UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

Trust Board Bulletin – 24 April 2014

The following reports are attached to this Bulletin as items for noting, and are circulated to UHL Trust Board members and recipients of public Trust Board papers accordingly:-

- **Annual update of Trust Board Declarations of Interest (2014-15)**– Lead contact point Mr S Ward, Director of Corporate and Legal Affairs (0116 258 8721) – **paper 1**.
- **Quarterly update on Trust sealings** – Lead contact point Mr S Ward, Director of Corporate and Legal Affairs (0116 258 8721) – **paper 2.**
- **Updated NTDA Accountability Framework** – Lead contact point Mr J Adler, Chief Executive (0116 258 8940) – **paper 3.**

It is intended that these papers will not be discussed at the formal Trust Board meeting on 24 April 2014, unless members wish to raise specific points on the reports.

This approach was agreed by the Trust Board on 10 June 2004 (point 7 of paper Q). Any queries should be directed to the specified lead contact point in the first instance. In the event of any further outstanding issues, these may be raised at the Trust Board meeting with the prior agreement of the Chairman.

Annual Update of Trust Board declarations of interest – 2014-15

NAME	POSITION	INTEREST(S) DECLARED
Mr R Kilner	Acting Trust Chairman	Managing Director of Deltex Consulting Ltd. Non-Executive Director of Triconnex Ltd; Non-Executive Chairman of SHS Integrated Services Ltd.
Colonel (Ret'd) I Crowe	Non-Executive Director	Brother, Order of St John (by award).
Dr S Dauncey	Non-Executive Director	Ward Volunteer at LOROS, Groby Road, Leicester.
Mrs K Jenkins	Non-Executive Director	Provision of interim management services for Serco plc.
Mr P Panchal	Non-Executive Director	None to declare
Ms J Wilson	Non-Executive Director	Board Chair, Leicestershire and Rutland Probation Trust (currently holds the contract for the provision of criminal justice drug and alcohol treatment services in Leicester [clinical aspects of that service provided by Inclusion Healthcare]).
Professor D Wynford-Thomas	Non-Executive Director	Dean of the University of Leicester Medical School and Pro-Vice Chancellor, Head of College for Medicine, Biosciences and Psychology, University of Leicester.
Mr J Adler	Chief Executive	None to declare
Mr R Mitchell	Chief Operating Officer	None to declare
Dr K Harris	Medical Director	NICE IPAC - Committee Member of Interventional Procedures Committee
Ms R Overfield	Chief Nurse	None to declare
Mr A Seddon	Director of Finance and Business Services (until 13 April 2014)	None to declare
Ms K Bradley	Director of Human Resources	None to declare
Mr P Hollinshead	Interim Director of Financial Strategy	Director of Brandhill Financial Services Ltd.
Ms K Shields	Director of Strategy	None to declare
Mr S Ward	Director of Corporate and Legal Affairs	None to declare
Mr M Wightman	Director of Communications and External Relations	None to declare

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT TO: TRUST BOARD

DATE: 24 APRIL 2014

REPORT BY: DIRECTOR OF CORPORATE AND LEGAL AFFAIRS

SUBJECT: SEALING OF DOCUMENTS

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1. The Trust's Standing Orders (Standing Order 12) set out the approved arrangements for custody of the Trust's seal and the sealing of documents.

2. Appended to this report is a table setting out details of the Trust sealings for the 2013-14 financial year to date (by quarter).

3. The Trust Board is invited to receive and note this information.

4. Reports on Trust sealings will continue to be submitted to the Trust Board on a quarterly basis.

Stephen Ward
Director of Corporate and Legal Affairs

List of Trust Sealings for Quarter 4, 2013/14

Date of Sealing	Nature of Document	Date of Authority and Minute Reference	Sealed by	Remarks
13/03/14	Deed of Agreement between (1) UHL and (2) Interserve (facilities management) Limited for the Provision of, Design and Construction of CHP Units within LRI and Glenfield Hospital.	Trust Board – 27/6/13 Minute 169/13/5	Acting Chairman/ Assistant Director – Head of Legal Services	Originals handed to N Bond, NHS Horizons
13/03/14	Deed of Collateral Agreement between (1) UHL and (2) Interserve (facilities management) Limited and (3) Vital Energi Utilities Limited in respect of work in relation to matter 2014/1.	Trust Board – 27/6/13 Minute 169/13/5	Acting Chairman/ Assistant Director – Head of Legal Services	Originals handed to N Bond, NHS Horizons

University Hospitals of Leicester NHS Trust

Trust Board Bulletin paper 3

To:	Trust Board (Bulletin)
From:	John Adler Chief Executive
Date:	24th April 2014
CQC regulation:	N/A

Title: **NHS Trust Development Authority 2014/15 Accountability Framework**

Author/Responsible Director: Helen Harrison, FT Programme Manager / John Adler, Chief Executive

Purpose of the Report:

On 31st March 2014 the NHS Trust Development Authority (NTDA) published an updated version of it's Accountability Framework, now called 'Delivering for Patients: the 2014/15 Accountability Framework for NHS trust boards'. This paper summarises some of the key changes.

The Report is provided to the Board for:

Decision		Discussion	X
Assurance		Endorsement	

Summary / Key Points:

The updated framework reflects some of the key changes over the last year including:

- a number of new roles, policies and processes have been introduced in the last year. Most notably, the first Chief Inspector of Hospitals has been appointed and his work on the programme of new inspections has begun in earnest across all sectors of the NHS. The need for a "Good" or "Outstanding" rating from the Chief Inspector to proceed to foundation trust status has been set out, significantly changing the standards required for moving to FT. In addition, the inspections overseen by Sir Bruce Keogh early in 2013/14 have led to the introduction of the "special measures" process to secure rapid improvement in a small number of provider organisations with significant quality problems.
- the implications of the Mid Staffordshire Inquiry are now clearer than they were a year ago, and a number of related inquiries have been completed, each with significant implications for NHS providers. These include:
  - the Keogh review
  - Professor Don Berwick's review of patient safety
  - the Cavendish review on healthcare support workers
  - the Clywd-Hart review into improving the patient complaints procedure and
  - the National Quality Board which has also recently published important guidance for providers on maintaining safe staffing levels
- learning and feedback from the first year of the Accountability Framework

Recommendations:

The Trust Board is asked to note the publication of the updated NTDA Accountability Framework for NHS Trust Boards and the implications for future interaction with the NTDA in relation the oversight, development and approvals process

Previously considered at another corporate UHL Committee? No

Strategic Risk Register: No	**Performance KPIs year to date:** N/A

Resource Implications (eg Financial, HR): No
Assurance Implications: Yes
Patient and Public Involvement (PPI) Implications: No
Stakeholder Engagement Implications: No
Equality Impact: None
Information exempt from Disclosure: None
Requirement for further review? No

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT TO: Trust Board Bulletin

DATE: 24th April 2014

REPORT FROM: John Adler, Chief Executive

SUBJECT: NHS Trust Development Authority 2014/15 Accountability Framework

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1) Background

On 31st March 2014 the NHS Trust Development Authority (NTDA) published an updated version of it's Accountability Framework, now called *'Delivering for Patients: the 2014/15 Accountability Framework for NHS trust boards'*.

A full copy of the 2014/15 Accountability Framework can be found here: http://www.ntda.nhs.uk/blog/2014/03/31/af2014/

2) Developments since the 2013/14 Accountability Framework

The updated framework reflects some of the key changes over the last year including:

- a number of new roles, policies and processes have been introduced in the last year. Most notably, the first Chief Inspector of Hospitals has been appointed and his work on the programme of new inspections has begun in earnest across all sectors of the NHS. The need for a "Good" or "Outstanding" rating from the Chief Inspector to proceed to foundation trust status has been set out, significantly changing the standards required for moving to FT. In addition, the inspections overseen by Sir Bruce Keogh early in 2013/14 have led to the introduction of the "special measures" process to secure rapid improvement in a small number of provider organisations with significant quality problems.

- the implications of the Mid Staffordshire Inquiry are now clearer than they were a year ago, and a number of related inquiries have been completed, each with significant implications for NHS providers. These include:

    - the Keogh review
    - Professor Don Berwick's review of patient safety
    - the Cavendish review on healthcare support workers
    - the Clywd-Hart review into improving the patient complaints procedure and
    - the National Quality Board which has also recently published important guidance for providers on maintaining safe staffing levels

- learning and feedback from the first year of the Accountability Framework

3) Purpose of the Accountability Framework

The 2014/15 Accountability Framework brings together all of the key policies and processes which govern the relationship between NHS trusts and the NTDA. The Framework sits alongside the NTDA's planning guidance and covers their approach to:

- measuring and overseeing NHS trusts
- escalation and intervention
- the provision of support for improvement;
- the way in which NHS trusts move towards a sustainable future

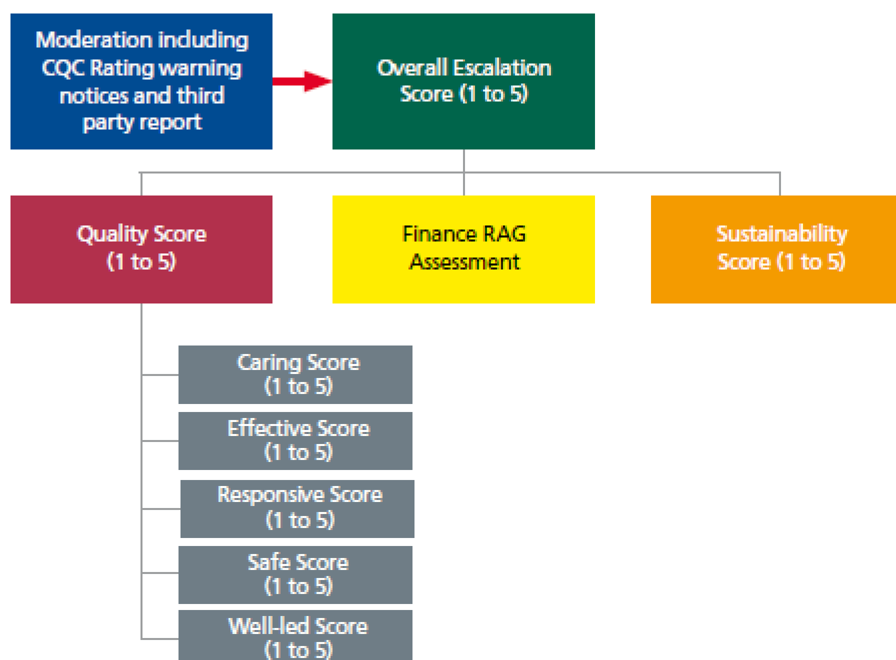
The structure of the 2014/15 Accountability Framework remains consistent. The planning guidance, already published, sets out the different plans that are required from NHS trusts and how the NTDA will assure those plans. Two year operational plans are due at the beginning of April and five year strategic plans by 20th June 2014, and Development Support Plans by the end of September 2014.

3.1) The oversight process (Chapter 2)

The oversight process sets out what the NTDA will measure and how it will hold trusts to account for delivering high quality services and effective financial management.

For 2014/15, the NTDA's quality metrics have been adjusted to improve alignment and ensure consistency with the CQC's *Intelligent Monitoring* process. For 2014/15 NHS trusts will be scored using escalation levels 1 to 5, as it was last year, but the key change will be that escalation level 1 will now be the highest risk rating with level 5 the lowest.

Key element of the oversight model:



The oversight process also sets out how the NTDA will score and categorise NHS trusts with a clearer approach to both intervention and support for organisations at different levels of escalation. Finally, the oversight section covers other rules and processes which apply to

NHS trusts in areas such as appointments, remuneration, data quality and information governance.

Appendix A sets out the indicators that will be used in the oversight model.

3.2) The development process (Chapter 3)

The development process describes the NTDA's approach to understanding the evolving development needs of NHS trusts, particularly through the production of Development Support Plans to complement trusts' operational and strategic plans. This section also sets out the NTDA's approach to development and areas where development support will be targeted during 2014/15. This includes support for challenged health economies to produce effective strategic plans, greater support for boards and leaders across the trust sector, and a refreshed approach to support for aspirant FTs, delivered in partnership with the Foundation Trust Network. The NTDA recognises the importance of providing effective support for NHS trusts and will seek to increase the emphasis on this area during 2014/15.

3.3) The approvals section (Chapter 4)

The approvals section of the Assurance framework sets out the NTDA's approach to assuring foundation trust applications, transactions proposals and capital schemes. This section clarifies the new role of the Chief Inspector of Hospitals in the FT assessment process and sets out the ambition for a single framework for assessing provider leadership to increase alignment between current regulatory and assessment processes.

4) Recommendations

The Trust Board is asked to:

- Note the publication of the updated NTDA Accountability Framework for NHS Trust Boards and the implications for future interaction with the NTDA in relation the oversight, development and approvals process

Appendix A

Proposed indicators for Monthly Oversight and Escalation:

Caring
Inpatient scores from Friends and Family Test
A&E scores from Friends and Family Test
Complaints – rate per bed days, MH contacts or calls to ambulance services
Inpatient Survey: Q68 Overall I had a very poor/ good experience?
Community Mental Health : Q45 Overall, how would you rate the care you have received in the last 12 months?
Mixed Sex Accommodation Breaches

Well-led
NHS England inpatients response rate from Friends and Family Test
NHS England A&E response rate from Friends and Family Test
Data Quality of trust returns to the HSCIC
NHS Staff Survey: Percentage of staff who would recommend the trust as a place of work
NHS Staff Survey: Percentage of staff who would recommend the trust as a place to receive treatment
Trust turnover rate
Trust level total sickness rate
Total trust vacancy rate
Temporary costs and overtime as % total paybill
Percentage of staff with annual appraisal

Effective
Summary Hospital Mortality Indicator (HSCIC Published data)
Hospital Standardised Mortality Ratio (DFI Quarterly)
Hospital Standardised Mortality Ratio – weekend
Hospital Standardised Mortality Ratio – weekday
Deaths in low risk conditions
Emergency re-admissions within 30 days following an elective or emergency spell at the trust
IAPT – The proportion of people who complete treatment who are moving to recovery

Safe
CDIFF
MRSA
Never Event incidence
Medication errors causing serious harm
Percentage of Harm Free Care
Maternal deaths
Proportion of patients risk assessed for Venous Thromboembolism (VTE)
Serious Incidents
Proportion of reported patient safety incidents that are harmful
CAS alerts
Admissions to adult facilities of patients who are under 16 years of age (Number)

Responsive
Proportion of patients spending more than 4 hours in A&E
RTT waiting times for admitted pathways: percentage within 18 weeks
RTT waiting times for non-admitted pathways: percentage within 18 weeks
RTT waiting times incomplete pathways
RTT over 52 week waiters
Diagnostic waiting times: patients waiting over 6 weeks for a diagnostic test
Proportion of patients receiving first definitive treatment for cancer within 62 days of referral from GP
Proportion of patients receiving first definitive treatment for cancer within 62 days of referral from screening
Proportion of patients receiving first definitive treatment for cancer within 31 days of decision to treat
Proportion of patients receiving subsequent treatment within 31 days (Drug)
Proportion of patients receiving subsequent treatment within 31 days (Surgery)
Proportion of patients receiving subsequent treatment within 31 days (Radiotherapy)
Proportion of patients seen within 14 days of urgent GP referral
Proportion of patients with breast symptoms seen within 14 days of GP referral

Responsive
Urgent operations cancelled for a second time
Proportion of patients not treated within 28 days of last minute cancellation due to non-clinical reasons
Certification against compliance with requirements regarding access to health care for people with a learning disability
The proportion of those on Care Programme Approach(CPA) for at least 12 months **A** Who had a CPA review within the last 12 months **B** Having formal review within 12 months **C** Receiving follow-up contact within 7 days of discharge
Admissions to inpatient services who had access to Crisis Resolution/Home Treatment teams
Meeting commitment to serve new psychosis cases by early intervention teams (Number)
Category A8 Red 1 calls
Category A8 Red 2 calls
Category A call – ambulance vehicle arrives within 19 minutes
12 hour trolley waits in A&E
Mental health delayed transfers of care

Finance
Bottom line I&E position – Forecast compared to plan
Bottom line I&E position – Year to date actual compared to plan
Actual efficiency recurring/non-recurring compared to plan – Year to date actual compared to plan
Actual efficiency recurring/non-recurring compared to plan – Forecast compared to plan
Forecast underlying surplus/deficit compared to plan
Forecast year end charge to capital resource limit
Is the Trust forecasting permanent PDC for liquidity purposes?