University Hospitals of Leicester **NHS**
NHS Trust

Trust Board Paper X

To:	Trust Board
From:	Andrew Seddon – Director of Finance and Business Services
Date:	29 August 2013
CQC regulation:	All
Title:	QUARTER 1 REVIEW 2013/14 ANNUAL OPERATING PLAN (AOP)

Author/Responsible Director: Andrew Seddon/Helen Seth

Purpose of the Report:
To present to Trust Board a high level overview of performance against our 2013/14 AOP objectives between April-June 2013/14 (quarter one - Q1) and in the context of individual quarterly reviews already received by the Board, provide assurance on the activity already being undertaken to address any area of adverse variance.

The Report is provided to the Board for:

Decision		Discussion	X
Assurance	X	Endorsement	X

Summary / Key Points:
The 2013/14 Annual Operating Plan represents the Trust's first steps on our challenging pathway towards financial and clinical sustainability. 2013/14 is the first year that the development and delivery of provider (i.e. trust) plans has been overseen by the NHS Trust Development Authority (TDA).

Our Q1 report captures a high level overview of what is working well and what needs to be improved. Illustrative examples include:

What is working well? A key condition from the NTDA in approving our plan was the need to demonstrate that our quality & governance strategy is core to the cultural development of the organisation and that there is an internal system of early warning and escalation to demonstrate good internal governance.

Quality Commitment - Sound progress has been made against the Q1 plans underpinning our Quality Commitment (saving lives, reducing harm and improving the patient experience). The Quality dashboard is live and shows progress against the 3 high level metrics and 7 workstream sub metrics. Any areas of variance are thoroughly investigated. Performance against the Quality Commitment is monitored and reviewed by Trust Board on a monthly basis, through the Quality and Performance report.

Listening into Action (LiA) – Core to the culture of our organisation are the values, attitudes and behaviours of our staff. The launch of LiA during Q1 has been very positive with nearly 3000 staff completing the initial 'pulse check' and 500 staff attending 6 listening events hosted by John Adler, CEO. The next quarter will be an exciting period as our quick wins and 'Enabling our People' schemes (EoP) move forward. These will be complemented by our 12 'Pioneering Teams' who have volunteered to adopt LiA into their practice.

What needs to be better? Our AOP for 2013/14 was set against a backdrop of

significant financial and operational performance challenges. Whilst we knew that on-going operational pressures would result in an adverse financial run rate in the early part of the year, it was anticipated that the use of a planned contingency would mitigate a significant degree of the gap. In reality the size of the financial gap has been much greater resulting in a drop in our Financial Risk Rating (FRR) to 2.2. In addition, on-going operational pressures have also impacted on Q1 delivery of our CIP programme as planned capacity reductions have had to be delayed. Financial recovery plans and alternative CIP schemes (quality impact assessed) are in place and are being robustly monitored through the CIP Delivery Board, the Finance and Performance Committee and Trust Board.

Operational performance is equally as challenged in respect of compliance with ED (Q1 performance stands at 81.4% (Type 1&2) and 85.3% including UCC), Referral to Treatment Time (aggregate RTT Q1 April 88.2%; May 91.3%; June 85.6% against a 90% target) and 62 day cancer target (performance in Q1 was 80.7% against a standard of 85%). Detailed performance and exception reports have been presented and reviewed by Trust Board on a monthly basis and are not therefore repeated in this report however in summary, our commissioners have served contract query notices, remedial actions plans have been collaboratively developed and revised improvement trajectories agreed.

Overall, Q1 has represented two extremes: sound steady progress in respect of quality and organisational development vs. the reality of our financial and operational challenges. As we progress through our FT trajectory it is clear that to be ready for authorisation we need to be a sound performer across all categories. In this context Q2 needs reflect significant, sustainable improvement and the delivery of recovery trajectories.

Recommendations: The Trust Board are asked to:

RECEIVE this report

NOTE the progress against Q1 delivery of our Annual Operational Plan and the overall, high level RAG rating of key aspects (as per Section 3)

NOTE the key areas of variance and the outline action proposed to rectify the position

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Previously considered at another corporate UHL Committee?
Finance and Performance
Trust Board

Strategic Risk Register:N/A	**Performance KPIs year to date:**N/A

Resource Implications (eg Financial, HR): Set out in the AOP 2013**/**14**.**

Assurance Implications:N/A

Patient and Public Involvement (PPI) Implications: See below "Stakeholder engagement implications".

Stakeholder Engagement Implications:
Prospective Board of Governors and our Patient Advisors have received an overview presentation of our AOP for 2013/14

Equality Impact: The AOP is subject to the Trust's equality impact processes.

Information exempt from Disclosure: None

Requirement for further review? Q2 report on the AOP 2013/14 will be submitted to the Board in October 2013/14.

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT TO:	Trust Board
REPORT FROM:	Andrew Seddon, Director of Finance and Business Services
AUTHOR:	Helen Seth
RE:	Executive Summary – Q1 Review Annual Operational Plan 2013/14
DATE:	29 August 2013

1. PURPOSE

The purpose of this paper is to:

- Provide an executive summary of the Q1 review of the 2013/2014 Annual Operational Plan (AOP). It should be considered alongside the detailed quarterly reports presented to Trust Board in July.

- Summarise Q1 performance against the key improvement and development priorities for 2013/14 (Appendix 1).

- Highlight key areas of variance and the action being taken to bring performance in line with plan.

2. PLANNING GUIDANCE FOR 2013/2014

2013/14 is the first year that the development and delivery of provider (i.e. trust) plans has been overseen by the NHS Trust Development Authority (TDA).

Following an iterative development process the Trust submitted our final 2013/14 AOP to the TDA on 30 April 2013.

Having undertaken due diligence the TDA wrote to the Trust on the 29 May confirming the recommendation that the Trust's 2013/14 AOP be approved, subject to a small number of conditions. At a high level, assurance was sought to confirm that:

2.1   Contracts with all commissioners were signed and were reflected in the income figures in our plan

2.2   The Trust had identified and signed off at a Board meeting, recurrent CIP schemes with a full year effect of at least £39.9m; and have identified mitigating non-recurrent actions to ensure it delivers the total 2013/14 CIP value in year. All schemes have a signed off quality impact assessment that demonstrate any associated risks to patient safety are appropriately mitigated.

2.3   The quality & governance strategy is core to the cultural development of the organisation. There is an internal system of early warning and escalation to demonstrate good internal governance which is reflected in the plan.

The four conditions are recorded here for completeness and to ensure (as appropriate) that compliance is maintained throughout the year.

3. THEMATIC APPROACH

Our AOP for 2013/14 was developed against a backdrop of performance, economic and service challenges. These broadly aligned to four common themes that we know must be addressed through our short, medium and longer term plans if our services are to remain safe and sustainable. The themes included the emergency process, clinical and financial sustainability, delivering quality and securing clinical reconfiguration.
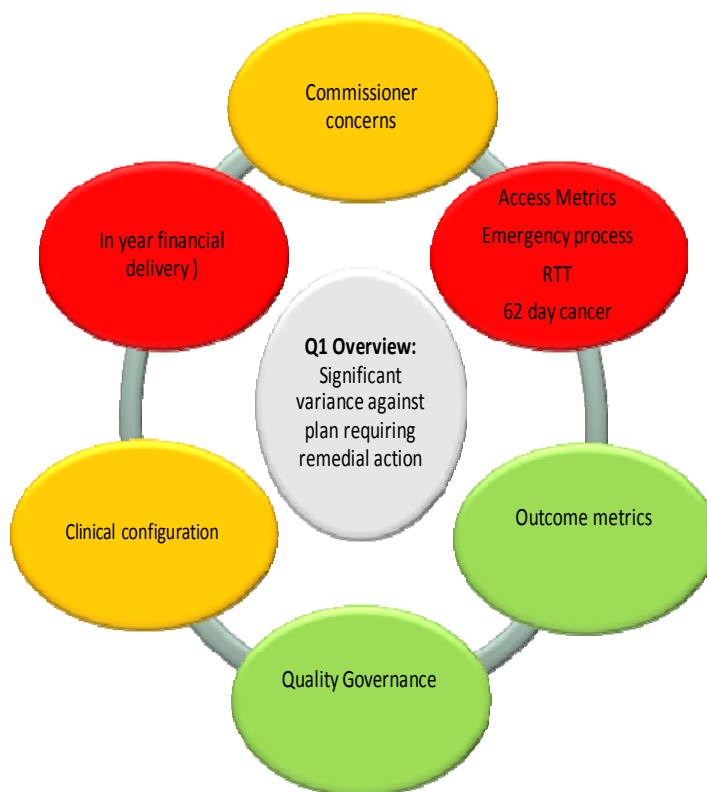
**Diagram: overview of Quarter 1 (Q1) performance against our
2013/14 Annual Operational Plan (AOP)**

The diagram above provides a high level overview of collective performance in Q1 against our Annual Operational Plan for 2013/14.

The key points to note are:

i.   **Financial performance -** remains a significant challenge with a deficit at the end of June 2013 of £6.9m. This is approximately £5.8m adverse to the planned deficit of £1.1m by the end of Q1.

ii. **Emergency process –** The Trust failed to deliver the A&E standard in Q1 2013/14. Progress in respect process improvement has been much slower than we would like despite significant investment and reform. The health community have agreed a radical improvement plan which was implemented at the start of Q2. Early aspects of that plan (for example the single front door) are starting to make some in-roads into performance improvement but there is still a long way to go. Other key performance standards notably the Referral to Treatment Target (RTT) and 62 day cancer target also require remedial action as they too failed to achieve the required performance standard.

iii. **Delivering Quality –** Progress against our Quality Commitment to save lives, reduce harm and improve the patient experience is broadly on track. Staff involvement and engagement in delivering this commitment, is critical to success.

iv. **Clinical configuration –** a number of early estate reconfiguration projects are progressing through business case development and offer some exciting developments that will soon start to make a real difference to the patient and staff experience.

The rest of this report reflects on some of the highlights to date with Appendix 1 providing more detail on progress in Q1 against the specific improvement and development priorities. Much of the detail has already been presented to Trust Board through appropriate quarterly reports. Comments made here are therefore made by exception.

The next quarterly review will be presented to Trust Board in October.

4.   CONTRACTUAL PERFORMANCE 2013/14

The Trust agreed the Heads of Terms for the 2013/14 contract with our local CCGs (core clinical contract) and the National Commissioning Board (NCB Specialised Commissioning Group) on 28 March 2013. This represents an income envelope of £573.6m (£195.1 SCG and £378.5 CCG). Contracts with all commissioners were subsequently signed and reflect the income figures reflected in our AOP.

4. FINANCIAL PERFORMANCE 2013/14

Financial position as at end of June 2013

The Trust has reported to the TDA a deficit at the end of June 2013 of £6.9m, which is approximately £5.8m adverse to the planned deficit of £1.1m. The position reflects £5.0m of the contingency release in the Month 3 position.

The consequence of the current financial performance, predominately the £6.9m actual deficit, is that our Financial Risk Rating (FRR) has fallen to 2.2. Recovery plans and actions are now in place to improve the current run rate and get back to a sustainable financial position and FRR, whilst not impacting negatively of the quality of patient care.

Key points to highlight in the Q1 position are:

i. **Patient care income** £0.9m (0.6%) favourable against Plan, mainly due to outpatients
ii. **Pay costs,** £4.8m (4.2%) adverse to Plan. This represents an increase of £7.8m, 7%, above the same period last year
iii. **Non pay costs**, £2.9m (4.2%) adverse to Plan
iv. **CIP performance** is £1.3m adverse to Plan

The Q1 position may be analysed as follows:

Income

NHS patient care income is £0.9m (0.6%) favourable to Plan April-June 2013. Key areas of variance are as follows:

Elective In Patient (IP) activity is 6% down against the activity plan, £122k adverse in value (0.7%)

Emergency IP activity adverse to Plan by £569k (1.3%), despite the 1.4% over performance on activity

Over-performance in **outpatients,** £1.7m (8.3%) and ED, £0.4m (8.7%)

It is important to note that whilst we are seeing significant increases in outpatients and ED attendances, elective inpatients are below Plan. This is predominantly due to capacity constraints resulting from the overheating of the emergency process.

Expenditure – pay

The pay position for Q1 is £4.8m adverse to Plan. This is a result of a number of key factors including:

i. The continued use of extra capacity wards (Fielding Johnson, Ward 1 LRI; Ward 2 LGH; Ward 19 LRI and Odames LRI) to meet the emergency activity levels.

ii. The Acute Care Division rostering more doctors and nurses in Medicine and ED to ensure the flow of patients from ED to support the 4 hour target

iii. Premium spend to cover a significant amount of the staff costs in these areas

In respect to assurance on recovery plans, regular finance reports are received at the Divisional Confirm & Challenge meeting, the Executive Performance Board, the Finance & Performance Committee and the Trust Board Executive Performance Board, the Finance & Performance Committee and the Trust Board.

Workforce plan and workforce movement

The continued reliance on premium staff comes at the same time as our contracted staff numbers in medical and nursing professions have increased by almost 3%, equivalent to an increase of 164 WTE since March 2012.

Our contracted WTE is however currently 9797 which is behind the June 2013 forecast figure of 9930 and the year-end position of 9822. This is impacting on the pay bill as a result of continued reliance on non-contractual, premium rate workforce and is a consequence of the failure to close additional capacity and manage pressures within our Emergency Care system (subsequently reflected in a reduced forecast in whole time equivalent worked posts from 355 to 166).

The Trust Board is sighted on the in-year performance against our workforce plan through an OD Plan Quarterly paper. This includes performance against key operational targets. Regular finance reports are provided to the Finance and Performance Committee. This included a specific workforce report in June 2013.

CIP Delivery

The NTDA placed four conditions on the approval of our 2013/14 AOP. One specifically related to the delivery of our CIP plans such that:

i.   The Trust will deliver CIP schemes with a recurrent, full year effect of at least £39.9m

ii. Non-recurrent actions will be identified and delivered to mitigate the risk of slippage in any specific schemes so that the total 2013/14 CIP value is delivered in year.

iii. All schemes have a signed off quality impact assessment that demonstrate any associated risks to patient safety are appropriately mitigated.

Performance at the end of Q1 is delivery of £6.2m against an April-June Plan of £7.4m. This shows a disappointing adverse position of £1.2m (83% delivery) which in the main reflects the operational pressures the organisation has faced in Q1 particularly around emergency activity. As a consequence, CIP plans focused on bed capacity reduction have had to be delayed and alternative schemes progressed to mitigate the financial gap created.

The Head of CIP meets fortnightly with the Divisions and holds a fortnightly CIP Delivery Board. The recently established Improvement and Innovation Framework will support and complement these groups. Assurance has been sought from divisions and directorates on the process that will be applied to make-up the gap, the robustness of substitute schemes to support in year delivery and finally, the anticipated trajectory for getting back on track.

Capital

The Trust has spent £3.9m of capital at the end of June 2013, approximately 63% of the Plan in Q1.

Progress against the Capital Plan is be monitored via the Commercial Executive and actions taken as appropriate to ensure the £37.8m year-end plan is achieved.

5.   QUALITY AND PERFORMANCE

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

The performance indicators are broken down into 3 groups:

i.   Outcome Measures

ii. Quality Governance Measures

iii. Access Metrics

A high level overview of performance during Q1 is outlined below. This was reflected in the Q1 Quality and Performance Report considered by Trust Board in June, 2013. To avoid repetition, the focus in the Q1 review of our 2013/14 AOP will be by exception.

Outcome Measures

Outcome Measures						
Performance Indicator	**Target**	**2012/13**	**Apr-13**	**May-13**	**Jun-13**	**YTD**
30 day emergency readmissions	7.0%	7.8%	7.6%	7.8%		7.7%
Incidence of MRSA	0	2	0	0	0	0
Incidence of C. Difficile	67	94	6	7	2	15
Safety Thermometer Harm free care		94.1%*	92.1%	93.7%	93.6%	
Never events	0	6	1	0	0	1
C-sections rates	23%	23.9%	23.8%	26.1%	26.1%	25.3%
Maternal deaths	0	0	0	0	0	0
SHMI	100	104.5	104.5	104.5	104.5	
VTE risk assessment	95%	94.5%	94.1%	94.5%	93.1%	93.9%
Open Central Alert System (CAS) Alerts		13*	14	9	15	
WHO surgical checklist compliance	100%	Yes*	Yes	Yes	Yes	Yes

Quality Governance Indicators

Quality Governance Indicators						
Performance Indicator	**Target**	**2012/13**	**Apr-13**	**May-13**	**Jun-13**	**YTD**
Patient satisfaction (friends and family)		64.5	66.4	73.9	64.9	
Sickness/absence rate	3.0%	3.4%	3.4%	3.4%	3.6%	3.5%
Proportion temporary staff – clinical and non-clinical (WTE for Bank, Overtime and Agency (excludes medical locums and WLI payments)			5.6%	5.9%	5.6%	
Staff turnover (excluding Junior Doctors and Facilities)	10.0%	9.0%*	8.8%	8.9%	9.2%	8.8%
Mixed sex accommodation breaches	0	7	0	0	0	0
% staff appraised	95%	90.1%	90.9%	90.2%	90.7%	

Performance Indicators

Performance Indicator	**Target**	**2012/13**	**Apr-13**	**May-13**	**Jun-13**	**YTD**
A&E - Total Time in A&E (UHL+UCC)	95%	91.9%	82.0%	88.7%	85.3%	85.3%
RTT waiting times – admitted	90%	91.3%	88.2%	91.3%	85.6%	
RTT waiting times – non-admitted	95%	97.0%	97.0%	95.9%	96.0%	
RTT - incomplete 92% in 18 weeks	92%	92.6%	92.9%	93.4%	93.7%	
RTT - 52+ week waits	0	1	0	0	0	0
Diagnostic Test Waiting Times	<1%	0.5%	1.6%	0.7%	0.5%	
Cancelled operations re-booked within 28 days	95.0%	92.9%	90.4%	91.0%	86.4%	89.7%
Urgent operation being cancelled for the second time	0	NEW INDICATOR	0	0	0	0
2 week wait - all cancers	93%	93.4%	93.0%	95.2%		94.2%
2 week wait - for symptomatic breast patients	93%	94.5%	94.0%	94.8%		94.5%
31-day for first treatment	96%	97.4%	97.5%	97.0%		97.3%
31-day for subsequent treatment - drugs	98%	100.0%	100.0%	100.0%		100.0%
31-day wait for subsequent treatment - surgery	94%	95.8%	97.2%	94.4%		95.8%
31-day wait subsequent treatment - radiotherapy	94%	98.5%	100.0%	97.8%		98.7%
62-day wait for treatment	85%	83.5%	80.9%	80.4%		80.7%
62-day wait for screening	90%	94.5%	98.6%	94.3%		96.2%

Quality Commitment

Our AOP outlined the activity we would undertake during 2013/14 to secure and maintain sustainable performance against the above. To deliver our vision of 'Caring at its best' we laid out an ambitious Quality Commitment. Our priorities are 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:

   i.   Save 1000 extra lives

ii.   Avoid 5000 harm events

iii.   Provide patient centred care so that 75% of our patients would recommend us

A detailed review of progress against Quality Commitment objectives in Q1 is outlined at Appendix 1. At a high level key points to note include:

What is working well? Progress against Q1 objectives has been good generally across the board. An illustrative example is the development of the Quality Commitment dashboard which reflects the 3 core metrics for tracking performance against our 3 goals (save lives, avoid harm and improve care so that our patients recommend us) during the lifetime of the programme. The dashboard also includes 7 sub-metrics, one to track delivery in each of the 7 work streams.

The Quality Dashboard shows that based on most recent data we are on track to deliver the improvement trajectory for all indicators used to measure avoidable harm.

What could be better? There are a small number of actions where progress has been slower we would ideally like. Whilst they cover more than one area the theme is adherence/compliance with best practice (for example compliance with the COPD care bundle, patient profile in dementia and multidisciplinary discharge process). Poor adherence with a best practice in multidisciplinary discharge processes may be a contributory factor in the deterioration in discharge survey results. There is a clear expectation that improvement will be seen from Q2 onwards.

Mortality – Overall RAG rating (A)

The Quality Dashboard also tells us is that whilst the most recently published SHMI is above the England average of 100 but within the range expected (104.5) our seasonally adjusted crude mortality rate/1000 admissions, is higher than we would like. The crude rate is not as accurate as the SHMI and is only used on an interim basis whilst SHMI data is refreshed. Despite this it is monitored and analysed to better understand the drivers for this position. During Q1 the LLR Health Community has been undertaking a SHMI (Mortality) Review. This has been extended to the end of July as there have been difficulties matching Primary Care and UHL notes for all patients.

Overall at the end of Q1 the Trust assessed our position on mortality as AMBER. This is as per the position reported as part of the Quality and Performance Summary Report to Trust Board in June, 2013.

Patient Safety – Overall RAG rating (G)

What is working well? Overall Q1 performance has reflected consistent improvement in patient safety as measured by the scorecard indicators.

At the end of June the Trust had 63 on-going Serious Untoward Incident investigations, 42 of these were related to Hospital Acquired Pressure Ulcers (HAPU), 15 were Patient Safety Incidents (PSI) and 6 were Healthcare Acquired Infections. The 'Critical safety actions' (CSA's) programme has continued with the aim of reducing avoidable mortality and morbidity, the key indicator being Serious Untoward Incidents related to the CSA's.

What could be better? An area of variance during Q1 has been compliance with VTE risk assessment. Year to date we have achieved 93.9% against a threshold of

95% of all adult patients having a VTE risk assessment on admission to hospital. The primary cause of variance would appear to be available capacity to enter the relevant data onto Patient Centre in high throughput areas. This has been compounded by the requirement to input the details of Dementia screening. Additional support is being provided to address this weakness.

During April-June 2013 our C-Section rates have been 25.3% against a target of 23%. The Trust typically benchmarks well against peer organisations although the level of C-Sections in the May and June has been higher than expected. The reasons for this are being explored further. An update will be provided in the Q2 AOP review.

Patient Experience - Overall RAG rating (G)

What is working well? - There were 0 MRSA cases reported between April and June 2013. MRSA elective and non-elective screening has continued to be achieved at 100%. In respect of C Difficile, there have been 15 cases between April and June against a Q1 target of 22.

What could be better? The Friends and Family Test (FFT) question "How likely are you to recommend this ward to friends and family if they needed similar care or treatment?" is included in our inpatient surveys. Our overall score has gone up and back down to a similar level during the first three months of this financial year (April 66.4; May 73.94; June 64.9). As the FFT was only introduced in April there is little historical data to compare performance against and assess whether fluctuations on the FFT score are significant. The Trust remains committed to improving our overall FFT score as the plans described in our AOP roll out to a full year effect.

Operational Performance - Overall RAG rating (R)

ED Performance – As originally described in our AOP, despite significant effort to improve our emergency process, to date sustainable improvement in ED target has not been achieved. This is subject to significant scrutiny locally, regionally and nationally.

Phase two of the Emergency Care programme was launched on 26 March with the aim of improving ward management, patient flow, bed configuration underpinned by consistent consultant-led ward processes to enable optimal length of stay to be achieved.

The pattern of demand for ED has been variable during the first quarter of 2013/14; ED attendance rates shows an overall percentage change in activity of 0.8% when compared to the same period in 2012/13. Performance year to date stands at 81.4% (Type 1&2) and 85.3% (including UCC). This places the Trust in the unenviable position of being one of the worst performing ED's in England.

In June 2013 the Urgent Care Board for Leicester, Leicestershire and Rutland, chaired by NHS England, agreed a plan of further radical actions to help the Trust move beyond the current poor level of performance. The plan was endorsed by NHS partner agencies as a way to rapidly improve the 4-hour wait target, reduce waiting times and improve the patient experience.

This is monitored in detail at Trust Board on a monthly basis and on a weekly basis through the Emergency Care Action Team (ECAT) and is not therefore repeated in

detail here. However an illustrative example of the collaborative action being taken with our partners is the redirection of all adult walk-in patients to one new 'Single Front Door' located in the Urgent Care Centre (UCC). The anticipated benefits of this change include improved deflection rates, reduction in overall demand for treatment in ED, reduced risk due to the overcrowding of the ED and most importantly enhancement of the patient experience. The new process went live on 17th July 2013. An update on the impact of this change and other changes will be reflected in our Q2 AOP review.

62 day wait from urgent GP referral to first definitive treatment for cancer (85% threshold) (R)

As originally explained in our 2013/14 AOP the Trust was been unable to deliver sustainable performance against this target during 2012/13.

Our plans in 2013-14 focus on reducing unnecessary delays in early diagnosis in particular around the imaging stage of the pathway.

Performance in Q1 was 80.7% against a standard of 85%. A revised trajectory has been accepted by Commissioners with anticipated achievement of the standard by Q4. Performance is in line with the agreed recovery trajectory.

An exception report was received by the Trust Board in June which outlined the key actions for recovery of this standard. A remedial action plan has since been provided to, and accepted by, Commissioners.

Referral to Treatment Time (RTT) (Admitted) (R)

As explained in our AOP, from 2013/14 the Trust is required to achieve the admitted and non-admitted RTT targets at an aggregate and at an individual specialty level.

The Trust had been unable to deliver sustainable performance against this target across all specialties during 2012/13. The AOP described the plans that the Trust would be implementing in 2013/14 in order to achieve sustainable improvement. Illustrative examples included:

Illustrative action	Aim	Progress	RAG rating in Q1
Optimise theatre productivity	Increasing cases per list, reducing list overrun and cancellations	Theatre productivity programme progressing but progress is slower than anticipated. Now forms part of the Improvement and Innovation programme.	R As per Appendix 1
Increase critical care capacity	Ensure sufficient critical care capacity to meet major case demand	Increase of 3 beds funded at risk by Trust in Q1. Utilisation review requested by Commissioners delayed. Unlikely to report before December. Escalated with Commissioners	R
Delivery of ECP plans	To release planned care bed capacity currently occupied by acute medical patients	ECP plans not delivering sustainable improvement to date. Medical patients still out lie into planned care beds reducing flexibility for planned care to deliver the elective plan	R

A priority action has been to address the backlog of long waiting patients which has had an adverse, but anticipated impact on achievement of the admitted RTT target in Q1 at an aggregate level (April 88.2%; May 91.3%; June 85.6% all against a 90% target) and specialty level.

The failure to achieve the April target at an aggregate level triggered a Contract Query Notice from Commissioners which requested the development and delivery of a Remedial Action Plan.

The national admitted performance in May was 92.1% (locally 91.3%). 119 out of the 178 Trusts missed the target at specialty level and 80 Trust's had between 2 and 10 specialty failures. This provides important context but in no way dilutes our commitment to achieve sustainable performance during 2013/14.

As expected, admitted performance in June was not been achieved (85.6%). 5 specialties failed the target with an estimated automatic contract penalty of £50,000. Recovery plans are required for Ophthalmology, ENT (Adult and Paediatrics), Orthopaedics and General Surgery.

Regrettably, as the action required to address the backlog continues into Q2 an adverse, but anticipated impact on achievement of the admitted RTT target will also be expected in July and August. Every effort is being made to ensure we reach the target in a sustainable manner from that point onwards.

6. ORGANISATIONAL DEVELOPMENT G

A Q1 Organisational Development Report was provided to the Trust Board in July 2013 and therefore is not covered in detail in this report.

A key component of the plan is the implementation of Listening into Action (LiA). This started with the completion of a ten question 'Pulse Check' Survey by staff. 2885 staff responded. Six listening events followed hosted by John Adler, CEO, in April and May 2013, attended by approximately 510 staff.

The outputs of the listening events have informed:

  i.   A series of Quick Wins – Month on month high impact visible actions launched by the CEO on 23 May 2013.

  ii. The selection of ten Enabling Our People (EoP) Schemes which will adopt the LiA approach over an initial 20 week period (started June 2013). The EoP schemes are teams, departments, pathways or corporate functions who have been nominated to help address specific issues raised by staff at the listening events.

  iii. The development of twelve Pioneering Teams who have volunteered to adopt LiA. These teams aim to address their own specific challenges and drive forward change together by engaging and mobilising all the right people. Pioneering teams commenced a 20 week period of listening and acting in June 2013.

We look forward to hearing about the benefits of LiA from staff throughout the year.

7. IMPROVEMENT AND DEVELOPMENT PRIORITIES

The 2013/14 AOP set out a range of priorities which were designed to take forward the key themes identified in Section 3 and those of our Strategic Direction published last autumn. The actions reflect the breadth of the Trust's portfolio and are summarised below. The RAG rating applied indicates an assessment of the overall performance in Q1 of the portfolio of activities supporting each priority. The activities themselves are explained in more detail in Appendix 1.

PRIORITY	WHICH MEANS	THEME	STRATEGIC OBJECTIVE
Delivering our Quality Commitment	Save more lives, reduce avoidable harm, improve patient experience	Quality and Performance	Action to provide safe, high quality, patient-centred healthcare
Improving the emergency care process including the Emergency Department (ED)	Consistently deliver timely, safe care and a good patient experience	Emergency Care	Provide joined up emergency care
Improving theatre productivity (clinical service transformation)	Fewer cancelled operations, fewer delays for patients.	Quality and performance standards	Earn the right to be the provider of choice
Improving outpatients (clinical service transformation)	Fewer cancellations, fewer patients who do not attend (DNAs)	Quality and performance standards	Earn the right to be the provider of choice
Improving the estate (estate improvement)	A series of schemes to bring immediate benefits as well as well as to take forward medium term reconfiguration	Financial sustainability and quality and performance standards	Sustainable high performing NHS Foundation Trust
Improving IM&T (support service transformation)	Priority schemes to support clinical service delivery	Reconfiguration; Financial sustainability; quality and performance standards	Sustainable high performing NHS Foundation Trust
Developing Listening into Action as part of our Organisational Development Plan	Better engagement with staff, leading to better support for colleagues and clear leadership standards.	Quality and performance standards	Professional passionate and valued workforce
Developing our specialised services	For example, vascular, adult cardiac, children's cardiac, renal	Quality and performance standards. Financial sustainability	Sustainable high performing NHS Foundation Trust. Provider of choice. Enhanced reputation in Research, Innovation and Education
Developing medical education	Clinical Education Centre improvements at The Royal, better engagement with trainees, considering the shape of future medical workforce	Quality and performance standards. Financial sustainability	Sustainable high performing NHS Foundation Trust. Enhanced reputation in Research, Innovation and Education
Developing research and development	Strengthening our three Biomedical Research Units, playing a leading	Quality and performance standards	Enhanced reputation in Research, Innovation and

	role in the creation of the Academic Health Sciences Network, and securing funding from the National Institute for Health Research. (NIHR)	Financial sustainability	Education
Developing as a Foundation Trust	Strengthening our membership and making progress towards our Strategic Direction	Quality and performance standards Financial sustainability	Sustainable high performing NHS Foundation Trust

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*

8. RECOMMENDATIONS

The Trust Board are asked to:

RECEIVE this report

NOTE the progress against Q1 delivery of our Annual Operational Plan and the high level RAG rating of key aspects (as per Section 3)

NOTE the key areas of variance and the outline action proposed to rectify the position

APPENDIX 1 IMPROVEMENT AND DEVELOPMENT PRIORITIES - PROGRESS AGAINST 2013/14 AOP – Q1

The Trust identified a range of priorities which are designed to take forward the key themes identified above and those of our Strategic Direction published last autumn. The actions reflect the breadth of the Trust's portfolio. Key progress against our AOP in quarter 1 (Q1) is outlined below:

PRIORITY	WHICH MEANS	ACTION PLANNED IN Q1	PROGRESS	KPIs	TRUST BOARD ASSURANCE AND SCRUTINY	ACTION RAG
Delivering our Quality Commitment	Saving 1000 extra lives by 2016; Avoiding 5000 harm events by 2016; Providing patient centred care so that 75% of our patients would recommend us.	Develop a Quality Commitment dashboard to include the 3 core metrics for tracking performance against plan	The dashboard has been developed and is operational. It will be refreshed monthly and reflects performance against the 3 core metrics and 7 sub-metrics, one to track delivery in each of the 7 work streams.	Dashboard - Seasonal adjusted crude mortality /1000 admissions	Incorporated into the monthly quality and performance report to the Trust Board	5
	Saving more lives - 24/7 working	Implementation of hospital 24/7 continues. Clinical notes audit	Audit of SHMI underway to identify hotspots for out-of-hours admission mortality.	Dashboard - Out of hours mortality/1000 admissions		4
	Saving more lives- Respiratory Care Pathway	Redirect all respiratory pathway patients to Glenfield (either direct, or via LRI) May 2013	Conditions for transfer agreed by EMAS and Acute division. Respiratory pathway successfully launched at the start of July 2013. Fears over bed capacity imbalances have not materialised.	Dashboard - Respiratory mortality/1000 admissions		5
			Dedicated pneumonia nurses to take post at the start of September.			4
		Utilise findings from care bundle audit (January 2013) to reinforce best practice May 2013	Adherence to care bundle process identified as key risk during initial audit. To be focus of pneumonia nurses going forward.	Percentage compliance to COST and COPD protocols		3

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

PRIORITY	WHICH MEANS	ACTION PLANNED IN Q1	PROGRESS	KPIs	TRUST BOARD ASSURANCE AND SCRUTINY	ACTION RAG
Delivering our Quality Commitment	**Avoiding 5000 harm events by 2016;** Falls	Reinforce standards. Engage ward staff to follow standards. Engage key leaders and communicate message to wards	Falls work bringing about very high levels of ward engagement	Fall reports/1000 bed days aged > 65 years	Incorporated into the monthly quality and performance report to the Trust Board	5
Delivering our Quality Commitment	**Avoiding 5000 harm events by 2016;** Falls	Training - Develop dedicated training programme for nurses and HCAs. Roll-out programme	Falls training has been completed with the Leicester Royal Infirmary assessment unit. Risk that recent drop in fall rate may be partially caused by coding training. On going	Fall reports/1000 bed days aged > 65 years		5
Delivering our Quality Commitment	**Avoiding 5000 harm events by 2016;** Falls	Establish older people's team to coach under-performing wards	On-going falls prevention coaching being carried out by Lesley Hale.	Fall reports/1000 bed days aged > 65 years		4
Delivering our Quality Commitment	**Avoiding 5000 harm events by 2016;** Acting on results in ED	Agree standards for checking blood results and reporting imaging	Bloods removed from scope of workstream ED X-ray reporting showing strong improvements. Initial analysis reveals no negative impact on other areas of radiology e.g. in-patients, complex imaging, etc.	Percentage of results authorised (through ICE) (100% target) before patient discharge / transfer ED X-rays reported in < 24 hrs		3
Delivering our Quality Commitment	**Avoiding 5000 harm events by 2016;** Acting on results in ED	Communicate standards and tracking approach to all ED staff outlining the case for change (use SUI examples)	This work is currently on-hold while a radiology lead is sought for the work.	ED X-rays reported in < 24 hrs		1
Delivering our Quality Commitment	**Avoiding 5000 harm events by 2016;** Acting on results in ED	Baseline current performance and track improvement. Produce league tables. Reward / Hold to account.	See above	Percentage of results authorised (through ICE) (100% target) before patient discharge / transfer ; ED X-rays reported in < 24 hrs		1
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*	

PRIORITY	WHICH MEANS	ACTION PLANNED IN Q1	PROGRESS IN Q1	KPIs	TRUST BOARD ASSURANCE AND SCRUTINY	ACTION RAG
Delivering our Quality Commitment	**Avoiding 5000 harm events by 2016;** Acting on results on admission and subsequent delay	Ward rounds - Pilot and audit two key approaches on selected wards. Review pilot and select most impactful approach for roll-out. Monitor compliance (including spot checks)	The roll-out of the ward round template continues. Audit plan in place. Workstream lead has now secured 1 SPA dedicated to ward round engagement. Plans to recruit JDs in support in Q3/Q4.	Adherence to ward round template.	Incorporated into the monthly quality and performance report to the Trust Board	**3/4**
Delivering our Quality Commitment	**Avoiding 5000 harm events by 2016;** Acting on results on admission and subsequent delay	Notation - Agree standard minimum for notes entry: Up-to-date differential / working diagnosis, Daily entry of patient status, and clear plan of care. Engage doctors through training & education using case studies	Meetings with the divisional clinical leads have taken place and there is an on-going programme of meetings with individual clinicians	% of entries that meet standards		**4**
Delivering our Quality Commitment	**Providing patient centred care so that 75% of our patients would recommend us;** Older People and Dementia Care	Multidisciplinary working - Offer opportunity for all to be Older People's Champions Set up resource centre. Facilitate stronger utilisation of carers, volunteers and charities	Dementia champions' network has been launched. Meaningful activity coordinators have been recruited	Double number of champions over next year		**4**
Delivering our Quality Commitment	**Providing patient centred care so that 75% of our patients would recommend us;** Older People and Dementia Care	Communicate effectively - Ensure completion of personal profile for all patients with dementia. Increase patient / carer involvement in care	The patient profile audit has revealed poor adherence. First 'memory lane' event held	Net promoter score - Percentage of patients that recommend us. Older patient survey.		**3**
Delivering our Quality Commitment	**Providing patient centred care:** Discharge experience	Deliver discharge plans standard - involve multi-disciplinary team and patient / carer. Co-ordinate discharge plan and communicate with patient / carer. Implement across all priority wards	The discharge initiatives were launched in June and July. Recent survey scores in this area have been poor but expect to see an improvement post-launch	Net Promoter Score Discharge survey		**3**

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PRIORITY	WHICH MEANS	ACTION PLANNED IN Q1	PROGRESS IN Q1	KPIs	TRUST BOARD ASSURANCE AND SCRUTINY	ACTION RAG
Emergency Care	Achievement of the ED 4 Hour standard	Implementation of ECP Phase 2 – Redesign of ward processes and bed reconfiguration. System wide plan and trajectory submitted which focusses on inflow, UHL process and outflow. UHL element focusses on ED process and timely access to beds which are the two biggest factors for ED breaches. Performance last week, (week ending 11 August 2013) deteriorated compared to the week before, although performance for the week was stronger than the six week rolling average.	The ECP work with RPC has completed and there is ingoing progress against the standards set for both phase 1 and 2. The new Rapid assessment and treatment (RAT) process is in place and working well. Performance has slowly begun to improve with in- week variation remaining. Initial wins include reduction in breaches allocated to ED process and cubicles. Access to beds and significant numbers of unfilled medical and nursing posts during the weekend continue to have an adverse impact on performance and represent an on-going focus of attention.	Performance week ending 11 August 2013 deteriorated compared to the week before (91.15%), although performance for the week was stronger than the six week rolling average (88.2%).	Emergency Care Action Team (ECAT) Urgent Care Partnership Board (UCB) Quality and Performance Management Group (QPMG) Finance and Performance (F&P) Trust Board papers are ED exception report and Quality and Performance report	2
Emergency Care	Ambulance turnarounds times	Ambulance turnarounds times within contracted agreement Current performance 19mins	Performance has generally improved against the ambulance handover but there are still issues with overcrowding in ED which challenges performance in this area	Within contracted agreement (15mins for clinical handover time). Reduction in contractual penalties	As above	

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PRIORITY	WHICH MEANS	ACTION PLANNED IN Q1	PROGRESS IN Q1	KPIs	TRUST BOARD ASSURANCE AND SCRUTINY	ACTION RAG
Theatre Productivity	Fewer cancelled operations, fewer delays for patients.	**Capacity and Demand and theatre info** - Review current capacity / demand; Define Future state; Develop Key Performance indicators and implementation plan ; Explore viability of further use of patient bar coding for real time information	Capacity and demand model has been developed and is being validated (includes a waiting list/backlog scenario model). Theatre performance by speciality over a 12 month period has been reviewed. Confirm and challenge events are scheduled for the end of Q2, the purpose of which is to identify sessions which may not be fully utilised. Criteria are being developed to aid decision making as to which sessions will be removed and released for CIP. A revised theatre dashboard has been developed with a planned go live date of 19/8/13	Improved theatre throughput; Reduced cancellations Reduced backlog; Reduced WLIs	Theatre Transformation Board; Improvement and Innovation Board; Exec leadership; Regular reports to Trust Board	2
Theatre Productivity	Fewer cancelled operations, fewer delays for patients.	**Scheduling -** Define processes for scheduling; Review use of IT systems for theatre information and scheduling; Model patient selection for optimum use of theatre lists	Theatres scheduling guidance updated. Scheduling tool in operation in ENT and a similar tool is to be tested in Ophthalmology in late Q2. Electronic decision to admit form is being developed and will be tested in four speciality areas – Ophthalmology, plastics, elective MSK and general surgery. This pilot will start in Q2.	Improved theatre throughput; Reduced cancellations Reduced backlog; Reduced WLIs	Theatre Transformation Board; Improvement and Innovation Board; Exec leadership; Regular reports to Trust Board	2
Theatre Productivity	Fewer cancelled operations, fewer delays for patients.	**Workforce Review** - Ensure Job planning matches scheduling and theatre list allocation; Review skill mix required for future state	Job planning matching between surgeons and anaesthetists will commence Q2 in defined speciality areas.	Improved workforce productivity	Theatre Transformation Board; Improvement and Innovation Board; Exec leadership; Regular reports to Trust Board	2

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PRIORITY	WHICH MEANS	ACTION PLANNED IN Q1	PROGRESS IN Q1	KPIs	TRUST BOARD ASSURANCE AND SCRUTINY	ACTION RAG
Theatre Productivity	Fewer cancelled operations, fewer delays for patients.	**Pre-operative assessment -** Standardise processes and systems; IT solution to record pre- operative assessment and booking of appointments; Review workforce and capabilities;	Workstream has been set up. Progress against this workstream is slower than expected and is being followed up through theatre Transformation Board.	Improved theatre throughput; Reduced cancellations	Theatre Transformation Board; Improvement and Innovation Board; Exec leadership; Regular reports to Trust Board	**2**
Theatre Productivity	Fewer cancelled operations, fewer delays for patients.	**Pre-operative assessment -** Standardise processes and systems; IT solution to record pre- operative assessment and booking of appointments; Review workforce and capabilities;	Some improvement initiatives for pre-op are being tested in the speciality workstream e.g. ophthalmology are using a 'sieve' form at pre-op (A series of questions and actions to ensure safest mix of patients on lists with no anaesthetic cover)	Improved theatre throughput; Reduced cancellations	Theatre Transformation Board; Improvement and Innovation Board; Exec leadership; Regular reports to Trust Board	**4**
Theatre Productivity	Fewer cancelled operations, fewer delays for patients.	**Implement Theatre arrivals** (all sites) and advanced recovery (LGH)	The Theatre Arrivals Area capital project at the LRI is on track, with the first phase (new staff changing area) completed and the 2nd phase (new TAA) just about to begin. Planned completion date for the main TAA reconfiguration is December 2013	Improved theatre throughput; Reduced cancellations	Theatre Transformation Board; Improvement and Innovation Board; Exec leadership; Regular reports to Trust Board	**4**

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PRIORITY	WHICH MEANS	ACTION PLANNED IN Q1	PROGRESS IN Q1	KPIs	TRUST BOARD ASSURANCE AND SCRUTINY	ACTION RAG
Outpatient Transformation	Fewer cancellations - Improving clinic slot booking utilisation	Detailed analysis of top 25 specialties that result in 80% of outpatient income to identify opportunities for improvement	Baseline positions for clinic utilisation are currently being established for top 40 specialties. Nine specialties (including Cardiology and Neurology) will develop action plans to improve utilisation as part of the first wave of clinic utilisation review workshops planned for Q2/Q3	Target 95% utilisation	Reports to the Improvement and Innovation Framework Board chaired by the CE.	3
Outpatient Transformation	Reducing the number of patients who do not attend (DNA)	SMS text message reminders. Pilot commenced January 2013 in 4 specialties to call top 10% of patients identified as high risk of DNA utilising bespoke software – "patient call optimiser". On-going pilot.	The Trust has seen Outpatient DNA's reduce from 7.4% to 6.6% when comparing the 1st 4 months of 2013/14 to 2012/13. The Acute Division has seen Outpatient DNA's reduce from 7.5% to 6.8% when comparing April-July 2013/14 to 2012/13. Further improvements are expected as the rate of SMS coverage continues to increase (June 2013 44.4% of patients received an SMS reminder versus 39.3% in March 2013).	SMS - Target 80% of patients by end of 2013/14	Reports to the Improvement and Innovation Framework Board chaired by the CE.	4
Outpatient Transformation	Outpatient Clinic Template and Slot Management Policy	Support consistent clinic administration and enable robust and accurate metrics. Roll out as part specialty analysis.	Policy has been produced and has been reviewed and accepted by (i) Policy & Guidelines Committee (ii) Outpatient Programme Board (iii) Cross-divisional meeting.	Improved OP clinic utilisation	Reports to the Improvement and Innovation Framework Board chaired by the CE.	4

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PRIORITY	WHICH MEANS	ACTION PLANNED IN Q1	PROGRESS IN Q1	KPIs	TRUST BOARD ASSURANCE AND SCRUTINY	ACTION RAG
Outpatient Transformation	Clinic observation - Improving patient experience	Clinic observation - develop methodology with view to improve patient experience and validate assumptions around capacity.	Template to capture observations is in the process of being developed. Clinic observations are unlikely to start before Q3.	Improved OP clinic utilisation	Reports to the Improvement and Innovation Framework Board chaired by the CE.	3
Outpatient Transformation	Building capacity and capability - service improvement	Outpatient Improvement Team – Establish team to ensure common approach and sharing of best practice	The team now has 2.3 Project Managers and 1 Band 5 facilitator. Further Band 5 resource to be provided by Divisions, with ISO providing funding for back fill – details to be agreed with the divisions	Increased staff morale and staff productivity	Reports to the Improvement and Innovation Framework Board chaired by the CE.	3

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PRIORITY	WHICH MEANS	ACTION PLANNED IN Q1	PROGRESS IN Q1	KPIs	TRUST BOARD ASSURANCE AND SCRUTINY	ACTION RAG
Service transformation – Estates & Facilities Service Delivery	Implementation of LLR Facilities Management Consortium to act on behalf of all LLR Trusts to actively manage the Estates/FM Contract	In working with private sector partners it is essential that their style and approach reflects the values and culture of the Trust. The relationship and partnering values will be managed by Interserve and the Health partners forming a joint board to drive the values and direction of the framework and services provided under it. This body is called the LLR FMC. The Trust's interests will be served by an intelligent client management team – who will manage the performance of the private sector partner and uphold the interests of the health partners.	NHS Horizons (previously referred to as the LLR FMC) was been established from the 1st March 2013 and has been actively monitoring the contract against the specification and pre-defined KPI's.	Year on year cost improvement from Lot1 without detriment to quality	Governance through Trust Board representation by DoF and NED representation of the NHS Horizons Programme Board	3
Service transformation – Estates & Facilities Service Delivery	Progress against lot 1 LLR EFM contract	Responsibility for the day to day operational management and delivery of core FM services would be undertaken by Interserve on 1 March 2013.	Interserve is progressing into the transformation phase of the contract after an initial steady state 'business as usual' period. During the early stages of transition and implementation there have been a number of regrettable difficulties that NHS Horizons have had to escalate and manage with Interserve e.g. patient meals, cleaning. All partners remain totally committed to addressing these and is working with partners to resolve matters.	Year on year cost improvement from Lot1 without detriment to quality	Governance through Trust Board representation by DoF and NED representation of the NHS Horizons Programme Board	3

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PRIORITY	WHICH MEANS	ACTION PLANNED IN Q1	PROGRESS IN Q1	KPIs	TRUST BOARD ASSURANCE AND SCRUTINY	ACTION RAG
Service transformation – Estates & Facilities Service Delivery	Progress against lot 2 A series of schemes to bring immediate benefits as well as well as to take forward medium term reconfiguration	In parallel Interserve will be working with the Trust to progress the early stages of the Strategic Estates Development and Investment Estates Transformation Plan in 2013/14	A detailed programme of business cases and capital projects are being progressed supporting the Reconfiguration Programme and other infrastructure rolling programmes	Long term foot print reduction Improved income per m2 of residual estate	Governance through Trust Board representation by DoF and NED representation of the NHS Horizons Programme Board	3
Service transformation – Reconfiguration and Estate Improvement As care moves closer to home our hospitals will become smaller and more specialised. In order to optimise clinical outcomes and safety, services currently distributed across 3 acute sites will need to be consolidated.	Day Case / Outpatient Hub	A Day Case / Outpatient Hub Feasibility study will be completed prior to the development of an Outline Business Case for a dedicated Day Case and Outpatient Hub. This would support the segmentation of ambulatory planned care flows from inpatient hospital care and will also be a critical enabler for the emergency floor development.	The project has yet to progress to the development of the FBC. The delay is as a consequence of the need to have the outcome of the Trust wide Strategic Outline Case (SOC) to detail a preferred option in terms of configuration for development of the Hub. The activity assumptions in relation to the Hub and left shift into it have been identified at a high level however further challenge will be required following the SOC outcome (the location of the hub would have an impact on the quantum and nature of activity being undertaken in that setting)	Reduced cancellations Improved ratio between income per m2 and occupancy per m2	Governance through Commercial Executive, Executive Team, Trust Board and NTDA. Public Consultation will be required on the development of the Hub.	3
	Emergency model of care	Emergency model of care – early feasibility studies (informed by Right Place programme outputs)	Trust Board sign-off of Strategic Outline Case and approval to proceed to development of a Full Business Case. Programme Board established with strong clinical involvement. Detailed design phase in progress. Construction Programme to follow in Q2	Sustainable achievement of ED standard	Governance through Commercial Executive, Executive Team, Trust Board and NTDA.	3

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PRIORITY	WHICH MEANS	ACTION PLANNED IN Q1	PROGRESS IN Q1	KPIs	TRUST BOARD ASSURANCE AND SCRUTINY	ACTION RAG
Service transformation – Reconfiguration and Estate Improvement As care moves closer to home our hospitals will become smaller and more specialised. In order to optimise clinical outcomes and safety, services currently distributed across 3 acute sites will need to be consolidated.	Theatres Arrival Area and Advanced Recovery	Completion of construction at the LRI	Theatres Arrivals Area progressing to plan with completion due December 2013. Advanced Recovery Business Case in production with anticipated internal approval Dec 2013	Reducing theatre delays - Reducing idle capacity (cost)	Governance through Theatres Programme Board, Executive Strategy Board and financial approval through the Commercial Executive	4
	Maternity	Construction of additional delivery rooms at the LGH and LRI to safely accommodate the increase in births		TBC		4
	Vascular	Enhance minimally invasive vascular and renal Interventional Radiology at GGH - Supporting the shift from inpatient to daycase	Feasibility Study completed delivering high level costs and timescales. Executive Strategy Board approval to proceed to development of FBC and details design – to be completed by Dec 2013	Increased utilisation of lower cost facilities without detriment to clinical quality	Governance through Single Site Take Programme Board, Executive Strategy Board and financial approval through the Commercial Executive	3
Service transformation – Reconfiguration and Estate Improvement .	As care moves closer to home our hospitals will become smaller and more specialised. To optimise clinical outcomes and safety, sites will need to be consolidated. Renal & Transplant Services	Relocation of Renal & Transplant Services from the LGH to the GGH. Approval given to complete a feasibility study	Estate feasibility undertaken to identify whether the renal and transplant services could be relocated into part new build and part retained estate. Output confirmed that this would be possible. Discussions on-going with the University of Leicester to ensure the potential Donor is aware of the feasibility output. Opportunity to develop a charitable appeal to support the capital funding of the relocation - initial discussions have been undertaken, detail to be developed further.	TBC	Governance through Commercial Executive, Executive Team, Trust Board and NTDA.	4

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PRIORITY	WHICH MEANS	ACTION PLANNED IN Q1	PROGRESS IN Q1	KPIs	TRUST BOARD ASSURANCE AND SCRUTINY	ACTION RAG
Service transformation – Reconfiguration and Estate Improvement	Welcome Centre LRI	New main entrance located in the Windsor Building. Approved to progress to detailed design and delivery of an Outline Business Case	Feasibility to focus on an enterprise development funded by Interserve. Stakeholder workshop proposed for early September (Q2)	TBC	Governance through Trust Board representation by DoF and NED representation of the NHS Horizons P. Board	3
Service transformation – Reconfiguration and Estate Improvement	Balmoral Access for the Emergency Department	Review of highways, traffic plans, pedestrian access, car parking, levels, gradients and Blue Light access. Approval given develop detailed designs and tender	This has now been superseded by the Emergency Model of Care programme	TBC		3
Service transformation – Reconfiguration and Estate Improvement	Refurbishment of Poppies Nursery	Approval given to proceed to detailed design and tender. Contract award subject to future review by Executive Team.	Detailed design and high level costings produced. To proceed at risk with regards planning and associated change of use.	TBC		3
Service transformation – Reconfiguration and Estate Improvement	Clinical Education Centre at the LRI	Initial designs for the conversion of Odames Ward into a CEC have been reviewed. Approval has been given to develop an OBC	Odames ward has continued to be utilised clinically therefore project has been paused. Strategic Outline Plan (SOP) now to be issued to progress to detailed design Anticipated delivery in April 2014 (not October 2013).	TBC		2
Service transformation – Reconfiguration and Estate Improvement	Energy Centre	Removal of existing life expired combined heat and power units (CHP) at LRI and GH. Installation of new gas CHP units on all 3 acute sites. Lighting and building energy management upgrades across UHL	DoH Funding application successful	TBC		3

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PRIORITY	WHICH MEANS	ACTION PLANNED IN Q1	PROGRESS IN Q1	KPIs	TRUST BOARD ASSURANCE AND SCRUTINY	ACTION RAG
Service transformation – Information Management and Information	Managed Business Partner	Implementation of the contract with our preferred Managed Business Partner: IBM. The Trust will work with IBM to progress the early stages of the Trust's IM&T Transformation Plan throughout 2013/14	The contract with IBM is in place and operational. The first wave of staff from UHL has successfully transferred to IBM/NTT as per the agreed transfer schedule. There is an increased level of engagement through the creation of the advisory groups.	TBC	The board receives a monthly update paper and a fuller quarterly review through the DoF.\n\nJoint Governance Board in place.	4
Service transformation – Information Management and Information	Electronic Document Record Management (EDRM) - project to deliver Electronic versions of our clinical notes	Develop the business case for EDRM and progress procurement options.	The EDRM project will now include an element of portal type functionality (bringing access to systems together into a single place) and is in the procurement phase of the project. Final bidders will be considered in the last week of August.	TBC	Papers for the transformation projects have been taken through the Trust Board. Joint Governance Board in place.	4
Service transformation – Information Management and Information	Managed print solution	Develop the business case for Managed Print. Progress procurement options.	There are currently some commercial issues that need to be resolved in respect of current proposals from IBM. If these cannot be resolved then alternative supply options will be explored.	TBC	Papers for the transformation projects have been taken through the Trust Board. Joint Governance Board in place.	4
Service transformation – Information Management and Information	Clinical portal and Electronic Patient Record (EPR)	Develop the business case for Clinical Portal and EPR. Progress each project including consideration of procurement options.	The discrete Clinical Portal Business Case has been halted following cost benefit analysis (high cost for short term benefit). Some of the early benefits will now be facilitated through the EDRM project. In parallel the EPR business case /project is being accelerated.	TBC	Papers for the transformation projects have been taken through the Trust Board. Joint Governance Board in place.	

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PRIORITY	WHICH MEANS	ACTION PLANNED IN Q1	PROGRESS IN Q1	KPIs	TRUST BOARD ASSURANCE AND SCRUTINY	ACTION RAG
Service transformation – Information Management and Information	Short-term tactical interventions	Several short-term tactical interventions are planned that will incur minimal costs and utilising our existing infrastructure to deliver the benefits; • single-sign-on to all Clinical systems through one log on • the further development of the ICE solution to bring more information together in a single point • The rollout of the new desktop product that allows clinicians to log on to any machine and be presented where they were on a previous computer.	These solutions are currently being resourced from both UHL and IBM. Users will be engaged imminently to discuss rollout plans.	TBC	Papers for the transformation projects have been taken through the Trust Board. Joint Governance Board in place.	
Service transformation – Information Management and Information	Remote working	Pilot to test the benefit of digital pens for Community Midwives - increasing timeliness and reducing admin time		TBC		
Service transformation – Information Management and Information	Remote interaction	Roll out of SMS Out Patient appointment reminders. Pilot online pre-operative screening. Communication of negative results (phased. GU. Pilot remote follow-up using Skype or similar		TBC		

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PRIORITY	WHICH MEANS	ACTION PLANNED IN Q1	PROGRESS IN Q1	KPIs	TRUST BOARD ASSURANCE AND SCRUTINY	ACTION RAG
Professional, passionate and valued workforce - Implementing our Organisational Development Plan	Live our values	Establish "Caring at its best" (C@b) Support Team	The Patient Experience Team has been working closely with Ward Sisters and Department Managers from targeted ward areas to provide a programme of education and support, in response to patient and family feedback.	Reduced complaints	Organisational Development Plan Priorities (2013/15) - Quarterly Update Report (Quarter 1 – April to June 2013) presented to Trust Board 27/6/13	4
Professional, passionate and valued workforce - Implementing our Organisational Development Plan	Live our values	Fundamentals – Embed organisational values with HR processes and Estate Improvement Projects	Trust values have been embedded into our Recruitment and Selection course. Training includes developing generic value based interview questions and practising through interview role play activity.	Increase in compliments	Quarterly Update Report (Quarter 1 – April to June 2013) presented to Trust Board 27/6/13	4
Professional, passionate and valued workforce - Implementing our Organisational Development Plan	Improve two way engagement	Driving accelerated improvement through the adoption of Listening into Action (LiA).	During Q1, six LiA Listening Events were hosted by the Chief Executive (CE). Over 500 staff attended and feedback was extremely positive. The CE asked for volunteers to sign up to become a local adopter of LiA. Over 125 teams expressed an interest in getting involved.	Increased engagement and staff morale	Quarterly Update Report (Quarter 1 – April to June 2013) presented to Trust Board 27/6/13	4
Professional, passionate and valued workforce - Implementing our Organisational Development Plan	Improve two way engagement	Build our model employer approach by implementing medical engagement priorities identified through the Medical Engagement Strategy (2013/14)	Financial workshops for Consultants were delivered during Q1. Content was driven by a combination of Consultant feedback and HFMA recommendation. Feedback from delegates indicated a positive improvement in knowledge scores by 70%.	Increased engagement and staff morale		4

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PRIORITY	WHICH MEANS	ACTION PLANNED IN Q1	PROGRESS IN Q1	KPIs	TRUST BOARD ASSURANCE AND SCRUTINY	ACTION RAG
Professional, passionate and valued workforce - Implementing our Organisational Development Plan	Strengthen Leadership	Implement Leadership and Management Standards - linked to objective setting and 360 appraisals.	The Leadership and Management Standards have been approved and now form part of the appraisal process in guiding development. Further case studies of best practice have been gathered to illustrate the standards.	Increased recruitment, retention and succession planning	Quarterly Update Report (Quarter 1 – April to June 2013) presented to Trust Board 27/6/13	4
Professional, passionate and valued workforce - Implementing our Organisational Development Plan	Strengthen Leadership	Agree Senior Leadership Development plans. Agree skills development in Finance and Business Acumen	The national NHS Leadership Academy development portfolio was launched with the UHL Leadership Community in May 2013. The new 'Professional Development Programmes' focus on the skills, knowledge and behaviour leaders from all professions need, to ensure they can lead compassionate, high quality, efficient health care services for our patients.	Increased recruitment, retention and succession planning	Quarterly Update Report (Quarter 1 – April to June 2013) presented to Trust Board 27/6/13	4
Professional, passionate and valued workforce - Implementing our Organisational Development Plan	Strengthen Leadership	Agree Board and Executive Leadership Development plans.	A Board Development Programme has been agreed for 2013/14 and development time identified each month (outside formal Board meetings). This programme sets out the core development areas to be covered in 2013/14 and will be reviewed to coincide with the imminent release of the Capsticks Report with respect to the Board Governance Memorandum.		Quarterly Update Report (Quarter 1 – April to June 2013) presented to Trust Board 27/6/13	4

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Professional, passionate and valued workforce - Implementing our Organisational Development Plan	Enhance workplace learning	Enhance Statutory and Mandatory Training	A report on statutory and mandatory training was presented to the Executive Team on 11 June 2013 and agreement reached on the adoption of the national Core Skills Framework for Statutory and Mandatory Training, utilising e-learning modules available through the OCB Media solution.	Compliance with statutory and mandatory training standards	Quarterly Update Report (Quarter 1 – April to June 2013) presented to Trust Board 27/6/13	4
Professional, passionate and valued workforce - Implementing our Organisational Development Plan	Implement workforce plans	Each Division developed a Workforce Plan for 2013/14 which was based on predicted activity levels and Cost Improvement Schemes. Key developments in Q1 include:	Significant workforce transformation includes I-Phone enabled communication between consultants in ED and Assessment Units; the conversion of Ward 33 to an Acute Frailty Unit covered by Geriatricians.; A further 20 Maternity Support Workers to support the interim births to midwife ratio of 1:31; Early pilots for Electronic Staff Rostering are now complete.	Increased recruitment, retention and succession planning	Quarterly Update Report (Quarter 1 – April to June 2013) presented to Trust Board 27/6/13	4
Professional, passionate and valued workforce - Implementing our Organisational Development Plan	Improve External Relationships and Workplace Partnerships	Develop Patient and Public Involvement Strategy	Second Community Ambassador Recruitment event attracted 15 new people interested in the role. Bi – monthly Prospective Governors meetings continue to be well attended with the first one giving participants an opportunity to comment on our Annual Operational Plan.	Evidence of increased engagement	Quarterly Update Report (Quarter 1 – April to June 2013) presented to Trust Board 27/6/13	4

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Professional, passionate and valued workforce - Implementing our Organisational Development Plan	Encourage creativity and Innovation	Produce Service Improvement Strategy / Skills Development to drive forward service improvement	An overarching Improvement and Innovation Framework (IIF) has been created in order to strengthen the Trust's approach to transformation. The following core activity has been completed: o Defined the organisational structure that will be put in place to successfully take this work forward; o Defined clearly the relationship of IIF with the CIP programme; o Aligned the IIF with Listening into Action; o Confirmed reporting lines and individual accountabilities.	Increased evidence of project management training and service improvement tools and techniques	IIF Board chaired by CEO Reports to Trust Board	4
Professional, passionate and valued workforce - Implementing our Organisational Development Plan	Encourage creativity and Innovation	Embedding Releasing Time to Care	Releasing Time to Care (RT2C) has completed an accelerated phase of rollout taking the number of wards now on the programme to 84. Matron Audits and Executive Sponsor visits continue to support the sustainability of the programme.	Increased staff morale, retention, staff satisfaction	Quarterly Update Report (Quarter 1 – April to June 2013) presented to Trust Board 27/6/13	4

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Developing our specialised services	For example, vascular surgery	Plans are to be progressed to relocate Vascular Surgery from the LRI to the GGH thereby consolidating Cardio-Vascular Services onto one site. A Project Board has been established and the service model is currently under development. Following agreement on the service model the scheme will progress to feasibility and Outline Business Case during 2013/14. This business case will include a hybrid theatre as part of the development	The vascular project is complex. It is progressing slowly. The project manager has left the Trust. Project management resources will now be provided via Capita. It is likely that there will be slippage in the capital allocation for this service this year.		Reports to Executive Strategy Board	2
Developing our specialised services	For example, Children's Cardiac Services	The outcome of the national Safe and Sustainable Review into Children's Cardiac Surgery was referred by the Secretary of State for Health to the Independent Reconfiguration Review Panel following challenge from various sources including our own local Health Overview and Scrutiny Committee. The outcome of the panel consideration was unknown at the time of the approval of our AOP. The Trust (with commissioner support) will implement the action required in response. A more detailed project plan will be developed when the outcome is known.	The Independent Review Panel (IRP) report was published in May 2013. It stated that it would not uphold the outcome of the S&S Review and a new review process will be put in place. This gives the Trust the opportunity to proactively strengthen our proposals for congenital heart services. The Children's Hospital is leading work to realise investment in this service in order to meet anticipated future review criteria. Key to these will be the Trust's clinical configuration strategy and forthcoming option appraisal.	Retention of paediatric cardiac surgery	Reports to Executive Strategy Board	4

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Developing our specialised services	For example, Adult Cardiac Surgery Services	The Trust is engaging in early discussions with Nottingham University Hospitals (NUH) to explore the benefits of an East Midlands network approach towards adult cardiac surgery allowing opportunity to share and benefit from, best practice.	A sustainability, safety and access review has been undertaken. The service is developing a complex mitral valve service in conjunction with the TAVI program in cardiology.	Market share (value and volume)	Reports to Executive Strategy Board	
Developing our specialised services	For example Renal Services	Patients with renal disease often have concurrent cardio-vascular disease. There is therefore a case, in order to optimise outcome, for the co-location of Renal and Cardio Vascular Services. There is the possibility of a charitable donation to support this move (in part). An estates feasibility study has been commissioned. The case for change will be reviewed further upon completion	Renal services – Two new renal transplant consultants have been appointed		Reports to Executive Strategy Board	

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Medical Education	Improved infrastructure for clinical education at LRI	Conversion of Odames Ward to a library/learning centre and an option appraisal of other solutions to resolve lack of education and training space generally across LRI. Initial designs for conversion of Odames Ward into a Clinical Education Centre have been reviewed and approval given to develop an Outline Business Case for delivery in 2013/14.	Space availability due to on-going use has meant that the timescales for this scheme has slipped. The Chief Executive's blueprint newsletter indicates a time frame of April 2014 to start rather than the October 2013 date within the plan (i.e. delivery in 2014/15)	Education dashboard as part of the Quality and Performance report is under discussion and development.	Quarterly review considered by Trust Board (last report June 2013). The Chairman has agreed to represent education and training issues to the UHL Board.	2
Medical Education	Accountability for education and training resources	Increase accountability for education and training resources and map resources to quality of education and training delivery	There is now a Medical School Placement framework in place with funding clearly associated with delivery of defined activities e.g. exams, preparing for professional practice etc. A process of working with CBUs to identify SIFT income and expenditure has begun in June and this will allow UHL to become more accountable for SIFT spending and to relocate some of the funds centrally to deliver on the new placement agreement. This will ultimately facilitate improved transparency and delivery of undergraduate education in UHL.	Education dashboard as part of the Quality and Performance report is under discussion and development.	Quarterly review considered by Trust Board (last report June 2013)	3
Medical Education	Educational Governance	Develop a funded (SPA) CBU/Departmental Educational Lead role to improve links between clinical service and training, to deliver quality measures and respond to the challenges of increased accountability for education funding	There has been very little uptake of a Divisional or CBU Medical Educational Governance Lead responsible for ensuring Educational Governance within the Speciality / CBU. However, the new Clinical structure identifies this role in each Clinical Specialty Group which will begin to address this.	Education dashboard as part of the Quality and Performance report is under discussion and development.	Quarterly review considered by Trust Board (last report June 2013)	3

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Medical Education	Medical workforce planning (Medical Workforce group)	Agree the shape of the future medical workforce in UHL and the associated training implications	A task and finish working group was established to discuss the immediate tension created by trainee vacancies and service pressure and to explore innovative solutions to support UHL trainees and the provision of high quality education and training. A document of options was produced by the group and circulated to Divisons/CBUs for comment.	Education dashboard as part of the Quality and Performance report is under discussion and development.	Quarterly review considered by Trust Board (last report June 2013)	4
Medical Education	Enhance trainee experience	Ensure the Trust can meet the requirements set by GMC for recognition of trainers	A framework for the recognition of trainers will need to in place during Q2 2013. To fulfil this requirement the DCE have developed: Defined education roles and commenced a review of information in job planning software re: education roles; a local database of trainers for recognition (in the absence of a coordinated EM wide approach via Intrepid software); a Faculty development strategy for UHL; a document and advice for UHL appraisers to use in appraisal of education roles	Education dashboard as part of the Quality and Performance report is under discussion and development.	Quarterly review considered by Trust Board (last report June 2013)	3
Medical Education	Enhance trainee experience	Enhance trainee experience and engagement with UHL through processes including Listening into Action (LiA).	A UHL Trainee committee has been established and Dr Hooper is trainee rep on LiA.	Education dashboard as part of the Quality and Performance report	Quarterly review considered by Trust Board (last report June 2013)	4

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Research and Development	Optimising the value added by our Biomedical Research Units (BRU)	To ensure the BRUs operate efficiently, effectively and are delivering on their objectives for example, developing new and effective treatments for severe asthma and chronic obstructive pulmonary disease (COPD) (LLR have a high incidence of COPD)	The BRUs are performing in line with Q1 plan.	Staff appointed Volume of clinical trials Value of grant income Accommodation complete and occupied	Performance monitored through the joint BRU Board UHL Research and Development Executive reports to Executive Strategy Board and by exception to Trust Board	4
Research and Development	Engaging with NIHR portfolio studies	Improving UHL's engagement with NIHR portfolio studies, thereby making significant progression towards every service taking part in this activity	Engagement has improved significantly. In terms of patient recruitment to NIHR trials our recruitment during Q1 is more than twice that of the same period last year	Number of patients recruited to NIHR trials	Performance monitored through the joint BRU Board UHL Research and Development Executive reports to Executive Strategy Board and by exception to Trust Board	4
Research and Development	Enhancing Leadership	Being a leading, influential partner in the development of the East Midlands Academic Health and Science Network (AHSN)	The Trust is represented on the new AHSN substantive Board.	Membership of substantive AHSN Board	Performance monitored through the joint BRU Board UHL Research and Development Executive reports to Executive Strategy Board and by exception to Trust Board	4
Research and Development	Improving Communication	Developing and delivering a comprehensive communication strategy for R&D within the Trust	This is still work in progress. Significant preparatory work has been undertaken but the communication strategy is not completed.	Staff awareness of R&D and how it fits with the Trust's overall strategy	Performance monitored through the joint BRU Board UHL Research and Development Executive reports to Executive Strategy Board and by exception to Trust Board	3

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Foundation Trust Status	Board Development	Develop and agree Trust Board Development programme for 2013/14.	The Trust Board development programme for 2013/14 has been agreed and is underway. Development sessions in Q1 included the Quality Governance Framework, the Board Governance Assurance Framework, Reconfiguration, Market Assessment and enabling strategies.	Delivery of programme for 2013/14	Fortnightly FT Programme Board meetings (NED and Exec membership); Fortnightly FT Progress Reports received by the FT Programme Board; Monthly FT Progress Reports received by the Trust Board; Monthly NTDA/UHL Integrated Delivery meetings held	4
Foundation Trust Status	Integrated Business Plan (IBP) and Long Term Financial Model (LTFM)	UHL is in stage 1 (diagnosis and due diligence) of the approvals model set out in the NTDA Accountability Framework. The next iteration of the IBP/LTFM is under development for completion of a first draft to be approved by the April 2014 Trust Board	Refreshed the Trust level PESTLE & SWOT. Trust Board reviewed and endorsed a revised methodology for the development of the IBP Market Assessment. Revised governance structure established to oversee the strategic planning process across the Trust.	Milestone plan and associated products delivered on time to quality standards	FT Progress Reports received by the FT Programme Board; Monthly FT Progress Reports received by the Trust Board; Monthly NTDA/UHL Integrated Delivery meetings held	4
Foundation Trust Status	Integrated Development Plan (IDP)	Develop and implement an Integrated Development Plan incorporating required developments in Quality Governance, Board Governance and Development and external assurance processes	Integrated Development Plan populated. Reviewed monthly by the FT Programme Board to ensure all outstanding actions resolved	Integrated Development Plan actions completed on time to quality standards		4
Foundation Trust Status	Service Line Management	Develop a Service Line Management programme incorporating the key elements of business strategy, performance management, information and organisational structure	First meeting held. Pilot services identified. 'HED' benchmarking tool commissioned.			3

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Foundation Trust Status	Blueprint	Further develop the Trust's Strategic Direction so that there is clarity about site configuration and annual priorities for the organisation in pursuit of that Direction.	Trust Board development sessions delivered as per plan. Chief Executive special feature items have focused on progress against priority capital business case developments. 'Blueprint' updates have been developed to improve wider engagement and communication		Fortnightly FT Programme Board meetings (NED and Exec membership); Fortnightly FT Progress Reports received by the FT Programme Board; Monthly FT Progress Reports received by the Trust Board; Monthly NTDA/UHL Integrated Delivery meetings held	**3**

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