Ben' ward round in which a senior member of staff will visit a specific ward to spot check on the actions from the ward round. Information is shared. **Action- discuss at ECAT.**
11. Non-admitted breach escalation is too dependent on the SMOC. **Action- JA and RM to review process.**