

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

TRUST BOARD

**MEETING TO BE HELD ON THURSDAY 27 NOVEMBER 2014 FROM 9AM IN SEMINAR
ROOMS 2 & 3, CLINICAL EDUCATION CENTRE, GLENFIELD HOSPITAL**

Please note the new time for the public meeting and the new running order

Public meeting commences at 9am

AGENDA

Please take papers as read

Item no.	Item	Paper ref:	Lead	Discussion time
1.	APOLOGIES AND WELCOME	-	Chairman	-
	To receive apologies for absence from Professor D Wynford Thomas, Non-Executive Director and to welcome Mr Paul Traynor, Director of Finance, to his first UHL Trust Board meeting.			
2.	DECLARATIONS OF INTERESTS	-	Chairman	-
	Members of the Trust Board and other persons attending are asked to declare any interests they may have in the business on the public agenda (Standing Order 7 refers). Unless the Trust Board agrees otherwise in the case of a non-prejudicial interest, the person concerned shall withdraw from the meeting room and play no part in the relevant discussion or decision.			
3.	MINUTES			
	Minutes of the 30 October 2014 Trust Board meeting. <i>For approval</i>	A	Chairman	-
4.	MATTERS ARISING			
	Action log from the 30 October 2014 meeting. <i>For approval</i>	B	Chairman	9am – 9.05am
5.	CHAIRMAN'S MONTHLY REPORT – NOVEMBER 2014 <i>For noting</i>	C	Chairman	9.05am – 9.10am
6.	CHIEF EXECUTIVE'S MONTHLY REPORT – NOVEMBER 2014 <i>For noting</i>	D	Chief Executive	9.10am – 9.20am
7.	KEY ISSUES FOR DECISION/DISCUSSION			
7.1	PATIENT STORY <i>For discussion</i>	E	Chief Nurse	9.20am – 9.40am
7.2	UHL RESPONSE TO NHS ENGLAND CONSULTATION ON THE CONGENITAL HEART DISEASE REVIEW <i>For discussion and decision</i>	F (to follow)	Director of Strategy	9.40am – 9.55am

[illegible]

15.	DATE OF NEXT MEETING			
	The next Trust Board meeting will be held on Thursday 22 December 2014 from 9am in Seminar Rooms A and B, Clinical Education Centre, Leicester General Hospital site.			
16.	EXCLUSION OF THE PRESS AND PUBLIC It is recommended that, pursuant to the Public Bodies (Admission to Meetings) Act 1960, the press and members of the public be excluded from the following items of business, having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest (items 17-22).			
17.	DECLARATIONS OF INTERESTS Members of the Trust Board and other persons attending are asked to declare any interests they may have in the business on the agenda (Standing Order 7 refers). Unless the Trust Board agrees otherwise in the case of a non-prejudicial interest, the person concerned shall withdraw from the meeting room and play no part in the relevant discussion or decision.			
18.	CONFIDENTIAL MINUTES Confidential Minutes of the 30 October 2014 Trust Board meetings. <i>For approval</i>	P	Chairman	-
19.	MATTERS ARISING Confidential action log from the 30 October 2014 Trust Board. <i>For approval</i>	Q	Chairman	12.05pm – 12.10pm
20.	REPORTS FROM THE CHIEF EXECUTIVE <i>For discussion and approval</i>	R & S	Chief Executive	12.10pm – 1.10pm
21.	REPORTS FROM BOARD COMMITTEES			
21.1	AUDIT COMMITTEE Confidential Minutes of the 6 November 2014 meeting for noting and endorsement of any recommendations. <i>Prejudicial to the conduct of public affairs</i>	T	Audit Committee Chairman	1.10pm – 1.15pm
21.2	QUALITY ASSURANCE COMMITTEE Confidential Minutes of the 29 October 2014 meeting for noting and endorsement of any recommendations. <i>Personal information</i>	U	QAC Chair	1.15pm – 1.20pm
22.	ANY OTHER BUSINESS	-	Chairman	1.20pm – 1.25pm

Kate Rayns
Acting Senior Trust Administrator

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

MINUTES OF A MEETING OF THE TRUST BOARD, HELD ON THURSDAY 30 OCTOBER 2014
AT 10AM IN SEMINAR ROOMS A & B, CLINICAL EDUCATION CENTRE,
LEICESTER GENERAL HOSPITAL

Present:

Mr K Singh – Trust Chairman
Mr J Adler – Chief Executive
Col (Ret'd) I Crowe – Non-Executive Director
Dr S Dauncey – Non-Executive Director
Dr K Harris – Medical Director
Mr R Mitchell – Chief Operating Officer
Ms R Overfield – Chief Nurse
Mr P Panchal – Non-Executive Director
Mr S Sheppard – Acting Director of Finance
Mr M Traynor – Non-Executive Director
Mr M Williams – Non-Executive Director
Ms J Wilson – Non-Executive Director

In attendance:

Dr A Bentley – Leicester City CCG (up to and including Minute 284/14/1)
Ms K Bradley – Director of Human Resources
Dr D Briggs – LLR Emergency Care Lead (up to and including Minute 275/14/1)
Ms J Halborg – Head of Nursing, Clinical Support and Imaging Services (for Minute 277/14/1)
Mr D Henson – LLR Healthwatch Representative (up to and including Minute 284/14/1)
Ms S Khalid – Clinical Director, Clinical Support and Imaging Services (for Minute 277/14/1)
Mr M Metcalfe – Cancer Centre Lead Clinician (for Minute 275/14/3)
Mrs K Rayns – Trust Administrator
Professor D Rowbotham – Clinical Director NIHR CRN: East Midlands (for Minute 278/14/1)
Ms K Shields – Director of Strategy
Ms M Wain – Lead Nurse/Manager Cancer Centre (for Minute 275/14/3)
Mr S Ward – Director of Corporate and Legal Affairs
Mr M Wightman – Director of Marketing and Communications

ACTION

269/14 APOLOGIES AND WELCOME

Apologies for absence were received from Professor D Wynford-Thomas, Non-Executive Director. The Trust Chairman introduced himself and welcomed Mr M Traynor, Non-Executive Director and Mr M Williams, Non-Executive Director and Audit Committee Chairman to the meeting. He also announced the re-appointment of Dr S Dauncey, Non-Executive Director and an extension to the term of office for Mr P Panchal, Non-Executive Director.

270/14 DECLARATIONS OF INTERESTS IN THE PUBLIC BUSINESS

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

271/14 MINUTES

Resolved – that the Minutes of the 25 September 2014 Trust Board be confirmed as a correct record and signed by the Trust Chairman accordingly.

CHAIR

272/14 MATTERS ARISING FROM THE MINUTES

Paper B detailed the status of previous matters arising and the expected timescales for

resolution.

Resolved – that the update on outstanding matters arising and the timescales for resolution be noted.

273/14 CHAIRMAN'S OPENING COMMENTS

The Chairman introduced paper C, outlining his first impressions of the Trust and his immediate priorities. He particularly drew members' attention to the following issues:-

- (a) arrangements for recruiting to the existing and emerging vacant positions on the UHL Trust Board;
- (b) opportunities to improve the information flows to support the Trust Board in focusing upon the right issues and asking the right questions;
- (c) the need to support a continued Board-level patient focus, and
- (d) plans for Board members to visit a wide range of clinical areas to interact with staff and patients.

Resolved – that the position be noted.

274/14 CHIEF EXECUTIVE'S MONTHLY UPDATE REPORT – OCTOBER 2014

The Chief Executive introduced paper D, briefing the Trust Board on the following issues:-

- (a) the positive attitude and commitment of UHL's staff, as showcased at the recent annual Caring at Its Best awards held at the Athena Centre in Leicester. He thanked the organisers of this event and noted that a series of smaller staff awards were held throughout the year;
- (b) UHL's selection for the "Mutuals in Health Pathfinder Programme" – the Trust was 1 of the 9 Trusts selected nationally for this programme (jointly sponsored by the Department of Health and the Cabinet Office) and would now receive funding of £120,000 to support pilot schemes relating to incentivisation, increased autonomy and the exploration of what mutuals might look like in the NHS. Updates on this workstream would be provided to the Trust Board at the appropriate stages;
- (c) the successful outcome of the NTDA loan application in order to maintain UHL's cash flow and provide funding for a range of capital schemes, including some enabling works for the new Emergency Floor development (which was still subject to approval);
- (d) feedback from the Trust's Board to Board meeting with the NTDA on 10 October 2014 – the direction of travel was broadly positive, but the NTDA had requested UHL to clarify the expected 2014-15 financial outturn and explore the scope to accelerate the Trust's financial recovery trajectory within the next 5 to 6 years;
- (e) the arrangements to implement a new approach to staff car parking, using an alternative and more transparent method of allocating permits based upon individuals' working commitments, eg cross-site working, emergency duties and out of hours cover;
- (f) separate reports on the Trust Board agenda relating to emergency care performance (Minutes 275/14/1 and 279/14/3 below refer), and
- (g) the month 6 positive financial variance to plan, reflecting a reversal in trend when compared with months 4 and 5.

CE/DHR

In discussion on the Chief Executive's monthly report, members congratulated the Chief Executive on the Trust's successful bid for the mutualisation pilot and sought and received assurance that the Trust would engage with patient communities as well as staff. In respect of the Board to Board meeting with the NTDA, Non-Executive Directors commented that neither the NTDA Chairman nor Non-Executive Directors had attended and the Chairman agreed to provide feedback to the NTDA regarding the importance of balanced representation at future meetings. The Chairman sought and received assurance that arrangements were being progressed to improve public access to car parking, noting that a

Chair

public multi-storey car park was planned to be provided on the LRI site.

Resolved – that the Chairman be requested to provide feedback to the NTDA regarding the importance of balanced Chairman and Non-Executive Director representation at future Board to Board meetings.

Chair

275/14 KEY ISSUES FOR DECISION/DISCUSSION

275/14/1 Presentation on LLR Emergency Care System Improvements

Further to Minute 235/14/3 of 28 August 2014, Dr D Briggs, LLR Emergency Care Lead attended the meeting to present a summary of the LLR emergency care system improvements and developments. The presentation slides had been previously circulated as paper E, although a modified presentation was provided on the day of the meeting. Trust Board members had also been provided with a copy of the LLR urgent care dashboard as pre-reading for this item.

Dr Briggs noted the significant efforts and improvements in working relationships within the LLR emergency care system over the last few months and he expressed regret that the workstreams had not yet demonstrated more progress. During the presentation and the subsequent discussion the following items were highlighted for further discussion:-

- (a) an increase in emergency attendances after 6pm in patients over 65 years of age;
- (b) the expected impact of 9,000 additional patient care plans which aimed to deliver the optimum treatment and set clear baselines for care, taking into account the wishes of the patient and their family members – this work was nearing completion but (to date) no impact had been built into the activity assumptions;
- (c) single point of access – training had been provided for approximately 270 paramedics and the service was expected to come on-line within the next few days. Ambulance service admissions from care homes would be monitored closely to measure the impact of this training programme;
- (d) the recent implementation of the older person's unit at Loughborough Hospital;
- (e) an expansion of the crisis response team which aimed to reduce hospital admissions by providing simple care in the patient's own home (including overnight care where appropriate);
- (f) changes in community bed capacity which now included "virtual beds" and reflected a net increase of 62 beds;
- (g) challenges surrounding length of stay and delayed transfers of care – the type of delays being experienced in Leicester regarding discharges to nursing homes were not common nationally. The key messages continued to be "home first" with early supported discharge and appropriate use of community in-reach and rehabilitation and social care bed capacity. An opportunity to implement a safe minimum data set for UHL discharges was highlighted (with a view to achieving a reduction from the 23 separate discharge forms currently in use);
- (h) opportunities to improve the communications with patients and their carers in respect of delivering a greater proportion of patient care at home. The Better Care Together Programme communications plan would be utilised for this purpose;
- (i) opportunities to develop more unified models of care between the 3 CCGs which would (in turn) help to support improved patient engagement and standardised staff training and education across the LLR region;
- (j) a query regarding the contractual arrangements with care homes and whether any arrangements had been put in place to support double-running during the implementation of service changes, and
- (k) assurance was provided that single-handed GPs and GPs from more isolated practices would be included in the preventative admission workstreams and communications processes.

The Chairman thanked Dr Briggs for his presentation, noting the importance of the whole health economy approach and the opportunities to deliver more patient care closer to home under the Better Care Together Programme. He suggested that Dr Briggs be invited to a future meeting to provide a progress report on the workstreams outlined in his presentation.

Resolved – that the presentation and subsequent discussion on LLR Emergency Care System Improvements be noted.

275/14/2 LLR Learning Lessons to Improve Care Review – 3 Month Progress Report

Further to Minute 209/14/1 of 31 July 2014, the Medical Director presented paper F, providing a quarterly progress report on the implementation of the recommendations arising from the above review. He highlighted the thematic analysis in section 1 and the key actions outlined in section 2. The Clinical Task Force was co-chaired by UHL's Medical Director and the Clinical Lead for the West Leicestershire CCG. Future plans for this workstream included the identification of outcome indicators and development of a methodology to measure improvement. Discussion took place regarding contact with the affected families and the open and transparent process to offer and hold individual meetings with them. A series of public listening events were also being held and the first one had taken place in Loughborough on 29 October 2014.

The Chief Executive advised that the Better Care Together Programme had now agreed to support a dedicated workstream in relation to end of life care. He noted that the planning grid (provided at appendix 2) appeared to be work in progress and he queried the timescale for finalising this. In response, the Medical Director advised that the development of an action plan was in line with good practice but the planning process had been kept flexible so that any additional themes arising from the public listening events could be incorporated into the final version.

Resolved – that the next quarterly progress report on the LLR Learning Lessons to Improve Care Review be provided to the January 2015 Trust Board meeting.

MD

275/14/3 UHL Cancer Performance

Further to Minute 261/14/1(B) of 25 September 2014, the Cancer Centre Lead Clinician and the Lead Nurse/Manager for the Cancer Centre attended the meeting to introduce paper G, providing an update on UHL's cancer performance and patient experience and seeking support of the recommended multi-faceted approach to achieving sustainable performance by the end of December 2014. The Trust's results of the 2013-14 National Cancer Experience Survey had demonstrated a significant improvement when compared with the 2012-13 results. Section 7 of paper G set out the arrangements for monitoring and mitigating any increased clinical risk arising from the recent modest delays in patient care pathways.

During the discussion on this report, members noted the improvements that had led to UHL's sustained performance over the last 12 months and the national increased trend in 2 week wait referrals. The Cancer Centre Lead Clinician confirmed the benefits of a regional collaborative approach to cancer care and his view that the current levels of administrative and management resources were sufficient. He commended the cancer model adopted within the Imaging service and suggested that a similar approach by other relevant services would support more robust performance going forwards.

Dr A Bentley, CCG representative commented upon opportunities to develop an electronic system for outpatient requests and an additional pathway for priority breast care referrals where cancer was not suspected (eg 4 to 6 weeks) to supplement the existing 2 week and 18 week pathways. The Chief Operating Officer thanked the team for their presentation and noted some scope to strengthen the process through the identification of a senior-level

management resource to support the cancer centre.

Resolved – that the report on UHL’s Cancer Performance and progress towards sustainable compliant performance by December 2014 be noted.

275/14/4 UHL Development Support Plan

The Director of Strategy introduced paper H, seeking Trust Board approval to submit the Development Support Plan to the NTDA by 31 October 2014. In discussion on the report the Board supported this submission, noting the intention to present updated iterations of the Development Support Plan to future Trust Board meetings and the scope to integrate and align this plan with the Trust’s Delivering Caring at its Best Framework and the Organisational Development plan.

Resolved – that the UHL Development Support Plan be supported for submission to the NTDA by 31 October 2014.

DS

275/14/5 Ebola Preparedness

The Chief Nurse reported verbally on UHL’s preparedness for any cases of Ebola, noting that the likelihood of the Trust seeing any patients infected with Ebola in Leicester remained low. Assurance was provided that appropriate stocks of personal protective equipment (PPE) were in place and specific staff training had been provided in the correct use of this PPE. Some minor capital works had been commissioned to segregate decontamination showers. A well managed process was in place to manage (and divert) any suspected cases and the communications campaign was being supported with strategically placed information posters.

Resolved – that the position be noted.

276/14 **STRATEGY, FORWARD PLANNING AND RISK**

276/14/1 Board Assurance Framework (BAF)

Paper I detailed UHL’s Board Assurance Framework as of 30 October 2014 and notified members of any new extreme/high organisational risks opened during that month. Further to Minute 258/14/2 of 25 September 2014, the following updates were received:-

- In respect of risk 1 (*lack of progress in implementing UHL Quality Commitment*), it was noted that 2 elements of the LLR Learning Lessons to Improve Care Review had now been incorporated into the Quality Commitment, namely discharge letters and clerking documentation, and
- In respect of risk 2 (*failure to implement LLR emergency care improvement plan*), the Chief Operating Officer advised that he had now populated the gaps in assurance and the actions in place to address them and the updated information would be provided in the next iteration of the BAF report. He also noted that further discussion on emergency care improvements would be held later in the agenda (Minute 279/14/3 below refers).

The Trust Board then reviewed the strategic objective ‘Integrated Care in Partnership with Others’ (incorporating principal risks 7, 8, 9 and 10 from within the BAF), noting that the target score for risk 8 (*failure to respond appropriately to specialised service specification*) would be amended to 6, as confirmed by the Director of Strategy.

Finally, the Healthwatch Representative commented on the helpful nature of this report which supported a transparent view of the way that key risks were progressed within the Trust and the Chairman noted opportunities to improve the way that this report was presented to future Trust Board meetings.

Resolved – that the BAF for period ending 30 October 2014 and the subsequent discussion on key risks be noted.

277/14 CLINICAL QUALITY AND SAFETY

277/14/1 Patient Story

The Head of Nursing and the Clinical Director attended the meeting from the Clinical Support and Imaging CMG to introduce a short video outlining some negative feedback from a patient who had attended a radiology investigation at the Leicester General Hospital. The patient's concerns related to privacy and dignity issues within the mixed sex waiting area, the attitude of the radiographer and a lack of clear communications regarding positioning for the CT scan. Positive feedback had been provided regarding the attitude of the reception staff and the CMG's response to the complaint.

Following the incident, an apology had been provided and the member of staff concerned had attended a bespoke communications training day for cross-sectional imaging staff, which had helped them to understand how and why it was necessary for them to modify their approach to patients to avoid coming across as abrupt or lacking in empathy.

Changes were in the process of being made to the patient waiting areas in order to create single sex areas. In the interim period, dressing gowns were being provided and notices had been displayed advising patients that they could wait in their changing cubicle if they preferred or talk to staff regarding any concerns. All imaging staff had now attended a development opportunity at De Montfort University to improve staff communication (both verbal and non-verbal) and an in-house training course was being developed called 'Delivering Fundamentals'.

During the discussion on the patient story, members noted the powerful impact of such videos and that this video was being shown to a variety of staff as a reminder of the importance of good communication skills. Mr M Traynor, Non-Executive Director was invited to comment upon any relevant experiences from the hotel industry and discussion took place on the arrangements for rewarding good service (eg staff appraisals and the Caring at its Best awards) and opportunities to recruit staff on the basis of good values and attitude.

Resolved – that the Patient Story and the Board's discussion on associated learning opportunities be noted.

277/14/2 Making Every Contact Count (MECC) – 2014-15 Annual Plan

The Director of Marketing and Communications introduced paper K, seeking Trust Board approval for the 2014-15 MECC work programme. Members noted the importance of opportunities to promote healthy choices, queried how success could be monitored (eg number of attendees at smoking cessation clinics), and whether any performance outcomes could be included in the Q&P report. It was noted that some regions had implemented interventions such as losing weight or stopping smoking prior to elective surgery. It was agreed to link future developments to the Trust's 5 year plan and to seek to monitor the impact more effectively on a system wide basis. Finally, members noted opportunities to review national trends, such as reductions in taxation revenue from tobacco and alcohol sales, as a broad measure for improvement.

Resolved – that the Making Every Contact Count Annual Plan for 2014-15 be approved.

277/14/3 Designation of UHL Senior Responsible Officer (Medical Appraisal/Revalidation)

The Medical Director introduced paper L, seeking Board approval to appoint Dr P Rabey, Deputy Medical Director as the Trust's Responsible Officer for medical appraisal and revalidation, in accordance with the Department of Health guidance 'The Role of the Responsible Officer: Closing the gap in medical regulation – Responsible Officer Guidance'. The proposal was supported unanimously, noting that the Medical Director would retain the accountability to the Board for performance of doctors.

Resolved – that (A) the proposed designation of Dr P Rabey as UHL's Senior Responsible Officer for Medical Appraisal and Revalidation be supported, and

(B) the Medical Director be requested to inform NHS England and the GMC of the above appointment.

MD

278/14 RESEARCH, EDUCATION AND TRAINING

278/14/1 National Institute for Health Research Clinical Research Network: East Midlands – Quarterly Update

Professor D Rowbotham, Clinical Director NIHR CRN: East Midlands attended the meeting to present paper M, providing the Trust Board with the background to the establishment of the above network in April 2014 and describing the present achievements, challenges and performance. In discussion on the quarterly report the Trust Board:-

- (a) queried whether any further support was required to achieve full integration of the previous 10 research networks;
- (b) considered opportunities for expanding the range of commercial trials, noting that a Commercial Manager had recently been appointed to the CRN, and
- (c) agreed that the UHL's Audit Committee would review the outputs of the Internal Audit review of CRN governance arrangements (when available).

DCLA

Resolved – that (A) the quarterly host report on NIHR CRN performance be received and noted, and

(B) the outputs from the Internal Audit review of the governance arrangements be presented to a future meeting of the UHL Audit Committee (when available).

DCLA

279/14 QUALITY AND PERFORMANCE

279/14/1 Month 6 Quality and Performance Report

The month 6 Quality and Performance report (paper N – month ending 30 September 2014) highlighted the Trust's performance against key internal and NTDA metrics, with escalation reports appended where required.

In terms of the 29 October 2014 QAC meeting, Dr S Dauncey, Non-Executive Director and Acting QAC Chair, highlighted the following issues:-

- (i) a 'deep dive' into fractured neck of femur care – provisional performance against the 72% target to provide surgery within 36 hours of emergency admission stood at 68%, but the remaining quality indicators were secure and assurance was provided that the work in progress would lead to compliant performance, and
- (ii) a joint strategy being developed with other carers of the elderly to reduce the prevalence of, and improve the management of, patient falls – much work was taking place to strengthen training and education around this important theme and good clinical engagement had been noted within the steering group established for this workstream.

Ms J Wilson, Non-Executive Director and Acting Finance and Performance Committee Chair then outlined key operational issues discussed by the 29 October 2014 Finance and Performance Committee, namely:-

- (a) a presentation received from the Imaging Service, highlighting their improvement plan and issues relating to increased diagnostic demand, resources, new roles, working patterns and recruitment. Medical recruitment had been highlighted as one area where some additional support would be welcomed;
- (b) RTT performance (as outlined in the exception report appended to paper N);
- (c) positive progress in respect of CIP performance for 2014-15 and an advanced programme for the 2015-16 financial year, and
- (d) month 6 financial performance and the income-related risks surrounding delivery of the year end forecast – some further analysis on income had been requested for the next meeting.

The Chief Executive confirmed that the majority of the key month 6 issues for Trust Board consideration had already been highlighted (noting that financial performance was discussed separately in Minute 279/14/2 below). He particularly drew the Board's attention to the commitment made to the NTDA to deliver compliant admitted RTT performance at Trust-level for November 2014 and potential additional funding to support this workstream which was subject to formal understanding relating to the impact of increased demand. The Chief Operating Officer provided progress updates on the challenged specialties of orthopaedics, ophthalmology, general surgery, and ENT and highlighted the risks around continued increases in referrals in all 4 of these specialties. He noted the Trust's significant achievement in delivering sustained levels of additional RTT activity over the last 3 months.

In discussion on the issues highlighted above and on the month 6 Quality and Performance report generally, the Trust Board:-

- (I) noted (in response to a query from the CCG Representative) that marginal rate emergency tariff was not applied to outpatient and elective referrals and that these were funded at full tariff. The additional costs to UHL were noted to arise from the higher costs of any outsourced activity and weekend lists to cope with the increased demand;
- (II) commented on the scope to improve the GP triage process to increase the percentage of appropriate referrals – an analysis of referral outcomes had been shared with the CCGs to support this workstream, and
- (III) noted an opportunity to strengthen the service development plans for 12 key UHL services which had been adversely affected by increased referral rates.

The Minutes of the 24 September 2014 Finance and Performance Committee and the 27 August 2014 and 24 September 2014 Quality Assurance Committee meetings were received and noted as papers N1 to N3. The recommendations to deliver a balanced Capital Programme for 2014-15 (as set out under Minute 99/14 of the 24 September 2014 Finance and Performance Committee meeting) were endorsed.

Resolved – that (A) the month 6 quality and performance report for the period ending 30 September 2014 be received and noted, and

(B) the recommended mitigating actions to deliver a balanced capital programme for 2014-15 be endorsed (as set out in Minute 99/14 of the 24 September 2014 Finance and Performance Committee meeting).

DF

279/14/2 Month 6 Financial Position

The Acting Director of Finance presented paper O advised members of UHL's financial

position as at month 6 (month ending 30 September 2014), particularly highlighting the following key issues:-

- (a) the Trust's loan application for £58m PDC funding had been approved by the Department of Health and this would now be used to mitigate the Trust's 2014-15 deficit plan, improve performance in respect of suppliers' payments and support the capital programme;
- (b) positive progress in respect of CIP performance for 2014-15 and advanced plans for 2015-16;
- (c) receipt of additional resilience funding for RTT and winter pressures, and
- (d) a correction to section 3.2 of the report which actually reflected a **positive** in-month variance to plan of £0.28m (instead of a negative variance).

Sections 4 and 5 of paper O summarised the forecast outturn and the key assumptions and risks associated with delivering the forecast year end £40.7m deficit position. Members also received an update on the position relating to patient care activity queries and the process to resolve these with Commissioners and agree a joint memorandum of understanding for addressing such issues in the future.

Resolved – that the month 6 financial performance update be noted.

279/14/3 Emergency Care Performance and Recovery Plan

Paper P provided an overview of ED performance, noting that 4 hour ED waits performance in September 2014 had improved to 91.8% (against the target of 95%). Adult emergency admissions had continued to rise steadily and now stood at an average of 212 per day (in October 2014) compared with 190 per day in September 2013. The Chief Operating Officer highlighted the improving stability of performance over the last 30 day period, despite continued high levels of delayed discharges (4.8%).

In discussion on ED performance, the Trust Board supported the recommendations for further reviews (as set out on page 3 of paper P) in respect of:-

- a) LLR plans for reducing emergency admissions with a view to reaching joint agreement on the most effective spending of MRET, re-admissions and winter funding, and
- b) LLR discharge arrangements and a request to commissioners and other LLR provider functions that at least the same number of winter beds were open in the winter of 2014-15 as there were in 2013-14.

Resolved – that the update on Emergency Care Performance (paper P) be received and noted and support be expressed for the actions being taken to strengthen performance.

280/14 **GOVERNANCE**

280/14/1 NHS Trust Over-Sight Self Certifications

The Director of Corporate and Legal Affairs introduced the Trust's over-sight self certification return for September 2014. Following due consideration, and taking appropriate account of any further information needing to be included from today's discussions (including the month 6 exception reports, as appropriate), the Board authorised the Director of Corporate and Legal Affairs to finalise and submit the return to the NHS Trust Development Authority in consultation with the Chief Executive.

**DCLA/
CE**

Resolved – that (A) paper Q, now submitted, be received and noted,

(B) the Director of Corporate and Legal Affairs be authorised to agree a form of

**DCLA/
CE**

words with the Chief Executive in respect of the NHS Trust Over-sight self certification statements to be submitted to the NHS Trust Development Authority by 31 October 2014.

281/14 CORPORATE TRUSTEE BUSINESS

281/14/1 Charitable Funds Committee

Paper R provided the Minutes of the Charitable Funds Committee meeting held on 15 September. Members noted that the Trust Board (as Corporate Trustee) had already endorsed the applications for Charitable Funding as set out under Minute 43/14 (Trust Board Minute 264/14/1 of 25 September 2014 refers).

Resolved – that the 15 September 2014 Charitable Funds Committee Minutes be received, and the recommendations and decisions therein be endorsed and noted.

DF

281/14/2 Urgent Charitable Funds Application

The Chief Nurse introduced paper S, seeking the Board's approval (as Corporate Trustee) to provide A3 and A4 dry wipe magnetic boards above every inpatient bed, in line with best practice and the recommendations arising from the Francis report. In discussion on paper S, the Board approved the application (reference number 5201) in the sum of £38,000 from the Charity's General Purposes fund. The Director of Marketing and Communications noted that a proposed framework was under development to guide decision-making processes by the Charitable Funds Committee and the Trust Board (as Corporate Trustee) on the expenditure of charitable funds and whether items were or were not suitable for charitable funding expenditure.

Resolved – that Trust Board approval (as Corporate Trustee) be granted in respect of application 5201 for the provision of inpatient above bed name boards.

DF

282/14 TRUST BOARD BULLETIN

Resolved – that the following Trust Board Bulletin items be noted:-

- (1) Declarations of Interests from Mr K Singh and Mr M Traynor,
- (2) Quarter 2 update of Trust Sealings, and
- (3) UHL Members' Engagement Forum minutes arising from the meeting held on 11 September 2014.

283/14 QUESTIONS AND COMMENTS FROM THE PUBLIC RELATING TO BUSINESS TRANSACTED AT THIS MEETING

A Patient Adviser provided feedback from the LLR Learning Lessons to Improve Care public listening event held at Loughborough on 29 October 2014 and suggested that attendance by UHL representatives at the 2 remaining events would be helpful. He also commended the UHL Development Support Plan (Minute 275/14/4 above refers), noting the benefits of circulating this report in the public domain.

A member of staff complimented the Board on the positive focus on patient quality and safety throughout the meeting.

Resolved – that the comments, noted above, be recorded in the Minutes.

284/14 ANY OTHER BUSINESS

284/14/1 Mr S Sheppard – Acting Director of Finance

The Chairman noted that the Acting Director of Finance was leaving the Trust on 31 October 2014 to take up a new post at Rotherham NHS Foundation Trust. He thanked Mr Sheppard for his considerable contribution to the Trust and wished him well for the future.

Resolved – that the information be noted.

284/14/2 Dr K Harris, Medical Director and Ms K Bradley, Director of Human Resources

The Chairman noted that the Trust's Medical Director and the Director of Human Resources would both be stepping down from their positions in the near future and arrangements were in place to manage these changes.

Resolved – that the information be noted.

285/14 **EXCLUSION OF THE PRESS AND PUBLIC**

Resolved – that, pursuant to the Public Bodies (Admission to Meetings) Act 1960, the press and members of the public be excluded during consideration of the following items of business (Minutes 286/14 – 292/14), having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

286/14 **DECLARATIONS OF INTERESTS IN THE CONFIDENTIAL BUSINESS**

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

287/14 **CONFIDENTIAL MINUTES**

Resolved – that the confidential Minutes of the 25 September 2014 Trust Board be confirmed as a correct record and signed accordingly by the Trust Chairman.

CHAIR

288/14 **CONFIDENTIAL MATTERS ARISING REPORT**

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

289/14 **REPORT BY THE VICE CHAIR AND THE DIRECTOR OF CORPORATE AND LEGAL AFFAIRS**

Resolved – that this Minute be classed as confidential and taken in private accordingly, on the grounds of personal information.

290/14 **REPORT BY THE CHIEF EXECUTIVE**

Resolved – that this Minute be classed as confidential and taken in private accordingly, on the grounds of commercial interests.

291/14 **REPORTS FROM BOARD COMMITTEES**

291/14/1 Finance and Performance Committee

Resolved – that the confidential Minutes of the 24 September 2014 Finance and Performance Committee be received, and the recommendations and decisions therein endorsed and noted respectively.

291/14/2 Quality Assurance Committee (QAC)

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

291/14/3 Remuneration Committee

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

292/14 **DATE OF NEXT MEETING**

Resolved – that (A) the next Trust Board meeting be held on Thursday 27 November 2014 at 9am in Seminar Rooms 2 and 3, Clinical Education Centre, Glenfield Hospital.

The meeting closed at 2.30pm

Kate Rayns
Acting Senior Trust Administrator

Cumulative Record of Members' Attendance (2014-15 to date):

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
K Singh (Chair from 1.10.14)	1	1	100	R Mitchell	8	7	87
R Kilner (Acting Chair from 26.9.13 to 31.9.14)	7	7	100	R Overfield	8	8	100
J Adler	8	8	100	P Panchal	8	8	100
T Bentley*	7	7	100	K Shields*	8	8	100
K Bradley*	8	8	100	M Traynor (from 1.10.14)	1	1	100
I Crowe	8	7	87	S Ward*	8	8	100
S Dauncey	8	7	87	M Wightman*	8	8	100
K Harris	8	7	87	M Williams	1	1	100
D Henson*	4	4	100	J Wilson	8	6	75
K Jenkins	4	4	100	D Wynford-Thomas	8	4	50

* non-voting members

University Hospitals of Leicester NHS Trust
Progress of actions arising from the Trust Board meeting held on Thursday, 30 October 2014

Item No	Minute Ref:	Action	Lead	By When	Progress Update	RAG status*
1	274/14	Chief Executive's update Chairman to provide feedback to the NTDA regarding UHL's expectations regarding NTDA Chairman and NED representation at future Board to Board meetings.	Chairman	31.10.14	The Chairman has written to the NHS TDA Chairman.	5
2	275/14/1	LLR Learning Lessons to Improve Care Review – 3 month progress report Refreshed action plan to be presented to the Trust Board in January 2015 – to incorporate feedback from the 3 listening events being held at Loughborough, Market Harborough and Leicester.	MD	TB 8.1.15	Scheduled accordingly for Trust Board meeting on 8 January 2015.	5
3	277/14/3	Designation of UHL Senior Responsible Officer (Medical Appraisal/Revalidation) Medical Director to advise NHS England and the GMC that Dr P Rabey has been appointed as UHL's Responsible Officer.	MD	Immediate	Actioned.	5
4	278/14/1	NIHR Local Clinical Research Network – quarterly update Internal Audit report on the LCRN to be presented to UHL's Audit Committee (when available).	MD	When available	Included on list of agenda items for forthcoming Audit Committee meetings in 2015.	5
5	279/14/3	Emergency Care Performance and Recovery Plan Chairman to highlight UHL's concerns relating to LPT bed closures at his meeting with the LPT Chairman.	Chairman	w/c 3.11.14	The Chairman has met with the LPT Chairman.	5
6	280/14/1	NHS Trust Over-Sight Certification Director of Corporate and Legal Affairs and the Chief Executive to update the September 2014 self certification returns using the month 6 quality and performance exception reports and submit these to the NTDA by 31 October 2014.	DCLA/CE	31.10.14	Complete.	5

Matters arising from previous Trust Board meetings

Item No	Minute Ref:	Action	Lead	By When	Progress Update	RAG status*
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* Both numerical and colour keys are to be used in the RAG rating. If target dates are changed this must be shown using ~~strike through~~ so that the original date is still visible.

RAG Status Key:	5	Complete	4	On Track	3	Some Delay – expected to be completed as planned	2	Significant Delay – unlikely to be completed as planned	1	Not yet commenced
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Item No	Minute Ref:	Action	Lead	By When	Progress Update	RAG status*
25 September 2014						
7	255/14 (a)	Matters Arising Trust Board to be advised at its January 2015 meeting on the outcome of the Medical Director's/Executive Team's consideration of whether additional resource is to be deployed to enable the Trust to meet its medical revalidation and appraisal responsibilities.	MD	TB 8.1.15	Update scheduled for the January 2015 Trust Board meeting.	4
8	255/14 (c)	Future provision of urgent care services Trust Board to be advised at its November 2014 meeting on the decision of the LLR CCGs on retendering the provision of urgent care services (NB decision expected to be taken by the end of October 2014)	CE	For TB action log 27.11.14	Decision has been taken to re-tender in 2015-16 for the start of the new contract in April 2016.	5
9	255/14 (d)	Nursing Workforce Report Trust Board to receive nursing workforce updates bi-annually, timing to be synchronised with the outcome of the bi-annual UHL nursing acuity review.	CN	TB January and July 2015	Updates scheduled for the Trust Board meetings in January and July 2015.	4
10	255/14 (e)	Monitoring of Patient Sexual Orientation Trust Board to be updated on this subject via the equality governance update report to be submitted to the January 2015 Trust Board meeting.	DHR	TB 8.1.15	Updates scheduled for the January 2015 Trust Board meeting. Considered by the Executive Team on 21.10.14 and agreed an alternative focus on capturing disability data to improve patient care and available support.	4
11	255/14 (f)	Learning Disability: Critical Incidents and Patients Outcome Review Director of Human Resources to confirm timescales for completion of the analysis of two critical incidents and patient outcome review – timescale to be incorporated in the October 2014 Trust Board action log.	DHR	For TB action log 30.10.14	Meeting to discuss outcome review methodology scheduled for 7.10.14. Completion date of the review to be agreed at that meeting.	4
12	255/14 (g)	Choose and Book Trust Board to be advised at its January 2015 meeting on the outcome of the work to explore an increase in the number of available slots.	COO	TB 8.1.15	Update scheduled for the January 2015 Trust Board meeting.	4
13	255/14(i)	UHL Patient and Public Involvement and Engagement Strategy Director of Marketing and Communications to submit a report to the January 2015 Trust Board meeting recommending the consideration and adoption of an updated UHL patient and public involvement and engagement strategy.	DMC	TB 8.1.15	Scheduled for January 2015 Trust Board meeting.	4

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

Item No	Minute Ref:	Action	Lead	By When	Progress Update	RAG status*
14	255/14(j)	UHL and LLR 5 Year Plans – Patient and Stakeholder Engagement Director of Marketing and Communications to submit a report to the October 2014 Trust Board meeting on the plans for patient and stakeholder engagement, following consideration of this subject at the Better Care Together Programme Board on 2 nd October 2014.	DMC	TB 30.10.14 22.12.14	Rescheduled for December 2014 Trust Board meeting.	3
15	257/14 (c)	Emergency Floor Development Measures to mitigate the over-commitment of the 2014/15 capital programme to be discussed at the October 2014 Finance and Performance meeting.	ADF	FPC October 2014	Recommendation arising from discussion at the 25.9.14 Finance and Performance Committee meeting to be considered for Trust Board approval on 30 October 2014 (via the F&P Minutes).	5
16	260/14/1 (c)	Medical Education Discussion to take place at the December 2014 Trust Board development session on medical education, to include the Director of Clinical Education and consideration to be given to also inviting the CMG Clinical Education Leads to join the Trust Board for this session.	MD	TBDS December 2014	Scheduled for TBDS December 2014.	4
17	261/14/1 (b)	Cancer Waiting Times Performance Comprehensive report on cancer waiting times performance to be submitted to the October 2014 Trust Board meeting: report to address (a) how clinical risk is being mitigated in light of current performance; (b) cancer detection rates; (c) the local and national factors felt to be influencing the Trust's performance; (d) the results of the national cancer patient survey 2014.	COO/CN	TB October 2014	Presented to Trust Board on 30 October 2014.	5
18	261/14/1 (c)	Mortality Indicators and other Key Performance Indicators Discussion to take place at the November 2014 Trust Board Development Session on the mortality indicators and other key performance indicators featured in the new version UHL Quality and Performance report.	MD/CN	TBDS November 2014	Scheduled for TBDS November 2014.	4
19	259/14/2 (c)	Complaints Engagement Event: Action Plan The Chief Nurse to consider and determine the most effective way of deploying existing resources in the implementation of the complaints engagement event action plan.	CN	Immediate	In progress. Update to be provided to the 27 November 2014 Trust Board.	4
20	259/14 (e)	Whistleblowing Policy Consideration be given to means of strengthening the ways in which patients and the public can raise concerns about patient care and other issues of concern; and to publicising such arrangements: outcome to be incorporated in the October 2014 Trust Board action log.	CN	For Trust Board action log 30.10.14	In progress. Update to be provided to the 27 November 2014 Trust Board. Updated policy approved by the Policy and Guideline Committee on 17 October 2014.	4

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

Item No	Minute Ref:	Action	Lead	By When	Progress Update	RAG status*
21	261/14/1 (b)	Applications for Charitable Funding Director of Marketing and Communications and Acting Director of Finance to report to the Trust Board as Corporate Trustee on a framework to guide decision-making by the Charitable Funds Committee and Trust Board (as Corporate Trustee) on the expenditure of charitable funds, such framework to recommend matters which are/are not suitable for charitable funds expenditure.	DMC/ADF	Trust Board 27.11.14	On track.	4
28 August 2014						
22	235/14/1	Empath Full Business Case to be presented to the September 2014 Trust Board.	ADF	TB 25.9.14 30.10.14 27.11.14 8.1.15	Rescheduled to January 2015 Trust Board.	3
23	237/14	Measures to raise the Board-level profile of R&D to be considered by Executive Directors and fed into the Board effectiveness action plan as appropriate.	DCLA/EDs	Immediate	Director of Corporate and Legal Affairs to discuss with the newly appointed Trust Chair when he takes up his appointment on 1 st October 2014.	4
26 June 2014						
24	180/14/1	Finalised LLR 5-year health and social care plan to be presented to the September 2014 Trust Board.	DS	TB 25.9.14 27.11.14 22.12.14	Scheduled accordingly. Deferred to the December 2014 Trust Board.	3
25	180/14/2	Draft UHL 5-year plan – executive summary Final versions of the UHL (and LLR) 5-year plan to be presented to the Trust Board for formal approval in September 2014.	DS/CE	TB Sept/Oct 2014 27.11.14 22.12.14	Being worked through and on track to be presented to the Trust Board in September 2014. Deferred to the December 2014 Trust Board.	3
26	180/14/2	Monitoring of progress against the 5-year plan to be included in the detailed Delivering Caring at its Best update being provided to the October 2014 Trust Board.	CE	TB 20.10.14 27.11.14 22.12.14	Scheduled accordingly for report to 30 October 2014 Board meeting. Deferred to the December 2014 Trust Board.	3

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

RAG Status Key:	5	Complete	4	On Track	3	Some Delay – expected to be completed as planned	2	Significant Delay – unlikely to be completed as planned	1	Not yet commenced
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TRUST BOARD – 27th NOVEMBER 2014

Chairman's Monthly Report

DIRECTOR:	Chairman
AUTHOR:	Chairman
DATE:	21 st November 2014
PURPOSE:	(concise description of the purpose, including any recommendations) To brief the Board monthly on the Chairman's perspective.
PREVIOUSLY CONSIDERED BY:	(name of Committee) N/A
Objective(s) to which issue relates *	<input checked="" type="checkbox"/> 1. Safe, high quality, patient-centred healthcare <input checked="" type="checkbox"/> 2. An effective, joined up emergency care system <input checked="" type="checkbox"/> 3. Responsive services which people choose to use (secondary, specialised and tertiary care) <input checked="" type="checkbox"/> 4. Integrated care in partnership with others (secondary, specialised and tertiary care) <input checked="" type="checkbox"/> 5. Enhanced reputation in research, innovation and clinical education <input checked="" type="checkbox"/> 6. Delivering services through a caring, professional, passionate and valued workforce <input checked="" type="checkbox"/> 7. A clinically and financially sustainable NHS Foundation Trust <input checked="" type="checkbox"/> 8. Enabled by excellent IM&T
Please explain any Patient and Public Involvement actions taken or to be taken in relation to this matter:	As stated in the report.
Please explain the results of any Equality Impact assessment undertaken in relation to this matter:	N/A
Organisational Risk Register/ Board Assurance Framework *	<input type="checkbox"/> Organisational Risk Register <input type="checkbox"/> Board Assurance Framework <input checked="" type="checkbox"/> Not Featured
ACTION REQUIRED *	
For decision <input type="checkbox"/>	For assurance <input type="checkbox"/> For information <input checked="" type="checkbox"/>

- ♦ We treat people how we would like to be treated ♦ We do what we say we are going to do
 ♦ We focus on what matters most ♦ We are one team and we are best when we work together
 ♦ We are passionate and creative in our work

* tick applicable box

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT TO: TRUST BOARD

DATE: 27 NOVEMBER 2014

REPORT BY: CHAIRMAN

SUBJECT: CHAIRMAN'S MONTHLY REPORT

Meetings

I have continued to meet a wide range of staff (in particular on my Saturday visits around different parts of the Trust) and appreciate the warm personal welcome that I have received as well as the enthusiasm when discussing their services. I have also continued to hold meetings with a wide range of opinion formers in such sectors as political life, faith communities, the media, patient groups and the business community. I see both of these activities as important components of my role as Trust Chair. Each member of the Board will have a wide range of contacts and we will be thinking about how we can use these networks effectively as part of our engagement process internally and externally.

Innovation

During my visits I have already come to appreciate there is a wide range of individuals and teams who are either trialling new and innovative approaches in their service provision or who need assistance in taking their ideas to the next stage. I always ask the question why do we do things in this way and if you had a chance, what would you do differently? Some of the changes suggested are relatively small in terms of process but they might have a considerable impact. I have been struck by the fact that we do not appear to have a Board level focus on innovation because I believe the extent to which we welcome new approaches will be one of the key issues which differentiates us from other organisations.

Performance, Quality, People and Resources

As a Board we have focused in the past (and will continue to do so) on performance issues in areas such as emergency admissions which will have significant people, quality and quality dimensions. However it is also the case that as a Board we have to focus on the performance of other services and sites within the Trust and assess these dimensions in that context. The Board will be reordering its own business agendas and that of its committees so that there is a sharper focus on the direction of travel or strategy for the organisation and that decision making is aligned to this. I have also been struck that the people delivering these services as clinicians and nurses have no insights into their relative costs. I look forward to seeing future developments which deliver this kind of change.

Being receptive, responsive and reflective

As a major organisation within the local health system with roles as an employer, service provider and public body we have a responsibility as a Board to think about our wider role in the community. We need to demonstrate our values such as listening carefully to patient voices and others with an interest in the health and well being of the community; that we have responded in a considered and structured manner to the issues raised; and that as a model employer and service provider we seek to reflect the diversity which exists in our local communities across the city and counties by providing opportunities in a fair and open way. These three Rs require us to think about the culture that we want to encourage throughout the Trust.

Karamjit Singh CBE
Chairman, UHL Trust

TRUST BOARD – 27TH NOVEMBER 2014

MONTHLY UPDATE REPORT – NOVEMBER 2014

DIRECTOR:	CHIEF EXECUTIVE
AUTHOR:	DIRECTOR OF CORPORATE AND LEGAL AFFAIRS
DATE:	20 TH NOVEMBER 2014
PURPOSE:	(concise description of the purpose, including any recommendations) To brief the Trust Board on key issues and identify changes or issues in the external environment.
PREVIOUSLY CONSIDERED BY:	(name of Committee) N/A
Objective(s) to which issue relates *	<input checked="" type="checkbox"/> 1. Safe, high quality, patient-centred healthcare <input checked="" type="checkbox"/> 2. An effective, joined up emergency care system <input type="checkbox"/> 3. Responsive services which people choose to use (secondary, specialised and tertiary care) <input type="checkbox"/> 4. Integrated care in partnership with others (secondary, specialised and tertiary care) <input type="checkbox"/> 5. Enhanced reputation in research, innovation and clinical education <input checked="" type="checkbox"/> 6. Delivering services through a caring, professional, passionate and valued workforce <input checked="" type="checkbox"/> 7. A clinically and financially sustainable NHS Foundation Trust <input type="checkbox"/> 8. Enabled by excellent IM&T
Please explain any Patient and Public Involvement actions taken or to be taken in relation to this matter:	N/A
Please explain the results of any Equality Impact assessment undertaken in relation to this matter:	N/A
Organisational Risk Register/ Board Assurance Framework *	<input type="checkbox"/> Organisational Risk Register <input type="checkbox"/> Board Assurance Framework <input checked="" type="checkbox"/> Not Featured
ACTION REQUIRED *	
For decision <input type="checkbox"/>	For assurance <input type="checkbox"/> For information <input checked="" type="checkbox"/>

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 ♦ We are passionate and creative in our work

* tick applicable box

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT TO: TRUST BOARD

DATE: 27 NOVEMBER 2014

REPORT BY: CHIEF EXECUTIVE

SUBJECT: MONTHLY UPDATE REPORT – NOVEMBER 2014

1. In line with good practice (as set out in the Department of Health Assurance Framework for Aspirant Foundation Trusts : Board Governance Memorandum), the Chief Executive is to submit a written report to each Board meeting detailing key Trust issues and identifying important changes or issues in the external environment.
2. For this meeting, the key issues which the Chief Executive has identified and upon which he will report further, orally, at the Board meeting are as follows:-
 - (a) emergency care performance;
 - (b) the Trust's RTT performance;
 - (c) the Trust's month 7 financial position;
 - (d) Better Care Together;
 - (e) the NHS Five Year Forward View, published on 23rd October 2014; and
 - (f) the annual conference and exhibition of the Foundation Trust Network held in Liverpool on 18th and 19th November 2014.
(NB the Foundation Trust Network's name will change on 1st December 2014 to NHS Providers, the Association of Foundation Trusts and Trusts);and
 - (g) the recent formal launch of MyNHS by the Department of Health.
3. The Trust Board is asked to consider the Chief Executive's report and, again, in line with good practice consider the impact on the Trust's Strategic Direction and decide whether or not updates to the Trust's Board Assurance Framework are required.

John Adler
Chief Executive

20th November 2014

TRUST BOARD – 22nd December 2014

Patient Experience Story – Extended Opening Hours of Osborne Day Care

DIRECTOR:	Rachel Overfield, Chief Nurse								
AUTHOR:	Hannah Tiltman – Haemoglobinopathies CNS Usha Mehta – Haematology Nurse/Practitioner								
DATE:	22 nd December 2014								
PURPOSE:	<p><u>Introduction</u></p> <p>The Osborne Day Care is a busy day ward, caring for patients with haematological and malignant disorders requiring blood transfusion, chemotherapy, medical review, pheresis (including red cell/plasma exchange and stem cell harvest) bisphosphonate infusions and bone marrow aspirations.</p> <p>The Osborne Day Care Unit has embraced obtaining feedback from patients and confidently responds by ensuring service and care developments are in line with patient opinion.</p> <p>In 2011 a patient on four weekly blood transfusions had their care transferred to the Osborne Day Care from the children’s unit where a Saturday service was offered. This patient had always attended on a Saturday and therefore staff reviewed service provision and to ensure an equitable service was provided for all patients a four weekly Saturday service commenced. This service was initially covered by staff willing to work extra hours. To meet patient needs the service further expanded to offer permanent opening of Saturday Day care service weekly from October 2013</p> <p><u>Osborne Day Care Unit Friends & Family Test</u></p> <p>In October 2014 the Friends and Family Test for the Osborne Day Case Unit was:</p> <table><tr><td>Promoters</td><td>Passives</td><td>Detractors</td><td>FFT Score</td></tr><tr><td>97</td><td>13</td><td>1</td><td>86.5</td></tr></table> <p><u>Experience of Care in the Osborne Day Case Unit</u></p> <p>Many patients are delighted with the availability of a weekly Saturday service, one patient story is captured on DVD regarding his experience of care when compared with travelling to Coventry for weekend blood transfusions but since Saturday Day care has been offered he has transferred his care back to this Trust.</p> <p>Since the Saturday service this patient may now work full time without taking further time off work, reduced travel time, financial cost, opportunity for family to visit him during admission time and he states “opening on a Saturday has had a dramatic effect on my life”. This patient also highlights how all the staff are caring and respectful.</p>	Promoters	Passives	Detractors	FFT Score	97	13	1	86.5
Promoters	Passives	Detractors	FFT Score						
97	13	1	86.5						

	<p>This patient story also identifies improvements that could be made in the following areas:</p> <ul style="list-style-type: none"> • lack of blood machines causes longer waiting times • The need for extended hour's weekdays when blood tests are required. • To alleviate the boredom free Wi-Fi <p><u>Future Improvements</u> To continue to offer a service of excellence based on the needs of patients with on-going appraisal of patient feedback. Identify funding opportunities for more blood machines and extension of service opening times during week days.</p> <p><u>Recommendations:</u> The Trust Board is asked to:</p> <ul style="list-style-type: none"> • Receive and listen to the patient's story • Support the improvements instigated in response to this feedback.
PREVIOUSLY CONSIDERED BY:	N/A
Objective(s) to which issue relates *	<input checked="" type="checkbox"/> 1. Safe, high quality, patient-centred healthcare <input type="checkbox"/> 2. An effective, joined up emergency care system <input checked="" type="checkbox"/> 3. Responsive services which people choose to use (secondary, specialised and tertiary care) <input type="checkbox"/> 4. Integrated care in partnership with others (secondary, specialised and tertiary care) <input type="checkbox"/> 5. Enhanced reputation in research, innovation and clinical education <input checked="" type="checkbox"/> 6. Delivering services through a caring, professional, passionate and valued workforce <input type="checkbox"/> 7. A clinically and financially sustainable NHS Foundation Trust <input type="checkbox"/> 8. Enabled by excellent IM&T
Please explain any Patient and Public Involvement actions taken or to be taken in relation to this matter:	<p>This paper provides assurance that the Osborne Day Care are listening and acting upon patient feedback to improve patient's experience of care.</p> <p>Patients are encouraged to share their stories of care within the trust.</p>
Please explain the results of any Equality Impact assessment undertaken in relation to this matter:	This is an expansion of a present service and offers greater flexibility and equity of service provision
Strategic Risk Register/ Board Assurance Framework *	<input type="checkbox"/> Strategic Risk Register <input type="checkbox"/> Board Assurance Framework <input checked="" type="checkbox"/> Not Featured
ACTION REQUIRED * For decision <input type="checkbox"/> For assurance <input checked="" type="checkbox"/> For information <input checked="" type="checkbox"/>	

- ♦ We treat people how we would like to be treated ♦ We do what we say we are going to do
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 ♦ We are passionate and creative in our work

* tick applicable box

TRUST BOARD – 27 November 2014

NHS England New Congenital Cardiac Services Review: UHL Response to Public Consultation

DIRECTOR:	Kate Shields		
AUTHOR:	Dr Aidan Bolger		
DATE:	25 November 2014		
PURPOSE:	<p>NHS England has been carrying out a review of congenital heart services for children and adults. We are now at the end of a three month formal public consultation on the standards (closes midnight on the 8th December 2014) the UHL response to the New Congenital Cardiac Review needs to address two key issues.</p> <p>The Trust Board are asked to receive the report and endorse the response to the consultation</p>		
PREVIOUSLY CONSIDERED BY:			
Objective(s) to which issue relates *	<input type="checkbox"/> 1. Safe, high quality, patient-centred healthcare <input type="checkbox"/> 2. An effective, joined up emergency care system <input type="checkbox"/> 3. Responsive services which people choose to use (secondary, specialised and tertiary care) <input type="checkbox"/> 4. Integrated care in partnership with others (secondary, specialised and tertiary care) <input type="checkbox"/> 5. Enhanced reputation in research, innovation and clinical education <input type="checkbox"/> 6. Delivering services through a caring, professional, passionate and valued workforce <input type="checkbox"/> 7. A clinically and financially sustainable NHS Foundation Trust <input type="checkbox"/> 8. Enabled by excellent IM&T		
Please explain any Patient and Public Involvement actions taken or to be taken in relation to this matter:			
Please explain the results of any Equality Impact assessment undertaken in relation to this matter:			
Organisational Risk Register/ Board Assurance Framework *	<input type="checkbox"/> Organisational Risk Register <input type="checkbox"/> Board Assurance Framework <input type="checkbox"/> Not Featured		
ACTION REQUIRED *			
For decision	<input type="checkbox"/>	For assurance	<input type="checkbox"/>
		For information	<input type="checkbox"/>

NHS England New Congenital Cardiac Services Review: UHL Response to Public Consultation

Background

1. NHS England has been carrying out a review of congenital heart services for children and adults. This review covers the complete continuum of services from antenatal screening through to end of life care. The six key objectives of the review are:
 1. to develop standards to give improved outcomes, minimal variation and improved patient experience for people with Coronary Heart Disease (CHD)
 2. to analyse demand for specialist inpatient CHD care, now and in the future
 3. to make recommendations on function, form and capacity of services needed to meet that demand, taking account of accessibility and health impact
 4. to make recommendations on the commissioning and change management approach including an assessment of workforce and training needs
 5. to establish a system for the provision of information about the performance of CHD services to inform the commissioning of these services and patient choice
 6. to improve antenatal and neonatal detection rates.
2. We are now at the end of a three month formal public consultation on the standards (closes midnight on the 8th December 2014) and University Hospitals of Leicester (UHL) will want to make a formal response. We intend to respond in two ways. Firstly via the online portal that NHS England have established and secondly with a full detailed response with a covering letter from the Chief Executive.
3. It is important to note that this consultation on the standards only really addresses objective one as it focusses on a series of proposed service standards relating to numbers and types of staff, equipment and facilities as well the models of care locally (co-location of services) and regionally (networks). Information gained during this exercise will then influence approaches to meeting objectives 3 and 4.
4. Objective 2 has already been completed by NHS England and the work being undertaken by NHS England to meet objectives 5 and 6 is, on the whole, not relevant to this public consultation exercise, although as an organisation we are involved in shaping this work, as it will be essential in putting the new system of care into place.
5. The public consultation asks 11 questions of respondents. These are given in Appendix A.

The key issues

6. Literally hundreds of new standards have been drafted that cover all aspects of cardiac care for children and adults with congenital heart disease. They were drafted by a committee of clinicians, nurses, NHS England employees, patients and patient representatives. One of our senior paediatric cardiologists represented UHL on this group. The overwhelming majority of draft standards were unanimously agreed but from this work a number of “knotty issues” arose where there wasn’t agreement amongst committee members or wider stakeholders. NHS England sought further opinion on these from other expert groups and took advice from their own Clinical Advisory Panel.
7. The draft standards that arose from this additional deliberation are:
 - the requirement that children’s cardiac services should be co-located with all other children’s services
 - each surgeon should undertake 125 operations per year
 - each centre should have four surgeons and therefore each centre should undertake 500 operations per year
8. We do not disagree with the co-location standard, in fact we welcome it. We do not disagree with the standard relating to the minimum case load per surgeon and this also has the endorsement of the professional societies. We believe that with time we can fulfil the requirement to employ four surgeons and undertake 500 operations per year but that until such time three surgeons, each undertaking the minimum case load, is both necessary and safe.
9. NHS England have published the following time line with respect to commissioning within the context of the New Review

Indicative milestones and timescales

Commissioning timeline: milestones	Q2 14/15	Q3 14/15	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19
Draft standards agreed																			
Consultation Launch																			
Consultation Completed																			
Standards and specification signed off																			
Baseline patient experience survey completed																			
Design commissioning process																			
Business case agreed																			
Commissioning intentions issued																			
Commissioning process																			
Contracts awarded																			
New standards come into effect																			
Contract management begins																			
All standards met																			

10. The key milestones are (i) the design of the commissioning process, (ii) the issuing of commissioning intentions and (iii) the meeting of all standards

UHL's current position with regard the key issues

11. UHL's current position:

- it has three congenital cardiac surgeons not four
- the service undertook 300 operations in the 2013-14 year this will need to rise to 500. Of note around 100 operations per year are undertaken outside the East Midlands on patients from the East Midlands. This relates to historical connections between John Radcliffe Hospital Oxford and Great Ormond Street Hospital London with Northampton General Hospital, Kettering General Hospital and Peterborough City Hospital
- children's cardiac services are not currently co-located with all other children's services but we are starting to develop plans for a new children's hospital on the Leicester Royal Infirmary (LRI) site with a planned delivery in five years

12. We have clear plans for the development of co-located children's services on the LRI site and a project team is in place to start to develop the model of care. This will address the standard around co-location. We have also started to have conversations with Birmingham Children's Hospital about the possible development of a network of care across the Midlands, this is in an early stage of discussion.
13. We have also presented proposals to NHS England around ensuring that new service pathways encourage care as close to home as possible.

The UHL response

14. The UHL response focuses not on challenging the standards *per se* but on helping NHS England develop solutions to strategic objectives 3 and 4 that secure the future of congenital cardiac surgery and catheter intervention in the East Midlands at UHL. These recommendations would allow NHS England, through UHL, to find solutions that enable UHL to bridge the gap between what we do now and what we will be expected to do.
15. **Partnership and innovation:** NHS England should support new ways of working that facilitate individual surgeons and particular centres achieving activity targets. We suggest that the development of supra-regional networks and joint working with adjacent centres will allow this. Flexible management of facilities, capacity and skills in two campuses would allow patients across the larger region to have access to any therapy at any time. This type of collaboration would manage regional surgical and Paediatric Intensive Care Unit (PICU) demand as well as national Extra Corporeal Membrane Oxygenation (ECMO) demand. Waiting lists and emergency referrals would be balanced and allocated according to bed availability within the partnership whilst remaining sensitive to patient choice and ease of access. Activity surges in one centre could be balanced by a shift in elective activity to the other allowing both centres and all surgeons to meet the required activity standards. Training, education and research would benefit enormously from such an approach.

16. The natural partnership in the Midlands would be between UHL and the Birmingham Children's Hospital. The respective clinical and management teams have had several meetings on this theme and we would like to seek the support of NHS England to develop these ideas further as an official strategy in the commissioning phase of the New Review. Similar partnerships could be developed elsewhere as part of a national solution.
17. Within this context we could then move to developing managed clinical networks across the Midlands. This would give choice and service sustainability to a population mass of around 10 million people.
18. **Timelines to co-location** NHS England are aware that three current providers (UHL, Freeman Hospital Newcastle and Royal Brompton Hospital) do not have their cardiac services co-located with their other children's services. It is our view that the New Review risks pre-determining and prejudicing its outcome unless special provision is made to allow those organisations to move to a co-located model where they have declared their intention to do so. The timelines, governance and oversight for those NHS Trusts reconfiguring their services on this scale should be developed by NHS England in partnership with the Trusts involved. This work should be acknowledged in the commissioning strategy.
19. At the very minimum, NHS England must declare as soon as possible what the implications are for providers at each stage of the indicative commissioning milestones and timescales. This will allow UHL to better understand whether it needs to move to co-location of services by the issuing of commissioning intentions (Quarter 2 2015-16) or whether it would suffice to do this by Quarter 4 2018-19.

Achieving activity standards

20. When NHS England has implemented challenging standards for other services they have allowed a period of 'derogation' from the standards to allow services to reach stretching standards. We will want to recommend that derogation on activity standards should be permissible. Additionally we believe that it would be unhelpful to decommission a service that has increased its activity substantially and will achieve the activity for four surgeons, but may have fallen short of doing so by Quarter 4 2019. In respect of surgeon numbers the clear clinical opinion is that it is the number of cases done by individual surgeons which is most important. Therefore in a period of planned service growth the move from 3 surgeons to 4 with all the requisite supportive infrastructure should only happen once the activity is in place. Partnership with Birmingham Children's Hospital may help to mitigate this.

The commissioning model

21. NHS England are currently working on different commissioning models in order to find the one that will best achieve their objectives. They will be calling on all stakeholders to input to this project. UHL should propose a commissioning model that best suits the needs of the population it serves in the context of this national process. This should involve commissioning around managed network boundaries

as set out above. We propose that NHS England commissioners work with regional providers, such as UHL, in a co-commissioning model. In this way we can join up commissioning not just for paediatric cardiac services but also that for adult congenital heart disease, fetal medicine, paediatric surgery and other related specialist services. This will allow the creation of centres large enough to fulfil the cardiac activity standards but also establish life-time care pathways for patients in their own region and avoid the post-code lottery and disjointed journey that many currently have.

Conclusions

22. The UHL response to the New Congenital Cardiac Review needs to address two key issues. Firstly it should focus on solutions that allow it to bridge the surgical activity gap by championing network management and a new commissioning model. Secondly it should argue that new structures within this process need to be devised that allow sufficient time for this Trust and others to move their children's cardiac services to a co-located setting. It should be made clear that the failure of NHS England to do so will risk predetermining and prejudicing the outcome of the New Review.

Recommendation

23. Receive the report and endorse the response to the consultation

Dr Aidan Bolger
Clinical Lead for Congenital Cardiology
East Midlands Congenital Heart Centre
UHL

Annex A: Consultation questions

STATEMENT

In order to help us analyse and consider all responses as quickly as possible, we are asking you to consider limiting the length of your responses. We are grateful for your understanding.

The aims of the new CHD review are to ensure:

- the best outcomes for all patients, not just lowest mortality but reduced disability and an improved opportunity for a better quality of life for survivors
 - that variation is tackled so that services across the country consistently meet demanding performance standards and are able to offer resilient 24/7 care;
 - excellent patient experience is delivered, which includes how information is provided to patients and their families and consideration of access and support for families when they have to be away from home
1. Will the draft standards and service specifications meet these aims?

Strongly agree

Agree

Neither agree nor disagree

Disagree

Strongly disagree

Don't know

Please explain your answer

Model of care

2. What do you think of the model of care that we are proposing?
3. What do you think about our proposals for level 2 Specialist Cardiology Centres?

Networks (Section A)

4. What do you think of our proposals for the development of networks?

Staffing and skills (Section B)

5. What do you think of our proposals for staffing CHD services?
6. What do you think of our proposal that surgeons work in teams of at least four, each of whom undertakes at least 125 operations per year? Please explain your answer
7. What do you think about our proposed approach to sub-specialisation?

Interdependencies (Section D)

8. What do you think of the proposed standards for service interdependencies and co-location?

Introduction to the proposed service specifications (Part 3)

9. What do you think of the proposed service specifications.

Delivering the standards within existing resources (Part 4)

10. To ensure that we work within the available resources, difficult decisions may need to be made. What parts of our proposals matter most to you?

Making it happen (Part 5)

11. Do you have any comments on the range of approaches proposed to ensure that the standards are being met by every hospital providing CHD care?

Any other thoughts

12. Is there anything else that you want to tell us or to ask us to consider? If your comments relate to a particular standard or section please specify which you are referring to.

TRUST BOARD – 27th NOVEMBER 2014

QUALITY AND PERFORMANCE REPORT – OCTOBER 2014

DIRECTOR:	Rachel Overfield, Chief Nurse Kevin Harris, Medical Director Richard Mitchell, Chief Operating Officer Kate Bradley, Director of Human Resources
AUTHOR:	
DATE:	27th November 2014
PURPOSE:	The following report provides an overview of the October 2014 Quality & Performance report highlighting NTDA/UHL key metrics and escalation reports where required.
PREVIOUSLY CONSIDERED BY:	Finance & Performance Committee Quality Assurance Committee
Objective(s) to which issue relates *	<input checked="" type="checkbox"/> 1. Safe, high quality, patient-centred healthcare <input checked="" type="checkbox"/> 2. An effective, joined up emergency care system <input checked="" type="checkbox"/> 3. Responsive services which people choose to use (secondary, specialised and tertiary care) <input checked="" type="checkbox"/> 4. Integrated care in partnership with others (secondary, specialised and tertiary care) <input checked="" type="checkbox"/> 5. Enhanced reputation in research, innovation and clinical education <input checked="" type="checkbox"/> 6. Delivering services through a caring, professional, passionate and valued workforce <input checked="" type="checkbox"/> 7. A clinically and financially sustainable NHS Foundation Trust <input type="checkbox"/> 8. Enabled by excellent IM&T
Please explain any Patient and Public Involvement actions taken or to be taken in relation to this matter:	
Please explain the results of any Equality Impact assessment undertaken in relation to this matter:	
Organisational Risk Register/ Board Assurance Framework *	<input checked="" type="checkbox"/> Organisational Risk Register <input checked="" type="checkbox"/> Board Assurance Framework <input type="checkbox"/> Not Featured
ACTION REQUIRED *	
For decision <input type="checkbox"/>	For assurance <input checked="" type="checkbox"/>
For information <input type="checkbox"/>	

- ♦ We treat people how we would like to be treated ♦ We do what we say we are going to do
 ♦ We focus on what matters most ♦ We are one team and we are best when we work together
 ♦ We are passionate and creative in our work

* tick applicable box

Caring at its best

University Hospitals of Leicester
NHS Trust



Quality and Performance Report

October 2014



One team shared values



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UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT TO: TRUST BOARD

DATE: 27th NOVEMBER 2014

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

SUBJECT: OCTOBER 2014 QUALITY & PERFORMANCE SUMMARY REPORT

1.0 Introduction

The following report provides an overview of the October 2014 Quality & Performance report highlighting NTDA/UHL key metrics and escalation reports where required.

Further discussion has been had with Lead Officers resulting in changes to a small number of 14/15 UHL targets and exception reports. The methodology for reporting falls has been amended to reflect falls reported per 1000 bed stays for patients >65 years and the RTT 52+ week number is reported for incomplete backlog only. Maternal deaths are now included.

Estates & Facilities metrics are reported for the first time in this month's Q&P.

2.0 Performance Summary

Domain	Page Number	Number of Indicators	Indicators with target to be confirmed	Number of Red Indicators this month
Safe	4	19	3	4
Caring	5	15	1	1
Well Led	6	14	7	0
Effective	7	17	0	1
Responsive	8	26	0	14
Research	9	13	0	2
Estates & Facilities	10	10	0	0
Total		114	11	22

Exception reports:

Safe – Never Event

Effective - #NOF

Responsive – ED (separate report), RTT, diagnostic waits, cancer waits, cancelled operations, choose and book, delayed transfers and ambulance handovers.

Research - Proportion of NHS Trusts recruiting each year into non-commercial NIHR CRN Portfolio studies, Proportion of NHS Trusts recruiting each year into commercial NIHR CRN Portfolio studies

3.0 Research - NIHR Clinical Research Network: East Midlands

UHL is the Host Organisation for the CRN: East Midlands. As Host, UHL will receive £22.3 million from the National Institute of Health Research (NIHR) to fund NIHR CRN Portfolio research across the East Midlands. Funding for 2014/15 has been distributed through 16 NHS Trusts and 19 Clinical Commissioning Groups. The Trust has established a CRN: East Midlands Executive Group chaired by Dr Kevin Harris. The purpose of the group is to oversee and deliver good governance of the CRN: East Midlands as defined by the Host contract and CRN Performance and Operating Framework. The framework outlines the key performance metrics for the Network. These include seven High Level Objectives (HLOs) and 8 Host Performance Indicators.

The dashboard on page 9 shows current Network performance against these metrics. Only 1 Host Performance Indicator is included in the dashboard, the remaining 7 are not monitored in year but assessed at the end of the financial year. These will be included in future reports as data becomes available.

Safe	KPI Ref	Indicators	Board Director	Lead Director/Officer	14/15 Target	Target Set by	Red RAG/ Exception Report Threshold (ER)	13/14 Outturn	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	YTD	
	S1a	Clostridium Difficile	RO	DJ	FYE = 81	NTDA	Red / ER for Non compliance with cumulative target	66	6	6	5	10	0	4	4	6	5	7	2	5	7	36	
	S1b	Clostridium Difficile (Local Target)	RO	DJ	FYE = 50	UHL	Red >5 per month, ER when YTD red	66	6	6	5	10	0	4	4	6	5	7	2	5	7	36	
	S2a	MRSA Bacteraemias (All)	RO	DJ	0	NTDA	Red = >0 ER = 2 consecutive mths >0	3	0	0	0	0	0	0	0	0	0	0	0	1	1 *TBC	2	
	S2b	MRSA Bacteraemias (Avoidable)	RO	DJ	0	UHL	Red = >0 ER = 2 consecutive mths >0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	S3	Never Events	RO	MD	0	NTDA	Red = >0 in mth ER = in mth >0	3	0	0	0	0	0	1	0	0	0	0	0	0	0	1	1
	S4	Serious Incidents	RO	MD	tbc	NTDA	tbc	60	5	8	4	3	4	5	4	6	3	7	2	3	4	29	
	S5	Proportion of reported safety incidents that are harmful	RO	MD	tbc	NTDA	tbc	2.8%	2.3%			2.3%			1.7%			2.2%				1.9%	
	S6	Overdue CAS alerts	RO	MD	0	NTDA	Red = >0 in mth ER = in mth >0	2	0	0	0	0	0	0	2	2	2	3	0	0	0	9	
	S7	RIDDOR - Serious Staff Injuries	RO	MD	FYE = <47	UHL	Red / ER = non compliance with cumulative target	47	6	4	4	7	2	5	3	5	1	2	2	1	2	16	
	S8	Safety Thermometer % of harm free care (all)	RO	EM	tbc	NTDA	Red = <92% ER = in mth <92%	93.6%	94.7%	93.9%	94.0%	93.8%	94.8%	93.6%	94.6%	94.7%	94.2%	94.9%	94.4%	93.9%	94.9%	94.9%	
	S9	% of all adults who have had VTE risk assessment on adm to hosp	KH	SH	95% or above	NTDA	Red = <95% ER = in mth <95%	95.3%	95.5%	96.7%	96.1%	95.6%	95.0%	95.6%	95.7%	95.9%	95.9%	96.3%	95.5%	96.2%	95.4%	95.8%	
	S10	Medication errors causing serious harm	RO	MD	0	NTDA	Red = >0 in mth ER = in mth >0	New NTDA Indicator - Definition to be confirmed															
	S11	All falls reported per 1000 bed stays for patients >65years	RO	EM	<7.1	QC	Red >= YTD >8.4 ER = 2 consecutive reds	7.1	7.9	7.0	7.0	6.6	7.0	6.9	6.6	7.4	7.0	8.2	7.4	5.6	5.6	6.8	
	S12	Avoidable Pressure Ulcers - Grade 4	RO	EM	0	QS	Red / ER = Non compliance with monthly target	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	
	S13	Avoidable Pressure Ulcers - Grade 3	RO	EM	<8 a month	QS	Red / ER = Non compliance with monthly target	71	5	4	5	7	3	6	5	5	5	5	6	6	4	36	
	S14	Avoidable Pressure Ulcers - Grade 2	RO	EM	<10 a month	QS	Red / ER = Non compliance with monthly target	120	7	8	5	10	8	9	6	6	6	7	8	4	7	44	
	S15	Compliance with the SEPSIS6 Care Bundle	RO	MD	All 6 >75% by Q4	QC	Red/ER = Non compliance with Quarterly target	27.0%				27.0%			47.0%			Audit underway			47.0%		
	S16	Nutrition and Hydration Metrics - Fluid Balance and Nutritional Assessment	RO	MD	Q2 80%, Q3 85%, Q4 90%	QC	Red >2% below threshold ER = 2 mths red								≥71%	≥77%	≥75%	Action Planning	≥74%	≥85%	≥84%	≥84%	
	S17	Maternal Deaths	KH	IS	0	UHL	Red / ER = Non compliance with monthly target	3	0	0	0	1	2	0	0	0	0	0	0	0	0	0	

Caring	KPI Ref	Indicators	Board Director	Lead Director/Officer	14/15 Target	Target Set by	Red RAG/ Exception Report Threshold (ER)	13/14 Outturn	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	YTD
	C1a	Inpatient Friends and Family Test - Score	RO	CR	72 (Eng Avge - Mar 14)	NTDA	Red if <3SD. ER if <3SD or 3 mths deteriorating performance	68.8	66.2	70.3	68.7	71.8	69.0	69.9	69.6	71.0	74.5	73.8	73.8	76.1	71.1	72.7
	C1b	Inpatient Friends and Family Test - Score (Local Target)	RO	CR	75	UHL	Red/ ER =<69.9 Green >74.9	68.8	66.2	70.3	68.7	71.8	69.0	69.9	69.6	71.0	74.5	73.8	73.8	76.1	71.1	72.7
	C2a	A&E Friends and Family Test - Score	RO	CR	54 (Eng Avge - Mar 14)	NTDA	Red if <3SD. ER if <3SD or 3 mths deteriorating performance	58.5	58.8	58.6	67.4	67.6	58.7	65.5	69.4	66.0	71.4	71.7	56.3	66.1	71.1	67.1
	C2b	A&E Friends and Family Test - Score (Local Target)	RO	CR	75	UHL	Red/ ER =<64.9 Green >74.9	58.5	58.8	58.6	67.4	67.6	58.7	65.5	69.4	66.0	71.4	71.7	56.3	66.1	71.1	67.1
	C3	Outpatients Friends and Family Test - Score	RO	CR	75	UHL	Red / ER =<64.9	New Indicator Reported in November														
	C4	Daycase Friends and Family Test - Score	RO	CR	75	UHL	Red / ER =<69.9	New Indicator							79.0	80.2	79.7	77.5	74.3	81.7	80.1	78.9
	C5	Maternity Friends and Family Test - Score	RO	CR	75	UHL	Red/ ER =<61.9	64.3	64.8	62.1	63.7	67.3	62.1	66.7	61.2	63.5	69.5	69.7	67.3	63.0	64.1	65.6
	C6	Complaints Rate per 100 bed days	RO	MD	tbc	NTDA	tbc		0.4	0.3	0.3	0.3	0.5	0.4	0.4	0.3	0.3	0.4	0.4	0.4	0.4	0.4
	C7	Complaints Re-Opened Rate	RO	MD	<9%	UHL	Red = >10% ER = 3 mths Red or any month >15%	New Indicator for 14/15							8%	5%	8%	11%	10%	9%	11%	10%
	C8	Single Sex Accommodation Breaches	RO	CR	0	NTDA	Red = >0 ER = in mth >0	2	0	2	0	0	0	0	4	2	0	0	0	0	0	6
	C9	Improvements in the FFT scores for Older People (65+ year)	RO	CR	75	QC	Red / ER = End of Yr Targets non recoverable.	New Indicators for 14/15							73.7	73.2	75.7	76.1	78.5	83.0	75.9	76.3
	C10	Responsiveness and Involvement Care (Average score)	RO	CR	0.8 improvement	QC	tbc								87.2	87.3	86.9	87.3	87.9	88.8	87.1	87.5
	C10a	Q15. When you used the call button, was the amount of time it took for staff to respond generally?	RO	CR	FYE 89.7	QC	Red = <87.9 ER = Red or 3 mths deterioration								88.6	89.1	88.0	88.5	88.6	90.4	87.9	88.7
	C10b	Q16. If you needed help from staff getting to the bathroom or toilet or using a bedpan, did you get help in an acceptable amount of time?	RO	CR	FYE 92.9	QC	Red = <91.1 ER = Red or 3 mths deterioration								92.2	91.5	90.6	91.0	91.8	92.9	90.9	91.5
	C10c	Q11. Were you involved as much as you wanted in decisions about your care and treatment?	RO	CR	FYE 85.5	QC	Red = <83.6 ER = Red or 3 mths deterioration								83.9	84.0	84.4	84.5	85.3	85.5	84.5	84.6

Well Led	KPI Ref	Indicators	Board Director	Lead Director/Officer	14/15 Target	Target Set by	Red RAG/ Exception Report Threshold (ER)	13/14 Outturn	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14		Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	YTD				
	W1	Inpatient Friends and Family Test - Coverage	RO	CR	30% - Q4, 40% Mar 15	NTDA / CQUIN	Red = Non compliance with monthly target ER = 2 consecutive mths non compliance	24.3%	21.7%	25.4%	23.3%	24.5%	28.2%	28.8%		36.8%	38.1%	32.6%	30.8%	28.9%	33.4%	36.3%	33.7%				
	W2	A&E Friends and Family Test - Coverage	RO	CR	15% Q1-Q3 20% for Q4	NTDA	Red = Non compliance with monthly target ER = 2 consecutive mths non compliance	14.9%	16.3%	18.4%	16.4%	15.6%	18.4%	16.1%		15.2%	17.8%	14.9%	10.2%	16.1%	19.1%	15.9%	15.6%				
	W3	Outpatients Friends and Family Test - Valid responses	RO	CR	tbc	UHL	tbc	New Indicator available from October 2014							271		34	187	1406	1305	642	730		4304			
	W4	Maternity Friends and Family Test - Coverage	RO	CR	tbc	UHL	tbc	25.2%	27.7%	30.3%	24.8%	20.9%	23.7%	23.9%		27.2%	36.4%	25.2%	29.2%	29.9%	18.7%	15.8%	26.1%				
	W5	Friends & Family staff survey: % of staff who would recommend the trust as place to work	KB	ES	tbc	NTDA	tbc	New NTDA Indicator - Definition to be confirmed								53.6%			53.3%				53.3%				
	W6	Friends & Family staff survey: % of staff who would recommend the trust as place to receive treatment	KB	ES	tbc	NTDA	tbc	New NTDA Indicator - Definition to be confirmed								68.3%			66.8%				66.8%				
	W7	Data quality of trust returns to HSCIC	KS	JR	tbc	NTDA	tbc	New NTDA Indicator - Definition to be confirmed																			
	W8	Turnover Rate	KB	ES	<10.5%	UHL	Red = 11% or above ER = Red for 3 Consecutive Mths	10.0%	9.6%	9.7%	10.2%	10.6%	10.4%	10.0%		9.9%	10.0%	10.2%	10.0%	10.5%	10.3%	10.8%	10.8%				
	W9	Sickness absence - 12 mths rolling	KB	ES	3.5% rolling 12 mths post validation	UHL	Red = >3.5% ER = 3 consecutive mths >3.5%	3.4%	3.3%	3.5%	3.8%	3.8%	3.7%	3.5%		3.5%	3.5%	3.4%	3.3%	3.5%	3.6%		3.6%				
	W10	Total trust vacancy rate	KB	ES	tbc	NTDA	tbc	New NTDA Indicator - Definition to be confirmed																			
	W11	Temporary costs and overtime as a % of total payroll	KB	ES	tbc	NTDA	tbc	New Indicator for 14/15								9.4%	9.4%	8.1%	8.5%	8.9%	8.5%	9.5%	9.5%				
	W12	% of Staff with Annual Appraisal	KB	ES	95%	UHL	Red = <90% ER = 3 consecutive mths <90%	91.3%	91.0%	91.8%	92.4%	91.9%	92.3%	91.3%		91.8%	91.0%	90.6%	89.6%	88.6%	89.7%	91.8%	91.8%				
	W13	Statutory and Mandatory Training	KB	ES	Jun 80%, Sep 85%, Dec 90%, Mar 95%	UHL	Red / ER for Non compliance with Quarterly incremental target	76%	58%	60%	65%	69%	72%	76%		78%	79%	79%	80%	83%	85%	86%	86%				
	W14	% Corporate Induction attendance	KB	ES	95.0%	UHL	Red = <90% ER = 3 consecutive mths <90%	94.5%	91.0%	87.0%	89.0%	93.0%	89.0%	94.5%		96.0%	94.0%	92.0%	96.0%	98.0%	98.0%	98.0%	98.0%				

Effective	KPI Ref	Indicators	Board Director	Lead Director/Officer	14/15 Target	Target Set by	Red RAG/ Exception Report Threshold (ER)	13/14 Outturn	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	YTD						
	E1	Mortality - Published SHMI	KH	PR	Within Expected	NTDA	Higher than Expected		106 (Apr12-Mar13)			107 (Jul12-Jun13)			106 (Oct12-Sept13)			106 (Jan13-Dec13)				106 (Jan13-Dec13)						
	E2	Mortality - Rolling 12 mths SHMI (as reported in HED)	KH	PR	100 or below	QC	Red = >expected ER = >Expected or 3 consecutive mths increasing SHMI >100	105	107	107	108	107	106	105	103	103	103	Awaiting HED Update				103						
	E3	Mortality HSMR (DFI Quarterly)	KH	PR	Within Expected	NTDA	Red = >expected ER = >Expected or 3 consecutive increasing mths >100	88	86			83			83			Awaiting DFI Update				83						
	E4	Mortality - Rolling 12 mths HSMR (Rebased Monthly as reported in HED)	KH	PR	100 or below	QC	Red = >expected ER = >Expected or 3 consecutive increasing mths >100	99	102	102	101	100	100	99	97	97	97	95	Awaiting HED Update				95					
	E5	Mortality - Monthly HSMR (Rebased Monthly as reported in HED)	KH	PR	100 or below	QC	Red = >expected ER = >Expected or 3 consecutive increasing mths >100	91	96	101	94	89	103	91	83	103	101	83	Awaiting HED Update				93					
	E6	Mortality - Rolling 12 mths HSMR Emergency Weekday Admissions - (HED) OVERALL Rebased Monthly	KH	PR	Within Expected	NTDA	Red = >expected ER = >Expected or 3 consecutive increasing mths >100	100	101	102	102	101	101	100	99	98	99	96	Awaiting HED Update				96					
	E7	Mortality - Monthly HSMR Emergency Weekday Admissions - (HED) OVERALL Rebased Monthly	KH	PR	Within Expected	NTDA	Red = >expected ER = >Expected or 3 consecutive increasing mths >100	100	98	107	95	93	102	94	86	95	105	80	Awaiting HED Update				91					
	E8	Mortality - rolling 12 mths HSMR Emergency Weekend Admissions - (HED) OVERALL Rebased Monthly	KH	PR	Within Expected	NTDA	Red = >expected ER = >Expected or 3 consecutive increasing mths >100	99	107	105	103	101	102	99	96	97	96	95	Awaiting HED Update				95					
	E9	Mortality - Monthly HSMR Emergency Weekend Admissions - (HED) OVERALL Rebased Monthly	KH	PR	Within Expected	NTDA	Red = >expected ER = >Expected or 3 consecutive increasing mths >100	99	98	93	93	84	106	82	71	128	87	93	Awaiting HED Update				95					
	E10	Deaths in low risk conditions	KH	PR	Within Expected	NTDA	Red = >expected ER = >Expected or 3 consecutive increasing mths >100	94	98	52	129	164	35	63	47	60	78	59	Awaiting DFI Update				61					
	E11	Emergency 30 Day Readmissions (No Exclusions)	KH	PR	Within Expected	NTDA	Higher than Expected	7.9%	7.9%	7.8%	8.0%	8.7%	9.0%	8.8%	8.9%	8.8%	8.6%	8.4%	8.9%	8.5%			8.7%					
	E12	No. of # Neck of femurs operated on 0-35 hrs - Based on Admissions	KH	RP	72% or above	QS	Red = <72% ER = 2 consecutive mths <72%	65.2%	70.5%	73.6%	72.2%	68.2%	73.7%	54.7%	56.9%	40.6%	60.3%	76.9%	59.0%	68.6%	69.6%		62.2%					
	E13	Stroke - 90% of Stay on a Stroke Unit	RM	CF	80% or above	QS	Red = <80% ER = 2 consecutive mths <80%	83.2%	83.7%	78.0%	81.8%	89.3%	83.7%	83.5%	92.9%	80.3%	87.1%	78.1%	84.5%	82.2%			84.1%					
	E14	Stroke - TIA Clinic within 24 Hours (Suspected High Risk TIA)	RM	CF	60% or above	QS	Red = <60% ER = 2 consecutive mths <60%	64.2%	62.4%	76.8%	65.7%	60.5%	40.7%	77.9%	79.7%	58.8%	71.3%	62.8%	65.5%	72.7%	67.8%		68.3%					
	E15	Communication - ED, Discharge and Outpatient Letters - Compliance with standards	KH	SJ	90% or above	QS	Red = <80% ER = Qrtly ER if <90% and deterioration	New Indicator for 14/15																60% (InPt)	83% (ED)	Policy out for consultation		83% (ED)
	E16	Published Consultant Level Outcomes	KH	SH	>0 outside expected	QC	Red = >0 Quarterly ER = >0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0					
	E17	Non compliance with 14/15 published NICE guidance	KH	SH	0	QC	Red = in mth >0 ER = 2 consecutive mths Red	New Indicator for 14/15							0	0	0	0	0	0	0		0					

Responsive	KPI Ref	Indicators	Board Director	Lead Director/Officer	14/15 Target	Target Set by	Red RAG/ Exception Report Threshold (ER)	13/14 Outturn	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	YTD
	R1	ED 4 Hour Waits UHL + UCC	RM	CF	95% or above	NTDA	Red = <95% ER via ED TB report	88.4%	91.8%	88.5%	90.1%	93.6%	83.5%	89.3%	86.9%	83.4%	91.3%	92.5%	91.2%	91.7%	90.3%	89.5%
	R2	12 hour trolley waits in A&E	RM	CF	0	NTDA	Red = >0 ER via ED TB report	5	0	1	0	0	0	0	0	1	1	0	0	0	1	3
	R3	RTT Waiting Times - Admitted	RM	CC	90% or above	NTDA	Red /ER = <90%	76.7%	83.5%	83.2%	82.0%	81.8%	79.1%	76.7%	78.9%	79.4%	79.0%	80.9%	82.2%	81.6%	84.4%	84.4%
	R4	RTT Waiting Times - Non Admitted	RM	CC	95% or above	NTDA	Red /ER = <95%	93.9%	92.8%	91.9%	92.8%	93.4%	93.5%	93.9%	94.3%	94.4%	95.0%	94.9%	95.6%	94.6%	94.9%	94.9%
	R5	RTT - Incomplete 92% in 18 Weeks	RM	CC	92% or above	NTDA	Red /ER = <92%	92.1%	92.8%	92.4%	91.8%	92.0%	92.6%	92.1%	93.9%	93.6%	94.0%	93.2%	94.0%	94.3%	94.8%	94.8%
	R6	RTT 52 Weeks+ Wait (Incompletes)	RM	CC	0	NTDA	Red /ER = >0	0	0	0	1	1	0	0	0	0	0	15	1	3	3	3
	R7	6 Week - Diagnostic Test Waiting Times	RM	SK	1% or below	NTDA	Red /ER = >1%	1.9%	1.0%	0.8%	1.4%	5.3%	1.9%	1.9%	0.8%	0.9%	0.8%	0.7%	1.0%	1.0%	0.7%	0.7%
	R8	Two week wait for an urgent GP referral for suspected cancer to date first seen for all suspected cancers	RM	MM	93% or above	NTDA	Red = <93% ER = Red for 2 consecutive mths	94.8%	94.9%	95.7%	94.9%	95.3%	95.9%	95.3%	88.5%	94.7%	93.5%	92.2%	92.0%	90.6%		91.9%
	R9	Two Week Wait for Symptomatic Breast Patients (Cancer Not Initially Suspected)	RM	MM	93% or above	NTDA	Red = <93% ER = Red for 2 consecutive mths	94.0%	93.0%	91.3%	95.5%	96.8%	93.4%	94.3%	80.0%	95.0%	98.9%	94.9%	94.4%	95.2%		93.8%
	R10	31-Day (Diagnosis To Treatment) Wait For First Treatment: All Cancers	RM	MM	96% or above	NTDA	Red = <96% ER = Red for 2 consecutive mths	98.1%	98.9%	96.2%	97.4%	97.2%	98.5%	98.2%	97.2%	92.9%	93.6%	94.4%	97.9%	91.9%		94.6%
	R11	31-Day Wait For Second Or Subsequent Treatment: Anti Cancer Drug Treatments	RM	MM	98% or above	NTDA	Red = <98% ER = Red for 2 consecutive mths	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	98.8%	100.0%		99.8%
	R12	31-Day Wait For Second Or Subsequent Treatment: Surgery	RM	MM	94% or above	NTDA	Red = <94% ER = Red for 2 consecutive mths	96.0%	96.4%	97.1%	92.3%	94.8%	96.4%	98.6%	95.2%	97.0%	90.8%	90.1%	87.8%	94.0%		92.3%
	R13	31-Day Wait For Second Or Subsequent Treatment: Radiotherapy Treatments	RM	MM	94% or above	NTDA	Red = <94% ER = Red for 2 consecutive mths	98.2%	97.5%	98.5%	98.1%	94.8%	96.3%	99.1%	97.3%	95.6%	93.9%	97.3%	99.0%	96.5%		96.7%
	R14	62-Day (Urgent GP Referral To Treatment) Wait For First Treatment: All Cancers	RM	MM	85% or above	NTDA	Red = <85% ER = Red in mth or YTD	86.7%	86.4%	85.7%	89.4%	89.1%	89.1%	92.4%	92.7%	88.5%	73.1%	85.6%	78.1%	75.5%		82.0%
	R15	62-Day Wait For First Treatment From Consultant Screening Service Referral: All Cancers	RM	MM	90% or above	NTDA	Red = <90% ER = Red for 2 consecutive mths	95.6%	100.0%	97.0%	96.6%	97.1%	95.1%	91.7%	91.1%	67.4%	73.9%	73.0%	100.0%	87.5%		81.4%
	R16	Urgent Operations Cancelled Twice	RM	PW	0	NTDA	Red = >0 ER = >0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	R17	Cancelled patients not offered a date within 28 days of the cancellations UHL	RM	PW	0	NTDA	Red = >2 ER = >0	85	10	4	8	9	2	8	10	3	1	1	1	2	2	20
	R18	Cancelled patients not offered a date within 28 days of the cancellations ALLIANCE	RM	PW	0	NTDA	Red = >2 ER = >0	New Indicator for 14/15							0	0	0	0	6	0	0	6
	R19	% Operations cancelled for non-clinical reasons on or after the day of admission UHL	RM	PW	0.8% or below	Contract	Red = >0.9% ER = >0.8%	1.6%	1.7%	1.8%	1.7%	1.6%	2.1%	1.5%	1.1%	0.8%	1.1%	0.7%	0.6%	0.9%	0.8%	0.9%
	R20	% Operations cancelled for non-clinical reasons on or after the day of admission ALLIANCE	RM	PW	0.8% or below	Contract	Red = >0.9% ER = >0.8%	1.6%	1.7%	1.8%	1.7%	1.6%	2.1%	1.5%	0.6%	0.6%	0.3%	2.7%	0.0%	0.9%	1.0%	0.9%
	R21	% Operations cancelled for non-clinical reasons on or after the day of admission UHL + ALLIANCE	RM	PW	0.8% or below	Contract	Red = >0.9% ER = >0.8%	New Indicator for 14/15							1.1%	0.8%	1.1%	0.7%	0.6%	0.9%	0.9%	0.9%
	R22	No of Operations cancelled for non-clinical reasons on or after the day of admission UHL + ALLIANCE	RM	PW	N/A	UHL	tbc	1739	171	172	141	152	178	139	106	77	98	94	55	90	94	614
	R23	Delayed transfers of care	RM	PW	3.5% or below	NTDA	Red = >3.5% ER = Red for 3 consecutive mths	4.1%	4.6%	4.4%	3.6%	4.6%	4.3%	3.8%	4.4%	4.2%	4.0%	3.9%	3.9%	4.5%	4.6%	4.2%
	R24	Choose and Book Slot Unavailability	RM	CC	4% or below	Contract	Red = >4% ER = Red for 3 consecutive mths	13%	16%	17%	14%	10%	16%	19%	22%	25%	26%	25%	26%	25%	20%	24%
	R25	Ambulance Handover >60 Mins (based on weekly figures)	RM	CF	0	Contract	Red = >0 ER = Red for 3 consecutive mths	868	25	59	102	52	207	111	173	253	88	71	50	106	253	994
	R26	Ambulance Handover >30 Mins and <60 mins (based on weekly figures)	RM	CF	0	Contract	Red = >0 ER = Red for 3 consecutive mths	7,075	705	689	722	573	818	601	720	951	671	591	805	736	1,147	5,621

Research	KPI Ref	Indicators	Board Director	Lead Director/Officer	14/15 Target	Target Set by	Red RAG/ Exception Report Threshold (ER)	Sep-14	Oct-10	YTD
	RS1	Number of participants recruited in a reporting year into NIHR CRN Portfolio studies	KH	DR	England 650,000 East Midlands 50,000	NIHR CRN	Red / ER = <90%	92%	93%	93%
	RS2a	A: Proportion of commercial contract studies achieving their recruitment target during their planned recruitment period.	KH	DR	England 80% East Midlands 80%	NIHR CRN	Red / ER = <60%	67%	64%	64%
	RS2b	B: Proportion of non-commercial studies achieving their recruitment target during their planned recruitment period	KH	DR	England 80% East Midlands 80%	NIHR CRN	Red / ER = <60%	81.0%	81.0%	81.0%
	RS3a	A: Number of new commercial contract studies entering the NIHR CRN Portfolio	KH	DR	600	NIHR CRN	tbc			
	RS3b	B: Number of new commercial contract studies entering the NIHR CRN Portfolio as a percentage of the total commercial MHRA CTA approvals for Phase II-IV studies	KH	DR	75%	NIHR CRN	Red <75%			
	RS4	Proportion of eligible studies obtaining all NHS Permissions within 30 calendar days (from receipt of a valid complete application by NIHR CRN)	KH	DR	80%	NIHR CRN	Red <80%	90.0%	89.0%	89.0%
	RS5a	A: Proportion of commercial contract studies achieving first participant recruited within 70 calendar days of NHS services receiving a valid research application or First Network Site Initiation Visit	KH	DR	80%	NIHR CRN	Red <80%			
	RS5b	B: Proportion of non-commercial studies achieving first participant recruited within 70 calendar days of NHS services receiving a valid research application	KH	DR	80%	NIHR CRN	Red <80%			
	RS6a	A: Proportion of NHS Trusts recruiting each year into NIHR CRN Portfolio studies	KH	DR	England 99% East Midlands 99%	NIHR CRN	Red <99%	81.0%	81.0%	81.0%
	RS6b	B: Proportion of NHS Trusts recruiting each year into NIHR CRN Portfolio commercial contract studies	KH	DR	England 70% East Midlands 70%	NIHR CRN	Red <70%	56.0%	56.0%	56.0%
	RS6c	B: Proportion of General Medical Practices recruiting each year into NIHR CRN Portfolio studies	KH	DR	England 25% East Midlands 25%	NIHR CRN	Red <25%	45.0%	45.0%	45.0%
	RS7	Number of participants recruited into Dementias and Neurodegeneration (DeNDroN) studies on the NIHR CRN Portfolio	KH	DR	England 13500 East Midlands 510	NIHR CRN	Red <510 Q4	325	438	438
	RS8	Deliver robust financial management using appropriate tools - % of financial returns completed on time	KH	DR	England 100% East Midlands 100%	NIHR CRN	Red <100%	100% *Q2		100% *Q2



Estates and Facilities	KPI Ref	Indicators	Board Director	Lead Director/Officer	14/15 Target	Target Set by	Red RAG/ Exception Report Threshold (ER)	Sep-14	Oct-14	YTD
	E&F1	Percentage of statutory inspection and testing completed in the Contract Month measured against the PPM schedule.	AC	GL	100%	Contract KPI	Red = ≤ 98%	100.0%	100.0%	100.0%
	E&F2	Percentage of non-statutory PPM completed in the Contract Month measured against the PPM schedule	AC	GL	100%	Contract KPI	Red = ≤ 80%	91.5%	81.2%	81.2%
	E&F3	Percentage of Estates Urgent requests achieving rectification time	AC	LT	95%	Contract KPI	Red = ≤ 75%	100.0%	100.0%	100.0%
	E&F4	Percentage of scheduled Portering tasks completed in the Contract Month	AC	LT	99%	Contract KPI	Red = ≤ 98%	100.0%	100.0%	100.0%
	E&F5	Number of Emergency Portering requests achieving response time	AC	LT	100%	Contract KPI	Red = >2	0	0	0
	E&F6	Number of Urgent Portering requests achieving response time	AC	LT	95%	Contract KPI	Red = ≤ 95%	95.1%	96.2%	96.2%
	E&F7	Percentage of Cleaning audits in clinical areas achieving NCS audit scores for cleaning above 90%	AC	LT	100%	Contract KPI	Red = ≤ 98%	100.0%	99.1%	99.1%
	E&F8	Percentage of Cleaning Rapid Response requests achieving rectification time	AC	LT	92%	Contract KPI	Red = ≤ 80%	99.6%	89.9%	89.9%
	E&F9	Percentage of meals delivered to wards in time for the designated meal service as per agreed schedules	AC	LT	97%	Contract KPI	Red = ≤ 95%	99.4%	99.5%	99.5%
	E&F10	Overall percentage score for monthly patients satisfaction survey for catering service	AC	LT	85%	Contract KPI	Red = ≤ 75%	96.7%	97.3%	97.3%

S3 – Never Event

		Target	Oct 14	YTD	Forecast								
What is causing underperformance?	What actions have been taken to improve performance?	NIL	1	1	1								
<div>1. Non-adherence to a particular aspect of the 'Management of Surgical Swabs, Instruments, Needles and Accountable Items', as the swabs were checked in and out but the red tags from the swab bundles were not checked out, which should have occurred in accordance with policy.</div> <div>The red tags from swab bundles must be counted when opening swab packs and retained, these must be included in all subsequent counts. The red tags must then be used to confirm accuracy of 5 swabs being counted down and each red tag must be passed out at the count to correlate with 5 swabs that are counted down.</div>	<div>1. A checklist for swabs, instruments, needles and other accountable items was devised and piloted in the Catheter Labs during the week commencing 27/10/14, incorporating a sign off by the Operator and Nurse to confirm that all checks are complete</div> <div>2. Compliance with checklist mandated for the Catheter Labs and arrangements made for non-compliance to be escalated immediately to Head of Nursing/General Manager/Head of Service</div> <div>3. For part of the investigation team to undertake a site visit to the Catheter Lab. The Head of Nursing from ITAPS will be part of this team and will review current systems and processes, including the new checklist, to ensure that practises are in line with Trust policy</div>	<div>2014/15 Performance by Quarter</div> <table><tr><th>14/15 Q1</th><th>14/15 Q2</th><th>14/15 Q3</th><th>14/15 Q4</th></tr><tr><td>0</td><td>0</td><td>1</td><td></td></tr></table> <div>One Never Event will trigger UHL as 'red' on this indicator for 2014/15</div>				14/15 Q1	14/15 Q2	14/15 Q3	14/15 Q4	0	0	1	
		14/15 Q1	14/15 Q2	14/15 Q3	14/15 Q4								
		0	0	1									
		Expected date to meet standard		N/A									
		Revised date to meet standard		-									
Lead Director		Director of Safety and Risk											

Commentary:

- The definition of a Never Event is: "Serious, largely preventable PSIs that should not occur if the available preventative measures have been implemented by healthcare providers".
- In relation to UHL performance:
 - In 2012/13, UHL reported 6 Never Events
 - In 2013/14, UHL reported 3 Never Events
 - For Quarters 1 and 2 in 2014/15, there were no Never Events reports and good compliance with the regulatory framework was demonstrated.
- This Never Event occurred because the operator was unaware that red tags should form part of the checking procedure, in accordance with Trust policy (this is national guidance (Association of Perioperative Practice) in addition to being a local requirement).

E12 – No. of # Neck of femurs operated on 0-35 hrs - Based on Admissions

What is causing underperformance?	What actions have been taken to improve performance?	Target (mthly / end of year)	Latest month performance	YTD performance	Forecast performance for next reporting period																												
<p>Whilst the ‘time to surgery within 36 hours’ threshold was achieved for July and there has been an improvement since Quarter 1, it is still below the 72% threshold for Quarter 2 overall.</p> <p>Although the number of admissions during 14/15 to date is lower than this time last year, there is still significant in month variability with a peak in September of 11 admissions in one day.</p> <p>The average admissions with #NOF per month are steadily increasing and have increased over the past month from an average of 61 to 65.</p>	<p>An action plan has been drafted which details the work that is currently being scoped and implemented. Specific blockers include Theatre List start and finish times, Orthogeriatric capacity and Theatre process delays.</p> <p>A Listening into Action application was approved early November. This will support the specialty and CMG with getting greater input and sign up from all of the pathway stakeholders and lead to quicker implementation of changes that are already recognised as essential.</p> <p>The specialty are looking at pathway improvements which reduce the demand in other areas such as fracture clinic which would positively impact on the ability to see patients in a more timely way when they are admitted with a fractured neck of femur.</p> <p>The envisaged change of function of the #NOF bay on ward 18 did not fully happen and patients were directly admitted as an exception at one of our busiest times so far this year. The reason for this was due to gaps in the Orthogeriatrician rota and medical outliers, which put significant strain on ward 32 as the only directly admitting area and also resulted in additional pressure on ward 18 nursing staff who were required to chase down medical input for complex medical patients and the few #NOF patients that had been admitted directly to the ward. This highlighted the concern raised in the last exception report around whether the current funded Orthogeriatricians PAs were sufficient to support the service.</p>	72%	69.9%	62.2%																													
	<p>Performance against the 72% of patients being taken to theatre within 36 hours</p> <table><thead><tr><th>Month</th><th>Performance (%)</th></tr></thead><tbody><tr><td>Oct-13</td><td>70.5%</td></tr><tr><td>Nov-13</td><td>73.6%</td></tr><tr><td>Dec-13</td><td>72.2%</td></tr><tr><td>Jan-14</td><td>68.2%</td></tr><tr><td>Feb-14</td><td>73.7%</td></tr><tr><td>Mar-14</td><td>54.7%</td></tr><tr><td>Apr-14</td><td>56.9%</td></tr><tr><td>May-14</td><td>40.6%</td></tr><tr><td>Jun-14</td><td>60.3%</td></tr><tr><td>Jul-14</td><td>76.9%</td></tr><tr><td>Aug-14</td><td>59.0%</td></tr><tr><td>Sep-14</td><td>68.6%</td></tr><tr><td>Oct-14</td><td>69.6%</td></tr></tbody></table>					Month	Performance (%)	Oct-13	70.5%	Nov-13	73.6%	Dec-13	72.2%	Jan-14	68.2%	Feb-14	73.7%	Mar-14	54.7%	Apr-14	56.9%	May-14	40.6%	Jun-14	60.3%	Jul-14	76.9%	Aug-14	59.0%	Sep-14	68.6%	Oct-14	69.6%
	Month	Performance (%)																															
Oct-13	70.5%																																
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<p>Performance by Quarter</p> <table><thead><tr><th>13/14 FYE</th><th>14/15 Q1</th><th>14/15 Q2</th><th>14/15 Q3</th><th>14/15 Q4</th></tr></thead><tbody><tr><td>65%</td><td>52%</td><td>68%</td><td></td><td></td></tr></tbody></table>					13/14 FYE	14/15 Q1	14/15 Q2	14/15 Q3	14/15 Q4	65%	52%	68%																					
13/14 FYE	14/15 Q1	14/15 Q2	14/15 Q3	14/15 Q4																													
65%	52%	68%																															
Expected date to meet standard / target			December 2014																														
Revised date to meet standard			March 2015																														
Lead Director / Lead Officer			Richard Power, MSS CD / Maggie McManus, MMS Deputy CMG Manager																														

R3, R4 and R6 Referral to Treatment – Admitted, Non-Admitted and 52+ Weeks

Current position

October 2014

- Admitted – UHL and Alliance combined is 84.4% (national standard 90%)
- Non admitted – UHL and Alliance combined is 94.8% (National standard 95%)
- Incompletes – UHL and Alliance combined is 94.8% (National standard 92%)

November 2014 prospective

- Admitted : circa 84.8%

Reasons for underperformance against plan in November

- UHL has been asked by commissioners to 'continue to focus on treating the longest waiters, even though this will compromise delivery of the admitted aggregate performance, as this is in the best interest of patients.
- The general surgery reduction is behind plan for two reasons:
 - It took longer than planned to get weekend work running
 - The remaining cohort of the longest waiting general surgery patients are increasingly unsuitable for weekend operating, which has slowed down our ability to reduce the backlog
- Backlog reductions continue in ENT and Max fax
- Orthopaedics non admitted backlog is not in a controlled position which impacts on both admitted and non admitted performance
- Referrals in some of the RTT specialities including GS are up which means we need to do further work than originally planned to catch up

Outpatient Referrals April to September 2013 vs 2014 GP ONLY				
	2013/2014	2014/2015	Variance	% Variance
General Surgery	3,710	3,892	182	4.91%
Maxillofacial Surgery	3,615	3,876	261	7.22%
Paediatric Surgery	426	504	78	18.31%
Sum:	7,751	8,272	521	6.72%

- Emergency admissions are up causing day to day difficulties in ring fencing elective beds at the LRI.

Anticipated future performance for the admitted standard

Future performance is determined by the sustained reduction of backlog (over 18 weeks) by increasing capacity and treating patients in chronological order. Based on current plans, the table below shows where the anticipated backlogs will be:

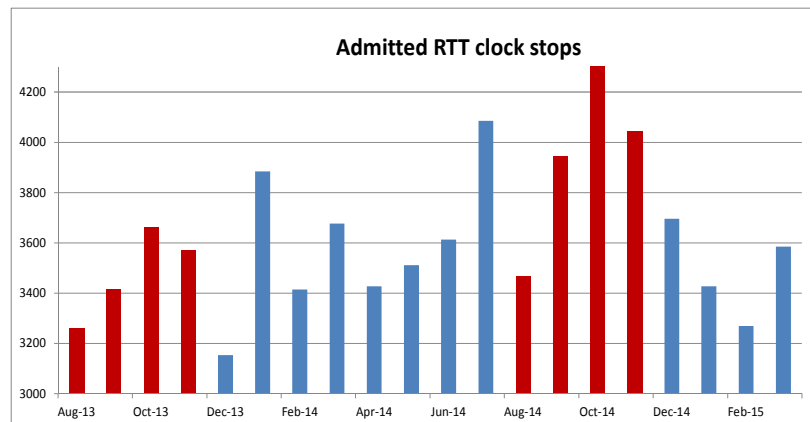
	End Oct 13	End Nov 14	End Dec 14
	Actual Backlog	Anticipated based on known plans	Anticipated based on known plans
Specialty	i.e. currently at 18+ weeks with or without TCI		
100 General Surgery	264	150	50
101 Urology	116	116	116
110 Trauma & Orthopaedics	223	210	200
120 ENT	28	10	10
130 Ophthalmology	18	18	18
140 Oral/Maxillofacial Surgery	136	100	60
160 Plastic Surgery	11	11	11
170 Cardiothoracic Surgery	15	15	15
300 General Medicine	0	0	0
301 Gastroenterology	1	1	1
320 Cardiology	6	6	6
330 Dermatology	0	0	0
340 Thoracic Medicine	0	0	0
400 Neurology	0	0	0
410 Rheumatology	8	8	8
502 Gynaecology	106	100	90
X01 Other (5% Paed ent / 50% Paed surgery/ urology)	171	171	171
All Specialties	1103	916	756

Anticipated recovery

In previous years, when UHL has an admitted backlog of no more than 500, 90% performance has been sustained. With a continued drive to date the longest waiting patients in November and December, this could be achieved in January 2015, but is more realistically February 2015.

Additional activity

UHL has carried out additional elective activity to reduce backlogs, illustrated by the additional RTT clock stops reported and anticipated. The graph below (red bars) illustrates the increase in comparative periods this year and last.



Recovery of the admitted and non-admitted position in Ophthalmology in August was as a result of significant additional activity, the speciality has maintained this strong position.

	actual												estimated							
	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Total	3262	3415	3664	3572	3154	3885	3414	3677	3428	3511	3613	4086	3470	3944	4315	4047	3696	3428	3270	3586

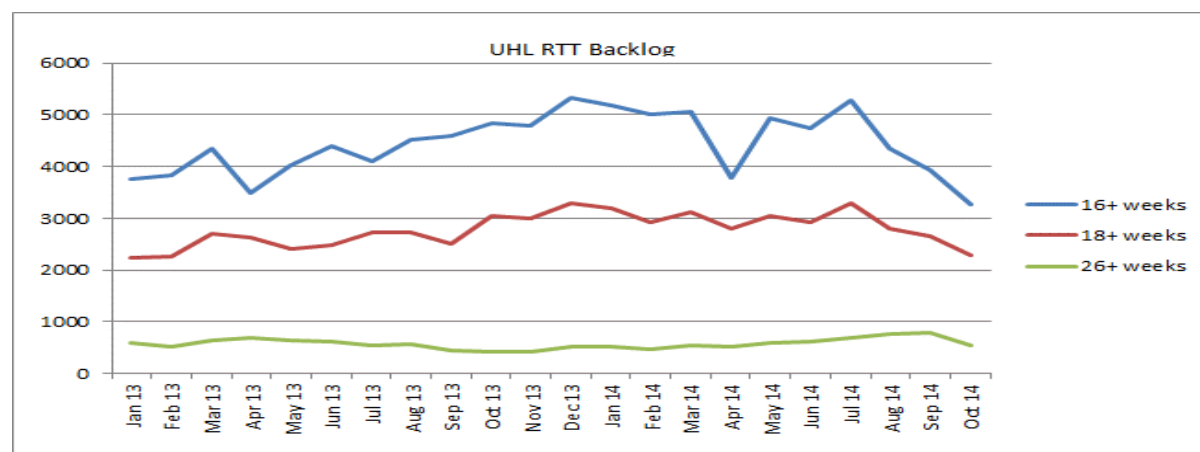
For admitted:

Backlog reduction across the Trust is illustrated by the graph below. Reductions have mainly been in the following specialties (from their highest reported level compared to end of October 2014 position):

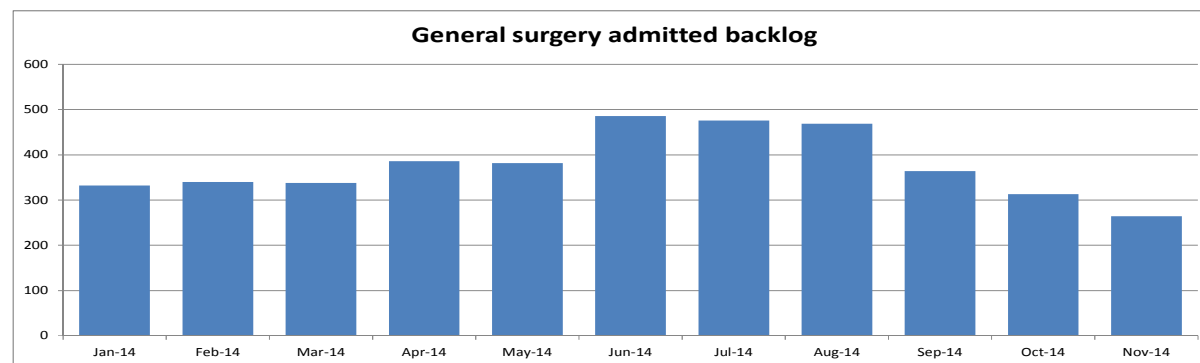
General surgery (486 to 264)

Ophthalmology (306 to 18)

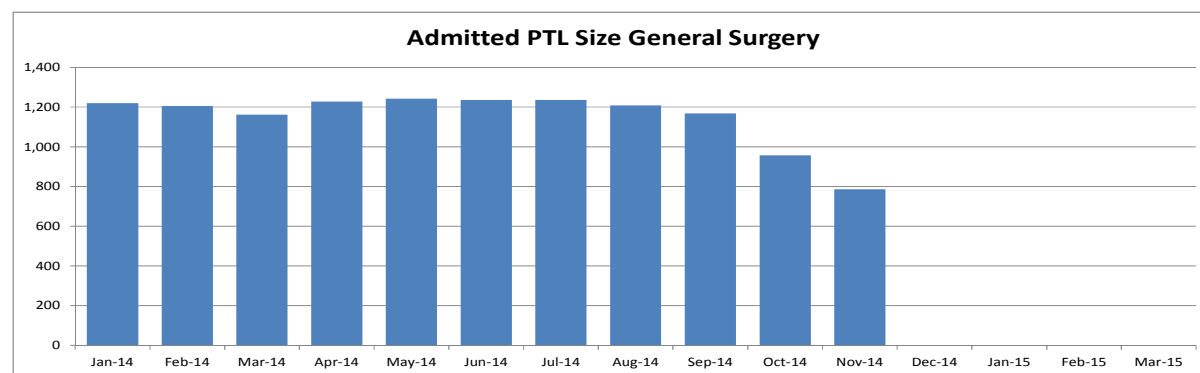
Adult ENT (175- 28)



General surgery: Additional activity is focussed on reducing backlog, this started in mid-September (delays were mainly due to theatre staffing shortages). This work will continue through November and December. Backlog reduction in this period is illustrated by the graph below.



This graph illustrates the overall waiting list size reduction in general surgery



Orthopaedics: The admitted backlog has not decreased, the main reason for this is the late addition to admitted waiting lists from non-admitted pathways. A sustainable solution for orthopaedics to reduce non-admitted waiting times is the key to delivery in this speciality. Meetings between orthopaedics and the operations directorate continue to sort this out.

Paediatric (Max fax / ENT / Surgery/ Urology): These specialties are all reliant on paediatric nursing staff and beds. Backlogs in these specialties are at risk of not reducing or increasing unless there is a sustainable plan. Collectively these are within the 'Other 'category with a current backlog of 171.

Gynaecology: This speciality has a good track record of short waits and no RTT issues. Since the loss of a number of theatre lists earlier in the year they have not recovered. Additional lists at weekends and in the independent sector are reducing the backlog but recovery depends on sourcing more lists and with the additional ongoing work in general surgery on the same site at weekends this is limited.

Urology: Although performance in this speciality is 90%+ with a backlog of over 100 it poses a risk to Trust level performance. Additional activity to address this will take place.

Further actions

UHL is committed to treating all patients in chronological order and to sustainably hitting the admitted and non-admitted targets.

Three key additional actions are:

- A new Director of Performance and Information has been appointed, joining UHL on 5 January 2015. The new director has recent experience of delivering compliant performance in a range of specialities and will unite the performance and information functions.
- The general surgery weekend working will continue until the end of March 2015 further reducing the backlog.
- Outsourcing of elective work to the independent sector continues.

R8, R10, R14 and R15 - Cancer Waiting Times Performance

What is causing underperformance?	What actions have been taken to improve performance?	Target (mthly / end of year)	Latest month SEPT	Performance to date 2014/15	Forecast for OCT		
R8 1) There has been an annualised increase of 18% in 2WW suspected cancer referrals in 2014/15 to date 2) This is likely to continue to grow 3) This has not been matched by increased provision of carved out availability, nor sufficient response to individual cancer type awareness campaigns R10, 12, 14, 15 The system for the integration of complex cancer pathways remains in place (R14, R15) Access to cancer diagnostics remains good. The delivery of timely treatments (R10, R12) lies within the gift of services for surgery, and the oncology department for chemotherapy and radiotherapy. Chemotherapy and radiotherapy treatments have remained timely for the most part. The issue is adequate access to surgical capacity. There is no shortage of overall surgical capacity, the poor performance results from the failure to appropriately prioritise cancer pathways in the face of competing priorities.	The actions recommended by the Cancer Centre to the trust are; 1) Build in 20% increase in capacity upon current demand year on year and carve this out for 2WW referrals 2) Direct CMGs and services to produce and work to SOPs which prioritise cancer pathways 3) That until cancer performance standards recovered the weekly Cancer Action Board meetings are attended by CMG general managers or their deputies, to present the patients for whom breaches are threatened so that timely pathways may be enabled 4) That there is executive representation at the weekly Cancer Action Board The actions taken include; 1) Work streams with the commissioners to rationalise 2WW demand (interactive 2WW forms to improve compliance with guidelines and CCG policing of inappropriate referrals) 2) Focus on tumour site specific issues with the relevant CMG and service managerial and clinical leads	R8 2WW 93%	90.6%	91.9%	92.1%		
		R10 31 day 1st - 96%	91.9%	94.6%	92.4%		
		R12 31 day sub (Surgery) 94%	94%	92.3%	80%		
		R14 62 day - 85%	75.5%	82%	77.1%		
		R15 62 screening - 90%	87.5%	81.4%	78.4%		
		Performance by Quarter					
			13/14 FYE	14/15 Q1	14/15 Q2	14/15 Q3	14/15 Q4
		R8	94.8%	92.2%	91.6%		
		R10	98.1%	94.6%	94.6%		
		R12	98.2%	94.2%	90.5%		
R14	86.7%	84.1%	79.9%				
R15	95.6%	78%	85%				
		Expected date to meet standard / target	R8 – Recovery possible December R10,12 – Recovery possible January ‘15 R14,15 – Recovery possible February ‘15				
		Revised date to meet standard	October 2014 for R8, R10, R12, R15 January 2015 for R14				
		Lead Director / Lead Officer	Richard Mitchell Matt Metcalfe				

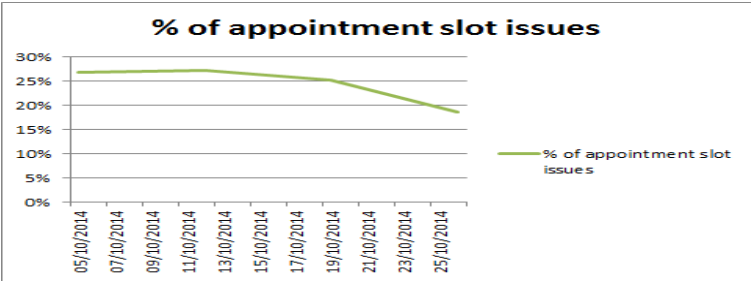
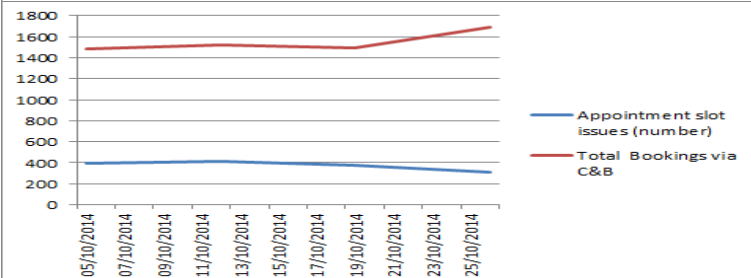
R17 – R22 Operations Cancelled on the Day and 28 Day Re-books

Operations cancelled on the day for Non-clinical reasons						
What is causing underperformance?	What actions have been taken to improve performance?	Target (mthly) 1)On day= 0.8% 2) 28 day = 0	Latest month performance – Oct 14	YTD performance (inc Alliance)	Forecast performance for next reporting period	
<p>The cancelled operations target comprises of three components:</p> <p>1.The % of cancelled operations for non clinical reasons on the day of admission</p> <p>2.The number of patients cancelled who are offered another date within 28 days of the cancellation</p> <p>3. The number of urgent operations cancelled for a second time.</p> <p>The Trust achieved the target for <0.8% cancellations on the day in August</p>	<p>The key action to ensure on going good performance is the daily expediting of patients at risk of cancellation on the day, following the UHL cancelled operations policy.</p> <p>For those cancelled on the day, it is vital that they adhere to the Trust policy of escalating to CMG Directors and General Managers for resolution.</p> <p>A number of work streams have started to reduced cancellation including a LIA project.</p> <p>48% (42/88) of the on the day cancellations were due to ward bed and list overrun in October. We are exploring how to improve scheduling while keeping high utilisation and minimising on the day cancellations.</p> <p><u>Risks to delivery of recovery plan</u></p> <p>Paediatric bed availability is still a high risk to on the day cancellations. The situation has been monitored on a daily basis to prevent on the day cancellations.</p> <p>There are significant risks reduce cancellations on the day. These are mainly associated with bed availability and emergency pressures.</p>	1) 0.9%	1) 0.9%	1) 0.9%	0.8%	
		2) 2	2) 2	2) 26		
		UHL performance against standards				
		1. The percentage of operations cancelled on/after the day for non-clinical reasons during October 2014 was 0.9% (87/10210) against a target of 0.8%.				
		2. The number of patients cancelled who breached the standard of being offered another date within 28 days in October 2014 was two. These patients were cancelled in September and both patients were treated in October.				
3. The number of urgent operations cancelled for a second time ; zero						
Alliance performance						
1.0% (9/870) cancelled on the day. No breaches of the 28 day standard.						
		13/14 FYE	14/15 Q1	14/15 Q2	14/15 Q3	14/15 Q4
		1.6%	0.97%	0.8%		
Expected date to meet standard / target				1) November 2014 2) November 2014		
Revised date to meet standard				2) November 2014		
Lead Director / Lead Officer				Richard Mitchell Phil Walmsley		

R23 Delayed Transfers of Care

What is causing underperformance?	What actions have been taken to improve performance?	Target (mthly / end of year)	Latest month performance	YTD performance	Forecast performance for next reporting period																																																																																																												
<p>There has been an increase in DTOC delays in September and October.</p> <p>A significant area of concern is the availability of packages of care in the County Local Authority. Interim placements in care homes are offered to patients but are not always accepted.</p> <p>There continue to be a number of DTOCs due to slow discharges to care homes. This is caused by families being slow to find appropriate care homes, carehomes being slow to come in to assess the patient as suitable or waiting for a bed to become available.</p>	<p>The ICRS and ICS teams continue to attend wards to identify patients that they could take directly in to their home based services. This has been particularly successful with the City services and lessons learnt are being discusses with county colleagues</p> <p>Discussions take place with therapists regarding reducing the required package of care to try to ensure faster discharge. This links in to the joint working between Social Care and health therapy teams to risk assess package sizing. Local Authority staff have been asked to ensure that patients are not offered choice about accepting an interim placement, which appears to have had some success in discharging patients.</p> <p>CareHome Select (external care brokerage firm) has started and are focussing on patients on ward tow as well as those patients on the care of the elderly ward. It is expected that better planning will increase early uptake of discharge packages.</p>	3.5%	4.6%	4.2%	4.0%																																																																																																												
<table><tr><th>Row Labels</th><th>A - Awaiting assessments</th><th>B - Awaiting public funding</th><th>C - Awaiting further non-acute NHS care</th><th>D(i) - Awaiting Residential Home placement</th><th>D(ii) - Awaiting Nursing Home placement</th><th>E - Awaiting Domiciliary Package</th><th>F - Awaiting Community Equipment</th><th>G - Awaiting patient / family choice</th><th>H - Disputes</th><th>I - Housing - Patients not Covered BY NHS/Comm unity Care Act</th><th>Grand Total</th></tr><tr><td>April</td><td>407</td><td>148</td><td>356</td><td>207</td><td>285</td><td>285</td><td>55</td><td>87</td><td></td><td></td><td>1830</td></tr><tr><td>May</td><td>494</td><td>90</td><td>277</td><td>166</td><td>425</td><td>218</td><td>34</td><td>113</td><td></td><td></td><td>1817</td></tr><tr><td>June</td><td>353</td><td>103</td><td>277</td><td>122</td><td>433</td><td>253</td><td>36</td><td>89</td><td></td><td></td><td>1666</td></tr><tr><td>July</td><td>387</td><td>77</td><td>353</td><td>82</td><td>444</td><td>215</td><td>85</td><td>54</td><td></td><td></td><td>1697</td></tr><tr><td>August</td><td>371</td><td>87</td><td>302</td><td>98</td><td>430</td><td>294</td><td>61</td><td>41</td><td></td><td></td><td>1684</td></tr><tr><td>September</td><td>546</td><td>57</td><td>333</td><td>141</td><td>394</td><td>286</td><td>65</td><td>57</td><td></td><td></td><td>1879</td></tr><tr><td>October</td><td>520</td><td>84</td><td>402</td><td>159</td><td>434</td><td>266</td><td>95</td><td>40</td><td>4</td><td>3</td><td>2007</td></tr><tr><td>Grand Total</td><td>3078</td><td>646</td><td>2300</td><td>975</td><td>2845</td><td>1817</td><td>431</td><td>481</td><td>4</td><td>3</td><td>12580</td></tr></table>						Row Labels	A - Awaiting assessments	B - Awaiting public funding	C - Awaiting further non-acute NHS care	D(i) - Awaiting Residential Home placement	D(ii) - Awaiting Nursing Home placement	E - Awaiting Domiciliary Package	F - Awaiting Community Equipment	G - Awaiting patient / family choice	H - Disputes	I - Housing - Patients not Covered BY NHS/Comm unity Care Act	Grand Total	April	407	148	356	207	285	285	55	87			1830	May	494	90	277	166	425	218	34	113			1817	June	353	103	277	122	433	253	36	89			1666	July	387	77	353	82	444	215	85	54			1697	August	371	87	302	98	430	294	61	41			1684	September	546	57	333	141	394	286	65	57			1879	October	520	84	402	159	434	266	95	40	4	3	2007	Grand Total	3078	646	2300	975	2845	1817	431	481	4	3	12580
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R24 Choose and Book

		Target																																																															
What is causing underperformance?	What actions have been taken to improve performance?	<4% ASI	October	YTD performance	Forecast performance for next reporting period																																																												
<p>The Trust is measured on the % of Appointment Slot Unavailability (ASI) per month.</p> <p>The Trust has not met the required the <4% standard for circa 2 years and where it has met this standard it has been unable to maintain it for consecutive months.</p> <p>The two most significant factors causing underperformance are:</p> <ul style="list-style-type: none">- Shortage of capacity in outpatients- Inadequate recurrent training and education of administrative staff in the set up and use of the choose and book process	<p>Capacity</p> <p>Additional capacity in key specialties is part of the RTT recovery plans Notably: General Surgery and orthopaedics. But additionally other specialties as and when required.</p> <p>Training and education</p> <p>The comprehensive training and education of relevant staff in key specialties has been taking place during the past month, to ensure that choose and book is correctly set up and that supporting administrative purposes are fit for purpose.</p> <p>The two graphs illustrate progress to date: In reducing the % of appointment slot issues (Top graph) The bottom graph shows a reduction in the number of appointment slot issues and the corresponding increase in successful bookings during the period.</p>	<4%	24%	25%	20%																																																												
<p>National performance varies significantly by Trust, with average performance of Acute Trusts nationally at 15% in October</p> <div><p>% of appointment slot issues</p><table border="1"><caption>% of appointment slot issues</caption><thead><tr><th>Date</th><th>% of appointment slot issues</th></tr></thead><tbody><tr><td>05/10/2014</td><td>28%</td></tr><tr><td>07/10/2014</td><td>28%</td></tr><tr><td>09/10/2014</td><td>28%</td></tr><tr><td>11/10/2014</td><td>28%</td></tr><tr><td>13/10/2014</td><td>27%</td></tr><tr><td>15/10/2014</td><td>26%</td></tr><tr><td>17/10/2014</td><td>25%</td></tr><tr><td>19/10/2014</td><td>23%</td></tr><tr><td>21/10/2014</td><td>21%</td></tr><tr><td>23/10/2014</td><td>19%</td></tr><tr><td>25/10/2014</td><td>18%</td></tr></tbody></table></div> <div><table border="1"><caption>Appointment slot issues (number) and Total Bookings via C&B</caption><thead><tr><th>Date</th><th>Appointment slot issues (number)</th><th>Total Bookings via C&B</th></tr></thead><tbody><tr><td>05/10/2014</td><td>400</td><td>1500</td></tr><tr><td>07/10/2014</td><td>400</td><td>1550</td></tr><tr><td>09/10/2014</td><td>400</td><td>1550</td></tr><tr><td>11/10/2014</td><td>400</td><td>1550</td></tr><tr><td>13/10/2014</td><td>400</td><td>1550</td></tr><tr><td>15/10/2014</td><td>400</td><td>1550</td></tr><tr><td>17/10/2014</td><td>400</td><td>1550</td></tr><tr><td>19/10/2014</td><td>380</td><td>1550</td></tr><tr><td>21/10/2014</td><td>350</td><td>1600</td></tr><tr><td>23/10/2014</td><td>320</td><td>1650</td></tr><tr><td>25/10/2014</td><td>300</td><td>1700</td></tr></tbody></table></div>						Date	% of appointment slot issues	05/10/2014	28%	07/10/2014	28%	09/10/2014	28%	11/10/2014	28%	13/10/2014	27%	15/10/2014	26%	17/10/2014	25%	19/10/2014	23%	21/10/2014	21%	23/10/2014	19%	25/10/2014	18%	Date	Appointment slot issues (number)	Total Bookings via C&B	05/10/2014	400	1500	07/10/2014	400	1550	09/10/2014	400	1550	11/10/2014	400	1550	13/10/2014	400	1550	15/10/2014	400	1550	17/10/2014	400	1550	19/10/2014	380	1550	21/10/2014	350	1600	23/10/2014	320	1650	25/10/2014	300	1700
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Revised date to meet standard																																																																	
Lead Director / Lead Officer				Richard Mitchell Charlie Carr																																																													

R25 and R26 Ambulance Handover > 30 Minutes and > 60 Minutes

What is causing underperformance?	What actions have been taken to improve performance?	Target (mthly / end of year)	Latest month performance	YTD performance	Forecast performance for next reporting period
<p>There was a significant deterioration in the reported performance in Sept/Oct.</p> <p>Outflow capacity remains an issue at times in the department which then causes delays in assessment bay being able to transfer patients within ED or to the appropriate destination.</p> <p>Booking onto EDIS can still be a 20 minute delay.</p>	<p>There has been challenge made to the validity of the EMAS report as there are instances where no time is recorded on the paper handover sheets, age of the patient differs in documentation and the same patient appears twice with different timings.</p> <p>A document scanner has been requested in order to help improve booking in times in assessment bay. This will allow paper handover documents to be scanned on arrival so reception staff can input onto EDIS.</p> <p>All patients on electronic system are pre-booked onto EDIS (where there are sufficient details on the system).</p> <p>Patients delayed over 1 hour will all have a Root Cause Analysis done to identify causes and an action plan will be made to improve the performance. It has been noticed that within this cohort of patients there are data discrepancies which would reduce the total number at this level.</p> <p>All patients arriving to paediatric ED are now highlighted as achieving the handover target, following an audit of performance.</p> <p>An audit is being undertaken to review data of patients arriving 3am-8am. This is small in number but highlights time differences and reduces the total number of breaches of 15 minutes.</p>	0 delays over 30 minutes	> 60 min 8% 30-60 min – 26% 15-30 min – 31%	> 60 min 3% 30-60 min – 17% 15-30 min – 36%	
			Expected date to meet standard / target		
			Revised date to meet standard		
			Lead Director / Lead Officer	Richard Mitchell	

RS6A : Proportion of NHS Trusts recruiting each year into non-commercial NIHR CRN Portfolio studies

What is causing underperformance?	What actions have been taken to improve performance?	Target (mthly / end of year)	Latest month performance	YTD performance	Forecast performance for next reporting period
<p>Proportion of NHS Trusts recruiting each year into non-commercial NIHR CRN Portfolio studies</p> <p>There are 16 Trusts within the East Midlands region, with 13 Trusts currently reporting recruitment. The three who have not reported any recruitment are:</p> <ul style="list-style-type: none"> East Midlands Ambulance Service NHS Trust (EMAS) Derbyshire Community Health Services NHS Foundation Trust (DCHS) Lincolnshire Community Health Services (LCHS) 	<ol style="list-style-type: none"> EMAS: have received funding for a Research Paramedic. This post currently supports two NIHR Portfolio studies that do not report recruitment in the traditional way due to patient assent taken rather than consent. EMAS have four studies in the pipeline that are due to open this financial year that will report participant recruitment. DCHS: this Trust is unlikely to have recruitment directly attributed as all the studies that are supported by funded staff, occur in primary care settings. Therefore the recruitment will be allocated to a Clinical Commissioning Group within the East Midlands. LCHS: this Trust supports several studies however the consent event occurs in the primary care setting so the recruitment is attributed to Clinical Commissioning. There is scope for research within the community services (paediatrics, district nursing) that is being investigated. 	99%	81% (red)	81% (red)	81% (Dec)
		Expected date to meet standard / target	It is unlikely we will make the 99% target due to the nature of the services provided by DCHS and LCHS. We are likely to reach 85% by April 2015.		
		Revised date to meet standard			
		Lead Director / Lead Officer	Elizabeth Moss, Chief Operating Officer		

RS6b Proportion of NHS Trusts recruiting each year into commercial NIHR CRN Portfolio studies

What is causing underperformance?	What actions have been taken to improve performance?	Target (mthly / end of year)	Latest month performance	YTD performance	Forecast performance for next reporting period
Proportion of NHS Trusts recruiting each year into commercial NIHR CRN Portfolio studies There are 16 Trusts within the East Midlands region, with 9 Trusts currently recruiting to commercial studies. The seven who have not reported any recruitment are: <ul style="list-style-type: none"> • East Midlands Ambulance Service NHS Trust (EMAS) • Derbyshire Community Health Services NHS Foundation Trust (DCHS) • Lincolnshire Community Health Services (LCHS) • Leicestershire Partnership NHS Trust (LePT) • Lincolnshire Partnership NHS Trust (LiPT) • Nottinghamshire Healthcare NHS Foundation Trust (NHFT) • Derbyshire Healthcare NHS Foundation Trust (DHFT) 	4. EMAS: Currently no open commercial studies nationally run by ambulance services on the NIHR portfolio, therefore unlikely that EMAS will open a commercial study this financial year. Industry team currently reviewing studies previously run at other ambulance services across the country to gain insight. 5. DCHS: due to the nature of research within this Trust, they are unlikely to be involved in commercial research, Meeting being arranged to discuss. 6. LCHS: due to the nature of research within this Trust, they are unlikely to be involved in commercial research. 7. Meeting being arranged to discuss. 8. LePT: Selected for one study, due to open by the end of 2014. 9. LiPT: have been involved in commercial research in the past and the site is actively seeking commercial opportunities 10. NHFT: One trial in set up, due to open at the end of November 2014 11. DHFT: One trial recently opened to recruitment, yet to recruit	70%	56% (red)	56% (red)	62% (Dec)
		Expected date to meet standard / target	April 2015		
		Revised date to meet standard	April 2015		
		Lead Director / Lead Officer	Daniel Kumar, Industry Delivery Manager		

2014/15 NTDA METRICS AND WEIGHTINGS

Responsiveness Domain

Metric	Standard	Weighting
Referral to Treatment Admitted	90	10
Referral to Treatment Non Admitted	95	5
Referral to Treatment Incomplete	92	5
Referral to Treatment Incomplete 52+ Week Waiters	0	5
Diagnostic waiting times	1	5
A&E All Types Monthly Performance	95	10
12 hour Trolley waits	0	10
Two Week Wait Standard	93	2
Breast Symptom Two Week Wait Standard	93	2
31 Day Standard	96	2
31 Day Subsequent Drug Standard	98	2
31 Day Subsequent Radiotherapy Standard	94	2
31 Day Subsequent Surgery Standard	94	2
62 Day Standard	85	5
62 Day Screening Standard	90	2
Urgent Ops Cancelled for 2nd time (Number)	0	2
Proportion of patients not treated within 28 days of last minute cancellation	0	2
Delayed Transfers of Care	3.5	5
TOTAL - 18 Indicators		78

Effectiveness Domain

Metric	Standard	Weighting
Hospital Standardised Mortality Ratio (DFI)		5
Deaths in Low Risk Conditions		5
Hospital Standardised Mortality Ratio - Weekday		5
Hospital Standardised Mortality Ratio - Weekend		5
Summary Hospital Mortality Indicator (HSCIC)		5
Emergency re-admissions within 30 days following an elective or emergency spell at the Trust		5
TOTAL - 6 Indicators		30

Safe Domain

Metric	Standard	Weighting
Clostridium Difficile - Variance from plan		10
MRSA bacteraemias	0	10
Never events	0	5
Serious Incidents rate	0	5
Patient safety incidents that are harmful		5
Medication errors causing serious harm	0	5
CAS alerts	0	2
Maternal deaths	1	2
VTE Risk Assessment	95	2
Percentage of Harm Free Care	92	5
TOTAL - 11 Indicators		51

Caring Domain

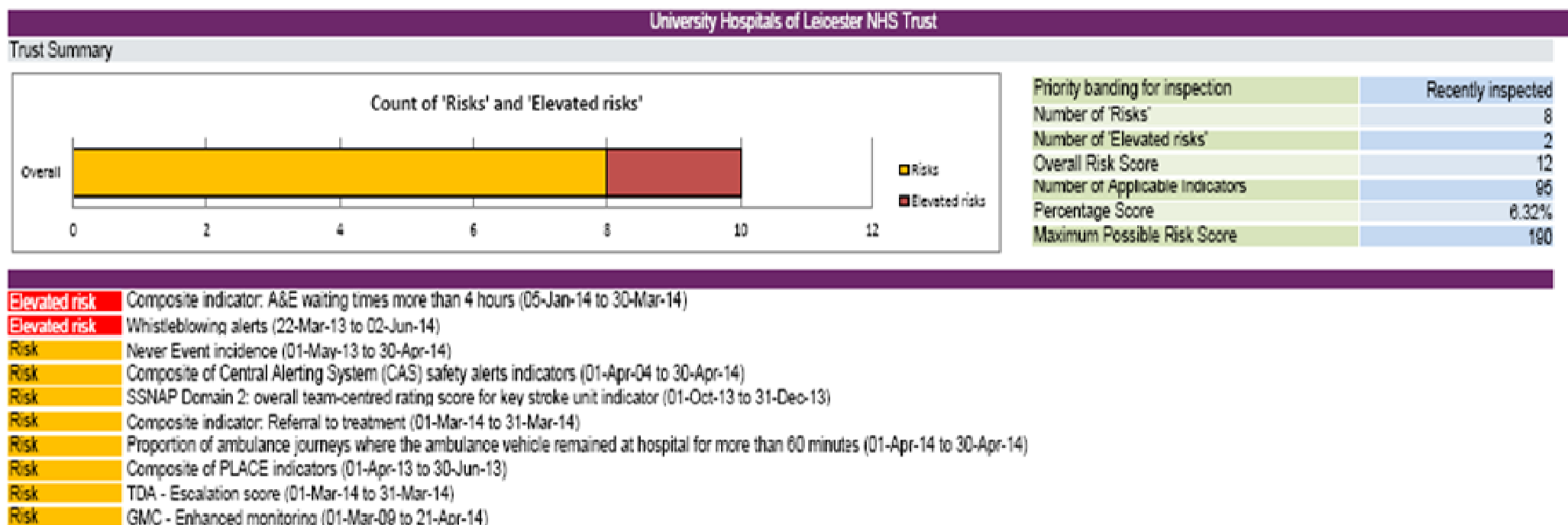
Metric	Standard	Weighting
Inpatient Scores from Friends and Family Test	60	5
A&E Scores from Friends and Family Test	46	5
Complaints		5
Mixed Sex Accommodation Breaches	0	2
Inpatient Survey Q 68 - Overall, I had a very poor/good experience		2
TOTAL - 5 Indicators		19

Well Led Domain

Metric	Standard	Weighting
Inpatients response rate from Friends and Family Test	30	2
A&E response rate from Friends and Family Test	20	2
NHS Staff Survey: Percentage of staff who would recommend the trust as a place of work		2
NHS Staff Survey: Percentage of staff who would recommend the trust as a place to receive treatment		2
Data Quality of Returns to HSCIC		2
Trust turnover rate		3
Trust level total sickness rate		3
Total Trust vacancy rate		3
Temporary costs and overtime as % of total paybill		3
Percentage of staff with annual appraisal		3
TOTAL - 10 Indicators		25

CQC – Intelligent Monitoring Report

A summary of the risks highlighted in the July CQC Intelligent Monitoring Report (IMR) are detailed below. The latest IMR publication is due on the 3rd December 2014.



UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT BY TRUST BOARD COMMITTEE TO TRUST BOARD

DATE OF TRUST BOARD MEETING: 27 November 2014

COMMITTEE: Quality Assurance Committee

CHAIRMAN: Dr S Dauncey, Acting QAC Chair

DATE OF COMMITTEE MEETING: 29 October 2014

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

- None.

OTHER KEY ISSUES IDENTIFIED BY THE COMMITTEE FOR THE INFORMATION OF THE TRUST BOARD:

- Minute 89/14/7 (Patient Falls – specifically the robustness of the work undertaken).

DATE OF NEXT COMMITTEE MEETING: 26 November 2014

**Dr S Dauncey
Acting QAC Chairman
20 November 2014**

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

**MINUTES OF A MEETING OF THE QUALITY ASSURANCE COMMITTEE HELD ON WEDNESDAY
29 OCTOBER 2014 AT 12:30PM IN THE LARGE COMMITTEE ROOM,
LEICESTER GENERAL HOSPITAL**

Present:

Dr S Dauncey – Non-Executive Director (Acting Chair)
Mr M Caple – Patient Adviser (non-voting member)
Dr K Harris – Medical Director
Ms R Overfield – Chief Nurse
Mr P Panchal – Non-Executive Director (from Minute 88/14/1 onwards)
Mr K Singh – Trust Chairman
Ms J Wilson – Non-Executive Director

In Attendance:

Mrs G Belton – Trust Administrator
Mr J Davison – Consultant Orthopaedic Surgeon (for Minute 89/14/1)
Miss M Durbridge – Director of Safety and Risk (from Minute 89/14/3)
Ms L Hale – Falls Prevention and Management Lead (for Minute 89/14/7)
Mrs S Hotson – Director of Clinical Quality
Ms E Meldrum – Assistant Director of Nursing (for Minute 89/14/7)
Dr N Moore – Clinical Director, RRC CMG (for Minute 89/14/2)
Ms C Ribbins – Deputy Chief Nurse

RESOLVED ITEMS

ACTION

85/14 APOLOGIES

Apologies for absence were received from Mr J Adler, Chief Executive, Ms C O'Brien, Chief Nurse and Quality Officer, East Leicestershire CCG and Professor D Wynford-Thomas, Non-Executive Director.

86/14 CHAIRMANSHIP OF QAC

Ms J Wilson, QAC Chair, verbally briefed the Committee that due to changes of personnel in both the Trust Chairman and Non-Executive Director roles there would be a review of the Trust's Corporate Committees and their sub-committees. In the interim period, Ms Wilson had been requested to take on the role of Acting Chair for the Finance and Performance Committee and Dr Dauncey had been requested to take on the role of Acting Chair for the Quality Assurance Committee. It was therefore noted that Dr Dauncey would be Acting Chair for this and future QAC meetings until further notice.

Dr Dauncey expressed thanks to Ms Wilson for all of the work she had undertaken in her role as QAC Chair.

Resolved – that this verbal information be noted.

87/14 MINUTES

Resolved – that the Minutes of the Quality Assurance Committee meetings held on 27 August 2014 and 24 September 2014 (papers A – A3 refer) be confirmed as a correct record.

88/14 MATTERS ARISING REPORT

88/14/1 Matters Arising Report

Members received and noted the contents of paper 'B', noting that those actions now

reported as complete (level 5) would be removed from future iterations of this report.		TA
Members specifically reported on progress in respect of the following actions:-		
(i)	Minute reference 76/14 (regarding the QAC Work Programme) – for the reasons detailed in Minute 86/14 above, further work would not be undertaken in respect of the QAC Work Programme until the Committee Review had been completed and its outcome used to assist the finalisation of this work. It was agreed that this action should remain on the log as ‘work in progress’ (level 4);	TA
(ii)	Minute reference 76/14c (regarding the planned discussion between the Chief Nurse and the Patient Adviser in respect of Interserve performance) – the Chief Nurse noted that this had now been actioned;	
(iii)	Minute reference 77/14/2a (regarding the Renal Transplant Action Plan Update) – it was noted that this action could now be graded ‘5’ (completed);	TA
(iv)	Minute reference 77/14/6 (regarding the provision of an update on progress in respect of LIIPS to the Trust Board in March / April 2015) – it was noted that this item was now scheduled into the Trust Board programme, and could be graded ‘5’ (completed);	TA
(v)	Minute references 77/14/7 and 77/14/7a (regarding the ED SUI Report and action plan) – it was noted that these actions could now be graded as ‘5’ (completed), as they were addressed under item 4.3 on the agenda (paper F refers);	TA
(vi)	Minute reference 78/14/1 (regarding the Stroke Services report linked to CQUINS and vital signs) – it was noted that a verbal update on progress against this action could not be provided at today’s meeting in light of the absence of the Chief Nurse and Quality Officer, East Leicestershire CCG;	CNQO/ TA
(vii)	Minute reference 78/14/1a (regarding availability of ringfenced stroke beds) – it was noted that the Acting QAC Chair would discuss this operational issue with the Chief Executive, and thereafter advise the Trust Administrator if it could be removed from the QAC action log;	Acting QAC Chair
(viii)	Minute reference 78/14/2 and 78/14/2a (regarding CQC compliance actions specifically in respect of the accommodation for paediatric dentistry) – it was noted that these were being addressed through the EQB, and could be marked ‘5’ (complete) and removed from future iterations of the matters arising log;	TA
(ix)	Minute reference 78/14/4 (regarding the cancer 62 day target) – this matter would comprise an agenda item for the November 2014 QAC meeting;	CD,CSI/ TA
(x)	Minute reference 79/14/1a (relating to actions arising from the complaints process review and engagement event) – Mr Caple noted that he had met with the Director of Safety and Risk that morning to progress this matter. A further update would be presented at either the next or a future QAC meeting. It was noted that relevant work was also being progressed through PIPEEAC. Specific discussion took place regarding the process of triangulation to ascertain the consistent themes arising via complaints and other feedback mechanisms available to patients. Also discussed was the need to continue to seek feedback from those patient groups which were traditionally harder to reach via the proactive development of strategies to ensure the feedback received was representative of all patient groups served by the Trust;	DSR/TA
(xi)	Minute reference 79/14/2a (regarding determination of the most appropriate forum for handling any GP concerns) – the Chief Nurse verbally confirmed that such concerns were discussed at the Clinical Quality Review Group with any relevant themes arising from these submitted to QAC;	
(xii)	Minute reference 65/14/3a (re the progression of feedback to staff for specific incident types within the Incident Reporting Policy) – the Chief Nurse undertook to track back the specific nature of this item within the QAC Minutes and confirm progress for the next iteration of the Matters Arising log;	CN
(xiii)	Minute reference 43/14I (re circulation of the In-Patient Survey to Trust Board members for information when available) – this was not currently available, but would be issued to Trust Board members for information when	

- it was. It was agreed that this action could be removed from future iterations of the QAC Matters Arising log;
- (xiv) **Minute reference 34/14/1a** (re the provision of an update on perinatal mortality to the QAC meeting in November 2014) – members noted that the Clinical Director of the Women’s and Children’s Clinical Management Group was scheduled to attend the November 2014 QAC meeting for this purpose. A wider discussion took place regarding the need (as part of the Committee review) for consideration of how the Trust Board engaged with clinicians, how the Trust Board and QAC received an appropriate level of assurance and how the Trust responded to ‘live’ issues.

Resolved – that the matters arising report (paper B refers) and the actions outlined above be noted and undertaken by those staff members identified.

88/14/2 Interserve Performance – Proposed Reporting Route for Concerns

The Chief Nurse presented paper ‘C’, which provided an update on the Interserve contract and performance reporting routes and mechanisms following recent changes to the governance of the contract with Interserve and also the Trust’s internal assurance systems.

Particular discussion took place regarding the anticipated improved ease of access for CMGs in raising any issues via these new mechanisms, and it was noted that the (newly titled) Trust’s Director of Estates and Facilities would be attending Executive Team meetings in future. Note was made of the helpline also available for staff to report relevant issues. Discussion also took place regarding the Audit Committee’s role in the review of the contract (with specific reference to issues such as procurement and value for money). Note was made that an audit commissioned by NHS Horizons was currently being undertaken and that the outcome of this audit was currently awaited.

Resolved – that the content of this report, and the additional verbal information provided, be received and noted.

89/14 **SAFETY**

89/14/1 Fractured Neck of Femur Update

Mr J Davison, Consultant Orthopaedic Surgeon, attended to present paper ‘D’, which provided information in respect of current performance against the Fractured Neck of Femur indicator.

Particular discussion took place regarding specific factors affecting performance with recognition of the need to achieve the right input at the right time. Whilst a good quality service was provided by the Anaesthetists and the Orthogeriatricians, the level of cover that could be provided was not always adequate for the demand. Furthermore, efficiency and theatre turnover was below the desired level due to various factors. Also discussed were specific issues in preparing for an anticipated increased level of demand over Winter, with the desire to produce a flexible service with an extension to the operating day. In discussion, members recognised that whilst the right actions were being progressed, the actions for progression required the involvement of more than one CMG in order for these to be delivered. Whilst the MSS CMG Management Team were in discussion with the ITAPS CMG Management Team in respect of these issues, it was agreed appropriate to request an EQB response to the inter-CMG issues described within this report.

CN/
CD,MSS

QAC members noted the need for assurance on the updated improvement plan, in order to determine whether additional resources over and above those already detailed in the plan were required. Note was made of the MDT approach undertaken and also that the progression of this work formed a LiA workstream, and Mr Davison explained the

benefits behind adopting such an approach.

Assurance was sought (and provided) in respect of mortality figures and the fact that appropriate clinical priority was achieved within the processes employed. QAC members noted the positive outcomes on the ward treating fractured neck of femur patients (in relation to incidence of pressure sores, chest infections etc) which was of testament to the staff involved in their care and offered assurance to QAC, particularly as such patients were often the most frail and vulnerable patients.

In conclusion, members looked forward to the receipt of information in relation to the Improvement Plan (either via the EQB or an alternative appropriate forum), and requested an EQB response to the inter-CMG related issues described within the report.

Resolved – that (A) the contents of this report be received and noted,

(B) the Improvement Plan be submitted to the EQB (or other relevant forum) and thereafter be reported through to QAC, as appropriate, and

CD,MSS

(C) an EQB response be requested to the inter-CMG related issues described within the report.

CD,MSS/
CN

89/14/2 Report by the Clinical Director, Renal, Respiratory and Cardiac

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

89/14/3 ED Risk Review Action Plan

In the absence of the General Manager for the Emergency and Specialist Medicine CMG, the Chief Nurse presented paper 'E', the purpose of which was to provide assurance in respect of progress made against the Emergency Department Risk Review action plan and briefed members on the background to this review. She further noted that the Executive Quality Board were happy with the progress made notwithstanding one 'red' action, which was outwith the control of the Trust.

The Chief Nurse noted that the Deputy Chief Nurse undertook a weekly quality audit of ED, the findings of which to-date indicated that the quality of the service held, despite the pressures when faced with increasing demand.

QAC members made note of the progress being made, and queried whether the action outlined under reference 2.2 would have been completed by the end of October 2014. The Chief Nurse noted that this action plan was up-to-date at the time of its presentation to EQB at the start of October 2014, and further progress would have been made in the intervening period. It was noted that the Chief Nurse would feed back on the discussion at today's meeting to the General Manager for the Emergency and Specialist Medicine CMG.

CN

Resolved – that (A) the contents of this report be received and noted, and

(B) the Chief Nurse be requested to feedback discussion on this item to the General Manager of Emergency and Specialist Medicine.

CN

89/14/4 Report by the Medical Director

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

89/14/5 Patient Safety Report

The Director of Safety and Risk presented paper 'G', which provided Committee members with an update on internal safety issues and serious incidents, and external safety news and developments. She particularly highlighted the information contained in sections 2, 3 and 4 of the report, which detailed information, respectively, with regard to the backlog of typing in the Renal, Respiratory and Cardiac CMG, Patient Group Directions and the Epidural Service. She also noted that work continued in respect of themes relating to sepsis and management of the deteriorating patient, and a report was to be submitted to the next meeting of the EQB on this matter.

Particular discussion took place regarding the following:

- (i) the reasons behind the backlog of typing in the RRC CMG. The Acting QAC Chair requested that the Committee was kept informed in respect of this matter in light of the potential risks to patient safety. Also noted was the fact that all CIPs now had to be signed off by both the Chief Nurse and the Medical Director from a quality and safety perspective before they could be implemented. The Trust also benchmarked against other similar trusts nationally through the learning collaborative in place;
- (ii) recognition that implementation of the Electronic Patient Record would assist greatly in respect of issues discussed under point (i) above, and
- (iii) the fact that the Trust's five key safety actions had been incorporated into the Trust's quality commitment this year.

Resolved - that the contents of this report be received and noted.

89/14/6 Report from the Director of Safety and Risk

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

89/14/7 Patient Falls

Ms E Meldrum, Assistant Director of Nursing, attended to present paper 'I', which updated Committee members in respect of the prevention and management of falls at UHL and provided data in relation to the UHL falls incidence and prevalence rates for 2014/15, both of which confirmed the gradual reduction in falls.

In discussion on this item, members:

- (i) noted the significant amount of work undertaken in relation to falls prevention, as described by Ms Meldrum, including the fact that Ms L Hale, who led the work on falls prevention, belonged to a national network of Trusts who shared data and good practice in relation to falls prevention and management;
- (ii) noted that this sharing of data, as described above, had led to the realisation that there was a disparity in the way in which UHL was recording its data compared to other Trusts (i.e. UHL used all ages and types of treatment, including day cases, as its denominator rather than using bed data in relation specifically to over 65 year old patients only as other Trusts did). When UHL re-ran its data using the same denominator as other Trusts, the figures showed an improvement from those previously quoted. Ms Meldrum noted that an exercise would be undertaken to re-run all relevant data, and an exception report would be presented to EQB in this respect;
- (iii) noted the information provided regarding the training of staff in falls prevention and management during induction, and of the work underway to look at potential cultural factors involved in falls management, along with the changes made to the physical environment to ensure that nursing staff were better able to observe patients when they were completing documentation etc;
- (iv) noted the planned changes from 1 November 2014 when the corporate responsibility for falls prevention would transfer to the Patient Experience

- Team, and the reasons behind this change, and
- (v) noted the specific work undertaken if any falls occurring resulted in serious harm.

In conclusion, members thanked Ms Meldrum and Ms Hale for attending today's meeting and for the submission of their excellent report.

Resolved – that the contents of this report be received and noted.

89/14/8 Clinical Implications of the Relocation of Vascular Services

The Medical Director presented paper 'J', which outlined the specific proposals for the relocation of vascular services and identified a potential framework for the impact assessment that should be undertaken for all future service moves and changes (appendix B to the report refers).

Members received and noted the contents of this report, noting particularly the benefits of the Impact Assessment Framework that had been developed. They queried the outcome of the Impact Assessment Framework (IAF) specifically with regard to the vascular moves, and it was explained that the IAF had been developed as a consequence of the work undertaken in relation to vascular services. As such, there had not been a retrospective analysis. Members felt that such a retrospective analysis would be helpful, and noted that the Outline Business Case would be submitted through the usual approval mechanisms. Note was also made of the need to consider any impact of service moves upon CQC registration and it was suggested that this aspect could potentially be included for consideration within the IAF form.

Resolved – that the contents of this report be received and noted.

89/14/9 LLR Learning Lessons to Improve Care Review

The Medical Director presented paper 'K' which detailed, on behalf of the health community, an update on the progress made to implement the recommendations arising out of the learning lessons to improve care review.

The Medical Director specifically made note of the need for further work on how this work fitted into the governance structure of 'Better Care Together' and also the work required to agree a method for a repeat impact assessment of the work undertaken as a result of LLIC. With regard to the latter, the Taskforce was seeking appropriate expert advice.

In discussion on this item, members debated potential means by which to encourage clinical engagement across the health community. Also discussed was public involvement and the feedback from the families involved in the process, which offered a learning opportunity for the health community in the future.

Resolved – that the contents of this report be received and noted.

90/14 **QUALITY**

90/14/1 CQC Action Plan (compliance actions)

Paper L, as presented by the Director of Clinical Quality, detailed an update on progress against the compliance actions detailed in the CQC action plan, noting that a further updated position would be presented at next week's EQB meeting.

Specific discussion took place regarding the likely timing of a re-inspection.

Resolved – that the contents of this report be received and noted.

90/14/2 CQC Approach to Inspecting and Rating NHS Hospitals

Paper M, as presented by the Director of Clinical Quality, detailed the CQC's new approach to inspecting and rating NHS acute hospitals, specialist mental health and community health services, noting that it was this new approach to which UHL had been subject during its CQC inspection in January 2014, which was now detailed within the document.

She further noted that the CQC's Intelligent Monitoring Report for the Trust would be refreshed by 3 December 2014.

Resolved – that the contents of this report, and the additional verbal information provided, be received and noted.

90/14/3 Claims and Inquest Report

Members received and noted the contents of paper N, which was the third in a series of quarterly reports presented to the EQB and QAC on the matter of Inquests and Claims.

In discussion on this item, members:

- (i) requested that the Director of Safety and Risk discussed with the Head of Legal Services how best to provide QAC with relevant assurances in respect of the Regulation 28 reports via the Claims and Inquest reports, noting the need for triangulation;
- (ii) requested that the Director of Safety and Risk provided an update to the Committee at its next meeting on the process now utilised by the NHSLA to determine the annual premium to be paid to the NHSLA by Trusts;
- (iii) noted that the Director of Safety and Risk intended to produce a report on embedding lessons from claims at the EQB meeting in December 2014, and
- (iv) debated the use of a centrally held budget for claims management, and noted that the use of a central budget particularly assisted in cross-CMG claims.

**DSR/
HoLS**

DSR

DSR

Resolved – that (A) the contents of this report be received and noted, and

(B) the Director of Safety and Risk be requested to undertake the following actions:

- (1) to discuss with the Head of Legal Services how best to provide QAC with relevant assurances in respect of Regulation 28 reports via the Claims and Inquest reports;**
- (2) to provide an update to the Committee at its next meeting on the process utilised by the NHSLA to determine the annual premium to be paid to the NHSLA by Trusts, and**
- (3) to submit a report on embedding lessons from claims at the EQB meeting in December 2014.**

DSR/TA

90/14/4 Nursing Workforce Report

The Chief Nurse presented paper 'O', which provided assurance to the Committee that matters relating to nursing workforce were being managed and that risk, wherever possible, was mitigated.

The Chief Nurse noted that a particular flaw to the tool utilised was the fact that it did not allow for flexing of the planned position, albeit she noted that there was nothing of concern within paper O for reporting.

Particular discussion took place regarding the following:

- (i) the reduced number of training places for paediatric nurses, meaning that it

- could sometimes be harder to recruit to these posts;
- (ii) assurance was sought that current staffing constraints did not pose a risk in terms of safeguarding issues – note was made that the Trust employed many more nursing staff now than it had previously due to the investment made in this area. Whilst there were more nursing staff, some nursing staff were only newly qualified and therefore required support from their more senior colleagues. It was noted that the TDA measured Trusts on an 80% threshold (for nurse staffing levels) and would be concerned if any wards fell below that;
 - (iii) members expressed their congratulations to the Chief Nurse and Deputy Chief Nurse regarding the success of the Trust's overseas recruitment programme, noting that NHS England regarded the Trust as an exemplar in this area, and
 - (iv) noted the number of nursing vacancies within one CMG (Medicine) albeit recognising that it was important to keep nursing staff within the areas in which they wanted to work, otherwise the Trust risked being unable to retain their services.

Resolved – that the contents of this report be received and noted.

90/14/5 Ward Clinical Measures Dashboard

The Chief Nurse presented paper 'P', which provided an update on the revised nursing clinical measures dashboard in terms of changes to the nursing metrics, suggested performance thresholds, reporting and monitoring arrangements that would take place at the monthly data Nursing Executive Team (NET) and proposed actions and measures that would be taken if a ward or department continued to show a decline.

In discussion members noted that they would find it helpful, in future iterations of this report, to receive a summarised list of those wards in special measures (levels 2 and 3).

Resolved – that (A) the contents of this report be received and noted, and

(B) the Chief Nurse be requested, in future iterations of this report, to summarise in a list format those wards in special measures (levels 2 and 3).

CN

90/14/6 Month 6 – Quality and Performance Update

Members received and noted the contents of paper 'Q', which detailed the Quality and Performance Report for the period ending 30 September 2014.

Discussion took place regarding specific aspects of the report relating to capacity issues and mortality figures.

Resolved – that the contents of this report be received and noted.

91/14 ITEMS FOR THE ATTENTION OF QAC FROM EQB

91/14/1 EQB Meeting of 9 September 2014 and 7 October 2014 – Items for the attention of QAC

Resolved – that the action notes of the EQB meetings held on 9 September 2014 (paper R refers) and 7 October 2014 (paper R1 refers), which specifically highlighted within them items for the attention of QAC, be received and noted.

92/14 MINUTES FOR INFORMATION

92/14/1 Finance and Performance Committee

Resolved – that the public Minutes of the 24 September 2014 meeting of the Finance and Performance Committee (paper S refers) be received and noted.

92/14/2 Executive Performance Board

Resolved – that the action notes of the 23 September 2014 Executive Performance Board meeting (paper T refers) be received and noted.

93/14 **ANY OTHER BUSINESS**

Resolved – that there were no further items of business.

94/14 **IDENTIFICATION OF ANY KEY ISSUES FOR THE ATTENTION OF THE TRUST BOARD**

Resolved – that the QAC Chair be requested to bring the following issues to the attention of the Trust Board at its meeting the following day:

- Minute 89/14/2 (report from the Clinical Director, RRC CMG), and
- Minute 89/14/7 (Patient Falls – specifically to highlight the robustness of the work undertaken in this area).

95/14 **DATE OF NEXT MEETING**

Resolved – that the next meeting of the Quality Assurance Committee be held on Wednesday 29 October 2014 from 12.30pm until 3.30pm in Seminar Rooms A & B, Clinical Education Centre, Leicester General Hospital.

The meeting closed at 4.10pm.

Cumulative Record of Members' Attendance (2014-15 to date):

<i>Name</i>	<i>Possible</i>	<i>Actual</i>	<i>% attendance</i>	<i>Name</i>	<i>Possible</i>	<i>Actual</i>	<i>% attendance</i>
<i>J Adler</i>	7	5	71%	<i>R Overfield</i>	7	6	86%
<i>M Caple*</i>	7	5	71%	<i>P Panchal</i>	7	4	57%
<i>S Dauncey</i>	7	6	86%	<i>J Wilson (Chair)</i>	7	6	86%
<i>K Harris</i>	7	6	86%	<i>D Wynford-Thomas</i>	7	3	43%
<i>K Jenkins</i>	1	0	0%				
<i>C O'Brien – East Leicestershire/Rutland CCG*</i>	7	4	57%				

** non-voting members*

Gill Belton – **Trust Administrator**

TRUST BOARD MEETING – 27 NOVEMBER 2014

2014/15 FINANCIAL POSITION (MONTH 7)

DIRECTOR:	Paul Traynor - Director of Finance
AUTHOR:	Paul Traynor - Director of Finance
DATE:	27 November 2014
PURPOSE:	<p>This paper provides the Trust Board with an update on performance against the key financial duties:</p> <ul style="list-style-type: none"> • Delivery against the planned deficit • Achieving the External Financing Limit (EFL) • Achieving the Capital Resource Limit (CRL) <p>The paper also provides further commentary on the key risks</p>
PREVIOUSLY CONSIDERED BY:	Not applicable
Objective(s) to which issue relates *	<div style="display: flex; flex-direction: column; gap: 5px;"> <div><input type="checkbox"/> 1. Safe, high quality, patient-centred healthcare</div> <div><input type="checkbox"/> 2. An effective, joined up emergency care system</div> <div><input type="checkbox"/> 3. Responsive services which people choose to use (secondary, specialised and tertiary care)</div> <div><input type="checkbox"/> 4. Integrated care in partnership with others (secondary, specialised and tertiary care)</div> <div><input type="checkbox"/> 5. Enhanced reputation in research, innovation and clinical education</div> <div><input type="checkbox"/> 6. Delivering services through a caring, professional, passionate and valued workforce</div> <div><input checked="" type="checkbox"/> 7. A clinically and financially sustainable NHS Foundation Trust</div> <div><input type="checkbox"/> 8. Enabled by excellent IM&T</div> </div>
Please explain any Patient and Public Involvement actions taken or to be taken in relation to this matter:	Considered but not relevant to this paper
Please explain the results of any Equality Impact assessment undertaken in relation to this matter:	Considered but not relevant to this paper
Organisational Risk Register/ Board Assurance Framework *	<div style="display: flex; justify-content: space-around; align-items: center;"> <div><input checked="" type="checkbox"/> Organisational Risk Register</div> <div><input checked="" type="checkbox"/> Board Assurance Framework</div> <div><input type="checkbox"/> Not Featured</div> </div>
ACTION REQUIRED *	
For decision <input type="checkbox"/>	For assurance <input checked="" type="checkbox"/>
For information <input type="checkbox"/>	

♦ We treat people how we would like to be treated ♦ We do what we say we are going to do
 ♦ We focus on what matters most ♦ We are one team and we are best when we work together
 ♦ We are passionate and creative in our work

* tick applicable box

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT TO: TRUST BOARD

DATE: 27 NOVEMBER 2014

REPORT FROM: PAUL TRAYNOR - DIRECTOR OF FINANCE

SUBJECT: 2014/15 FINANCIAL POSITION TO MONTH 7

1. INTRODUCTION AND CONTEXT

1.1. This paper provides the Trust Board with an update on performance against the Trust's key financial duties, namely:

- Delivery against the planned deficit
- Achieving the External Financing Limit (EFL)
- Achieving the Capital Resource Limit (CRL)

1.2. The paper provides further commentary on financial performance by the CMGs and Corporate Directorates, risk and assumptions and makes recommendations for the relevant Directors.

1.3. The paper also provides detail on the forecast outturn for 2014/15 including risk and opportunities.

2. KEY FINANCIAL DUTIES

2.1. The following table summarises the year to date position and full year forecast against the financial duties of the Trust:

Financial Duty	YTD Plan £'Ms	YTD Actual £'Ms	RAG	Forecast Plan £'Ms	Forecast Actual £'Ms	RAG
Delivering the Planned Deficit	(20.1)	(21.8)	R	(40.7)	(40.7)	G
Achieving the EFL	39.6	23.4	G	62.1	50.3	G
Achieving the Capital Resource Limit	27.4	15.6	A	46.2	46.2	G

2.2. As well as the key financial duties, a subsidiary duty is to ensure suppliers invoices are paid within 30 days – the Better Payment Practice Code (BPPC). The year to date performance is shown in the table below:

Better Payment Practice Code	April - Oct YTD 2014	
	Number	Value £000s
Total bills paid in the year	84,028	386,858
Total bills paid within target	44,076	270,648
Percentage of bills paid within target	52%	70%

Key Issues

- Further data warehouse errors have led to a double count of Diagnostic Imaging activity in the year to date position. This has been corrected in month. In addition, data warehouse issues in month led to an estimate of the entire inpatient income position
- In month adverse movement to plan of £0.3m, with a year to date deficit to plan of £1.7m
- The in month position was £0.2m worse than it was forecast to be
- Year end forecast of £40.7m can be delivered. CMGs and Directorates must deliver on assumptions made in previous forecasts
- CIP programme has identified £48.1m of plans against the £45m target. Development of plans for 2015/16 is underway

3. FINANCIAL POSITION (MONTH 7)

3.1. The Month 7 results may be summarised as follows and as detailed in Appendix 1:

	October 2014			April - October 2014		
	Plan £m	Actual £m	Var (Adv) / Fav £m	Plan £m	Actual £m	Var (Adv) / Fav £m
Income						
Patient income	61.0	61.4	0.4	410.5	408.1	(2.4)
Teaching, R&D	6.8	7.0	0.3	47.6	47.6	0.0
Other operating Income	3.2	3.1	(0.1)	21.7	22.3	0.6
Total Income	70.9	71.5	0.5	479.8	477.9	(1.9)
Operating expenditure						
Pay	41.8	41.5	0.3	288.2	284.9	3.3
Non-pay	27.3	28.4	(1.1)	185.1	188.3	(3.2)
Total Operating Expenditure	69.1	69.9	(0.8)	473.4	473.2	0.1
EBITDA	1.9	1.6	(0.3)	6.4	4.7	(1.7)
Net interest	0.0	0.0	0.0	0.1	0.0	0.0
Depreciation	(2.9)	(2.9)	0.0	(20.5)	(20.5)	0.0
PDC dividend payable	(0.9)	(0.9)	(0.0)	(6.1)	(6.1)	0.0
Net deficit	(1.9)	(2.2)	(0.3)	(20.1)	(21.8)	(1.7)
EBITDA %		2.2%			1.0%	

- 3.2 In the month of October, the Trust delivered a deficit of £2.2m against a planned deficit of £1.9m, an adverse variance of £0.3m.
- 3.3 Year to date, the deficit at the end of October is £21.8m, £1.7m worse than the £20.1m planned deficit.
- 3.4 The significant reasons for the in month and year to date variances against income and operating expenditure are:

Income

Income is £0.5m favourable to plan in month. YTD income is £1.9m adverse to plan:

- Diagnostic Imaging activity was £0.6m adverse to plan in month following the correction to data warehouse rules by the IBM Team
- Operational Resilience Funding of £1.1m YTD reflected in the position in month, following agreement of £2.9m for RTT and £3m for winter total for the year

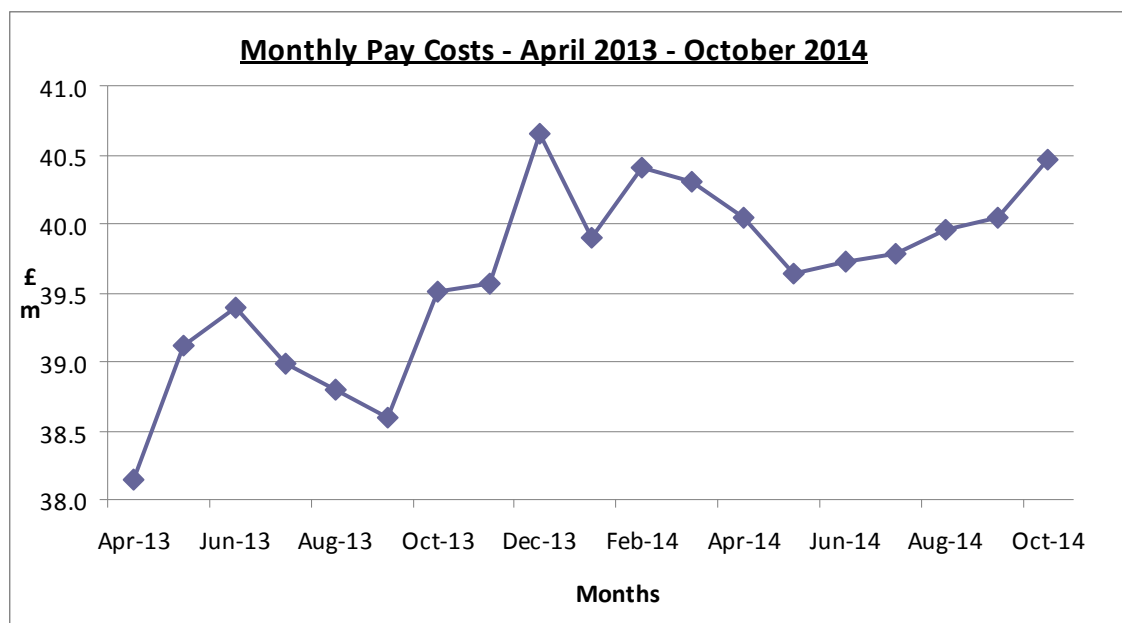
- Daycase and elective IP activity is £0.6m below plan in month. MSK is £0.7m under plan, but RRC are £0.4m above plan. YTD activity is £2.9m below plan, of which £3.9m is within the four specialties invested in to deliver RTT; General Surgery, Ophthalmology, ENT and Orthopaedics
- Outpatients are £0.3m below plan in month. YTD outpatients are £1.3m below plan
- Critical Care activity is £0.2m worse than plan in month. YTD critical care is £0.8m below plan, £1.1m below in W&C, £0.7m below in ITAPS offset with £0.9m above in ESM
- Penalties are £0.3m worse than plan in month due to the restating of the RTT penalties for over 52 week waits (£0.3m) and ED waiting times RAP (£0.2m). Penalties YTD are £1.7m worse than plan
- Continuing ED over-performance of £0.1m in month and £0.9m YTD. Activity is 7% above plan
- Emergency inpatients, including MRET deduction, readmissions deduction and inter-hospital transfers was £0.5m above plan in month. YTD emergency performance is £0.2m below plan and 1,898 cases in activity above plan
- End Stage Renal Failure, £0.1m below plan in month and £1.0m below plan YTD

Further detail on income can be seen in Appendix 2.

Pay

Pay costs are £0.3m under plan in October and £3.3m under plan year to date.

- Pay costs climbed again in October in all areas reflecting ongoing recruitment. The chart below shows the pay cost trend, after excluding the impact of the Alliance Contract, VSS costs and the 2014/15 pay award
- Premium pay is at the highest level it has been for two and a half years at 10% of the paybill. Agency spend in particular has increased from Month 6, especially within Nursing



Non Pay

- Non pay costs are £188.3m against a budget of £185.1m year to date, resulting in a £3.2m adverse position
- In month overspends relates to clinical supplies and services, £0.3m, drugs £0.4m, consultancy £0.1m, pathology and blood charges £0.2m. Device costs of £0.2m are offset with income as these are a pass through cost

- Year to date, the key drivers of the overspend relate to clinical supplies and services £2.2m, consultancy £0.5m, and postage £0.5m. Largest non pay overspends are within Pathology £0.8m, ITAPS, £0.7m, RRC £0.9m and CHUGS, £0.9m

3.5 A more detailed financial analysis of CMG and Corporate performance (see Appendix 3) is provided through the Executive Performance Board financial report and reviewed by the Finance & Performance Committee.

Cost Improvement Programme

Appendix 3 shows CIP performance in October by CMG and Corporate Directorate against the 2014/15 CIP plan. This currently shows an over-delivery against the target YTD of £1.2m.

The year end forecast reflects identified schemes of £48.2m against a target of £45m. Planning has now begun for identification of 2015/16 schemes with an indicative target of £41m.

4. FORECAST OUTTURN

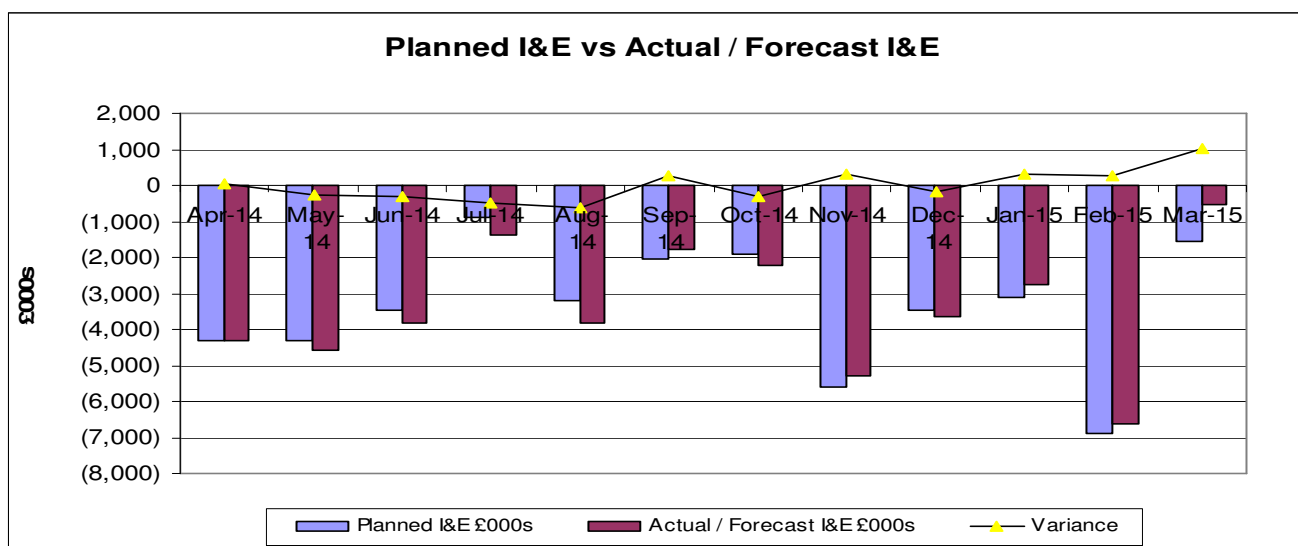
4.1 The table below details the forecast outturn delivering in line with the planned deficit.

	Year End Forecast		
	Plan £m	Forecast £m	Var (Adv) / Fav £m
Income			
Patient income	701.2	702.8	1.6
Teaching, R&D	81.4	81.2	(0.2)
Other operating Income	37.6	38.3	0.6
Total Income	820.2	822.3	2.0
Operating expenditure			
Pay	499.7	496.3	3.4
Non-pay	320.1	324.4	(4.3)
Total Operating Expenditure	819.8	820.7	(1.0)
EBITDA	0.5	1.5	1.1
Net interest	0.1	0.1	0.0
Depreciation	(30.9)	(30.9)	(0.0)
PDC dividend payable	(10.4)	(11.5)	(1)
Net deficit	(40.7)	(40.7)	(0.0)
EBITDA %		0.2%	

4.2 The assumptions included in the year end forecast are as follows:

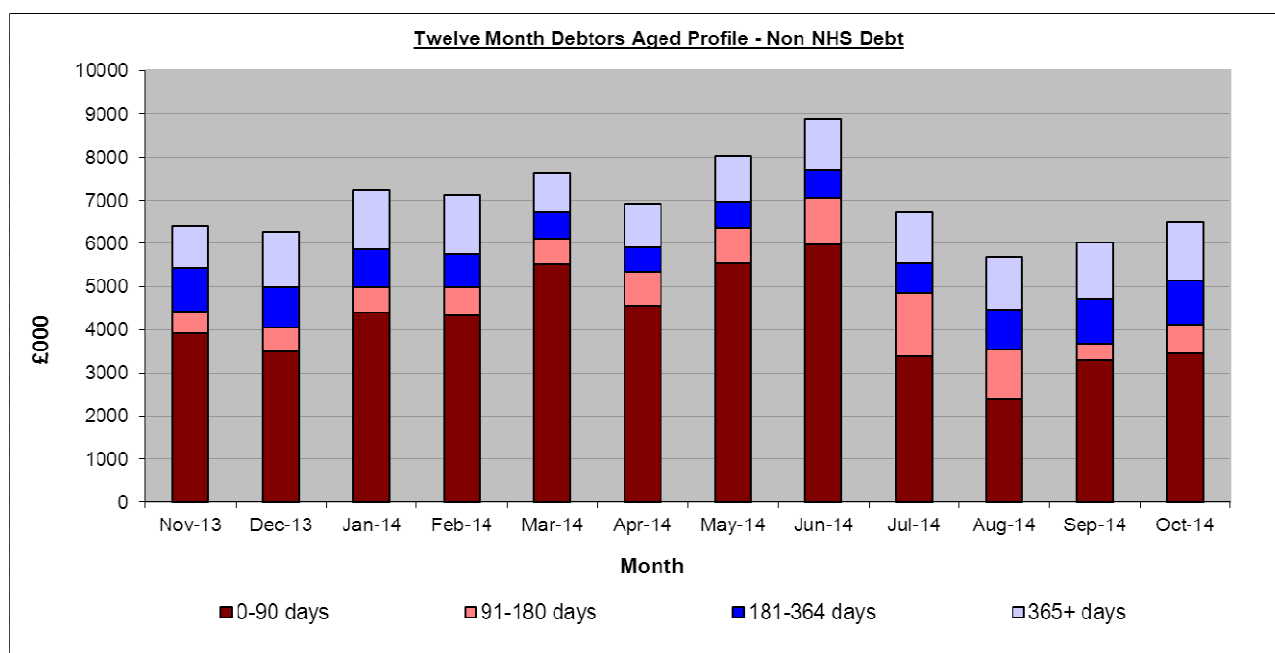
- CMGs and Directorates deliver to agreed control totals
- Ambulance penalties re-investment of £1m
- Commit to a release of reserve contingency of £1m to support the position, making it unavailable for commitment elsewhere
- Receipt of operational resilience funding of £3m for winter
- Receipt of operational resilience funding of £2.9m for RTT
- Costs of £1.9m for delivery of RTT and winter above those already in the plan
- Further costs of £1.1m for delivery of theatre sessions to year end to support RTT

- 4.3 It can be seen that key to meeting the forecast is the delivery of CMG and Directorate positions. The chart below shows the planned and actual/forecast deficit for each month. The forecast shows that each month will deliver a position better than forecast going from November onwards.



5. BALANCE SHEET

- 5.1. The effect of the Trust's financial position on its balance sheet is provided in Appendix 4. The retained earnings reserve has reduced by the Trust's deficit for the year to date.
- 5.2. The level of non-NHS debt has fluctuated across the year as shown in the following table.



- 5.3. The overall level of non-NHS debt at the end of October has increased slightly from the previous month from £6.0m to £6.5m. Total debt over 90 days is £3.1m and this has increased by £0.4m from £2.7m in the previous month.
- 5.4. The proportion of total debt over 90 days has increased to 47% from 45% in the prior month and £1.7m of this debt relates to overseas patients where we expect a low recovery rate of approximately 25%. All overseas patient debt over 90 days old is provided for in full within the Trust's bad debt provision.

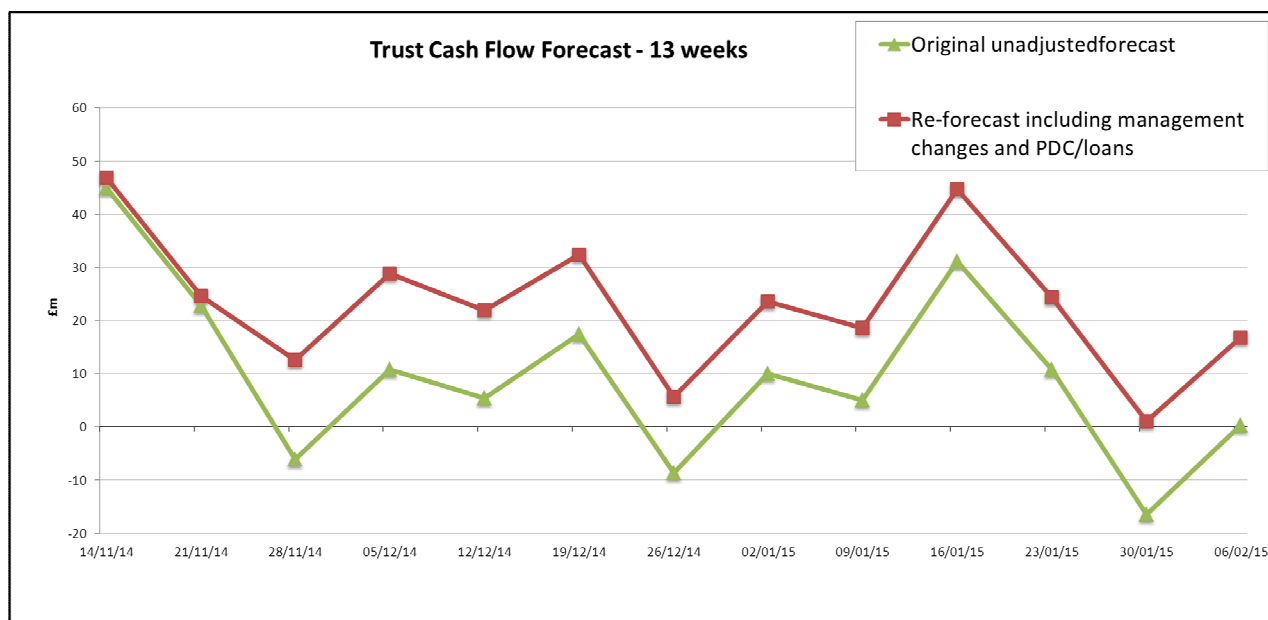
- 5.5. The Better Payments Practice Code (BPPC) performance for the end of October YTD, shown in the table below, shows a slight improvement from the prior month in terms of the percentage of invoices paid within 30 days by value.

	By Volume Number	By Value £000s
Current Month YTD		
Total bills paid in the year	84,028	386,858
Total bills paid within target	44,076	270,648
Percentage of bills paid within target	52%	70%
Prior month YTD		
Total bills paid in the year	73,548	332,438
Total bills paid within target	38,594	230,282
Percentage of bills paid within target	52%	69%

- 5.6 We do not expect to achieve the BPPC target for 2014/15. The amount of external funding we received to improve liquidity will enable us to achieve 72%, as the Department of Health would not fund us to achieve 95% compliance. We expect to have a backlog of authorised and unpaid invoices of £7m at the end of 2014/15 compared to a balance of £12m at the end of 2013/14.
- 5.7 We will prioritise our payments in March 2015 and will apply for temporary borrowing to be received in early April to minimise the potential impact on our suppliers of the delayed March payments.

6. CASH FLOW FORECAST

- 6.1. The Trust's cashflow forecast is consistent with the income and expenditure position. Cash has increased by £2.6m from the year end and this is in line with our cash plan for the year.
- 6.2. We are expecting to start drawing down our PDC funding of £58m from early December. This funding is necessary to cover our £40.7m deficit for 2014/15; to improve our liquidity by £5.3m; and to fund £12m of capital expenditure.
- 6.3. The Trust's 13 week cash forecast is shown in the graph below and indicates that, without any management actions or external financing, we will be significantly overdrawn in late December and January.



6.4 We are planning to draw down £46m of the approved PDC as early as possible in order to repay the £29m temporary borrowing that we currently hold and to cover an additional £17m cash requirement. This will improve our cash position to a satisfactory level as shown by the re-forecast line in the above graph.

6.5 We will apply for the remaining £12m relating to the capital element of our PDC funding once we have used all of our internally generated capital cash, as we are unable to draw this down prior to need.

7. CAPITAL

7.1 The total capital expenditure at the end of October 2014 was £15.7m against the year to date plan of £27.6m, an underspend of £11.9m. The capital plan and expenditure to date can be seen in Appendix 5.

7.2 At the end of October, there were £17.3m of orders outstanding. The combined position is that we have spent or committed £33.0m, or 71% of the annual plan.

7.3 The table below details the capital plan at the start of the year compared with the revised plan at the end of October as well as forecast expenditure. We reduced our external capital funding requirement by £4.3m following advice from the NTDA. After a detailed review of schemes, forecast spend has reduced from £55.0m to £52.6m. The over-commitment against the capital funding has therefore increased from £4.1m to £6.1m.

7.4 The capital programme over-commitment was reviewed by the Capital Monitoring and Investment Committee in November. Actions to ensure a revised plan that is fully funded will be delivered by the next Capital Monitoring and Investment Committee meeting in December.

Capital plan and forecast spend

	Original plan	Revised plan	Movement
	£000's	£000's	£000's
Capital Resource Limit	34,207	34,207	-
Plus Donations	300	300	-
Plus Anticipated PDC	16,322	12,000	(4,322)
TOTAL Funding	50,829	46,507	(4,322)
Forecast Spend	(54,932)	(52,608)	2,324
Over Commitment	(4,103)	(6,101)	(1,998)

8. RISKS

8.1 Within the financial position and year end plan, there continues to be the following potential risks:

- **Data warehouse issues** mean that the income position has been estimated in Month 7 (as was the case in Month 3). Furthermore, there is uncertainty over pricing and ensuring all activity is captured accurately

Mitigation: Director of Finance has met with IBM and internal IT Team. Deployment of additional IBM resources agreed. Strict monitoring against agreed action plan for the remainder of the financial year:

- **Delivery of the forecast outturn position** has become challenged following revised forecasts from CMGs and Corporate Directorates. All areas must deliver to control totals

Mitigation: Regular performance meetings with CMGs to monitor performance against plan and forecast and agreed control totals

- **Capacity requirements** for theatres and beds beyond the levels planned resulting in premium costs not forecasted or planned for

Mitigation: The Trust is planning to open an additional 15 beds for which capital and revenue costs are within the financial plan. Work is ongoing on a theatres capacity plan

- **CCG Contract (including contractual fines and penalties)**

The CCG contract has been signed with a penalty cap of £10m. In addition, CCGs have raised Activity Query Notices around emergency admissions and outpatients, Letters of Enquiry regarding Critical Care activity and Imaging activity and a number of contractual queries

Mitigation: Work is ongoing to identify a revised process for resolution of queries. In addition, regular discussions with CCGs have begun regarding the forecast outturn

- **Referral To Treat (RTT) and Elective/Day Case Activity**

There is a risk to the delivery of the RTT target resulting in additional premium costs to ensure delivery of income lower than forecast in particular theatre costs not identified. In addition, there is a risk that activity continues to be lower than the plan and forecast

Mitigation: RTT plan performance managed through fortnightly meeting with CCG/NTDA and IST to review robustness of the plan. Additional costs to weekend theatre sessions have been identified within the forecast and embedded in proposed control totals

- **CIP Delivery**

The Trust's annual financial plan is predicated on delivery of £45m CIPs, which is in excess of the national efficiency rate (4%) built into tariff. The additional amount is required to reduce the underlying deficit

Mitigation: External consultancy support from E&Y, along with revised CIP governance arrangements, a weekly CIP Board and CMG Performance Management meetings. £48m has been identified for 2014/15 and the programme for development of plans for £41m for 2015/16 is in place

- **Liquidity**

The projected £40.7m deficit creates liquidity issues for the Trust

Mitigation: Application and successful receipt of Temporary Borrowing. £15.5m received in April and a further £13.5m in June. Further application has been made for long term borrowing for discussion by the Independent Trust Financing. A verbal update will be given to the Executive Performance Board.

- **Unforeseen Events**

The Trust has very little flexibility and no contingency remains in reserves

Mitigation: The Trust is aware of commitments made and the constraints of specific funding streams

- **Contractual Challenges (Non Patient Care)**

The Trust is aware of potential contract challenges around the Interserve Contract, particularly relating to the impact of TUPE transfers and catering volumes.

Mitigation: The Trust has reviewed the contract and has further contractual claims to more than negate the counter claims. Further legal advice will be sought to confirm the value and timescales for resolution

9. CONCLUSION

9.1. The Trust, at the end of Month 7, has an adverse position of £1.7m against the planned deficit of £20.1m but is forecasting the delivery of all its financial duties at year end.

10. NEXT STEPS AND RECOMMENDATIONS

10.1. The Trust Board is **recommended** to:

- **Note** the contents of this report
- **Discuss and agree** the actions required to address the key risks/issues

Paul Traynor
Director of Finance
27 November 2014

Income and Expenditure Account for the Period Ended 31 October 2014

	October 2014			April - October 2014		
	Plan £ 000	Actual £ 000	Variance (Adv) / Fav £ 000	Plan £ 000	Actual £ 000	Variance (Adv) / Fav £ 000
Elective	6,836	6,512	(324)	43,394	42,231	(1,163)
Day Case	5,605	5,356	(249)	36,054	34,302	(1,752)
Emergency (incl MRET)	15,104	15,419	315	102,577	102,416	(161)
Outpatient	9,551	9,231	(320)	62,294	60,974	(1,320)
Penalties	(292)	(646)	(355)	(2,042)	(3,795)	(1,753)
Non NHS Patient Care	484	431	(53)	3,251	3,688	437
Resilience Funding	0	367	367	0	1,067	1,067
Other	23,727	24,704	978	164,971	167,169	2,198
Patient Care Income	61,014	61,374	360	410,499	408,051	(2,448)
Teaching, R&D income	6,774	7,040	266	47,559	47,567	8
Other operating Income	3,159	3,077	(82)	21,706	22,275	569
Total Income	70,947	71,491	544	479,764	477,893	(1,871)
Pay Expenditure	41,792	41,492	300	288,223	284,905	3,318
Non Pay Expenditure	27,281	28,430	(1,149)	185,139	188,312	(3,173)
Total Operating Expenditure	69,073	69,922	(849)	473,362	473,217	145
EBITDA	1,874	1,569	(305)	6,402	4,676	(1,726)
Interest Receivable	8	7	(1)	56	50	(6)
Interest Payable	0	(3)	(3)	0	(20)	(20)
Depreciation & Amortisation	(2,914)	(2,914)	0	(20,506)	(20,499)	7
Surplus / (Deficit) Before Dividend and Disposal of Fixed Assets	(1,032)	(1,341)	(309)	(14,048)	(15,793)	(1,745)
Profit / (Loss) on Disposal of Fixed Assets	(1)	0	1	(8)	0	8
Dividend Payable on PDC	(869)	(884)	(15)	(6,083)	(6,055)	28
Net Surplus / (Deficit)	(1,902)	(2,225)	(323)	(20,139)	(21,848)	(1,709)

Patient Care Activity and Income – YTD Performance and Price / Volume Analysis

Case mix	Annual Plan (Activity)	Plan to Date (Activity)	Total YTD (Activity)	Variance YTD (Activity)	Variance YTD (Activity %)	Annual Plan (£000)	Plan to Date (£000)	Total YTD (£000)	Variance YTD (£000)	Variance YTD (Activity %)
Day Case	89,328	53,189	51,280	(1,909)	(3.59)	60,744	36,054	34,302	(1,752)	(4.86)
Elective Inpatient	23,562	13,960	13,009	(951)	(6.81)	74,019	43,394	42,231	(1,163)	(2.68)
Emergency / Non-elective Inpatient	100,318	58,736	60,634	1,898	3.23	181,890	106,379	107,708	1,329	1.25
Marginal Rate Emergency Threshold (MRET)	0	0	0	0	0.00	(6,484)	(3,801)	(5,292)	(1,491)	39.22
Outpatient	801,716	475,963	472,404	(3,560)	(0.75)	105,398	62,294	60,974	(1,320)	(2.12)
Emergency Department	142,354	83,462	89,268	5,806	6.96	15,440	9,052	9,955	902	9.97
Penalties	0	0	0	0		(3,500)	(2,042)	(3,795)	(1,753)	85.88
Other	8,480,336	4,950,149	4,828,714	(121,435)	(2.45)	268,160	159,170	161,969	2,800	1.76
Grand Total	9,637,615	5,635,460	5,515,308	(120,151)	(2.13)	695,667	410,499	408,051	(2,448)	(0.60)

	Price Variance YTD %	Volume Variance YTD %	Price / Mix Variance (£000)	Volume Variance (£000)	Variance YTD (£000)
Average tariff					
Day Case	(1.3)	(3.6)	(458)	(1,294)	(1,752)
Elective Inpatient	4.4	(6.8)	1,794	(2,957)	(1,163)
Emergency / Non-elective Inpatient	(1.9)	3.2	(2,108)	3,437	1,329
Marginal Rate Emergency Threshold (MRET)			(1,491)	0	(1,491)
Outpatient	(1.4)	(0.7)	(854)	(466)	(1,320)
Emergency Department	2.8	7.0	272	630	902
Penalties			(1,753)		(1,753)
Other			0	2,800	2,800
Grand Total	1.6	(2.1)	(4,598)	2,150	(2,448)

Financial Performance by CMG & Corporate Directorate**I&E and CIP – to October 2014**

CMG / Directorate	Year to Date					
	I&E			CIP		
	YTD Budget	YTD Actual	Variance	YTD Plan	YTD Actual	Variance
	£000s	£000s	£000s	£000s	£000s	£000s
CMGs:						
C.H.U.G.S	23,173	22,945	-228	3,036	3,122	86
Clinical Support & Imaging	-23,015	-23,337	-322	3,277	3,200	-77
Emergency & Specialist Med	6,471	7,800	1,329	3,699	4,259	560
I.T.A.P.S	-27,057	-28,577	-1,521	2,352	2,049	-302
Musculo & Specialist Surgery	22,138	18,135	-4,002	2,734	2,464	-270
Renal, Respiratory & Cardiac	16,916	16,170	-746	3,282	3,730	448
Womens & Childrens	22,429	22,602	173	3,729	3,748	19
	41,055	35,738	-5,317	22,109	22,573	464
Corporate:						
Communications & Ext Relations	-423	-393	30	40	40	0
Corporate & Legal	-2,003	-2,036	-33	50	63	14
Corporate Medical	-1,837	-1,800	37	56	56	0
Facilities	-23,442	-22,477	965	2,568	3,032	464
Finance & Procurement	-4,000	-3,841	159	192	374	182
Human Resources	-2,631	-2,537	95	126	212	86
Im&T	-5,907	-5,746	161	34	43	9
Nursing	-12,400	-12,086	314	206	237	31
Operations	-4,389	-4,468	-80	80	108	28
Strategic Devt	-1,571	-1,359	211	118	121	3
	-58,604	-56,744	1,860	3,469	4,285	816
Other:						
Alliance Elective Care	-3	-56	-53			
R&D	2	103	-101			
Central	-2,588	-890	1,698	4	0	-4
	-2,589	-843	1,746			
Total	-20,138	-21,849	-1,711	25,582	26,858	1,276

Balance Sheet

	Mar-14 £000's Actual	Apr-14 £000's Actual	May-14 £000's Actual	Jun-14 £000's Actual	Jul-14 £000's Actual	Aug-14 £000's Actual	Sep-14 £000's Actual	Oct-14 £000's Actual
Non Current Assets								
Property, plant and equipment	362,465	360,188	359,769	358,289	359,152	359,238	359,534	361,704
Intangible assets	8,019	7,788	7,555	7,338	7,109	6,877	6,636	6,408
Trade and other receivables	3,123	3,311	3,152	3,115	3,002	3,004	3,043	3,065
TOTAL NON CURRENT ASSETS	373,607	371,287	370,476	368,742	369,263	369,119	369,213	371,177
Current Assets								
Inventories	13,937	13,711	14,633	14,627	15,390	14,894	14,579	15,215
Trade and other receivables	49,892	44,492	44,580	51,192	47,903	38,966	32,335	36,344
Cash and cash equivalents	515	13,850	5,838	13,662	14,954	8,430	7,560	3,205
TOTAL CURRENT ASSETS	64,344	72,053	65,051	79,481	78,247	62,290	54,474	54,764
Current Liabilities								
Trade and other payables	(109,135)	(102,381)	(100,604)	(100,725)	(100,661)	(88,023)	(86,892)	(91,232)
Dividend payable	0	(1,025)	(1,894)	(2,763)	(3,632)	(4,540)	0	0
Borrowings	(6,590)	(6,590)	(6,590)	(6,590)	(6,590)	(6,590)	(2,919)	(2,919)
Provisions for liabilities and charges	(1,585)	(1,585)	(1,585)	(1,585)	(1,585)	(1,585)	(1,585)	(1,585)
TOTAL CURRENT LIABILITIES	(117,310)	(111,581)	(110,673)	(111,663)	(112,468)	(100,738)	(91,396)	(95,736)
NET CURRENT ASSETS (LIABILITIES)	(52,966)	(39,528)	(45,622)	(32,182)	(34,221)	(38,448)	(36,922)	(40,972)
TOTAL ASSETS LESS CURRENT LIABILITIES	320,641	331,759	324,854	336,560	335,042	330,671	332,291	330,205
Non Current Liabilities								
Borrowings	(5,890)	(5,794)	(5,785)	(5,730)	(5,676)	(5,683)	(9,179)	(9,186)
Other Liabilities	0	0	0	0	0	0	0	0
Provisions for liabilities and charges	(2,070)	(2,048)	(2,022)	(2,006)	(1,830)	(1,207)	(1,171)	(1,156)
TOTAL NON CURRENT LIABILITIES	(7,960)	(7,842)	(7,807)	(7,736)	(7,506)	(6,890)	(10,350)	(10,342)
TOTAL ASSETS EMPLOYED	312,681	323,917	317,047	328,824	327,536	323,781	321,941	319,863
Public dividend capital	282,625	298,125	298,125	311,625	311,625	311,625	311,625	311,625
Revaluation reserve	64,598	64,598	64,598	64,598	64,598	64,598	64,598	64,598
Retained earnings	(34,542)	(38,806)	(45,676)	(47,399)	(48,687)	(52,442)	(54,282)	(56,360)
TOTAL TAXPAYERS EQUITY	312,681	323,917	317,047	328,824	327,536	323,781	321,941	319,863

Capital Plan

October 2014	Annual Budget £'000	Actual Spend £'000	Outstanding Commitments £'000	Total £'000	Variance £'000	Full Year Forecast	
						Outturn £'000	Variance £'000
CHUGGS CMG							
Endoscopy GH	309	231	0	231	78	250	59
Lithotripter Machine	430	0	430	430	0	430	0
Sub-total: CHUGGS CMG	739	231	430	661	78	680	59
CSI CMG							
Aseptic Suite	400	287	120	408	(8)	500	(100)
MES Installation Costs	1,302	950	262	1,212	90	1,750	(448)
Sub-total: CSI CMG	1,702	1,238	382	1,620	82	2,250	(548)
Women's and Children's CMG							
Maternity Interim Development	1,000	698	111	809	191	1,000	0
Bereavement Facilities	62	113	0	113	(51)	162	(100)
Life Studies Centre	650	1	6	7	643	400	250
Sub-total: Women's & Children's CMG	1,712	812	117	929	783	1,562	150
Renal, Respiratory & Cardiac CMG							
Renal Home Dialysis Expansion	708	142	0	142	566	535	173
Sub-total: Renal, Respiratory & Cardiac CMG	708	142	0	142	566	535	173
Emergency & Specialist Medicine CMG							
Brain Injury Unit (BIU) Works	47	3	0	3	44	47	0
Equipment: 8th Resus Bay	40	42	0	42	(2)	42	(2)
DVT Clinic Air Conditioning	30	14	0	14	16	14	16
Sub-total: Emergency & Specialist Medicine CMG	117	59	0	59	58	103	14
ITAPS CMG							
da Vinci Robot equipment	103	103	0	103	0	103	0
GH Theatre 6 Equipment	177	138	0	138	39	138	39
Sub-total: ITAPS CMG	280	241	0	241	39	241	39
Corporate / Other Schemes							
Stock Management Project	2,212	5	0	5	2,207	6	2,206
Medical Equipment Executive	3,237	1,193	958	2,151	1,086	3,237	0
LiA Schemes	250	39	35	75	175	250	0
Odames Library	1,500	167	1,177	1,343	157	1,500	0
Safecare Module	66	0	0	0	66	66	0
Other Developments	0	367	17	384	(384)	384	(384)
Donations	300	97	0	97	203	300	0
Sub-total: Corporate / Other Schemes	7,565	1,869	2,187	4,055	3,510	5,743	1,822
IM&T Schemes							
IM&T Sub Group Budget	2,000	225	725	950	1,050	2,000	0
Safer Hospitals Technology Fund	1,150	0	0	0	1,150	1,150	0
EDRM System	3,300	393	327	719	2,581	3,300	0
EPR Programme	3,100	962	383	1,345	1,755	3,100	0
LRI Managed Print	412	0	413	413	(0)	413	(1)
Unified Comms	1,850	0	0	0	1,850	1,850	0
Sub-total: IM&T Schemes	11,812	1,579	1,847	3,426	8,386	11,813	(1)
Facilities / NHS Horizons Schemes							
Facilities Backlog Budget	5,500	942	626	1,568	3,932	5,500	0
Accommodation Refurbishment	1,200	10	12	22	1,178	22	1,178
CHP Units LRI & GH	800	263	4	267	533	1,012	(212)
Multi-Storey Car Park (MSCP)	250		297	297	(47)	250	0
Sub-total: Facilities / NHS Horizons Schemes	7,750	1,214	939	1,856	5,644	6,784	966
Reconfiguration Schemes							
Theatre Recovery LRI	2,785	553	2,206	2,759	26	2,785	0
Interim ITU LRI	590	302	238	540	50	590	0
Ward 4 LGH	1,000	866	55	921	79	1,000	0
Additional Beds (GH & LRI)	2,000	26	71	97	1,903	1,400	600
Feasibility Studies	100	2	4	6	95	100	0
Sub-total: Reconfiguration Schemes	6,475	1,749	2,574	4,323	2,152	5,875	600
Over Commitment	(8,675)						(8,675)
Total Schemes funded via internal sources	30,185	9,132	8,477	17,609	21,251	35,586	(5,401)
Schemes to be funded via external loan / PDC							
ED Enabling Schemes							
Modular Wards LRI	3,700	3,443	1,534	4,977	(1,277)	3,700	0
Clinic 1 & 2 Works	814	28	11	38	776	814	0
Old Cancer Centre Conversion	1,050	449	481	930	120	1,050	0
Oliver Ward Conversion	1,260	1,199	78	1,277	(17)	1,260	0
Clinical Genetics	158	27	4	31	127	158	0
Chapel Relocation	315	48	47	95	220	315	0
Victoria Main Reception	525	41	25	66	459	525	0
Sub-total: ED Enabling schemes	7,822	5,235	2,179	7,414	408	7,822	0
Emergency Floor	6,000	1,214	5,033	6,246	(246)	6,700	(700)
GGH Vascular Surgery	2,500	74	1,632	1,706	794	2,500	0
Sub-total: External Loans	16,322	6,522	8,844	15,367	955	17,022	(700)
Total Capital Plan	46,507	15,654	17,321	32,976	22,206	52,608	(6,101)

[TRUST BOARD – 27 November 2014]

Emergency Care Performance Report

DIRECTOR:	Richard Mitchell		
AUTHOR:	Richard Mitchell		
DATE:	27 November 2014		
PURPOSE:	This paper explains the steps being taken and identifies two recommendations to deliver a sustainably improved emergency care pathway, which is the most important priority for the University Hospitals of Leicester and wider Leicester, Leicestershire and Rutland health economy.		
PREVIOUSLY CONSIDERED BY:	None		
Objective(s) to which issue relates *	<input checked="" type="checkbox"/> 1. Safe, high quality, patient-centred healthcare <input checked="" type="checkbox"/> 2. An effective, joined up emergency care system <input checked="" type="checkbox"/> 3. Responsive services which people choose to use (secondary, specialised and tertiary care) <input checked="" type="checkbox"/> 4. Integrated care in partnership with others (secondary, specialised and tertiary care) <input type="checkbox"/> 5. Enhanced reputation in research, innovation and clinical education <input checked="" type="checkbox"/> 6. Delivering services through a caring, professional, passionate and valued workforce <input checked="" type="checkbox"/> 7. A clinically and financially sustainable NHS Foundation Trust <input checked="" type="checkbox"/> 8. Enabled by excellent IM&T		
Please explain any Patient and Public Involvement actions taken or to be taken in relation to this matter:	This service cares for some of the most vulnerable patients in LLR. Patient and public involvement is central to this and members from Health watch attend the monthly Urgent Care Steering Group.		
Please explain the results of any Equality Impact assessment undertaken in relation to this matter:			
Strategic Risk Register/ Board Assurance Framework *	<input type="checkbox"/> Strategic Risk Register <input checked="" type="checkbox"/> Board Assurance Framework <input type="checkbox"/> Not Featured		
ACTION REQUIRED *			
For decision <input checked="" type="checkbox"/> For assurance <input type="checkbox"/> For information <input type="checkbox"/>			

- ♦ We treat people how we would like to be treated
- ♦ We do what we say we are going to do
- ♦ We focus on what matters most
- ♦ We are one team and we are best when we work together
- ♦ We are passionate and creative in our work

* tick applicable box

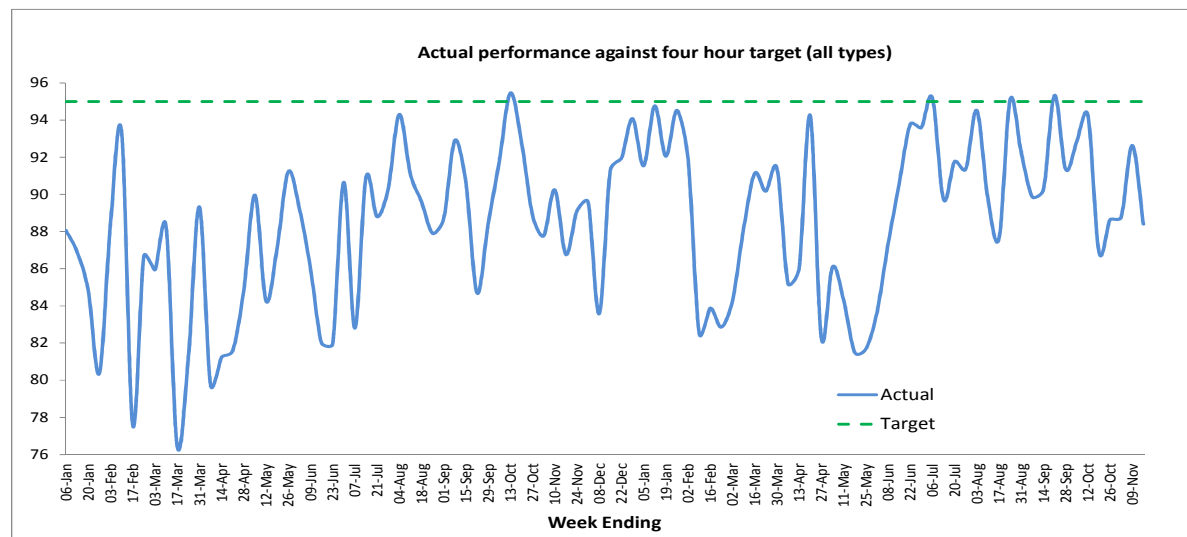
REPORT TO:	Trust Board
REPORT FROM:	Richard Mitchell, Chief Operating Officer
REPORT SUBJECT:	Emergency Care Performance Report
REPORT DATE:	November 2014

Introduction

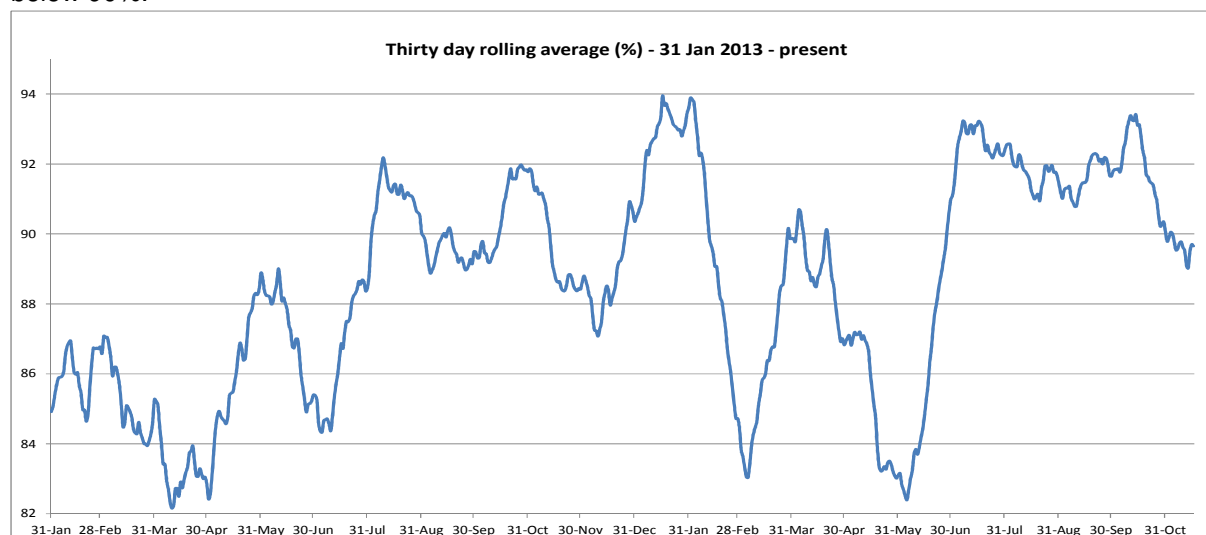
- Performance in October 2014 was **89.9%** compared to **91.8%** in October 2013 and **91.8%** in September 2014. This was the first month in five where performance dropped below 90%.
- November 2014, month to date (20/11/14) is **90.1%**.
- Emergency admissions (adult) continue to steadily rise in October; **215** compared to **209** per day in September and **207** per day the month before.
- Emergency admissions in October 2013 were 195 per day (**now 9.2% higher**).
- Delayed transfers of care have risen recently and are at **5.4%**.

Performance overview

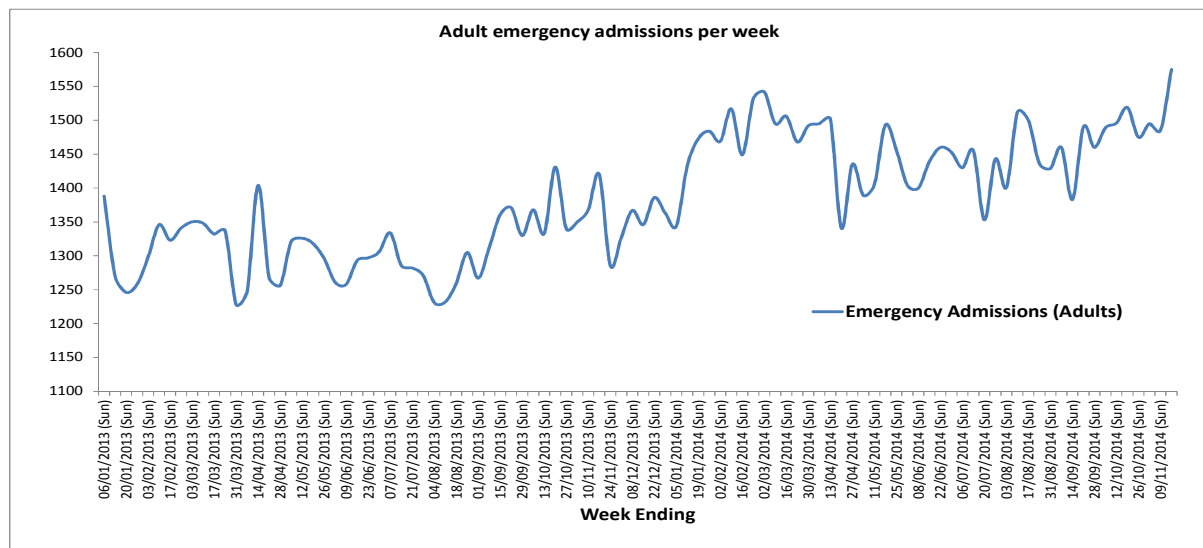
Weekly performance is detailed in the graph below. There were no weeks of compliant performance in October.



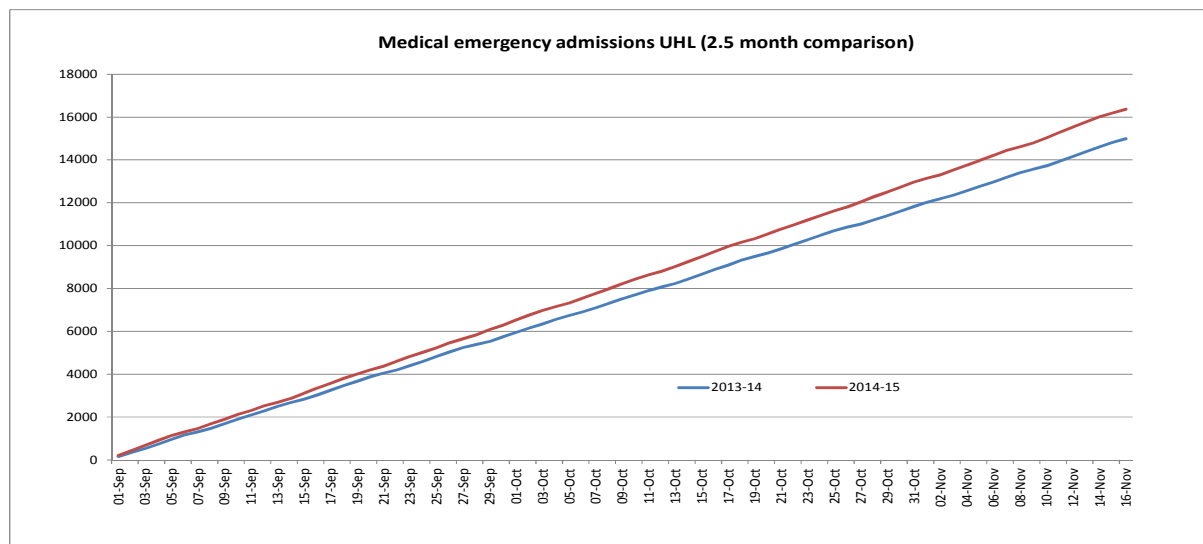
Recent performance had been, in general, more stable than it had been at any stage over the last 24 months. The rolling average was over 90% for 126 consecutive days but recently it has dropped below 90%.



Admissions continue to increase and as detailed in the graph below, are much higher (9.2%) than at the same time last year. Last week (wc 10 November 2014) was the highest week of admissions on record.

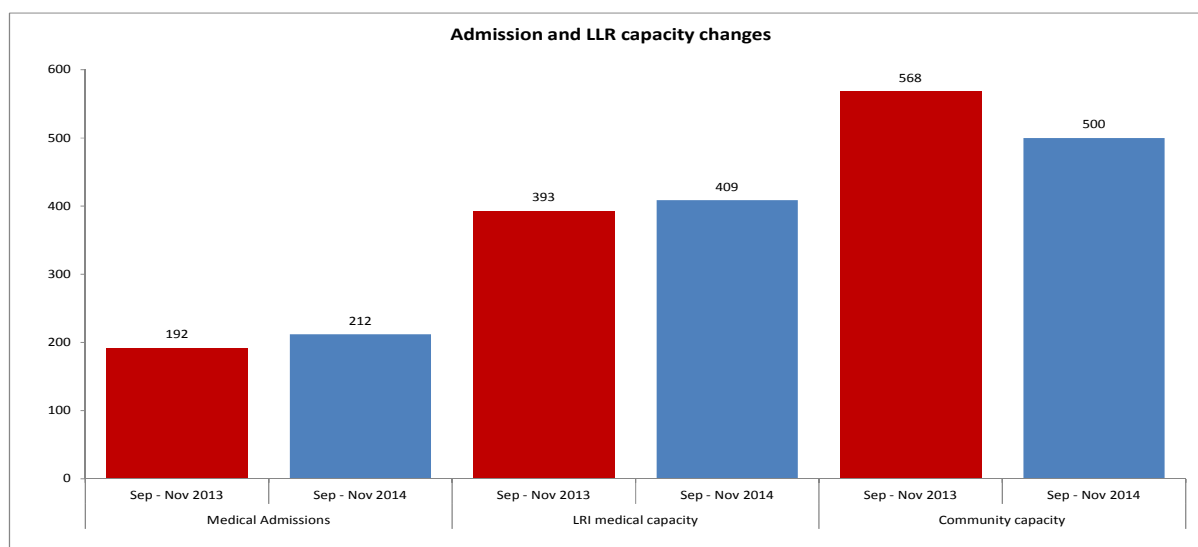


When the admissions increase for September – November 2014 is compared to the same period last year and is viewed in a different graph, the increase is even clearer. 1380 more patients have been admitted in the last 2.5 months than at the same time last year.



Current performance is the result of a perfect storm. As detailed in the graph below, and above, more medical emergency patients are being admitted in the last three months, compared to the same time last year (212 v 192 per day). As stated in the board report last month, it is important to note that the increase in admissions will only be paid at 30% of tariff with the other 70% of tariff being spent on activities outside of UHL designed to reduce admissions.

Over the same period of time, community bed capacity has reduced from 568 down to 500 beds and DTOCs have increased. This has 'squeezed UHL', in particular the LLR site. We have responded by working on plans to improve efficiency, as evidenced in the Sturgess report, and the fact that we are caring for +9% more patients with a similar level of emergency performance compared to last year, suggests we have improved. We will also implement in late November the modular ward plan which will provide a small number of additional beds (16) on the LRI site. These actions have been too small though to counteract external factors, in particular the increase in admissions. UHL needs to ensure its internal processes are as good as they can be, but the ability to deliver the required level of change whilst working in such challenged situations is limited.



As detailed in the board report last month, delivering sustainable emergency performance across LLR requires progress against all three of the interlinked components; reduction in emergency admissions, internal UHL improvements and improvement in the discharge function. Attached as appendix one is a report from the Nuffield Trust October 2014 entitled 'NHS hospitals under pressure: trends in acute activity up to 2022'. The report states 'it is therefore clear that more significant change in the way care is delivered is needed to cope with the considerable pressures on acute hospitals. Such change will require the NHS to make three key changes:

- Make increasing use of services specifically designed for patients who only need to stay in hospital for a few hours rather than longer inpatient stays, such as further initiatives to expand day care elective surgery.
- Substantially improve the way that all departments (and services outside the hospital) work together to ensure patients do not stay in any hospital any longer than they absolutely need to, for example by improving discharge arrangements.
- Widen the range of alternative intermediate services available in community or social care; including make use of beds in nursing homes, hotels or indeed patients' own homes.

A lot more needs to happen across LLR to deliver the three key changes AND to reduce emergency admissions. It is apparent that despite many efforts and much money being spent outside of UHL, emergency admissions are not reducing and there are many patients in UHL staying longer than necessary. The Sturgess report needs to be used as a mechanism for holding different parts of the LLR system to account and for accelerating change.

Further LLR improvements

The key to further UHL improvement is a greater reduction in clinical variability. Achieving this represents radical change. UHL has taken the Sturgess report and has grouped the recommendations into the following eight groups:

- Organisational
- Emergency department
- Glenfield
- Assessment unit
- Base wards and discharge
- Fraility
- Surgery
- Diagnostics

Each group will have dedicated change management support and will report into the weekly emergency quality steering group chaired by John Adler.

Other parts of the health economy are completing a similar exercise which must include the identification of a clear plan to reduce admissions and accelerate discharge. As part of this, two actions are recommended for the UHL Trust Board

- Board assurance that the LLR plan for reducing emergency admissions is effective and clear with an understanding of how the MRET, emergency readmissions and winter monies are being spent.
- Board assurance that the LLR plan for accelerating discharges is effective and clear. This includes an understanding of why the delayed transfer of care rate has not changed.

Conclusion

UHL needs to ensure its internal processes are as good as they can be. Progress has been made but greater improvement is required. However the ability to deliver the required level of change whilst working in such challenged situations is limited. To deliver internal sustainable change we need a reduction in emergency admissions and an improvement in the discharge rate.

Recommendations

The board are asked to:

- Note the contents of the report
- Support the two recommendations
- Support the actions being taken to improve performance.

Briefing

NHS hospitals under pressure: trends in acute activity up to 2022

Acute hospital care consumes almost half of the entire NHS budget. Access to a hospital bed is often seen as a critical indicator of how well the NHS is running, yet the way we use hospital beds is constantly changing. The demands on hospitals are thought to be influenced by a growing, ageing population with an increasing prevalence of chronic health problems, as well as changes in the technology used to diagnose and treat ill health.

At the same time, government health policy is aimed at cutting the number of emergency and other admissions by providing more, better services outside of hospital. This is a major part of the rationale for the government's Better Care Fund, and a key metric of the policy.

In this short paper, produced for the *Financial Times*, we have used historic national data to look at trends in admissions and bed use over the last few years, and have used population projections to explore the likely pressures on hospitals in the future.

Paul Smith, Andy McKeon, Ian Blunt and Nigel Edwards

October 2014

Key points

- The total number of hospital admissions in England grew from 12.6 million in 2006/07 to 14.6 million in 2012/13; an increase of 16%. While some of this increase was driven by our expanding and ageing population, there were 60% more hospital admissions than population change would have implied.
- If admission rates continue to increase, the growing and ageing population alone means that the NHS will need at least an additional 6.2 million bed days (overnight stays) by 2022. This is equivalent to approximately 17,000 beds, which equates to about 22 hospitals with 800 beds each.
- This increased pressure is an important component of the funding gap facing the NHS. We estimate the need for such substantial additional productivity may amount to around a quarter of the £30 billion gap facing the NHS by 2022.
- Even if extra money was available, building 22 more hospitals would not be a good decision. The system is ‘running hot’. Yet more hospitals are not the answer.
- To date, attempts to reduce the numbers of people admitted to hospital through better preventive care in their communities have not been very successful on a large scale. A more certain strategy to meet this challenge would be to concentrate on ensuring that patients can be discharged quickly and do not stay in hospital for long periods – an approach that we know has worked in the past.
- Our analysis of the last seven years shows us that despite rising admissions, the number of general and acute beds available in NHS hospitals fell from 126,976 in 2006 to 106,374 in 2013. The extra admissions have been accommodated by reducing the length of time patients stay overnight in a hospital bed – so-called bed days – and through increased bed occupancy, which rose from 85.3% in 2006/07 to 89.8% in 2012/13.
- The total number of bed days in the NHS stayed largely the same over the period 2006–2013. This was achieved both by increased shifts of activity to day or short-stay cases – very often associated with investigative procedures such as scans – and a reduction in the numbers of people staying over 28 days in hospital.
- The story of the last seven years shows us that significant reductions in lengths of stay can be achieved: between 2006 and 2013, lengths of stay for those in hospital for over a month were reduced by 13%. But the future challenge is even greater.
- It is therefore clear that more significant change in the way care is delivered is needed to cope with the considerable pressures on acute hospitals. Such change will require the NHS to make three key changes:
 - Make increasing use of services specifically designed for patients who only need to stay in hospital for a few hours rather than longer inpatient stays, such as further initiatives to expand day-care elective surgery.
 - Substantially improve the way that all departments (and services outside the hospital) work together to ensure patients do not stay in hospital any longer than they absolutely need to, for example by improving discharge arrangements.
 - Widen the range of alternative intermediate services available in community or social care; including making use of beds in nursing homes, hotels or indeed patients’ own homes.

Background

It is now well established that the NHS is currently experiencing the dual challenges of an unprecedented period of constrained funding and an apparently ever-increasing demand for services. We are seeing an ageing and growing population, an increasing number of people with long-term chronic conditions such as diabetes, and evolving health technology.

Many commentators have suggested that NHS services require significant structural change if they are to meet these challenges. One area that has received much attention is the idea that we should rely less on hospitals and more on preventive and community-based services in the future.

These pressures are not new – hospital admissions have been increasing steadily for at least the last decade. How the NHS has met these pressures in the recent past gives an indication of how it might fare in the future. At the very least, it offers a benchmark against which plans and progress can be judged.

This report therefore reviews trends in acute hospital activity (inpatients and day cases) for the period 2006/07 to 2012/13, using hospital episode statistics data, and forecasts what demand may be to 2021/22 based on recent trends and demographic pressure (using Office for National Statistics population data). It also considers the implications of these trends and forecasts for hospitals.

The date of 2006 was chosen as it pre-dates the current period of austerity and therefore allows us to assess the trend over this period of time. We used 2012/13 as the cut-off date for reviewing past trends as only provisional figures for 2013/14 were available at the time of analysis.

In 2012/13, the NHS in England spent £47 billion on care in acute hospitals, which equates to 48% of its entire budget. Most patients are ‘admitted’ for less than a day, either for day-case surgery or for an investigative procedure. Those that are admitted overnight or longer may be in a minority, but they are also the most costly.

In 2012/13, there were over 14.6 million hospital admissions. Though the vast majority of inpatients stay for less than seven days, a small minority (about 1.5%) can be in hospital for more than 28 days. In total, patients spent 37.9 million bed days in acute NHS hospitals in 2012/13. Those staying 28 days or longer used around a third of all bed days.

How have the numbers of admissions changed since 2006?

NHS acute hospitals reported increased admissions over the period 2006/07 to 2012/13, from 12.6 million per year to 14.6 million per year; an increase of 16%.

We know that older people are more likely to be admitted to hospital, and that the numbers of older people in the population are increasing (Figure 1). But as Figure 2 shows, activity rose about 60% more than would be expected given the increase in the age and size of the population during this period.

Figure 1: Absolute and percentage increase in hospital admissions, by age group, between 2006/07 and 2012/13

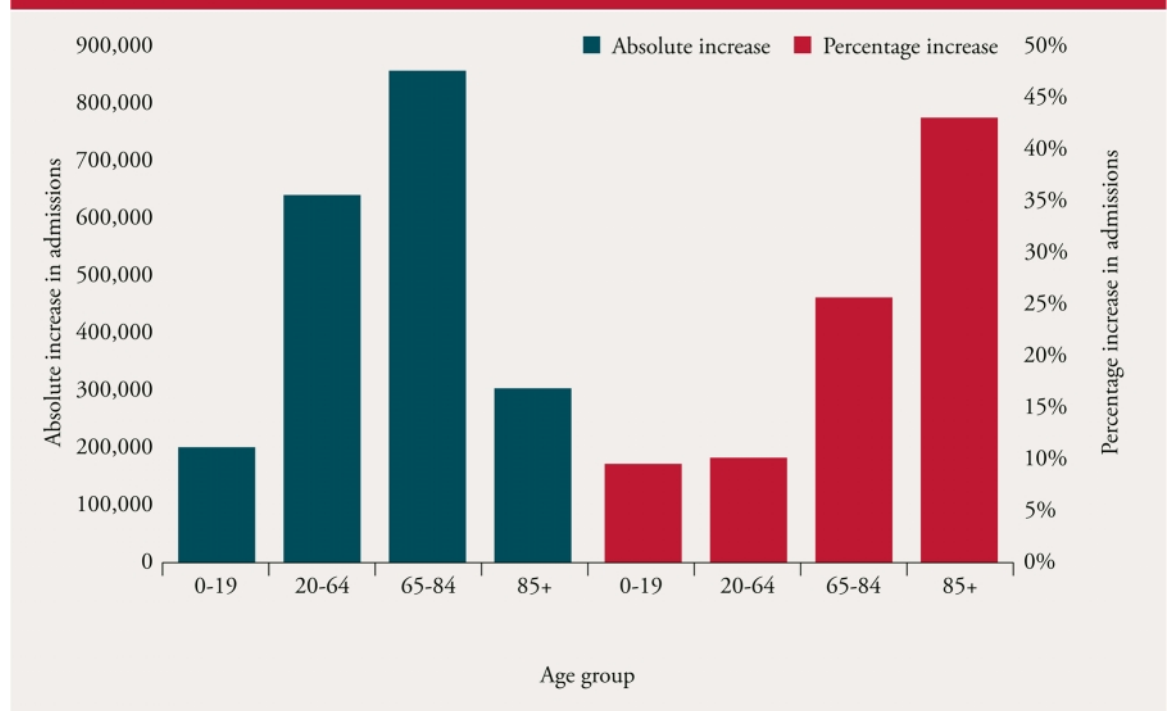
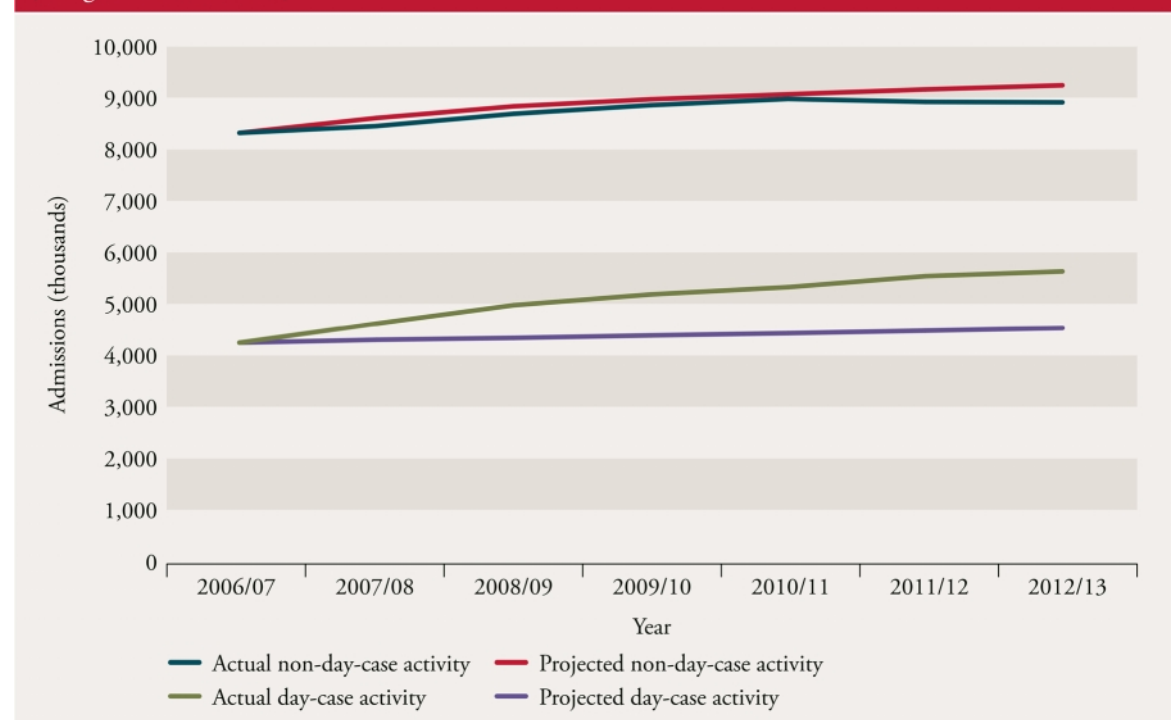


Figure 2: Comparison of actual and projected admissions, based on changes in population (using rates in 2006/07)



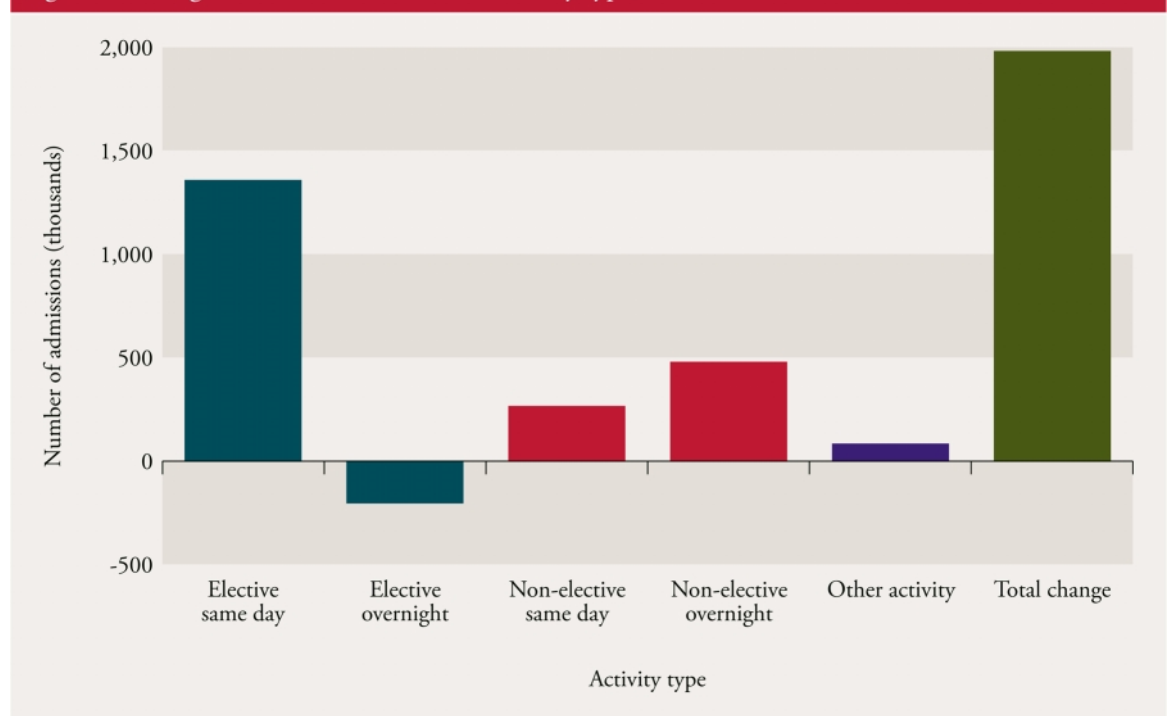
NHS acute hospitals have also seen increasing numbers of emergency admissions of (disproportionately elderly) people; accounting for about a quarter of the increase in overall activity. This has been the source of much concern and is a focus for both policy-makers and management activity on the ground. Reducing the number of emergency admissions has been an objective for some time. Health and Wellbeing Boards (HWBs) are now expected to plan for at least a 3.5% reduction in 2015/16 under the government's Better Care Fund.

Increasing hospital activity has been a source of pressure on hospital and clinical commissioning group (CCG) finances. Acute hospitals have continued to take the lion's share of any growth in CCG (and before them, primary care trust) allocations, with other services such as primary care and mental health suffering accordingly. Even so, hospital finances have deteriorated, with increasing numbers of trusts in deficit (Lafond and others, 2014).

How have the types of admissions changed since 2006?

As Figure 3 demonstrates, two thirds of the overall increase in hospital admissions has been in short stays for investigations and diagnosis, and day cases – so-called elective same day admissions.

Figure 3: Changes in the number of admissions by type, 2006–2013



Improvements in technology have made new forms of diagnostic procedure more accessible. For example, there were nearly 330,000 more CT scans of the head in 2012 than in 2006, and a similar growth in diagnostic endoscopies. It has also enabled patients who previously would have been admitted overnight for surgery to be treated as day cases.

There have also been increasing numbers of emergency (non-elective) cases admitted for less than one day, which reflects changing medical practice (Cooke and others, 2003). In some trusts there is

also evidence that the increase in zero-day admissions is related to efforts to achieve the maximum four-hour wait target in accident and emergency (A&E) (Blunt and others, 2010).

Looking specifically at overnight admissions (people staying in hospital one night or more), it appears that growth in this activity has no more than kept pace with demographic pressure. The additional activity overall has therefore been driven largely by day-case admissions.

Though overall admissions have increased, there were some surgical treatments that declined in activity, for example: 8,000 (46%) fewer vasectomies, which could be explained by these procedures now being largely conducted in community settings; 32,000 (80%) fewer varicose vein operations; and 9,000 (11%) fewer tonsillectomies. But this is counterbalanced by significant growth elsewhere, for example 39,000 (14%) additional cataract operations.

This shift is likely to be due to changing priorities as determined by the National Institute for Health and Care Excellence (NICE), and commissioners seeking to reduce the numbers of 'low priority' treatments. The growth in cataract surgery is likely to be a response both to the ageing population and the need to reduce waiting times.

NHS contracts with the private sector have taken some of the load from traditional NHS hospitals, but this still only makes a small contribution. Non-NHS providers accounted for just 2.5% of NHS inpatient activity in 2012/13, and concentrated on minor surgical and diagnostic cases, where they generally undertook 10% or less of any one procedure. The private sector did, however, make a much larger contribution to hip and knee replacements, accounting for about 20% of NHS activity.

How has bed use changed since 2006?

Though admissions increased during this period, the average length of time patients stayed in hospital fell – suggesting that hospitals have become more productive. As Figure 4 shows, the number of bed days fell by just over 3% between 2006/07 and 2012/13, despite the increases in activity. The total number of bed days used was lower than would be expected given the increase in the age and size of the population during this period.

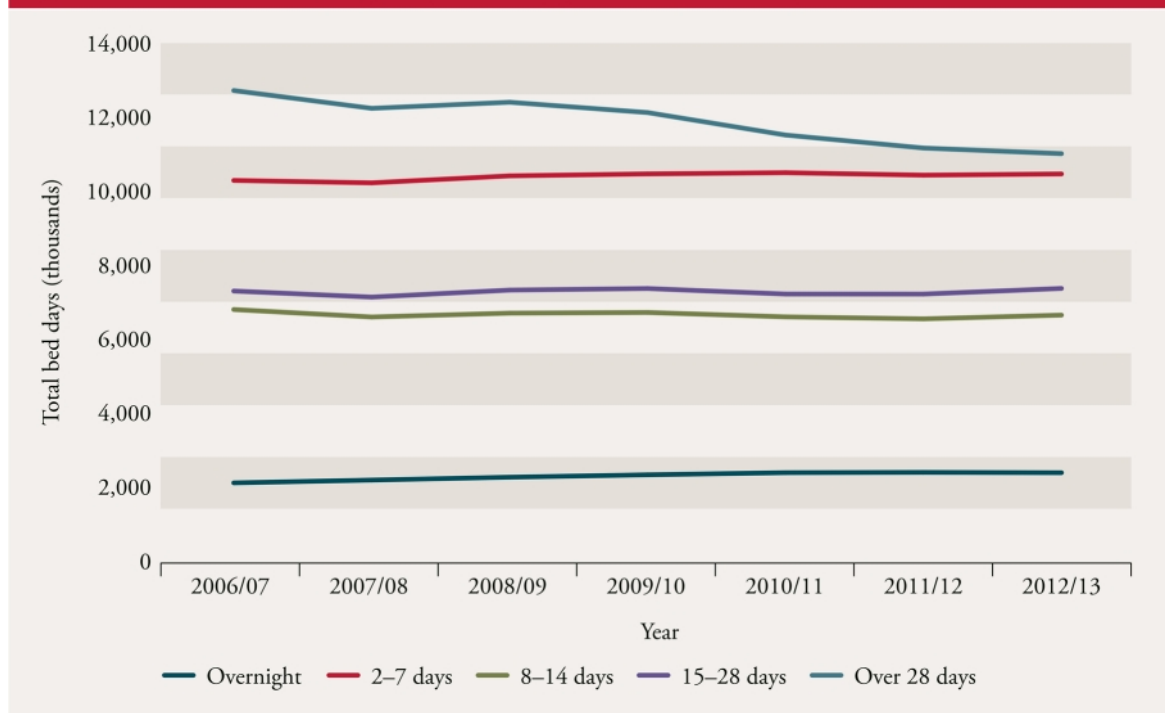
This greater productivity has come from two main sources. First, as noted above, there was a continuing move to treat more elective inpatients as day cases. This is part of a long-term trend – indeed the number of elective inpatient admissions staying overnight fell by 202,845 (14%) over the period, whereas day cases rose by 1,364,421; an increase of 30% (Figure 3).

Second, there were significant reductions in the number of bed days concentrated in longer-staying patients – those staying over 28 days (Figure 5). There has been little change in the total number of bed days for those staying less than 28 days. Small reductions in the number of such long-staying patients can have a large impact on bed days as they account for only 1.5% of admissions, but nearly 30% of all bed days. For many of these patients, a key factor influencing their discharge will be the availability of alternative care – either in another institution or support for them at home.

Figure 4: Actual bed days used between 2006 and 2013, compared with projected bed days suggested by population projections



Figure 5: Number of bed days, split by how long patient stayed in hospital, between 2006 and 2013



There was a net reduction of 1.4 million bed days for elective admissions (Figure 6a), concentrated mainly in those patients staying longer than one night in hospital.

For emergency admissions, reductions in the number of people staying over 28 days released 1.5 million bed days. However, this was offset by increases in the number of bed days for patients staying for shorter periods, leading to a net increase of 48,000 emergency bed days (Figure 6b).

Figure 6a: Changes in the number of elective bed days, by how long patient stayed in hospital, between 2006 and 2013

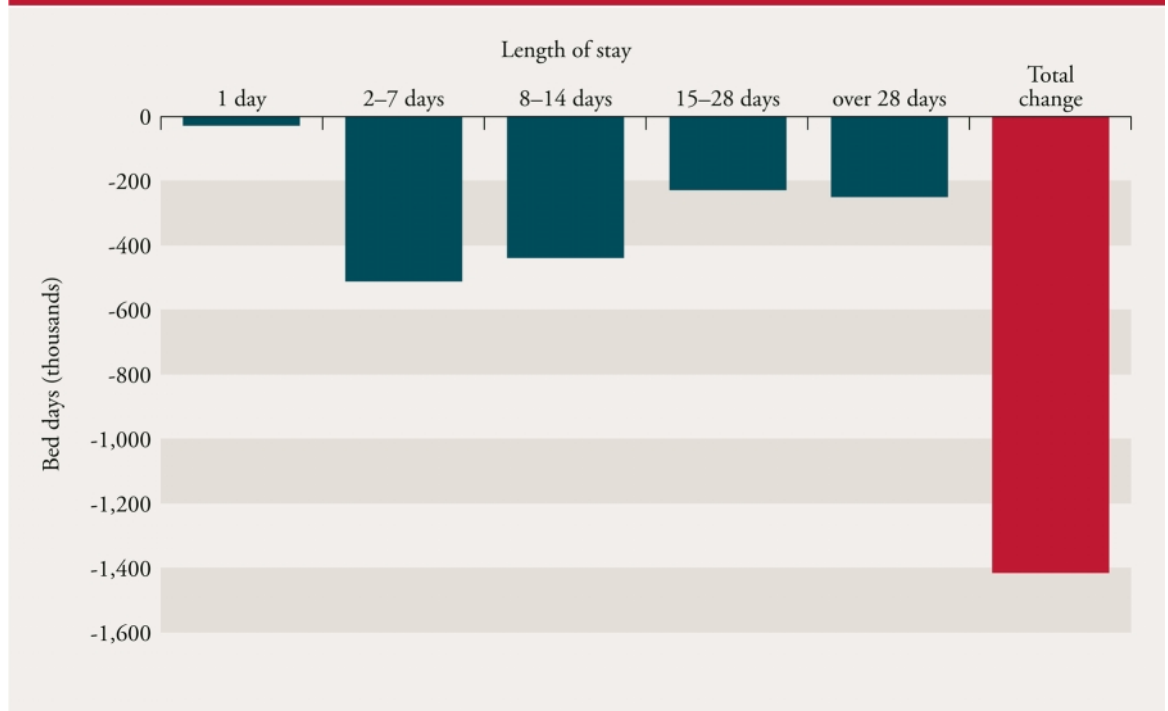
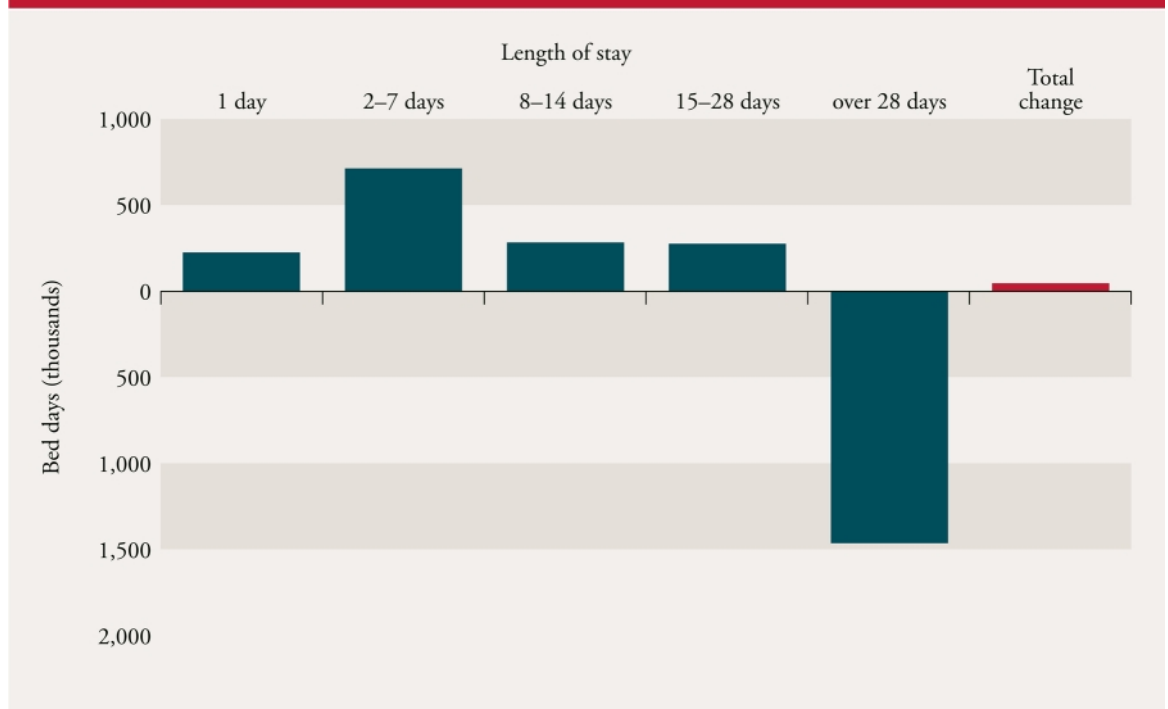


Figure 6b: Changes in the number of emergency bed days, by how long patient stayed in hospital, between 2006 and 2013



Across all types of hospital admission there was a net reduction of 1.3 million bed days.

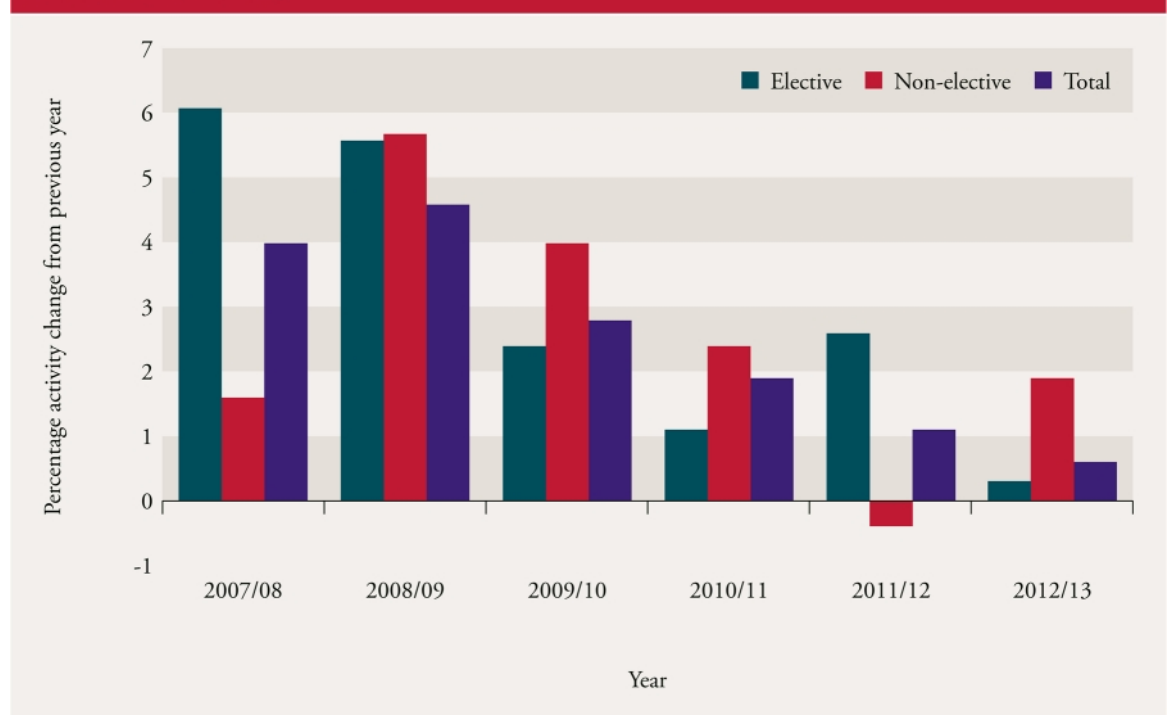
It seems that capacity released by the decline in the number of emergency patients staying over 28 days has been taken up with increased emergency admissions, albeit for people with shorter lengths of stay. The overall net reduction in bed days has largely been the result of the substitution

of day-case activity for inpatient care for some elective patients. But these changes have meant that the NHS has not had to add to its bed stock, but is using it more productively.

Are these trends likely to continue?

In both emergency and elective care, admissions have risen year-on-year. However, there are signs that the rate of growth in activity and the reductions in length of stay are slowing. Since 2008/09 the annual growth rate in overall activity has steadily slowed from 4.5% at the start of the period, to 0.6% in 2012/13 (Figure 7). Provisional data for 2013/14 suggest activity continued to grow at a little less than 1%.

Figure 7: Percentage change in number of admissions from previous year, by admission type, between 2006 and 2013



The growth in emergency admissions slowed more or less steadily from 5.7% between 2007/08 and 2008/09, to 1.9% between 2011/12 and 2012/13. The rate of elective cases has been more volatile, but even so, growth in the second half of the period was lower than the first. This perhaps suggests that either austerity has had an impact and lower growth in elective cases is now being reflected in longer waiting times, or that the early part of the period reflected a big increase in consultant appointments that has now levelled off.

Reductions in length of stay slowed in 2011/12 and ceased in 2012/13 (Figure 8). This would be particularly concerning if it became a trend.

Figure 8: Average length of stay in hospital, by admission type, between 2006 and 2013



Getting patients discharged from hospital requires the right facilities to be available in the community. However, adult social services have suffered cuts of 15% in real terms between 2009/10 and 2012/13 (Ismail and others, 2014). The 2013 National Intermediate Care Audit also reported significant variability of services and little progress or investment (NHS Benchmarking Network, 2013). Failure to further reduce length of stay also puts extra pressure on hospital finances – and may be one cause of their deterioration – and affects performance in A&E where the inability to discharge patients who are already in hospital sufficiently quickly has been a factor in lengthening the time patients spend in A&E (Blunt, 2014).

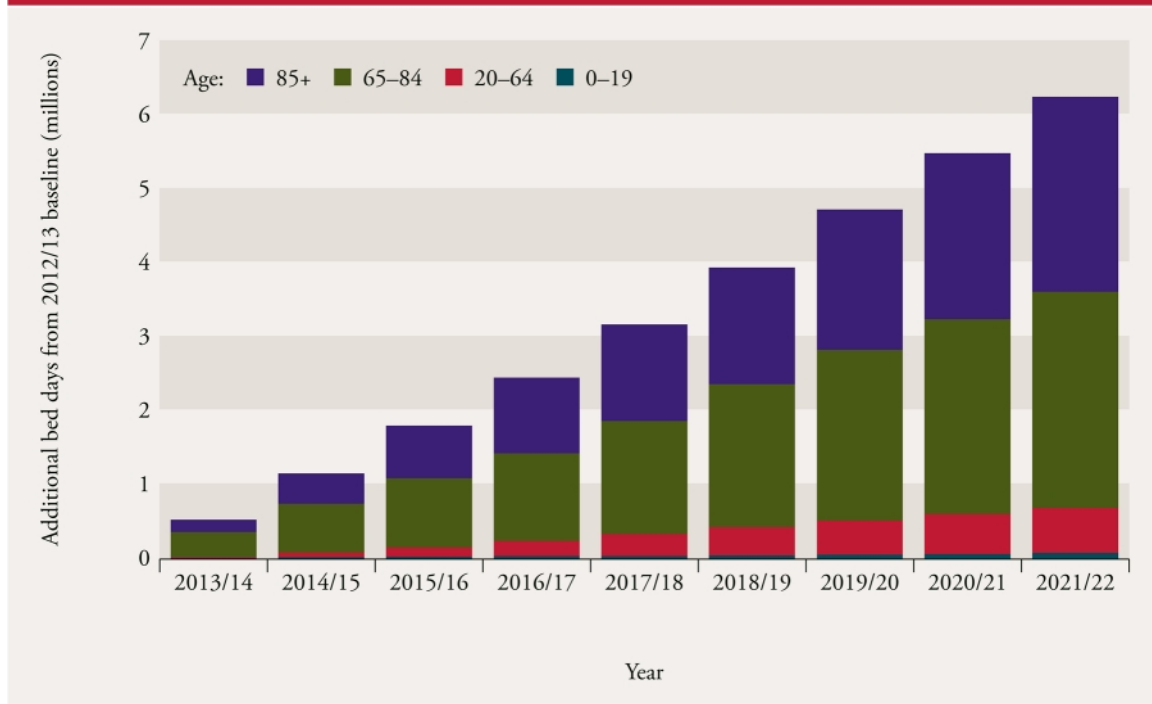
What does this mean for the future?

It is estimated that between 2012/13 and 2021/22, the number of people aged 65 and over will increase by 20%, and the number over 85, who have the highest rates of individual service use, will increase by 33%. The NHS will need to at least keep pace with this future demographic pressure.

If admission rates continue to rise, the growing and ageing population alone will result in the need for an additional 6.2 million bed days (a 16% increase on current provision) (Figure 9). This is equivalent to approximately 17,000 beds, or about 22 hospitals of 800 beds each.

This increase in activity makes up an important component of the funding gap facing the NHS. Using a rough estimate based on the national tariff, we estimate it may amount to around a quarter of the £30 billion gap facing the NHS by 2022 (Roberts and others, 2012). However, even if the extra investment in bed stock was available, it would not be desirable from either a patient care or a system management point of view to build additional hospitals. The best way to manage care for people with complex and multiple conditions is often outside of hospital – either through preventing people from entering hospital in the first place or speeding up their discharge from hospital into the community.

Figure 9: Estimated number of additional acute NHS bed days from 2012/13, by age group, based on demographic projections



Current policy is aimed at cutting the number of emergency admissions by providing more, better services outside hospital that can either prevent the need for hospital admission or offer the same care but in different settings. This is a common theme in initiatives for more integrated services, including the government's Better Care Fund. But there is little evidence that this can be achieved (Bardsley and others, 2013).

Continuing to reduce length of stay may be a better option for improving efficiency and keeping the acute sector solvent. Unlike reducing admissions – which requires the NHS to prevent many potential patients, some of whom will be unknown, from entering the hospital system – patients with long lengths of stay are already in hospital and are therefore clearly identifiable. It is clear that it can be done. As we have shown, the NHS has shown continued progress in cutting long lengths of stay over the last seven years: a 16% rise in admissions was largely managed by changes in the types of procedures offered and reductions in lengths of stay, particularly for those staying over a month.

As noted above, the reward for the effort could also be high – only 1.5% of people stay in hospital for longer than 28 days, but they account for nearly 30% of all bed days.

But it would mean the NHS upping its game. If the rates of admission for each age group stay roughly the same, the effects of an ageing population will result in an average annual growth rate in bed days of 1.7% between 2012/13 and 2021/22, compared with the 1.4% that was predicted over the previous seven years – an increase of a quarter.

There may also be other pressures from new treatments, new technologies and new public expectations. These have in the past contributed towards the increase in costs or demand, but are not factored into this analysis. Past improvements in productivity are partially linked with greater use of less costly day care and diagnostics. It is unclear how far we can expect this to continue. Even if this

can be achieved, there is evidence that increasing the availability of beds increases the number of admissions (Shain and Roemer, 1959).

For the longer-stay cases, continuing to reduce bed occupancy in acute hospitals may still be possible: cutting lengths of stay by a quarter for those staying over two weeks would create the 6.2 million bed days needed to meet demographic pressure. In practice, these savings are likely to come from a range of measures:

- First, the NHS will need to make increasing use of services specifically designed for patients who only need to stay in hospital for a few hours rather than longer inpatient stays, such as further initiatives to expand day-care elective surgery.
- Second, the NHS will need to substantially improve the way that all departments (and services outside the hospital) work together to ensure patients do not stay in hospital any longer than they absolutely need to, for example by improving discharge arrangements.
- Third, and perhaps most importantly, the range of intermediate services available in community or social care will need to widen. The effect of this will be to absorb the demand for extra hospital beds through extra beds provided elsewhere – these may be provided in nursing homes, hotels, care homes or indeed in patients' own homes, with specialist services delivered by doctors and nurses in the community.

This can only be achieved if there is greater investment in intermediate and social care, and other community services, so increased numbers of long-stay patients can be discharged more quickly if this is appropriate for them.

The challenge is great, but it is one that the NHS must rise to if we are not to be faced with ever-growing pressures on the hospital sector.

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TRUST BOARD – 27 November 2014

NHS Trust Oversight Self-Certification

DIRECTOR:	Stephen Ward – Director of Corporate and Legal Affairs
AUTHOR:	Kate Rayns – Acting Senior Trust Administrator
DATE:	27 November 2014
PURPOSE:	<p>At the beginning of April 2013, the NHS Trust Development Authority (NTDA) published a single set of systems, policies and processes governing all aspects of its interactions with NHS Trusts in the form of ‘<i>Delivering High Quality Care for Patients: The Accountability Framework for NHS Trust Boards</i>’.</p> <p>In accordance with the Accountability Framework, the Trust is required to complete two self certifications in relation to the Foundation Trust application process. Copies of the self certifications submitted in October 2014 (September 2014 position) are attached as Appendices A and B.</p> <p>Subject to discussion at the November 2014 Trust Board meeting on matters relating to operational and financial performance, and review of the month 7 quality and performance exception reports, the Trust Board is recommended to authorise the Director of Corporate and Legal Affairs to finalise and submit the return to the NHS Trust Development Authority in consultation with the Chief Executive</p>
PREVIOUSLY CONSIDERED BY:	N/A
Objective(s) to which issue relates *	<div style="display: flex; flex-direction: column;"> <div><input checked="" type="checkbox"/> 1. Safe, high quality, patient-centred healthcare</div> <div><input checked="" type="checkbox"/> 2. An effective, joined up emergency care system</div> <div><input checked="" type="checkbox"/> 3. Responsive services which people choose to use (secondary, specialised and tertiary care)</div> <div><input type="checkbox"/> 4. Integrated care in partnership with others (secondary, specialised and tertiary care)</div> <div><input type="checkbox"/> 5. Enhanced reputation in research, innovation and clinical education</div> <div><input checked="" type="checkbox"/> 6. Delivering services through a caring, professional, passionate and valued workforce</div> <div><input checked="" type="checkbox"/> 7. A clinically and financially sustainable NHS Foundation Trust</div> <div><input type="checkbox"/> 8. Enabled by excellent IM&T</div> </div>
Please explain any Patient and Public Involvement actions taken or to be taken in relation to this matter:	None
Please explain the results of any Equality Impact assessment undertaken in relation to this matter:	Not applicable

Organisational Risk Register/ Board Assurance Framework *	<input type="checkbox"/>	Organisational Risk Register	<input checked="" type="checkbox"/>	Board Assurance Framework	<input type="checkbox"/>	Not Featured
ACTION REQUIRED *						
For decision	<input checked="" type="checkbox"/>	For assurance	<input type="checkbox"/>	For information	<input type="checkbox"/>	

- ♦ We treat people how we would like to be treated
- ♦ We do what we say we are going to do
- ♦ We focus on what matters most
- ♦ We are one team and we are best when we work together
- ♦ We are passionate and creative in our work

* tick applicable box

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3. **Condition G7** – Registration with the Care Quality Commission.
4. **Condition G8** – Patient eligibility and selection criteria.
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6. **Condition P2** – Provision of information.
7. **Condition P3** – Assurance report on submissions to Monitor.
8. **Condition P4** – Compliance with the National Tariff.
9. **Condition P5** – Constructive engagement concerning local tariff modifications.
10. **Condition C1** – The right of patients to make choices.
11. **Condition C2** – Competition oversight.
12. **Condition IC1** – Provision of integrated care.

Further guidance can be found in Monitor's response to the statutory consultation on the new NHS provider licence: [The new NHS Provider Licence](#)

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3. Condition G7

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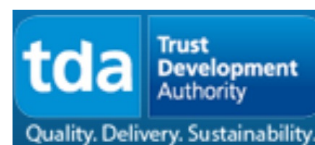
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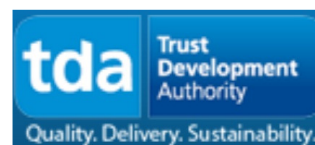
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9. Condition P5

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concerning local tariff
modifications.*

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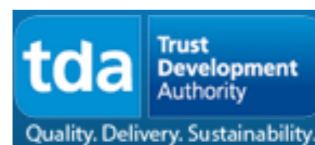
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10. Condition C1
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11. Condition C2
Competition oversight.*

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12. Condition IC1
Provision of integrated
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The NHS TDA's role is to ensure, on behalf of the Secretary of State, that aspirant FTs are ready to proceed for assessment by Monitor. As such, the processes outlined here replace those previously undertaken by both SHAs and the Department of Health.

In line with the recommendations of the Mid Staffordshire Public Inquiry, the achievement of FT status will only be possible for NHS Trusts that are delivering the key fundamentals of clinical quality, good patient experience, and national and local standards and targets, within the available financial envelope.

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BOARD STATEMENTS:



For **CLINICAL QUALITY**, that

1. The Board is satisfied that, to the best of its knowledge and using its own processes and having had regard to the TDA's oversight model (supported by Care Quality Commission information, its own information on serious incidents, patterns of complaints, and including any further metrics it chooses to adopt), the trust has, and will keep in place, effective arrangements for the purpose of monitoring and continually improving the quality of healthcare provided to its patients.

1. **CLINICAL QUALITY**

Indicate compliance.*

Yes



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NHS TRUST DEVELOPMENT AUTHORITY



BOARD STATEMENTS:



For **CLINICAL QUALITY**, that

2. The board is satisfied that plans in place are sufficient to ensure ongoing compliance with the Care Quality Commission's registration requirements.

2. CLINICAL QUALITY

Indicate compliance.*

Yes



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NHS TRUST DEVELOPMENT AUTHORITY



BOARD STATEMENTS:



For **CLINICAL QUALITY**, that

3. The board is satisfied that processes and procedures are in place to ensure all medical practitioners providing care on behalf of the trust have met the relevant registration and revalidation requirements.

3. CLINICAL QUALITY

Indicate compliance. *

Yes

☐

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NHS TRUST DEVELOPMENT AUTHORITY



BOARD STATEMENTS:



For **FINANCE**, that

4. The board is satisfied that the trust shall at all times remain a going concern, as defined by the most up to date accounting standards in force from time to time.

4. FINANCE

Indicate compliance. *

Yes



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NHS TRUST DEVELOPMENT AUTHORITY



BOARD STATEMENTS:



For **GOVERNANCE**, that

5. The board will ensure that the trust remains at all times compliant with the NTDA accountability framework and shows regard to the NHS Constitution at all times.

5. GOVERNANCE

Indicate compliance.*

Yes



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BOARD STATEMENTS:



For **GOVERNANCE**, that

6. All current key risks to compliance with the NTDA's Accountability Framework have been identified (raised either internally or by external audit and assessment bodies) and addressed – or there are appropriate action plans in place to address the issues in a timely manner.

6. GOVERNANCE

Indicate compliance.*

Yes



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BOARD STATEMENTS:



For **GOVERNANCE**, that

7. The board has considered all likely future risks to compliance with the NTDA Accountability Framework and has reviewed appropriate evidence regarding the level of severity, likelihood of a breach occurring and the plans for mitigation of these risks to ensure continued compliance.

7. GOVERNANCE

Indicate compliance.*

Yes



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NHS TRUST DEVELOPMENT AUTHORITY



BOARD STATEMENTS:



For **GOVERNANCE**, that

8. The necessary planning, performance management and corporate and clinical risk management processes and mitigation plans are in place to deliver the annual operating plan, including that all audit committee recommendations accepted by the board are implemented satisfactorily.

8. GOVERNANCE

Indicate compliance.*

Yes



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NHS TRUST DEVELOPMENT AUTHORITY



BOARD STATEMENTS:



For **GOVERNANCE**, that

9. An Annual Governance Statement is in place, and the trust is compliant with the risk management and assurance framework requirements that support the Statement pursuant to the most up to date guidance from HM Treasury (www.hm-treasury.gov.uk).

9. GOVERNANCE

Indicate compliance.*

Yes



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NHS TRUST DEVELOPMENT AUTHORITY



BOARD STATEMENTS:



For GOVERNANCE, that

10. The Board is satisfied that plans in place are sufficient to ensure ongoing compliance with all existing targets as set out in the NTDA oversight model; and a commitment to comply with all known targets going forward.

10. GOVERNANCE

Indicate compliance.*

Risk



Timescale for compliance:*

31/03/2015



RESPONSE:

Comment where non-compliant or at risk of non-compliance*

The 30 October 2014 UHL NHS Trust Board received reports identifying the causes of underperformance on the following indicators, and endorsed the remedial actions being taken to achieve compliance. The individual anticipated compliance dates submitted to the Trust Board are shown against relevant indicators:-

- MRSA bacteraemia; - ED 4-hour waits; - RTT waiting times (admitted) (November 2014); - RTT waiting times (non-admitted) (October 2014); - RTT 52 weeks+ waits (November 2014); - 6-week diagnostic test waiting times (November 2014); - Cancer-2-week waits (December 2014); -Cancer-31-day wait for second or subsequent treatment (surgery) (December 2014); -Cancer-62-day wait for first treatment (December 2014); - DTOCs

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NHS TRUST DEVELOPMENT AUTHORITY



BOARD STATEMENTS:



For **GOVERNANCE**, that

11. The trust has achieved a minimum of Level 2 performance against the requirements of the Information Governance Toolkit.

11. GOVERNANCE

Indicate compliance.*

Yes



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NHS TRUST DEVELOPMENT AUTHORITY



BOARD STATEMENTS:



For **GOVERNANCE**, that

12. The board will ensure that the trust will at all times operate effectively. This includes maintaining its register of interests, ensuring that there are no material conflicts of interest in the board of directors; and that all board positions are filled, or plans are in place to fill any vacancies.

12. GOVERNANCE
Indicate compliance.*

Yes ☒

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NHS TRUST DEVELOPMENT AUTHORITY



BOARD STATEMENTS:



For **GOVERNANCE**, that

13. The board is satisfied that all executive and non-executive directors have the appropriate qualifications, experience and skills to discharge their functions effectively, including setting strategy, monitoring and managing performance and risks, and ensuring management capacity and capability.

13. GOVERNANCE

Indicate compliance.*

Yes



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NHS TRUST DEVELOPMENT AUTHORITY



BOARD STATEMENTS:



For **GOVERNANCE**, that

14. The board is satisfied that: the management team has the capacity, capability and experience necessary to deliver the annual operating plan; and the management structure in place is adequate to deliver the annual operating plan.

14. GOVERNANCE
Indicate compliance.*

Yes ☒

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TRUST BOARD – 27 NOVEMBER 2014

RISK REPORT INCORPORATING THE BOARD ASSURANCE FRAMEWORK (BAF) 2014/15

1

DIRECTOR:	RACHEL OVERFIELD – CHIEF NURSE
AUTHOR:	PETER CLEAVER – RISK AND ASSURANCE MANAGER
DATE:	27 NOVEMBER 2014
PURPOSE:	<p>This report is provided to enable Trust Board scrutiny of the contents of the Board Assurance Framework BAF) and to inform of recently opened significant operational risks within UHL.</p> <p>Taking into account the contents of this report and its appendices the TB is invited to:</p> <ul style="list-style-type: none"> (a) review and comment upon this iteration of the BAF, as it deems appropriate; (b) note the actions identified within the framework to address any gaps in either controls or assurances (or both); (c) identify any areas which it feels that the Trust's controls are inadequate and do not, therefore, effectively manage the principal risks to the organisation achieving its objectives; (d) identify any gaps in assurances about the effectiveness of the controls in place to manage the principal risks and consider the nature of, and timescale for, any further assurances to be obtained; (e) identify any other actions which it feels need to be taken to address any 'significant control issues' to provide assurance on the Trust meeting its principal objectives; (f) Note the operational risks listed at appendix three. (g) Consider and advise, in light of the earlier than usual TB meeting in December 2014, whether a BAF report will be required for submission or whether further updates can be provided in the January 2015 BAF report.
PREVIOUSLY CONSIDERED BY:	UHL EXECUTIVE TEAM
Objective(s) to which issue relates *	<div style="display: flex; align-items: flex-start;"> <div style="margin-right: 10px;"> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> </div> <div> <p>1. Safe, high quality, patient-centred healthcare</p> <p>2. An effective, joined up emergency care system</p> <p>3. Responsive services which people choose to use (secondary, specialised and tertiary care)</p> <p>4. Integrated care in partnership with others (secondary, specialised and tertiary care)</p> </div> </div>

	<input checked="" type="checkbox"/> 5. Enhanced reputation in research, innovation and clinical education <input checked="" type="checkbox"/> 6. Delivering services through a caring, professional, passionate and valued workforce <input checked="" type="checkbox"/> 7. A clinically and financially sustainable NHS Foundation Trust <input checked="" type="checkbox"/> 8. Enabled by excellent IM&T
Please explain any Patient and Public Involvement actions taken or to be taken in relation to this matter:	N/A
Please explain the results of any Equality Impact assessment undertaken in relation to this matter:	N/A
Risk Register/ Board Assurance Framework *	<input type="checkbox"/> Organisational Risk Register <input checked="" type="checkbox"/> Board Assurance Framework <input type="checkbox"/> Not Featured
ACTION REQUIRED * For decision <input checked="" type="checkbox"/> For assurance <input checked="" type="checkbox"/> For information <input checked="" type="checkbox"/>	

- ♦ We treat people how we would like to be treated ♦ We do what we say we are going to do
- ♦ We focus on what matters most ♦ We are one team and we are best when we work together
- ♦ We are passionate and creative in our work

* tick applicable box

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT TO: TRUST BOARD

DATE: 27th NOVEMBER 2014

REPORT BY: RACHEL OVERFIELD - CHIEF NURSE

SUBJECT: UHL RISK REPORT INCORPORATING THE BOARD ASSURANCE FRAMEWORK (BAF) 2014/15

1. INTRODUCTION

- 1.1 This report provides the Trust Board (TB) with:-
- a) A copy of the UHL BAF and action tracker as of 31st October 2014.
 - b) Notification of any new extreme or high risks opened during October 2014

2. BAF POSITION AS OF 30th SEPTEMBER 2014

- 2.1 A copy of the 2014/15 BAF is attached at appendix one with changes since the previous version highlighted in red text. A copy of the BAF action tracker is attached at appendix two.
- 2.2 In relation to the BAF the TB is asked to note the following points:
- a. Some updates to actions were not available at time of writing and these are listed in the table below. The UHL Risk and Assurance Manager (RAM) has arranged to meet with the newly appointed Director of Finance to discuss the BAF and an update of progress of those actions will be provided in the next iteration of the BAF.

Action No.	Executive Lead	Date for completion	Comment
3.1	Chief Operating Officer (COO)	September 2014	
19.5	Director of Finance (DF)	October 2014	RAM to meet with DF on 2/12/14
19.6	DF	October 2014	RAM to meet with DF on 2/12/14
19.8	DF	October 2014	RAM to meet with DF on 2/12/14
19.11	DF	October 2014	RAM to meet with DF on 2/12/14
20.1	COO	August 2014	

- b. Action 5.1 has deteriorated to a red RAG rating on the action tracker due to the non-achievement of the admitted RTT trajectory.

- c. The deadline for completion for action 5.2 has been extended from October 2014 to March 2015 reflecting the fact that following receipt of the IST report into RTT backlogs the actions/ recommendations now have to be implemented.
 - d. Action 10.1 has been removed at the request of the Director of Strategy (DS) as the action is already encompassed in a previous BAF entry.
 - e. Completion of action 17.6 is delayed due to NHS England failing to publish benchmarking data in relation to Friends and Family test for staff.
 - f. Completion of action 18.6 is delayed whilst a decision is awaited as to whether a member of the 'Foresight Partnership' should act as 'Board 'coach'.
 - g. Actions associated with principal risk 19 have are now under the ownership of the newly appointed DF (see 2.2 a).
 - h. There remains a gap in control associated with principal risk 21 with no associated action(s). The risk owner (Director of Marketing and Communications) has previously advised that the action should be agreed between the DF and DS who have subsequently been asked to expedite the identification of the action(s) and advise the corporate risk team accordingly to enable in future iterations of the BAF.
 - i. Principal risks 23 and 24 have no gaps in control or assurance identified and the TB is asked to consider revising the current risk score to the level of the target risk score (i.e. 15 to 9) unless further gaps and actions are identified.
- 2.3 It has previously been agreed that the monthly TB review of the BAF be structured so as to include all the principal risks relating to an individual strategic objective. The following objective is therefore submitted to this TB for discussion and review:

'Enhanced reputation in research, innovation and clinical education' (incorporating principal risks 11, 12, 13 and 14).

- 2.4 In light of the earlier than usual TB meeting in December there is a significantly shorter window for the executive team to provide the updates for the BAF and action tracker. The TB is therefore asked to consider and advise whether there is a requirement for a BAF report to the December TB meeting or whether updates for November and December should be incorporated in the January 2015 BAF report.

3. EXTREME AND HIGH RISK REPORT.

- 3.1 To assist the TB in maintaining awareness of current operational risks scoring 15 or above (i.e. 'high' or 'extreme' risks), the TB is asked to note that three new high risks have opened during October 2014, as listed in the table overleaf. A full description for each of these risks is included at appendix three, for information purposes.

Risk ID	Risk Title	Risk Score	CMG/ Directorate
2424	There is a risk the process of manual top-up epidurals in maternity at the LRI could impact on safety and quality of service	20	Women's & Children's
2388	There is risk of delivering a poor and potentially unsafe service to patients presenting in ED with mental health conditions	16	Emergency and Specialist Medicine
2426	Compromised safety for patients with complex nutritional requirements	15	Clinical Support and Imaging

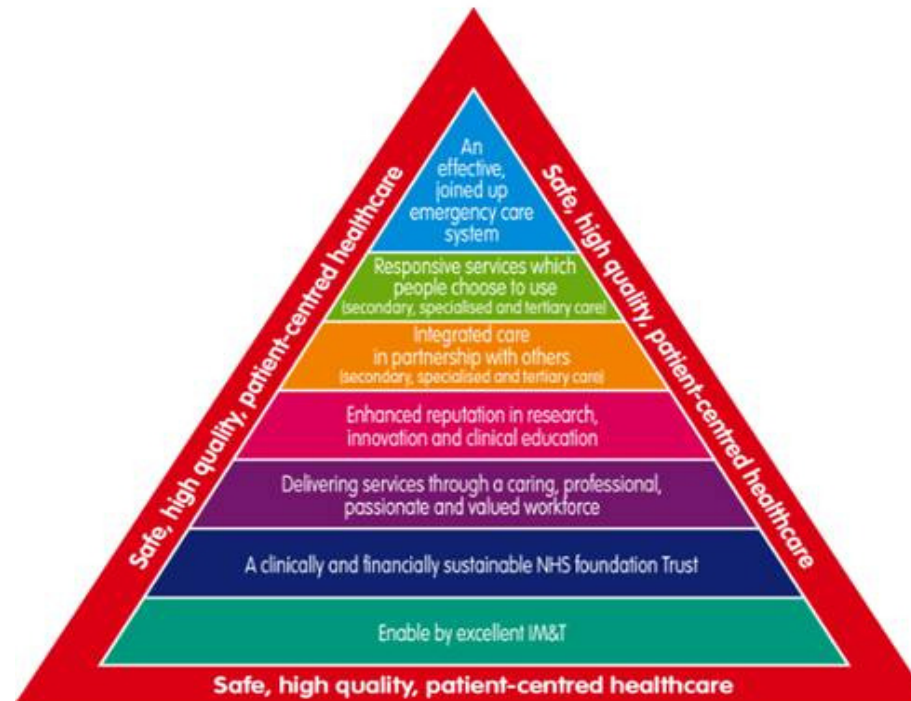
4. RECOMMENDATIONS

4.1 Taking into account the contents of this report and its appendices the TB is invited to:

- (a) review and comment upon this iteration of the BAF, as it deems appropriate;
- (b) note the actions identified within the framework to address any gaps in either controls or assurances (or both);
- (c) identify any areas which it feels that the Trust's controls are inadequate and do not, therefore, effectively manage the principal risks to the organisation achieving its objectives;
- (d) identify any gaps in assurances about the effectiveness of the controls in place to manage the principal risks and consider the nature of, and timescale for, any further assurances to be obtained;
- (e) identify any other actions which it feels need to be taken to address any 'significant control issues' to provide assurance on the Trust meeting its principal objectives;
- (f) Note the operational risks listed at appendix three.
- (g) Consider and advise, in light of the earlier than usual TB meeting in December 2014, whether a BAF report will be required for submission or whether further updates can be provided in the January 2015 BAF report.

Peter Cleaver,
Risk and Assurance Manager,
20 November 2014.

UHL BOARD ASSURANCE FRAMEWORK 2014/15



UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – BOARD ASSURANCE FRAMEWORK

STRATEGIC OBJECTIVES

Objective	Description	Objective Owner(s)
a	Safe, high quality, patient centred healthcare	Chief Nurse
b	An effective, joined up emergency care system	Chief Operating Officer
c	Responsive services which people choose to use (secondary, specialised and tertiary care)	Director of Strategy / Chief Operating Officer/ Director of Marketing & Communications
d	Integrated care in partnership with others(secondary, specialised and tertiary care)	Director of Strategy
e	Enhanced reputation in research, innovation and clinical education	Medical Director
f	Delivering services through a caring, professional, passionate and valued workforce	Director of Human Resources
g	A clinically and financially sustainable NHS Foundation Trust	Director of Finance
h	Enabled by excellent IM&T	Chief Executive / Chief Information Officer

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – BOARD ASSURANCE FRAMEWORK

PERIOD: OCTOBER 2014

Risk No.	Link to objective	Risk Description	Risk owner	Current Score	Target Score
1.	Safe, high quality, patient centred healthcare	Lack of progress in implementing UHL Quality Commitment.	CN	12	8
2.	An effective joined up emergency care system	Failure to implement LLR emergency care improvement plan.	COO	16	6
3.		Failure to effectively implement UHL Emergency Care quality programme	COO	16	6
4.		Delay in the approval of the Emergency Floor Business Case.	MD	12	6
5.	Responsive services which people choose to use (secondary, specialised and tertiary care)	Failure to deliver RTT improvement plan.	COO	9	6
6.		Failure to achieve effective patient and public involvement	DMC	12	8
7.		Failure to effectively implement Better Care together (BCT) strategy.	DS	12	8
8.		Failure to respond appropriately to specialised service specification.	DS	15	8
	Integrated care in partnership with others (secondary, specialised and tertiary care)	Failure to effectively implement Better Care together (BCT) strategy.(See 7 above)	DS		
9.		Failure to implement network arrangements with partners.	DS	8	6
10.		Failure to develop effective partnership with primary care and LPT.	DS	12	8
11.	Enhanced reputation in research, innovation and clinical education	Failure to meet NIHR performance targets.	MD	6	6
12.		Failure to retain BRU status.	MD	6	6
13.		Failure to provide consistently high standards of medical education.	MD	9	4
14.		Lack of effective partnerships with universities.	MD	6	6
15.	Delivering services through a caring, professional, passionate and valued workforce	Failure to adequately plan workforce needs of the Trust.	DHR	12	8
16.		Inability to recruit and retain staff with appropriate skills.	DHR	12	8
17.		Failure to improve levels of staff engagement.	DHR	9	6
18.	A clinically and financially sustainable NHS Foundation Trust	Lack of effective leadership capacity and capability	DHR	9	6
19.		Failure to deliver the financial strategy (including CIP).	DF	15	10
20.		Failure to deliver internal efficiency and productivity improvements.	COO	16	6
21.		Failure to maintain effective relationships with key stakeholders	DMC	15	10

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – BOARD ASSURANCE FRAMEWORK

22.		Failure to deliver service and site reconfiguration programme and maintain the estate effectively.	DS	10	5
23.	Enabled by excellent IM&T	Failure to effectively implement EPR programme.	CIO	15	9
24.		Failure to implement the IM&T strategy and key projects effectively	CIO	15	9

BAF Consequence and Likelihood Descriptors:

Impact/Consequence			Likelihood	
5	Extreme	Catastrophic effect upon the objective, making it unachievable	5	Almost Certain (81%+)
4	Major	Significant effect upon the objective, thus making it extremely difficult/ costly to achieve	4	Likely (61% - 80%)
3	Moderate	Evident and material effect upon the objective, thus making it achievable only with some moderate difficulty/cost.	3	Possible (41% - 60%)
2	Minor	Small, but noticeable effect upon the objective, thus making it achievable with some minor difficulty/ cost.	2	Unlikely (20% - 40%)
1	Insignificant	Negligible effect upon the achievement of the objective.	1	Rare (Less than 20%)

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – BOARD ASSURANCE FRAMEWORK

Principal risk 1	Lack of progress in implementing UHL Quality Commitment.	Overall level of risk to the achievement of the objective	Current score 4 x 3 = 12	Target score 4 x 2 = 8
Executive Risk Lead(s)	Chief Nurse			
Link to strategic objectives	Provide safe, high quality, patient centred healthcare			
Key Controls (What control measures or systems are in place to assist secure delivery of the objective)	Assurance Source (Provide examples of recent reports considered by Board or committee where delivery of the objectives is discussed and where the board can gain evidence that controls are effective).	Gaps in Assurance (a)/ Control (c) (i.e. What are we not doing - What gaps in systems, controls and assurance have been identified)	Actions to Address Gaps	Timescale/ Action Owner
Corporate leads agreed for each goal and identified leads for each work stream of the Quality Commitment.	Q&P Report. Reports to EQB and QAC.			
KPIs agreed for all parts of the Quality Commitment.	Reports to EQB and QAC based on key outcome/KPIs.			
Clear work plans agreed for all parts of the Quality Commitment.	Action plans reviewed regularly at EQB and annually reported to QAC. Annual reports produced.	(c) Two elements of the LLR mortality review (i.e. 'discharge letters' and 'clerking documentation') are not included in the current iteration of the Quality Commitment	To be included 'mid-term into QC	November 2014
Committee structure is in place to oversee delivery of key work streams – led by appropriate senior individuals with appropriate support.	Regular committee reports. Annual reports. Achievement of KPIs.	No gaps identified		

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – BOARD ASSURANCE FRAMEWORK

Principal risk 2	Failure to implement LLR emergency care improvement plan.	Overall level of risk to the achievement of the objective	Current score 4 x 4 = 16	Target score 3 x 2 = 6
Executive Risk Lead(s)	Chief Operating Officer			
Link to strategic objectives	An effective joined up emergency care system			
Key Controls (What control measures or systems are in place to assist secure delivery of the objective)	Assurance Source (Provide examples of recent reports considered by Board or committee where delivery of the objectives is discussed and where the board can gain evidence that controls are effective).	Gaps in Assurance (a)/ Control (c) (i.e. What are we not doing - What gaps in systems, controls and assurance have been identified)	Actions to Address Gaps	Timescale/ Action Owner
Establishment of emergency care delivery and improvement group with named sub groups	Meetings are minuted with actions circulated each week. Trust Board emergency care report references the LLR steering group actions.	(C) Emergency admissions are not reducing (C) Discharges are not increasing and delayed discharge rate has not changed	Review effectiveness of specific LLR improvement actions to deliver a reduction in admissions and increase in discharges (2.4)	LLR MD review Dec 2014
Appointment of Dr Ian Sturgess to work across the health economy	Weekly meetings between Dr Sturgess, UHL CEO and UHL COO. Dr Sturgess attends Trust Board.	(C) IS's time with the health economy finishes in mid-November 2014	Arrangements for IS to return for a two week period in January 2015 (2.5)	Jan 2015 RM
Allocation of winter monies	Allocation of winter monies is regularly discussed in the LLR steering group	None	N/A	

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – BOARD ASSURANCE FRAMEWORK

Principal risk 3	Failure to effectively implement UHL Emergency Care quality programme.	Overall level of risk to the achievement of the objective	Current score 4 x 4 = 16	Target score 3 x 2 = 6
Executive Risk Lead(s)	Chief Operating Officer			
Link to strategic objectives	An effective joined up emergency care system			
Key Controls (What control measures or systems are in place to assist secure delivery of the objective)	Assurance Source (Provide examples of recent reports considered by Board or committee where delivery of the objectives is discussed and where the board can gain evidence that controls are effective).	Gaps in Assurance (a)/ Control (c) (i.e. What are we not doing - What gaps in systems, controls and assurance have been identified)	Actions to Address Gaps	Timescale/ Action Owner
Emergency care action team meeting has been remodelled as the 'emergency quality steering group' (EQSG) chaired by CEO and significant clinical presence in the group. Four sub groups are chaired by three senior consultants and chief nurse.	Trust Board are sighted on actions and plans coming out of the EQSG meeting.	(C) Progress has been made with actions outside of ED and we now need to see the same level of progress inside it	Subgroup to focus on the front end of the pathway to ensure progress within ED (3.1)	Sep 2014 COO
Reworked emergency plans are focussing on the new dashboard with clear KPIs which indicates which actions are working and which aren't	Dashboard goes to EQSG and Trust Board	(C) ED performance against national standards	As 3.1	Sep 2014 COO

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – BOARD ASSURANCE FRAMEWORK

Principal risk 4	Delay in the approval of the Emergency Floor Business Case.	Overall level of risk to the achievement of the objective	Current score 4 x 3 = 12	Target score 3 x 2 = 6
Executive Risk Lead(s)	Medical Director			
Link to strategic objectives	An effective joined up emergency care system			
Key Controls (What control measures or systems are in place to assist secure delivery of the objective)	Assurance Source (Provide examples of recent reports considered by Board or committee where delivery of the objectives is discussed and where the board can gain evidence that controls are effective).	Gaps in Assurance (a)/ Control (c) (i.e. What are we not doing - What gaps in systems, controls and assurance have been identified)	Actions to Address Gaps	Timescale/ Action Owner
Monthly ED project program board to ensure submission to NTDA as required Gateway review process Engagement with stakeholders	Monthly reports to Executive Team and Trust Board Gateway review	(c) Inability to control NTDA internal approval processes	Regular communication with NTDA (4.1)	On-going action to complete in Mar 2015 MD

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – BOARD ASSURANCE FRAMEWORK

Principal risk 5	Failure to deliver RTT improvement plan.	Overall level of risk to the achievement of the objective	Current score 3 x 3 = 9	Target score 3 x 2 = 6
Executive Risk Lead(s)	Chief Operating Officer			
Link to strategic objectives	Responsive services which people choose to use (secondary, specialised and tertiary care)			
Key Controls (What control measures or systems are in place to assist secure delivery of the objective)	Assurance Source (Provide examples of recent reports considered by Board or committee where delivery of the objectives is discussed and where the board can gain evidence that controls are effective).	Gaps in Assurance (a)/ Control (c) (i.e. What are we not doing - What gaps in systems, controls and assurance have been identified)	Actions to Address Gaps	Timescale/ Action Owner
Fortnightly RTT meeting with commissioners to monitor overall compliance with plan	Trust Board receives a monthly report detailing performance against plan	(c) UHL is behind trajectory on its admitted RTT plan	Action plans to be developed in key specialities – general surgery and ENT to regain trajectory (5.1)	Dec 2014 COO
Weekly meeting with key specialities to monitor detailed compliance with plan	Trust Board receives a monthly report detailing performance against plan	(c) UHL is behind trajectory on its admitted RTT plan	As above 5.1	Dec 2014 COO
Intensive support team back in at UHL (July 2014) to help check plan is correct	IST report including recommendations to be presented to Trust Board	(c) recommendations from IST report not yet implemented.	Act on findings from recently published IST report (5.2)	Mar 2015 COO

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – BOARD ASSURANCE FRAMEWORK

Principal risk 6	Failure to achieve effective patient and public involvement	Overall level of risk to the achievement of the objective	Current score 4x3=12	Target score 4x2=8
Executive Risk Lead(s)	Director of Marketing and Communications			
Link to strategic objectives	Responsive services which people choose to use (secondary, specialised and tertiary care)			
Key Controls (What control measures or systems are in place to assist secure delivery of the objective)	Assurance Source (Provide examples of recent reports considered by Board or committee where delivery of the objectives is discussed and where the board can gain evidence that controls are effective).	Gaps in Assurance (a)/ Control (c) (i.e. What are we not doing - What gaps in systems, controls and assurance have been identified)	Actions to Address Gaps	Timescale/ Action Owner
<ol style="list-style-type: none"> 1. PPI / stakeholder engagement Strategy Named PPI leads in all CMGs 2. PPI reference group meets regularly to assess progress against CMG PPI plans 3. Patient Advisors appointed to CMGs 4. Patient Advisor Support Group Meetings receive regular updates on PPI activity and advisor involvement 5. Bi-monthly Membership Engagement Forums 6. Health watch representative at UHL Board meeting 7. PPI input into recruitment of Chair / Exec' Directors 8. Quarterly meetings with LLR Health watch organisations, including Q's from public. 9. Quarterly meetings with Leicester Mercury Patient Panel 	<p>Emergency floor business case (Chapel PPI activity)</p> <p>PPI Reference group reports to QAC</p> <p>July Board Development session discussion about PPI resource.</p> <p>Health watch updates to the Board</p> <p>Patient Advisor Support Group and Membership Forum minutes to the Board.</p>	<p>PPI/ stakeholder engagement strategy requires revision</p> <p>Time available for CMG leads to devote to PPI activity</p> <p>Incomplete PPI plans in some CMGs</p> <p>PA vacancies (4)</p> <p>Single handed PPI resource corporately</p>	<p>Update the PPI/stakeholder engagement strategy (6.1)</p> <p>OD team involvement to reenergise the vision and purpose of Patient Advisors (6.3)</p>	<p>Dec 2014 DMC</p> <p>Nov 14 DMC</p>

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – BOARD ASSURANCE FRAMEWORK

Principal risk 7	Failure to effectively implement Better Care together (BCT) strategy.	Overall level of risk to the achievement of the objective	Current score 4 x 3 = 12	Target score 4 x 2 = 8
Executive Risk Lead(s)	Director of Strategy			
Link to strategic objectives	Responsive services which people choose to use (secondary, specialised and tertiary care) Integrated care in partnership with others (secondary, specialised and tertiary care)			
Key Controls (What control measures or systems are in place to assist secure delivery of the objective)	Assurance Source (Provide examples of recent reports considered by Board or committee where delivery of the objectives is discussed and where the board can gain evidence that controls are effective).	Gaps in Assurance (a)/ Control (c) (i.e. What are we not doing - What gaps in systems, controls and assurance have been identified)	Actions to Address Gaps	Timescale/ Action Owner
Better Care Together (BCT) Strategy: <ul style="list-style-type: none"> UHL actively engaged in the Better Care Together governance structure, from an operational to strategic level Better Care Together plans co-created in partnership with LLR partners Final approval of the 5 year strategic plan, Programme Initiation Document (PID – ‘mobilises’ the Programme) and SOC to be made at the Partnership Board of 20th November 2014 Better Care Together planning assumptions embedded in the Trust’s 2015/16 planning round 	<ul style="list-style-type: none"> BCT resource plan, identifying all work books named leads (SRO, Implementation leads and clinical leads) Workbooks for all 8 clinical work streams and 4 enabling groups Feedback from September 2014 Delivery Board and Clinical Reference Group workshops LLR BCT refreshed 5 year strategic plan approved by the BCT Partnership Board Minutes and Action Log from the BCT Programme Board 	(a) Final approval of the strategic plan, PID and SOC	Final approval of the strategic plan, PID and SOC to be made at the November 2014 BCT Partnership Board (7.4)	Dec 2014
Effective partnerships with primary care and Leicestershire Partnership Trust (LPT): <ol style="list-style-type: none"> Active engagement and leadership of the LLR Elective Care Alliance LLR Urgent Care and Planned Care work streams in partnership with local GPs A joint project has been established to test the concept of early transfer of sub-acute care to a community hospitals setting or home in partnership with LPT. The impact of this is reflected in UHLs, LPTs the LLR BCT 5 year plans Mutual accountability for the delivery of shared objectives are reflected in the LLR BCT 5 year directional plan Active engagement in the BCT LTC work stream. Mutual accountability for the delivery of shared objectives are reflected in the LLR BCT 5 year directional plan 	<ul style="list-style-type: none"> Minutes of the June public Trust Board meeting: <ul style="list-style-type: none"> Trust Board approved the LLR BCT 5 year directional plan and UHLs 5 year directional plan on 16 June, 2014 Urgent care and planned care work streams reflected in both of these plans BCT resource plan, identifying all work books named leads (SRO, Implementation leads and clinical leads agreed at the BCT Partnership Board (formerly the BCT Programme Board) meeting held on 21st August 2014 <ul style="list-style-type: none"> Workbooks for all 8 clinical work streams and 4 enabling groups underway – progress overseen by implementation 	(a) Final approval of the strategic plan, PID and SOC	See action 7.4	Dec 2014

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – BOARD ASSURANCE FRAMEWORK

	group and the Strategy Delivery Group which reports to BCT Partnership Board.			
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UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – BOARD ASSURANCE FRAMEWORK

Principal risk 8	Failure to respond appropriately to specialised service specification.	Overall level of risk to the achievement of the objective	Current score 5 x 3 = 15	Target score 4 x 2 = 8	
Executive Risk Lead(s)	Director of Strategy				
Link to strategic objectives	Responsive services which people choose to use (secondary, specialised and tertiary care) Integrated care in partnership with others (secondary, specialised and tertiary care)				
Key Controls(What control measures or systems are in place to assist secure delivery of the objective)		Assurance Source (Provide examples of recent reports considered by Board or committee where delivery of the objectives is discussed and where the board can gain evidence that controls are effective).	Gaps in Assurance (a)/ Control (c) (i.e. What are we not doing - What gaps in systems, controls and assurance have been identified)	Actions to Address Gaps	Timescale/ Action Owner
(i)	Regional partnerships: UHL is actively engaging with partners with a view to: <ul style="list-style-type: none">establishing a Leicestershire Northamptonshire and Rutland partnership for the specialised service infrastructure in partnership with Northampton General Hospital and Kettering General Hospitalestablishing a provider collaboration across the East Midland's as a wholeDeveloping an engagement strategy for the delivery of the long term vision for and East Midlands network for both acute and specialised services	Minutes of the April 2014 Trust Board meeting: <ul style="list-style-type: none">Paper presented to the April 2014 UHL Trust Board meeting, setting out the Trust's approach to regional partnerships Project Initiation Document (PID): <ul style="list-style-type: none">Developed as part of UHL's Delivering Care at its Best (DC@IB)Reviewed at the June 2014 Executive Strategy Board (ESB) meetingUpdates (DC@IB Highlight Report reviewed at ESB meetings	(c) Lack of Programme Plan	Programme Plan to be developed (8.3)	Apr 2015 DS
(ii)	Academic and commercial partnerships.	Project Initiation Document (PID): <ul style="list-style-type: none">Developed as part of UHL's Delivering Care at its Best (DC@IB)Reviewed at the August 2014 Executive Strategy Board (ESB) meetingUpdates (DC@IB Highlight Report reviewed at ESB meetings	(c) Lack of PID for local partnerships	PID for Local Partnerships to be developed by the Head of Local Partnerships (8.7)	Dec 2014 DS
(iii)	Local partnerships				
Specialised Services specifications: CMGs addressing Specialised Service derogation plans		Plans issued to CMGs in February 2014. Follow up meetings being convened for w/c 14 th July 2014to identify progress to date.			

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – BOARD ASSURANCE FRAMEWORK

Principal risk 9	Failure to implement network arrangements with partners.	Overall level of risk to the achievement of the objective	Current score 4 x 2 = 8	Target score 3 x 2 = 6
Executive Risk Lead(s)	Director of Strategy			
Link to strategic objectives	Integrated care in partnership with others (secondary, specialised and tertiary care)			
Key Controls (What control measures or systems are in place to assist secure delivery of the objective)	Assurance Source (Provide examples of recent reports considered by Board or committee where delivery of the objectives is discussed and where the board can gain evidence that controls are effective).	Gaps in Assurance (a)/ Control (c) (i.e. What are we not doing - What gaps in systems, controls and assurance have been identified)	Actions to Address Gaps	Timescale/ Action Owner
Regional partnerships	See risk 8	See risk 8	See risk 8	See risk 8
Academic and commercial partnerships	See risk 8	See risk 8	See risk 8	See risk 8
Local partnerships	See risk 8	See risk 8	See risk 8	See risk 8
Delivery of Better Care Together:	See risk 7	See risk 7	See risk 7	See risk 7

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – BOARD ASSURANCE FRAMEWORK

Principal risk 10	Failure to develop effective partnership with primary care and LPT.	Overall level of risk to the achievement of the objective	Current score 4 x 3 = 12	Target score 4 x 2 = 8
Executive Risk Lead(s)	Director of Strategy			
Link to strategic objectives	Integrated care in partnership with others (secondary, specialised and tertiary care)			
Key Controls (What control measures or systems are in place to assist secure delivery of the objective)	Assurance Source (Provide examples of recent reports considered by Board or committee where delivery of the objectives is discussed and where the board can gain evidence that controls are effective).	Gaps in Assurance (a)/ Control (c) (i.e. What are we not doing - What gaps in systems, controls and assurance have been identified)	Actions to Address Gaps	Timescale/ Action Owner
Effective partnerships with LPT	See risk 7	See risk 7 for other gaps	See risk 7 for other actions	
Effective partnerships with primary care	See risk 7			

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – BOARD ASSURANCE FRAMEWORK

Principal risk 11	Failure to meet NIHR performance targets.	Overall level of risk to the achievement of the objective	Current score 3 x 2 = 6	Target score 3 x 2 = 6
Executive Risk Lead(s)	Medical Director			
Link to strategic objectives	Enhanced reputation in research, innovation and clinical education			
Key Controls (What control measures or systems are in place to assist secure delivery of the objective)	Assurance Source (Provide examples of recent reports considered by Board or committee where delivery of the objectives is discussed and where the board can gain evidence that controls are effective).	Gaps in Assurance (a)/ Control (c) (i.e. What are we not doing - What gaps in systems, controls and assurance have been identified)	Actions to Address Gaps	Timescale/ Action Owner
Action Plan developed in response to the introduction of national metrics and potential for financial sanctions	Performance in Initiation & Delivery of Clinical Research (PID) reports from NIHR – to CE and R&D (quarterly) UHL R&D Executive (monthly) R&D Report to Trust Board (quarterly) R&D working with CMG Research Leads to educate and embed understanding of targets across CMGs (regular; as required)	No gaps identified		

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – BOARD ASSURANCE FRAMEWORK

Principal risk 12	Failure to retain BRU status.	Overall level of risk to the achievement of the objective	Current score 3 x 2 = 6	Target score 3 x 2 = 6
Executive Risk Lead(s)	Medical Director			
Link to strategic objectives	Enhanced reputation in research, innovation and clinical education			
Key Controls (What control measures or systems are in place to assist secure delivery of the objective)	Assurance Source (Provide examples of recent reports considered by Board or committee where delivery of the objectives is discussed and where the board can gain evidence that controls are effective).	Gaps in Assurance (a)/ Control (c) (i.e. What are we not doing - What gaps in systems, controls and assurance have been identified)	Actions to Address Gaps	Timescale/ Action Owner
Maintaining relationships with key partners to support joint NIHR/ BRU infrastructure	Joint BRU Board (bimonthly) Annual Report Feedback from NIHR for each BRU (annual) UHL R&D Executive (monthly) R&D Report to Trust Board (quarterly) Athena Swan Silver Status by University of Leicester and Loughborough University. (The Athena Swan charter applies to higher education institutions)	No gaps identified		

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – BOARD ASSURANCE FRAMEWORK

Principal risk 13	Failure to provide consistently high standards of medical education.	Overall level of risk to the achievement of the objective	Current score 3 x 3 = 9	Target score 2 x 2 = 4
Executive Risk Lead(s)	Medical Director			
Link to strategic objectives	Enhanced reputation in research, innovation and clinical education			
Key Controls (What control measures or systems are in place to assist secure delivery of the objective)	Assurance Source (Provide examples of recent reports considered by Board or committee where delivery of the objectives is discussed and where the board can gain evidence that controls are effective).	Gaps in Assurance (a)/ Control (c) (i.e. What are we not doing - What gaps in systems, controls and assurance have been identified)	Actions to Address Gaps	Timescale/ Action Owner
Medical Education Strategy	Department of Clinical Education (DCE) Business Plan and risk register are discussed at regular DCE Team Meetings and information given to the Trust Board quarterly	(c) Transparent and accountable management of postgraduate medical training tariff is not yet established	To work with Finance to ensure transparency and accountability of undergraduate and postgraduate medical training tariffs (13.1)	Jan 2015 MD
	Medical Education issues championed by Trust Chairman	(c) Transparent and accountable management of SIFT funding not yet identified in CMGs (proposal prepared for EWB)		
	Bi-monthly UHL Medical Education Committee meetings (including CMG representation)			
	Oversight by Executive Workforce Board			
	Appointment processes for educational roles established			
	KPI are measured using the: <ul style="list-style-type: none"> UHL Education Quality Dashboard CMG Education Leads and stakeholder meetings GMC Trainee Survey results UHL trainee survey Health Education East Midlands Accreditation visits 	(c) Job Planning for Level 2 (SPA) Educational Roles not written into job descriptions	Ensure appropriate Consultant Job descriptions include job planning (13.2)	Jan 2015 MD
		(c) Appraisal not performed for Educational Roles	Develop appraisal methodology for educational roles (13.3)	Jan 2015 MD
			Disseminate agreed	Feb 2015

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – BOARD ASSURANCE FRAMEWORK

		Trainee Drs in community – anomalous location in DCE budgets	appraisal methodology to CMG s (13.4) Work to relocate anomalous budgets to HR as other Foundation doctor contracts (13.5)	MD Apr 2015 MD
UHL Education Committee	CMG Education Leads sit on Committee. Education Committee delivers to the Workforce Board twice monthly and Prof. Carr presents to the Trust Board Quarterly.	No system of appointing to College Tutor Roles	Develop more robust system of appointment and appraisal of disparate roles by separating College Tutor roles in order to be able to appoint and appraise as College Tutors	Jan 2015 MD

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – BOARD ASSURANCE FRAMEWORK

Principal risk 14	Lack of effective partnerships with universities.	Overall level of risk to the achievement of the objective	Current score 3 x 2 = 6	Target score 3 x 2 = 6
Executive Risk Lead(s)	Medical Director			
Link to strategic objectives	Enhanced reputation in research, innovation and clinical education			
Key Controls (What control measures or systems are in place to assist secure delivery of the objective)	Assurance Source (Provide examples of recent reports considered by Board or committee where delivery of the objectives is discussed and where the board can gain evidence that controls are effective).	Gaps in Assurance (a)/ Control (c) (i.e. What are we not doing - What gaps in systems, controls and assurance have been identified)	Actions to Address Gaps	Timescale/ Action Owner
Maintaining relationships with key academic partners	Joint Strategic Meeting (University of Leicester and UHL Trust) Joint BRU Board (quarterly) UHL R&D Executive (monthly)	No gaps identified		

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – BOARD ASSURANCE FRAMEWORK

Principal risk 15	Failure to adequately plan the workforce needs of the Trust.	Overall level of risk to the achievement of the objective	Current score 4 x 3 = 12	Target score 4 x 2 = 8
Executive Risk Lead(s)	Director of Human Resources			
Link to strategic objectives	Delivering services through a caring, professional, passionate and valued workforce			
Key Controls (What control measures or systems are in place to assist secure delivery of the objective)	Assurance Source (Provide examples of recent reports considered by Board or committee where delivery of the objectives is discussed and where the board can gain evidence that controls are effective).	Gaps in Assurance (a)/ Control (c) (i.e. What are we not doing - What gaps in systems, controls and assurance have been identified)	Actions to Address Gaps	Timescale/ Action Owner
UHL Workforce Plan (by staff group) including an integrated approach to workforce planning with LPT.	Reduction in number of 'hotspots' for staff shortages across UHL reported as part of workforce plan update. Executive Workforce Board will consider progress in relation to the overarching workforce plan through highlight report from CMG action plans.	(c) Workforce planning difficult to forecast more than a year ahead as changes are often dependent on transformation activities outside UHL (e.g. social services/ community services and primary care and broad based planning assumptions around demographics and activity). (c) Difficulty in recruiting to hotspots as frequently reflect a national shortage occupation (e.g. nurses)	Develop Innovative approaches to recruitment and retention to address shortages. (15.4)	Mar 2015 DHR
Nursing Recruitment Trajectory and international recruitment plan in place for nursing staff	Overall nursing vacancies are monitored and reported monthly by the Board and NET as part of the Quality and Performance Report NHS Choices will be publishing the planned and actual number of nurses on each shift on every			

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – BOARD ASSURANCE FRAMEWORK

	inpatient ward in England			
Development of an Employer Brand and Improved Recruitment Processes	Reports of the LIA recruitment project	(c) Capacity to develop and build employer brand marketing	Deliver our Employer Brand group to share best practice and develop social media techniques to promote opportunities at UHL (15.6)	Mar 2015 DHR
	Reports to Executive Workforce Board regarding innovative approaches to recruitment	(c) Capacity to build innovative approaches to recruitment of future service/ operational managers	Development of internship model and potential management trainee model supported by robust education programme and education scheme. (15.7)	Nov 2014 DHR
		(c) capacity to build innovative approaches to consultant recruitment	Consultant recruitment review team to develop professional assessment centre approach to recruitment utilising outputs to produce a development programme (15.8)	April 2015 DHR

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – BOARD ASSURANCE FRAMEWORK

Principal risk 16	Inability to recruit and retain staff with appropriate skills.	Overall level of risk to the achievement of the objective	Current score 4 x 3 = 12	Target score 4 x 2 = 8
Executive Risk Lead(s)	Director of Human Resources			
Link to strategic objectives	Delivering services through a caring, professional, passionate and valued workforce			
Key Controls (What control measures or systems are in place to assist secure delivery of the objective)	Assurance Source (Provide examples of recent reports considered by Board or committee where delivery of the objectives is discussed and where the board can gain evidence that controls are effective).	Gaps in Assurance (a)/ Control (c) (i.e. What are we not doing - What gaps in systems, controls and assurance have been identified)	Actions to Address Gaps	Timescale/ Action Owner
Refreshed Organisational Development Plan (2014-16) including five work streams: 'Live our Values' by embedding values in HR processes including values based recruitment, implementing our Reward and Recognition Strategy (2014-16) and continuing to showcase success through Caring at its Best Awards	Quarterly reports to EWB and Trust Board and measured against implementation plan milestones set out in PID	(a) Improvements required in 'measuring how we are doing'	Team Health Dashboard to be developed and implemented (16.1)	Dec 2014 DHR
'Improve two-way engagement and empower our people' by implementing the next phase of Listening into Action (see Principal Risk 16), building on medical engagement, experimenting in autonomy incentivisation and shared governance and further developing health and wellbeing and Resilience Programmes.	Quarterly reports to and EWB and measured against Implementation Plan Milestones set out in PID	No gaps identified		
'Strengthen leadership' by implementing the Trust's Leadership into Action Strategy (2014-16) with particular emphasis on 'Trust Board Effectiveness', 'Technical Skills Development' and 'Partnership Working'	Quarterly reports to EWB and bi-monthly reports to UHL LETG. Measured against implementation Plan milestones set out in PID	No gaps identified		
'Enhance workplace learning' by building on training capacity and resources, improvements in medical education and developing new roles	Quarterly report to EQB, EWB and bi-monthly reports to UHL LETG and LLR WDC. Measured against implementation plan milestones set out in PID	(a) eUHL System requires significant improvement in centrally managing all development activity (c) Robust processes required in relation to e-learning development	eUHL system updates required to meet Trust needs (16.2) Robust ELearning policy and procedures to be developed (16.3)	Mar 2015 DHR Jan 2015 DHR
'Quality Improvement and innovation' by implementing quality improvement education, continuing to develop quality improvement	Quarterly reports to EQB and EWB and measured against implementation plan milestones set out in	No gaps identified		

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – BOARD ASSURANCE FRAMEWORK

networks and creating a Leicester Improvement and Innovation Centre	PID.			
Appraisal and Objective Setting in line with Strategic Direction	Appraisal rates reported monthly via Quality and Performance Report. Appraisal performance features on CMG/Directorate Board Meetings. Board/CMG Meetings to monitor the implementation of agreed local improvement actions	No gaps identified		

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Principal risk 17	Failure to improve levels of staff engagement	Overall level of risk to the achievement of the objective	Current score 3 x 3 = 9	Target score 3 x 2 = 6
Executive Risk Lead(s)	Director of Human Resources			
Link to strategic objectives	Delivering services through a caring, professional, passionate and valued workforce			
Key Controls (What control measures or systems are in place to assist secure delivery of the objective)	Assurance Source (Provide examples of recent reports considered by Board or committee where delivery of the objectives is discussed and where the board can gain evidence that controls are effective).	Gaps in Assurance (a)/ Control (c) (i.e. What are we not doing - What gaps in systems, controls and assurance have been identified)	Actions to Address Gaps	Timescale/ Action Owner
Year 2 Listening into Action (LiA) Plan (2014 to 2015) including five work streams: Work stream One: Classic LiA <ul style="list-style-type: none"> Two waves of Pioneering teams to commence (with 12 teams per wave) using LiA to address changes at a ward/department/pathway level 	Quarterly reports to Executive Workforce Board (EWB) and Trust Board Updates provided to LiA Sponsor group on success measures per team and reports on Pulse Check improvements Annual Pulse Check Survey conducted (next due in Feb 2015) Update reports provided to JSCNC meetings	(a Lack of triangulation of LiA Pulse Check Survey results with National Staff Opinion Survey and Friends and Family Test for Staff	Team Health Dashboard to be developed – mock up to be presented to EWB at September 2014 meeting (Please see Principal Risk 15) (17.1)	Mar 2015 DHR
Work stream Two: Thematic LiA <ul style="list-style-type: none"> Supporting senior leaders to host Thematic LiA activities. These activities will respond to emerging priorities within Executive Directors' portfolios. Each Thematic event will be hosted and led by a member of the Executive Team or delegated lead. 	Quarterly reports to Executive Workforce Board (EWB) and Trust Board Updates provided to LiA Sponsor group on each thematic activity Update reports provided to JSCNC meetings	No gaps identified		
Work stream Three: Management of Change LiA <ul style="list-style-type: none"> LiA Engagement Events held as a precursor to change projects associated with service transformation and / or HR Management of Change (MoC) initiatives. 	Quarterly reports to Executive Workforce Board (EWB) and Trust Board Updates provided to LiA Sponsor group on each thematic activity Update reports provided to JSCNC meetings	(c Reliant on IBM / HR to notify LiA Team of MoC activity	Ensure IBM aware of requirements. (17.2) HR Senior Team aware of need to include Engagement event prior to formal	Mar 2015 DHR Mar 2015 DHR

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – BOARD ASSURANCE FRAMEWORK

			consultation (with MoC impacting on staff – (more than 25 people) (17.3)	
<p>Work stream Four: Enabling LiA</p> <ul style="list-style-type: none"> Provide support to delivering UHL strategic priorities (Caring At its Best), where employee engagement is required. 	<p>Quarterly reports to Executive Workforce Board (EWB) and Trust Board</p> <p>Updates provided to LiA Sponsor group on each thematic activity</p> <p>Update reports provided to JSCNC meetings</p>	<p>(C) Resource requirements in terms of people and physical resources difficult to anticipate from LiA activity linked to Caring at its Best engagement events</p>	<p>Include as regular agenda item on LiA sponsor group identifying activity and anticipated resources required (17.4)</p>	<p>Mar 2015 DHR</p>
<p>Work stream Five: Nursing into Action (NiA)</p> <ul style="list-style-type: none"> Support all nurse led Wards or Departments to host a listening event aimed at improving quality of care provided to patients and implement any associated actions. 	<p>Quarterly reports to Executive Workforce Board (EWB) and Trust Board</p> <p>Updates provided to LiA Sponsor group every 6 months on success measures per set and reports on Pulse Check improvements</p> <p>Update reports provided to JSCNC meetings</p> <p>Monthly updates to Nursing Executive Team (NET) meetings via Heads of Nursing per CMG</p>	<p>No gaps identified</p>		
<p>Annual National Staff Opinion and Attitude Survey</p>	<p>Annual Survey report presented to EWB and Trust Board</p> <p>Analysis of results in comparison to previous year's results and to other similar organisations presented to EWB and Trust Board annually</p> <p>Updates on CMG / Corporate actions taken to address improvements to National Survey presented to EWB</p> <p>Staff sickness levels may also provide an indicator of staff satisfaction and performance and are reported monthly to Board via Quality and Performance report</p> <p>Results of National staff survey and local patient</p>	<p>(a) Lack of triangulation of National Staff Survey results with local Pulse Check Results (Work stream One: Classic LiA / Work stream Five: NiA) and other indicators of staff engagement such as Friends and Family Test for Staff</p>	<p>Please see action 17.1</p>	<p>Mar 2015 DHR</p>

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – BOARD ASSURANCE FRAMEWORK

	polling reported to Board on a six monthly basis. Improving staff satisfaction position.			
Friends and Family Test for NHS Staff	<p>Quarterly survey results for Quarter 1, 2 and 4 to be submitted to NHS England for external publication: Submission commencing 28 July 2014 for quarter 1 with NHS England publication commencing September 2014</p> <p>Local results of response rates to be</p> <p>CQUIN Target for 2014/15 – to conduct survey in Quarter 1 (achieved)</p>	<p>(a) Survey completion criteria variable between NHS organisations per quarter.</p> <p>Survey to include ‘NHS Workers’ and not restricted to UHL staff therefore creating difficulty in comparisons between organisations as unable to identify % response rates.</p> <p>No guidance available regarding how NHS England will present the data published in September 2014, i.e. same format at FFT for Patients or format for National Staff Opinion and Attitude Survey.</p> <p>Lack of triangulation of Friends and Family Test for Staff results with local Pulse Check Results (Work stream One: Classic LiA / Work stream Five: NiA) and other indicators of staff engagement such as National Staff Survey</p>	<p>Develop draft internal reports in development in readiness for possible analysis methodology used by NHS England in September 2014. (17.6)</p> <p>Please see action 17.1</p>	<p>Dec 2014 DHR</p> <p>Mar 2015 DHR</p>

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – BOARD ASSURANCE FRAMEWORK

Principal risk 18	Lack of effective leadership capacity and capability	Overall level of risk to the achievement of the objective	Current score 3 x 3 = 9	Target score 3 x 2 = 6
Executive Risk Lead(s)	Director of Human Resources			
Link to strategic objectives	A clinically and financially sustainable NHS Foundation Trust			
Key Controls (What control measures or systems are in place to assist secure delivery of the objective)	Assurance Source (Provide examples of recent reports considered by Board or committee where delivery of the objectives is discussed and where the board can gain evidence that controls are effective).	Gaps in Assurance (a)/ Control (c) (i.e. What are we not doing - What gaps in systems, controls and assurance have been identified)	Actions to Address Gaps	Timescale/ Action Owner
Leadership into Action Strategy (2014:16) including six work streams: 'Providing Coaching and Mentoring' by developing an internal coaching and mentoring network, with associated framework and guidance which will be piloted in agreed areas (targeting clinicians at phase 1).	Quarterly Reports to Executive Workforce Board (EWB) as part of Organisational Development Plan and Learning, Education and Development Update as set out in Risk 16.	UHL Coaching and Mentoring Framework requires development	Improve internal coaching and mentoring training provision in collaboration with HEEM and at phase 1 establish process for assigning coaches and mentors to newly appointed clinicians (18.2)	Dec 2014 DHR
'Shadowing and Buddying' by creating shadowing opportunities and devising a buddy system for new clinicians or those appointed into new roles.	Quarterly Reports to Executive Workforce Board as part of Organisational Development Plan and Learning, Education and Development Update as set out in Risk 16.	Buddying / Shadowing System Requires Development	System being developed in partnership with HEEM and Assistant Medical Director to ensure support provided to newly appointed Consultants at initial phase (18.3)	Apr 2015 DHR
'Improving local communications and 360 degree feedback' by developing and implementing a 360 Degree feedback Tool for all leaders and developing nurse leaders to facilitate Listening Events in all ward and clinical department areas as set out in Risk 17.	Quarterly Reports to Executive Workforce Board as part of Organisational Development Plan and Learning, Education and Development Update as set out in Risk 16.	360 Feedback Tool not yet developed		

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – BOARD ASSURANCE FRAMEWORK

	<p>Updates provided to LiA Sponsor group every 6 months on success measures</p> <p>Monthly updates to Nursing Executive Team (NET) meetings via Heads of Nursing per CMG</p>			
'Shared Learning Networks' by creating and supporting learning networks across the Trust, developing action learning sets across disciplines and initiating paired learning.	Quarterly Reports to Executive Workforce Board as part of Organisational Development Plan and Learning, Education and Development Update as set out in Risk 16.			
'Talent Management and Succession Planning' by developing a talent management and succession planning framework, reporting on talent profile across the senior leadership community, aligning talent activity to pay progression and ensuring succession plans are in place for business critical roles.	Quarterly Reports to Executive Workforce Board as part of Organisational Development Plan and Learning, Education and Development Update as set out in Risk 16.	Talent Management and Succession Planning Framework requires development at regional and national level with alignment to the new NHS Health Care Leadership Model	Support national and regional Talent Management and Succession Planning Projects by National NHS Leadership Academy , EMLA and NHS Employers (18.5)	Mar 2015 DHR
'Leadership Management and Team Development' by developing leaders in key areas, team building across CMG leadership teams, tailored Trust Board Development and devising a suite of internal eLearning programmes	Quarterly Reports to Executive Workforce Board as part of Organisational Development Plan and Learning, Education and Development Update as set out in Risk 16.	Improvement required in senior leadership style and approach as identified as part of Board Effectiveness Review (2014)	<p>Board Coach (on appointment) to facilitate Board Development Session (18.6)</p> <p>Update of UHL Leadership Qualities and Behaviours to reflect Board Development, UHL 5 Year Plan and new NHS Healthcare Leadership Model (18.7)</p>	<p>Feb 2015</p> <p>Jan 2015 CE / DHR</p>

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – BOARD ASSURANCE FRAMEWORK

Principal risk 19	Failure to deliver financial strategy (including CIP).	Overall level of risk to the achievement of the objective	Current score 5 x 3 = 15	Target score 5 x 2 = 10
Executive Risk Lead(s)	Director of Finance			
Link to strategic objectives	A clinically and financially sustainable NHS Foundation Trust			
Key Controls (What control measures or systems are in place to assist secure delivery of the objective)	Assurance Source (Provide examples of recent reports considered by Board or committee where delivery of the objectives is discussed and where the board can gain evidence that controls are effective).	Gaps in Assurance (a)/ Control (c) (i.e. What are we not doing - What gaps in systems, controls and assurance have been identified)	Actions to Address Gaps	Timescale/ Action Owner
<p>Delivering recurrent balance via effective management controls including SFIs, SOs and on-going Finance Training Programme</p> <p>Health System External Review has defined the scale of the financial challenge and possible solutions</p> <p>UHL Service & Financial Strategy including Reconfiguration/ SOC</p>	<p>Monthly progress reports to F&P Committee, Executive Board, & Trust Board Development Sessions</p> <p>TDA Monthly Meetings</p> <p>Chief Officers meeting CCGs/Trusts</p> <p>TDA/NHSE meetings</p> <p>Trust Board Monthly Reporting</p> <p>UHL Programme Board, F&P Committee, Executive Board & Trust Board</p>	(C) Lack of supporting service strategies to deliver recurrent balance	Production of a FRP to deliver recurrent balance within six years (19.2)	Dec 2014 DF
CIP performance management including CIP s as part of integrated performance management	Monthly reports to F&P committee and Trust Board. Formal sign-off documents with CMGs as part of agreement of IBPs	<p>(C) CIP Quality Impact Assessments not yet agreed internally or with CCGs</p> <p>(c) PMO structure not yet in place to ensure continuity of function following departure of Ernst & Young</p>	<p>Expedite agreement (19.5)</p> <p>PMO Arrangements need to be finalised (19.6)</p>	<p>Oct 2014 DF</p> <p>Oct 2014 DF</p>
Managing financial performance to deliver recurrent balance via SFI and SOs and utilising overarching financial governance processes	Monthly progress reports to Finance and Performance (F&P) Committee, Executive Board and Trust board.	(c) Finance department having difficulties in recruiting to finance posts leading to temporary staff being employed.	Restructuring of financial management via MoC (19.8)	Oct 2014 DF

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – BOARD ASSURANCE FRAMEWORK

Financially and operationally deliverable by contract signed off by UHL and CCGs and Specialised Commissioning on 30/6/14	<p>Agreed contracts document through the dispute resolution process/arbitration</p> <p>Regular updates to F&P Committee, Executive Board,</p> <p>Escalation meeting between CEOs/CCG Accountable Officers</p>			
Securing capital funding by linking to Strategy, Strategic Outline Case (SOC) and Health Systems Review and Service Strategy	Regular reporting to F&P Committee, Executive Board and Trust Board	(c) Lack of clear strategy for reconfiguration of services.	Production of Business Cases to support Reconfiguration and Service Strategy (19.10)	Review monthly DF
Obtaining sufficient cash resources by agreeing short term borrowing requirements with TDA	Monthly reporting of cash flow to F&P Committee and Trust Board	(c) Lack of service strategy to deliver recurrent balance	Agreement of long-term loans as part of June Service and Financial plan (19.11)	Oct 2014 DF

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – BOARD ASSURANCE FRAMEWORK

Principal risk 20	Failure to deliver internal efficiency and productivity improvements.	Overall level of risk to the achievement of the objective	Current score 4 x 4 = 16	Target score 3 x 2 = 6
Executive Risk Lead(s)	Chief Operating Officer			
Link to strategic objectives	A clinically and financially sustainable NHS Foundation Trust			
Key Controls (What control measures or systems are in place to assist secure delivery of the objective)	Assurance Source (Provide examples of recent reports considered by Board or committee where delivery of the objectives is discussed and where the board can gain evidence that controls are effective).	Gaps in Assurance (a)/ Control (c) (i.e. What are we not doing - What gaps in systems, controls and assurance have been identified)	Actions to Address Gaps	Timescale/ Action Owner
CIP performance management including CIP s as part of integrated performance management	Monthly reports to F&P committee and Trust Board. Formal sign-off documents with CMGs as part of agreement of IBPs	(c) CIP Quality Impact Assessments not yet agreed internally or with CCGs (c) PMO structure not yet in place to ensure continuity of function following departure of Ernst & Young	Please see action 19.5 (Risk 19) Please see action 19.6 (Risk 19)	
Cross cutting themes are established.	Executive Lead identified. Monthly reports to F&P committee and Trust Board	(A) Not all cross cutting themes have agreed plans and targets for delivery	Agree plans and targets through the monthly cross cutting theme delivery board (20.1)	August 2014 COO

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – BOARD ASSURANCE FRAMEWORK

Principal risk 21	Failure to maintain effective relationships with key stakeholders	Overall level of risk to the achievement of the objective	Current score 5x3=15	Target score 5x2=10
Executive Risk Lead(s)	Director of Marketing and Communications			
Link to strategic objectives	A clinically and financially sustainable NHS Foundation Trust			
Key Controls (What control measures or systems are in place to assist secure delivery of the objective)	Assurance Source (Provide examples of recent reports considered by Board or committee where delivery of the objectives is discussed and where the board can gain evidence that controls are effective).	Gaps in Assurance (a)/ Control (c) (i.e. What are we not doing - What gaps in systems, controls and assurance have been identified)	Actions to Address Gaps	Timescale/ Action Owner
Stakeholder Engagement Strategy (including a clinical task force to drive the improvements that come out of learning lessons to improve care)	<p>Annual Stakeholder surveys presented to the Board</p> <p>Feedback from stakeholders in Board 360 as part of Foresight review.</p> <p>BCT strategy and planning</p> <p>Regular meeting with: CCGs and GPs and Health watch(s) Mercury Panel MPs and local politicians TDA / NHSE</p> <p>On-going review of effectiveness of clinical task force via EQB and QAC</p>	<p>(c) No structured key account management approach to commercial relationships</p> <p>(c) Commissioner (clinical) relationships can be too transactional i.e. not creative / transformational.</p>	TBA with DS / DF (21.2)	TBA

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – BOARD ASSURANCE FRAMEWORK

Principal risk 22	Failure to deliver service and site reconfiguration programme and maintain the estate effectively.	Overall level of risk to the achievement of the objective	Current score 5 x 2 = 10	Target score 5 x 1 = 5
Executive Risk Lead(s)	Director of Strategy			
Link to strategic objectives	A clinically and financially sustainable NHS Foundation Trust			
Key Controls (What control measures or systems are in place to assist secure delivery of the objective)	Assurance Source (Provide examples of recent reports considered by Board or committee where delivery of the objectives is discussed and where the board can gain evidence that controls are effective).	Gaps in Assurance (a)/ Control (c) (i.e. What are we not doing - What gaps in controls and assurance have been identified)	Actions to Address Gaps	Timescale/ Action Owner
<p>Capital Monitoring Investment Committee Chaired by the Director of Finance & Procurement – meets monthly.</p> <p>All capital projects are subject to robust monitoring and control within a structured delivery platform to provide certainty of delivery against time, cost and scope.</p> <p>Project scope is monitored and controlled through an iterative process in the development of the project from briefing, through feasibility and into design, construction, commissioning and Post Project Evaluation.</p> <p>Project budget is developed at feasibility stage to enable informed decisions for investment and monitored and controlled throughout design, procurement and construction delivery.</p> <p>Project timescale is established from the outset with project milestone aspirations developed at feasibility stage.</p> <p>Process to follow:</p> <ul style="list-style-type: none"> • Business case development • Full business case approvals • TDA approvals • Availability of capital • Planning permission • Public Consultation • Commissioner support 	<p>Minutes of the Capital Monitoring Investment Committee meetings.</p> <p>Capital Planning & Delivery Status Reports.</p> <p>Minutes of the March 2014 public Trust Board meeting - Trust Board approved the 2014/15 Capital Programme.</p> <p>Project Initiation Document (PID) (as part of UHL's Delivering Care at its Best) and minutes of the May 2014 Executive Strategy Board (ESB) meeting.</p> <p>Estates Strategy - submitted to the NTDA on 20th June in conjunction with the Trust's 5 year directional plan.</p>	(C) Lack of integrated governance framework for the delivery of a sustainable clinical services strategy	Action plan an resource plan in response to the Gateway 0 review to be developed (22.4)	Dec 14

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – BOARD ASSURANCE FRAMEWORK

Principal risk 23	Failure to effectively implement EPR programme	Overall level of risk to the achievement of the objective	Current score 5 x 3 = 15	Target score 3 x 3 = 9
Executive Risk Lead(s)	Chief Information Officer			
Link to strategic objectives	Enabled by excellent IM&T			
Key Controls (What control measures or systems are in place to assist secure delivery of the objective)	Assurance Source (Provide examples of recent reports considered by Board or committee where delivery of the objectives is discussed and where the board can gain evidence that controls are effective).	Gaps in Assurance (a)/ Control (c) (i.e. What are we not doing - What gaps in systems, controls and assurance have been identified)	Actions to Address Gaps	Timescale/ Action Owner
Governance in place to manage the procurement of the solution	EPR project board with executive and Non-Executive members. Standard boards in place to manage IBM; Commercial board, transformation board and the joint governance board. UHL reports progress to the CCG IM&T Strategy Board			
Clinical acceptability of the final solution	Clinical sign-off of the specification. Clinical representation on the leadership of the project. The creation of a clinically led (Medical Director) EPR Board which oversees the management of the programme. Highlight reports on objective achievement go through to the Joint Governance Board, chaired by the CEO. The main themes and progress are discussed at the IM&T clinical advisory group.			
Transition from procurement to delivery is a tightly controlled activity	EPR board has a view of the timeline. Trust Board and ESB have had an outline view of the delivery timelines.			

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – BOARD ASSURANCE FRAMEWORK

Principal risk 24	Failure to implement the IM&T strategy and key projects effectively <i>Note: Projects are defined, in IM&T, as those pieces of work, which require five or more days of IM&T activity.</i>	Overall level of risk to the achievement of the objective	Current score 5 x 3 = 15	Target score 3 x 3 = 9
Executive Risk Lead(s)	Chief Information Officer			
Link to strategic objectives	Enabled by excellent IM&T			
Key Controls (What control measures or systems are in place to assist secure delivery of the objective)	Assurance Source (Provide examples of recent reports considered by Board or committee where delivery of the objectives is discussed and where the board can gain evidence that controls are effective).	Gaps in Assurance (a)/ Control (c) (i.e. What are we not doing - What gaps in systems, controls and assurance have been identified)	Actions to Address Gaps	Timescale/ Action Owner
Project Management to ensure we are only proceeding with appropriate projects	Project portfolio reviewed by the ESB every two months. Agreements in place with finance and procurement to catch projects not formally raised to IM&T.			
Ensure appropriate governance arrangements around the deliverability of IM&T projects	Projects managed through formal methodologies and have the appropriate structures, to the size of project, in place. KPIs are in place for the managed business partner and are reported to the IM&T service delivery board			
Signed off capital plan for 2014/15 and 2015/16	2 year plan in place and a 5 year technical in place highlighting future requirements - signed off by the capital governance routes			
Formalised process for assessing a project and its objectives	All projects go through a rigorous process of assessment before being accepted as a proposal			

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST
ACTION TRACKER FOR THE 2014/15 BOARD ASSURANCE FRAMEWORK (BAF)

Monitoring body (Internal and/or External):	UHL Executive Team
Reason for action plan:	Board Assurance Framework
Date of this review	October 2014
Frequency of review:	Monthly
Date of last review:	September 2014

REF	ACTION	SENIOR LEAD	OPS LEAD	COMPLETION DATE	PROGRESS UPDATE	STATUS
1	Lack of progress in implementing UHL Quality Commitment.					
1.4	Include 'discharge letters' and 'clerking documentation' into QC	CN		November 2014		4
2	Failure to implement LLR emergency care improvement plan.					
2.4	Review effectiveness of specific LLR improvement actions to deliver a reduction in admissions and increase in discharges	COO / LLR MD		Review December 2014	On track	4
2.5	Arrangements for IS to return for a two week in January 2015 (2.5)	COO		January 2015	On track	4
3	Failure to effectively implement UHL Emergency Care quality programme.					
3.1	Subgroup to focus on the front end of the pathway to ensure progress within ED	COO	M Ardron	September 2014	Update awaited	4
4	Delay in the approval of the Emergency Floor Business Case.					
4.1	Regular communication with NTDA	MD		March 2015	Regular communication with the NTDA about the required timeline for approval of the ED business case has continued to ensure all parties understand the critical time dependencies within the scheme. Communication will continue until the submission dates and beyond to keep the NTDA on track therefore this action will be on-going until March 2015. Deadline extended to reflect this.	4

Status key:	5 Complete	4 On track	3 Some delay – expect to completed as planned	2 Significant delay – unlikely to be completed as planned	1 Not yet commenced	0 Objective Revised
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5	Failure to deliver RTT improvement plan.					
5.1	Action plans to be developed in key specialities – general surgery and ENT to regain trajectory	COO		September October December 2014	Currently behind planned backlog reduction. Additional activity (including super weekends to continue into November) Plans to achieve Trust admitted performance in November will not be realised, backlogs over 18 weeks have reduced but not significantly enough. Weekend working set to continue past November for General surgery.	2
5.2	Act on findings from recently published IST report	COO		August October 2014 March 2015	UHL plan to implement findings and recommendations to be developed. IST commissioned to be working with the Trust until end March 2015, Project plan developed and action deadline extended to reflect this.	4
6	Failure to achieve effective patient and public involvement					
6.1	Update the PPI/stakeholder engagement strategy	DMC		December 2014/ January 2015	In progress board development session held in Sept 14. Final to the Board Dec/ Jan. Deadline extended to reflect this	3
6.2	Revised PPI plan			N/A	This action replicates 6.1 above and will therefore be deleted from future versions of the action tracker	N/A
6.3	OD team involvement to reenergise the vision and purpose of Patient Advisors	DMC	PPIMM	October November 2014	Date agreed for this session November. Deadline extended to reflect this	3
7	Failure to effectively implement Better Care together (BCT) strategy.					
7.4	Final approval of the strategic plan, PID and SOC to be made at the November 2014BCT Partnership Board	DS		December 2014		4
8	Failure to respond appropriately to specialised service specification.					
8.2	Appoint Head of External Partnership development and admin support	DS		December 2014	Complete. Head Partnerships appointed – start date to be confirmed	5
8.3	Programme Plan to be developed	DS		April 2015		4

8.6	UHL to confirm compliance / non-compliance against service specifications to Area Team by end Oct 2014	DS		October 2014	Complete – UHL Service Specification Review – Status Report submitted to the Area Team	5
8.7	PID for Local Partnerships to be developed by the Head of Local Partnerships	DS		December 2014		4
9	Failure to implement network arrangements with partners.					
	Actions, 8.1, 8.2, 8.3 and 8.5 refer to risk 9. Action 7.3 refer to risk 7, therefore refer above for progress				See risks 7 & 8	
9.2	<i>Action removed from BAF / action tracker by DS following further review of content of risk number 9.</i>	N/A		N/A	See risks 7 & 8	N/A
10	Failure to develop effective partnership with primary care and LPT.					
10.1	Action removed from upon request of DS as action encompassed in risk 7.	N/A		N/A	See risk 7	N/A
10.2	Work Programme for the Alliance to be developed (10.2). <i>Action reworded 10/9/14</i>	DS		August October 2014	Complete. Report setting out the Alliance work programme submitted to the September 2014 Alliance Patient and Public Partnership Group	5
11	Failure to meet NIHR performance targets.					
12	Failure to retain BRU status.					
13	Failure to provide consistently high standards of medical education.					
13.1	To work with Finance to ensure transparency and accountability of undergraduate and postgraduate medical training tariffs (<i>reworded October 2014</i>)	MD	AMD (CE)	October 2014 January 2015	Work on investigating this is taking longer than anticipated and requires coordination with the new Director of Finance.	3
13.2	Ensure appropriate Consultant Job descriptions include job planning	MD	AMD (CE)	January 2015		4

13.3	Develop appraisal methodology for educational roles	MD	AMD (CE)	January 2015	Information to support appraisers developed and include in appraiser development sessions. A new module in Prep is being explored to support appraisal of education roles	4
13.4	Disseminate approved appraisal methodology to CMGs.	MD	AMD (CE)	December February 2015	Date changed as appraisal methodology will not be developed until January 2015 (see action 13.3)	3
13.5	Work to relocate anomalous budgets to HR as other Foundation doctor contracts	MD	AMD (CE)	January April 2015	Budgets will be relocated at the beginning of 2015/16 financial year to avoid potential confusion of transferring part year budgets. Deadline changed to reflect this.	3
14	Lack of effective partnerships with universities.					
15	Failure to adequately plan the workforce needs of the Trust.					
15.1	Develop an integrated approach to workforce planning with LPT in order that we can plan an overall workforce to deliver the right care in right place at the right time.	DHR		October 2014	Complete. Group has been established to link workforce, strategy and finance. A bed reduction workforce meeting will be held with LPT on 20 November	5
15.2	Establish a joint group of strategy, finance and workforce leads to share plans and numbers	DHR		October 2014	Complete. See 15.1. Meetings continue to look at overall workforce capacity in LLR and risks with respect to vacancies.	5
15.3	Establish multi-professional new roles group to devise and monitor processes for the creation of new roles	CN		October 2014	Complete. First meeting 29 Sept. Three subgroups established to progress Assistant/Advanced Practitioners and Physician Associates	5
15.4	Develop Innovative approaches to recruitment and retention to address shortages.	DHR		March 2015	Medical Workforce Strategy in place and to be updated following feedback from HEEM quality visit and the Clinical Senate. Aim to present to January Board	4

15.6	Delivering our Employer Brand group to share best practice and development social media techniques to promote opportunities at UHL	DHR		March 2015	Webpage review originally planned for end of August now changed to end December). Resource identified to develop website. Hotspots areas now producing career profiles which are successfully attracting into difficult to recruit areas.	4
15.7	Development of internship model and potential management trainee model supported by robust education programme and education scheme	DHR		November 2014	Five interns commenced in post in October. Trainee management proposal shared with Executive Workforce Board 16/9/14. Trainee Management Model approved in principle. Work to scope education programme underway. View to advertise Jan/Feb 2015.	4
15.8	Consultant recruitment review team to develop professional assessment centre approach to recruitment utilising outputs to produce a development programme	DHR		April 2015	Proposal prepared for review by DHR and MD. Agreed to make small adjustments to selection process in first instance and evaluate impact.	4
16	Inability to recruit and retain staff with appropriate skills.					
16.1	Team Health Dashboard to be developed and implemented	DHR		September 2014 December 2014	Organisational Health Dashboard mock up presented to the Executive Workforce Board on 16 September 2014 and will be shared with the Leadership Community in November 14 This will be refined to take into account feedback and the full dashboard functionality will be live from the end of December 2014. Deadline extended to reflect this.	4
16.2	eUHL system updates required to meet Trust needs	DHR		March 2015	Working through single supplier specification with Head of Procurement and IBM colleagues. Draft documents will be consulted on during November 14	4

16.3	Robust ELearning policy and procedures to be developed to reflect P&GC approach	DHR		January 2015	The E-learning policy and procedures will form part of the Core Training Policy currently under development and due for final approval by end of January 2015. Deadline extended to reflect this	4
17	Failure to improve levels of staff engagement					
17.1	Team Health Dashboard to be developed – mock up to be presented to EWB at September 2014	DHR		March 2015	Please refer to Item 16.1	4
17.2	Ensure IBM aware of requirements.	DHR		March 2015	CIO aware of LiA MoC associated with IBM related projects. Meetings held with IBM representatives to coach and guide on LiA principles and approach. LiA process included in pilot phase of Managed Print roll out at Glenfield. Further plans to include LiA in pilot of Paediatric Areas for Electronic Document Record Management	4
17.3	HR Senior Team aware of need to include Engagement event prior to formal consultation (with MoC impacting on staff – more than 25 people)	DHR		March 2015	MoC (HR) including LiA as a precursor to formal consultation. A number of events have been concluded using LiA. A specific resource for LiA MoC has been developed	4
17.4	Include as regular agenda item on LiA sponsor group identifying activity and anticipated resources required	DHR		March 2015	Each of the LiA Work streams is included as standing items on LiA Sponsor Group meetings.	4

17.6	Develop draft internal reports in development in readiness for possible analysis methodology used by NHS England in September 2014.	DHR		September October December 2014	Friends and Family Test for Staff: Submission of first UNIFY report submitted to NHS England in compliance with deadline and CQUIN target. Internal analysis of free text themes being undertaken. UHL data to be included in CE Briefing. Cannot be benchmarked against other organisations as NHS England has still not published results. Awaiting information from NHS England on analysis methodology. Deadline extended to reflect this	4
18	Lack of effective leadership capacity and capability					
18.2	Improve internal coaching and mentoring training provision in collaboration with HEEM and at phase 1 establish process for assigning coaches and mentors to newly appointed clinicians	DHR		December 2014	Mentoring / Coaching development programme in place. Bespoke Consultant Programme completed 10/14 in partnership with HEEM	4
18.3	'Shadowing and Buddying' System being developed in partnership with HEEM and Assistant Medical Director to ensure support provided to newly appointed Consultants at initial phase (18.3)	DHR		April 2015	Consultant Forum in place	4
18.5	Support national and regional Talent Management and Succession Planning Projects by National NHS Leadership Academy , EMLA and NHS Employers	DHR		March 2015	UHL staff nominated to access National Leadership Academy Programme based on talent conversations.	4

18.6	Board Coach (on appointment) to facilitate Board Development Session	DHR		October 2014 February 2015	Board development session planned for 16/10/14. DHR in discussion with The Foresight Partnership on the appointment of Board 'Coach'. Sue Rubinstein has agreed to act as the Board Coach but is subject to agreement with the Trust Chairman. . Awaiting decision and deadline extended to reflect this	4
18.7	Update of UHL Leadership Qualities and Behaviours to reflect Board Development, UHL 5 Year Plan and new NHS Healthcare Leadership Model	DHR/ CE		January 2015	As above, at the initial phase the Trust Board will discuss and agree : (a) the overall leadership model the Board and Executive Team are seeking to build; and (b) the Board culture that it is seeking to shape and exemplify.	4
19	Failure to deliver financial strategy (including CIP).					
19.2	Production of a FRP to deliver recurrent balance within three years	DF		August Review September 2014 December 2014	On track, though the timescale is 6 years subject to TDA approval of the LTFM. Awaiting formal feedback from the TDA on the LTFM submitted on 20/6/14. Following the Board to Board with the TDA further work will be required on the financial strategy before December 2014	3
19.5	Expedite agreement of CIP quality impact assessments with UHL and CCGs	DF		August Review September October 2014	UHL continues to submit CIP quality impact statements to the CCGs where appropriate, following sign off by the Chief Nurse and Medical Director. We have also requested quality impact statements from the CCGs for their QIPP plans	3

19.6	PMO Arrangements need to be finalised	DF		August October 2014	Whilst the structure is agreed we have extended the EY contract until the end of 10/14. Deadline extended to reflect this	3
19.8	Restructuring of financial management via MoC	DF		July Review August October 2014	MoC consultation ended 6/6/14; recruitment to vacant posts on-going. All senior posts have now been successfully recruited to – all will be in post by the end of 10/14. Deadline extended to reflect this	3
19.10	Business Cases to support Reconfiguration and Service Strategy	DF		July Review September 2014 On-going as per individual business case timeline	The TDA have now confirmed that the previously submitted IBP/LTFM will act as the overall SOC. Individual business cases will be submitted to the Trust Board and TDA as per the overall reconfiguration strategy	4
19.11	Agreement of long-term loans as part of June Service and Financial plan	DF		June August October 2014	The Trust has received a £29m cash loan in line with the Plan and trajectory submitted to the TDA. Application for further loans submitted and on-going work with the TDA between now and 17/10/14 when the application will be formally reviewed by ITFF panel. Application submitted to the ITFF panel for review at the meeting on 17 October 2014.	3
20	Failure to deliver internal efficiency and productivity improvements.					
20.1	Agree plans and targets for cross-cutting themes through the monthly cross cutting theme delivery board	COO		August 2014	Update awaited	4
21	Failure to maintain effective relationships with key stakeholders					
21.2	TBA by DS & DF			TBA	Update awaited	
22	Failure to deliver service and site reconfiguration programme and maintain the estate effectively.					

22.2	Reconfiguration Board (reporting to ESB) to be established – 1 st meeting in Oct 2014	DS		October 2014	Complete. First reconfiguration Board meeting held 14th October 2014	5
22.3	DoH Heath Gateway Team to carry out a Gateway 0 review of the reconfiguration project.	DS		October 2014	Complete. Report from review to be reviewed at the November 2014 ESB meeting	5
22.4	Action plan an resource plan in response to the Gateway 0 review to be developed	DS		December 2014	On track.	4
23	Failure to effectively implement EPR programme					
23.5	When the final vendor is chosen we will create and communicate the detail delivery plan and its dependencies.	CIO		September October 2014	Complete. This plan has been socialised with the significant stakeholders as part of the FBC process. This will be then shared wider after the best commercial price has been achieved in this phase of the procurement.	5
23.6	Continue to communicate with the wider/non-involved clinicians throughout the procurement process	CIO		October 2014	Complete. Communication plans are in place and stakeholders continue to be kept up to date with the progress of the procurement	5
24	Failure to implement the IM&T strategy and key projects					
24.3	CMGs to hold formal monthly meeting with IM&T service delivery lead where issues can be solved	CIO		September Review October 2014	Complete. Framework for meetings now in place and meetings are currently being arranged	5

Key

CEO	Chief Executive
DF	Director of Finance
MD	Medical Director
AMD	Assistant Medical Director
COO	Chief Operating Officer
DHR	Director of Human Resources
DDHR	Deputy Director of Human Resources
DS	Director of Strategy
DR&D	Director of R&D

DMC	Director of Marketing and Communications
DCQ	Director of Clinical Quality
CIO	Chief Information Officer
CMIO	Chief Medical Information Officer
CD	Clinical Director
CMGM	Clinical Management Group Manager
DDF	Deputy Director Finance
CN	Chief Nurse
AMD (CE)	Associate Medical Director (Clinical Education)
PPIMM	PPI and Membership Manager

Risk ID	Speciality	Risk Title	Review Date Opened	Description of Risk	Risk subtype	Controls in place	Impact	Likelihood Current Risk Score	Action summary	Target Risk Score	Risk Owner	BAF reference:
2424	Maternity CMG Women's and Children's	There is a risk the process of manual top-up epidurals in maternity at the LRI could impact on safety and quality of service	15/11/2014 03/10/2014	<p>Causes:</p> <p>The maternity consultant anaesthetists on the delivery suite at the LRI have raised concerns about the over infusion of the new Sapphire epidural pumps when the patient presses the bolus button. The pumps have been delivering variable (under) doses of epidural drugs and were not consistent with the dose programmed. Due to patient safety the Sapphire epidural pumps have been removed from use and the service has commenced midwife top-up epidurals for pain during labour.</p> <p>The sapphire epidural pump does not contain the software to allow delivery of an epidural bolus down a 16 gauge epidural catheter. 16 gauge epidural catheter is most common in the UK, however the rest of the world uses an 18 gauge and the 18g is what the company Q Core based in Israel have used when writing the software.</p> <p>Consequences:</p> <p>Serious patient safety issues from drawing up wrong medication and wrong route administration.</p> <p>Patient safety and patient experience issues due to women not receiving adequate top-ups of analgesia.</p> <p>Increase in general anaesthetic risks in theatre.</p> <p>Staff time and resource taken to manually draw up the dose</p> <p>Staff psychological harm.</p> <p>Potential for an increase in complaints/litigation from patient</p> <p>Adverse publicity and reputation of the service.</p>	Quality	<p>Service has commenced midwife top-up epidurals for pain during labour.</p> <p>All service staff briefed about current process and the withdrawal of Sapphire pumps from use.</p> <p>Regular communication with the manufacturer - most recent by way of a conference call on 1st Oct 2014 where it has been identified that the sapphire epidural pump does not contain the software to allow delivery of an epidural bolus down a 16 gauge epidural catheter. A 16 gauge epidural catheter is most common in the UK whereas the rest of the world generally use an 18 gauge and it is the 18 gauge that the manufacturer (based in Israel) used when writing the software. The manufacturer have provided assurance to UHL Medical Physics that they will issue the updated software (for a 16 gauge epidural catheter) by Monday 6th Oct.</p> <p>As additional safety bags will be weighed at the start and end of therapy, with information recorded so it can be cross checked to recognise any that seem wildly different from the expected volume change as guided by the number of bolus doses given.</p>	Major	20	Manufacturer to write new software to allow delivery of an epidural bolus down a 16 gauge epidural catheter. Following receipt of new software appropriate testing will be carried out and findings acted on as a matter of priority - Software due 06/10/14 and roll out by end of Oct. Risk to be reviewed by 15 Nov 2014.	9	EBROU	a

Risk ID	Speciality	Risk Title	Review Date Opened	Description of Risk	Risk subtype	Controls in place	Impact	Current Risk Score Likelihood	Action summary	Target Risk Score	Risk Owner	BAF reference:
2388	Emergency and Specialist Medicine	There is risk of delivering a poor and potentially unsafe service to patients presenting in ED with mental health conditions	30/11/2014 29/10/2014	<p>Causes:</p> <p>An increase of over 20% in ED attendances relating to mental health conditions in the past 5yrs.</p> <p>Inappropriate referrals into the ED of patients with mental health conditions.</p> <p>Limited resources and experience of staff in the ED to manage mental health conditions.</p> <p>The number of security staff has not increased with the increase in patient numbers (and are unable to restrain patients currently- see associated risk).</p> <p>The facilities in which to manage this patient group are inadequate for this patient group as not currently staffed.</p> <p>Poor systems in place between UHL, LPT, Police & EMAS to manage this patient group.</p> <p>High workload issues in the ED overall and overcapacity.</p> <p>National shortage of mental health beds, leading to placement delays for patients requiring in patient mental health beds.</p> <p>CAMHS service is limited.</p> <p>Consequences:</p> <p>Potentially vulnerable patients are able to leave the ED and are therefore at risk of coming to harm.</p> <p>There have been incidents reported where patients have been able to self harm whilst in the ED.</p> <p>Patients receive sub optimal care in terms of their mental health.</p> <p>Increased and serious incidents reported regarding various Patients' privacy and dignity is adversely affected.</p> <p>Risk of staff physical and mental injury/harm.</p>	Patients	<p>Security staff allocated to ED via SLA agreement (can intervene if staff become at risk).</p> <p>Violence & Aggression policy.</p> <p>Staff in ED undergo training with regard to mental health.</p> <p>Staff attend personal awareness training.</p> <p>Mental health pathway and assessment process in place in ED.</p> <p>Mental health triage nurse based in MH assessment area of ED, covering UCC and ED.</p> <p>ED Mental Health Nurse Practitioner employed in ED.</p> <p>Medical lead for mental health identified in ED from Consultant body.</p>	Major	16 Likely	<p>Task & Finish group to review security arrangements in terms of Control & Restraint practice in ED - 30/11/14.</p> <p>Missing persons process for ED to append to UHL Missing Patients Policy - 31/12/14.</p> <p>Agreement of role of security staff in ED and agree service level agreement to reflect this - 30/11/14.</p> <p>Training to be available for ED staff with regard to management of aggressive patients, to include breakaway techniques - 30/11/14.</p> <p>Roll out of Mental Health Study Day for ED staff during 2014/15 - 31/03/15.</p> <p>Develop plans in line with Government's "Mandate" to ensure no one in crisis will be turned away by - 31/03/15.</p> <p>Partnership working group set up to include UHL, LPT, EMAS & Police to look at improving response times and access to assessment for people with MH issues. Local area will have its own crisis care declaration including a joint statement which demonstrates the Concordat principles - 31/12/14.</p>	6	J/E	a

Risk ID	Speciality	Risk Title	Review Date Opened	Description of Risk	Risk subtype	Controls in place	Impact	Current Risk Score Likelihood	Action summary	Target Risk Score	Risk Owner	BAF reference:
2426	Dietetics Clinical Support and Imaging	Compromised safety for patients with complex nutritional requirements	31/12/2014 28/10/2014	<p>Causes:</p> <p>Increased workload with greater number of patient referrals.</p> <p>Inability to staff the PN round daily due to shortage of staffing resource.</p> <p>Consequences:</p> <p>Increased length of stay, prescription errors, delays in reviewing patients, reduced quality of care, loss of patency of lines and reduced efficiency around checking patients' blood results.</p> <p>Delayed response to complex Home Parenteral Nutrition patients' contacts/referrals due to further increase in inpatient workload.</p> <p>Increased risk of prescribing errors due high workload and pressures to respond quickly.</p> <p>Insufficient nursing and dietetic cover to action promptly the increasing numbers of all referrals in-house and in the community, resulting in a number of patients receiving delayed reviews.</p> <p>Increased levels of stress amongst the team, which could result in increased sickness absence, which would further exacerbate the risks above.</p> <p>Risks to patient safety due to not being reviewed daily, particularly unstable patients.</p> <p>HIFNET bid will fail due to current staffing establishment.</p> <p>Loss of regional and national intestinal failure status.</p> <p>Loss of income from HIFNET bid.</p> <p>This will affect other services throughout the Trust (e.g. bar</p>	Patients	Temporary controls following previous risk assessment December 2013, in the form of funding 1.0 WTE at Band 6 nurse and 0.21 at Band 8a nurse and 1.0 WTE Band 6 Dietician, on a temporary basis, currently in place until 30/3/15.	Moderate	15	<ol style="list-style-type: none"> 1. Review possibility of capping numbers of HPN referrals with the clinical teams. Review possibility of capping inpatient PN tailored bags - 31/12/14. 2. Consider converting temporary posts to permanent contracts to ensure continuity of staffing and training needs - 31/12/14. 3. Urgent review of the NST service to ascertain requirements for further uplift in staffing levels - 31/12/14. 4. Consider the option to Identify and facilitate professional checking by qualified pharmacist of the HPN prescriptions on a daily basis - 31/12/14. 5. Review current response times for enteral and HOS referrals, with a view to lengthening (current standard is within 24 hours) on a short term basis, to reduce pressure on the team - 31/12/14. 6. Complete stress risk assessments on all members of the nutrition nurse team and take any identified actions - 31/12/14. 7. Urgent review of job plans to all members of the NST to meet high risk priorities - 31/12/14. 8. Audit readmissions of HPN patients - 31/12/14. 9. To create and develop a specialist pharmacist post dedicated to nutrition in line with the current Ph 	3	MSC	a

University Hospitals of Leicester

NHS Trust

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT BY TRUST BOARD COMMITTEE TO TRUST BOARD

DATE OF TRUST BOARD MEETING: 27 November 2014

COMMITTEE: Audit Committee

CHAIRMAN: Mike Williams, Interim Non-Executive Director

DATE OF COMMITTEE MEETING: 6 November 2014

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

None

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

- Update on Clinical Coding (Minute 71/14/2 refers), and
- Delayed Transfers of Care Review (Minute 77/14/1a refers).

DATE OF NEXT COMMITTEE MEETING: To be confirmed.

Mike Williams
21 November 2014

UNIVERSITY HOSPITALS OF LEICESTER NHS Trust

**MINUTES OF A MEETING OF THE AUDIT COMMITTEE HELD ON
THURSDAY 6 NOVEMBER 2014 AT 9:00AM IN ROOMS 3 AND 4, ROBERT KILPATRICK
CLINICAL SCIENCES BUILDING, LEICESTER ROYAL INFIRMARY**

Present:

Mr M Williams – Non-Executive Director (Interim Chair)
Col (Ret'd) I Crowe – Non-Executive Director
Dr S Dauncey – Non-Executive Director
Mr P Panchal – Non-Executive Director

In Attendance:

Mr P Cleaver – Risk and Assurance Manager (for Minutes 72/14-73/14 inclusive)
Miss M Durbridge – Director of Safety and Risk (for Minutes 72/14-75/14 inclusive)
Ms J Edyvean – General Manager, ESM CMG (for Minute 73/14)
Mr V Jadhav – Consultant, ESM CMG (for Minute 73/14)
Mrs H Majeed – Trust Administrator
Ms S Priestnall – Head of Information (for Minute 71/14/2)
Mr J Roberts – Assistant Director of Information (for Minute 71/14/2)
Mr N Sone – Financial Controller
Mr M Traynor – Non-Executive Director
Mr P Traynor – Director of Finance
Mr S Ward – Director of Corporate and Legal Affairs
Ms J Wilson – Non-Executive Director

Mr M Curtis – Local Counter Fraud Specialist (East Midlands Internal Audit Services) (until and including Minute 76/14)

Mr J Brown – KPMG (the Trust's External Auditor)
Mr D Hayward – KPMG (the Trust's External Auditor)

Ms N Shaw – Internal Audit Manager, PwC (the Trust's Internal Auditor)
Ms J Watson – Internal Audit Senior Manager, PwC (the Trust's Internal Auditor)

RESOLVED ITEMS

ACTION

68/14 PRIVATE DISCUSSIONS WITH BOTH SETS OF AUDITORS

In line with the guidance detailed within paper A, private discussions took place between the Chair and members of the Audit Committee and External and Internal Audit representatives ahead of the start of the formal meeting.

Resolved – that the position be noted.

69/14 APOLOGIES

Apologies for absence were received from Mr J Adler, Chief Executive and Ms A Breadon, Head of Internal Audit, PwC.

70/14 MINUTES

Resolved – that the Minutes of the meeting held on 2 September 2014 (papers B and B1 refer) be confirmed as correct records.

71/14 MATTERS ARISING FROM THE MINUTES

71/14/1 The Committee Chair selected the following key actions from paper C and members reported on progress:-

- | | | |
|-----|--|-------------|
| (a) | Minute 63/14/2 of 2 September 2014 – the Director of Corporate and Legal Affairs advised that a letter had not yet been received confirming KPMG’s appointment formally as the Trust’s External Auditors for 2015-16, however, this was expected imminently; | DCLA |
| (b) | Minute 62/14/2 of 2 September 2014 – the Director of Finance undertook to circulate a report to the Audit Committee outside the meeting re. delegated authority thresholds for CMGs and the Alliance; | DoF |
| (c) | Minute 57/14/1 of 2 September 2014 – the Director of Finance undertook to take forward the action relating to establishing a system of tracking outstanding actions from the LCFS Self-Review Tool against each standard within the Standards for Providers, and | DoF |
| (d) | Minute 28/14/3a of 15 April 2014 – Internal Auditors were requested to email Mr P Panchal, Non-Executive Director to discuss the scope of the audit re. testing on charitable funds. | IA |

Resolved – that the matters arising report (paper C) and the actions now required, as detailed above, be noted.

71/14/2 Update on Clinical Coding (Minute 56/14/2 of 2 September 2014)

Further to Minute 56/14/2 of 2 September 2014, the Assistant Director of Information and the Head of Information attended the meeting to present paper D, providing an update on developments with improving the quality of clinical coding including backlog reduction.

The Head of Information advised that the initial plan had aimed for elimination of the coding backlog by 15 December 2014, however, obtaining case notes immediately after discharge was proving to be challenging and therefore the plan now aimed to significantly reduce the backlog by that date. Despite several recruitment exercises, no suitable additional staff had been appointed. Agency coders had been appointed to target coding backlogs in specific areas and recruitment of trainee coders was underway. Responding to a query, the Head of Information advised that despite the challenges, a trajectory and robust implementation plan was in place to reduce the backlog. In discussion, it was noted that CMGs needed to be informed about the consequences of the delays in coding and incorrect coding due to non-availability of case notes at the point of discharge.

ADI

In response to a query from the Director of Finance in respect of the metrics in place to measure the depth of coding in each CMG/specialty, it was noted that internal metrics had not yet been implemented.

The Assistant Director of Information and the Head of Information were requested to circulate an update to the Audit Committee members on the coding backlog position prior to end of December 2014. They were also requested to consider future developments for coding given that the Trust Board would be selecting the Electronic Patient Record system at its meeting on 27 November 2014.

ADI/Hol

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

(B) the Assistant Director of Information be requested to inform CMGs of the consequences of the delays in coding and incorrect coding due to non-availability of case notes at the point of discharge, and

ADI

(C) the Assistant Director of Information and the Head of Information be requested to circulate an update to Audit Committee members on the coding backlog position prior to end of December 2014.

ADI/Hol

72/14	UHL RISK REPORT INCORPORATING THE BOARD ASSURANCE FRAMEWORK (BAF) FOR THE PERIOD ENDING 31 OCTOBER 2014	
	<p>The Director of Safety and Risk and the Risk and Assurance Manager attended the meeting to present paper E, providing an overview of the development of the UHL 2014-15 BAF and assurance in relation to the effectiveness of risk management processes within UHL. Members were advised that in respect of risk 2 (failure to implement the LLR emergency care improvement plan), the Chief Operating Officer had provided an update which had not been available in time for inclusion within the current BAF, however, this would be included in the next iteration.</p> <p>In response to a query, the Risk and Assurance Manager confirmed that a bottom-up approach was taken in respect of including risks on the risk register and he explained the process. The Director of Safety and Risk assured members that a constant process of confirm and challenge was in place when a risk was entered onto the risk register. Responding to a further query in respect of the October 2014 deadline for completion of a number of actions on the BAF, it was noted that responses from Executive Directors were awaited in respect of those actions.</p> <p>In discussion on a Trust Board workshop for discussion of the 2015-16 BAF, the Director of Corporate and Legal Affairs undertook to liaise with the Trust Chairman regarding the way forward.</p>	DCLA
	<p><u>Resolved</u> – (A) the contents of paper E be received and noted, and</p> <p>(B) the Director of Corporate and Legal Affairs be requested to liaise with the Trust Chairman in respect of a Trust Board workshop for discussion of the 2015-16 BAF.</p>	DCLA
73/14	EMERGENCY AND SPECIALIST MEDICINE CMG PRESENTATION – UPDATE ON RISK MANAGEMENT PROCESS IN THE CMG	
	<p>Ms J Edyvean, General Manager and Mr V Jadhav, Consultant, ESM CMG attended the meeting to present paper F, an update on risk identification, management and maintenance of the risk register within the ESM CMG.</p> <p>The General Manager provided a detailed update on the top 5 risks identified within the CMG. The Risk and Assurance Manager noted that the top 5 risks outlined in paper F did not reflect the risks currently recorded in the CMG risk register – in response, it was noted that the CMG risk register was in the process of being updated and the risks would be updated in the new iteration. Responding to further queries, an update on the methodology of risk identification in the CMG including examples was provided.</p> <p>Audit Committee members were assured that the CMG had a robust risk management process despite the challenges in terms of a number of high risks particularly relating to medical staffing. The General Manager suggested that the Audit Committee presentation template included a slide titled ‘action plan’ in order that other CMGs could include the actions that had been put in place to resolve issues.</p>	RAM
	<p><u>Resolved</u> – (A) that the contents of paper F be received and noted, and</p> <p>(B) the Risk and Assurance Manager be requested to update the Audit Committee presentation template regarding CMG risk management process to include a slide entitled ‘action plan’.</p>	RAM
74/14	LOCAL SECURITY MANAGEMENT SPECIALIST WORK PLAN 2014-15	
	<p>The Director of Safety and Risk provided a brief background to members advising</p>	

that the Local Security Management function had previously been the responsibility of the Facilities Directorate but had now been transferred to her team, due to the transfer of facilities management services to Interserve.

Paper G detailed the plans for the development of local security management for 2014-15 and outlined the action plan over the next 18 months in relation to six key themes which were listed in the summary section of the report. Responding to a query on the outcomes expected from the actions in the work plan, it was noted that the principle outcomes were to reduce crime (thefts) and verbal and physical assaults, improve safety and make the organisation safer for staff and patients. Ms J Wilson, Non-Executive Director requested that consideration be given to the patient and public involvement implications of implementing the plan noting that this section of the cover report was currently left blank.

DSR

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

(B) the Director of Safety and Risk be requested to give consideration to public and patient involvement implications of implementing the plan in respect of the local security management specialist work plan.

DSR

75/14 REPORT FROM THE DIRECTOR OF SAFETY AND RISK

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

76/14 ITEMS FROM THE LOCAL COUNTER FRAUD SPECIALIST

76/14/1 Local Counter Fraud Specialist (LCFS) Progress Report

Paper I provided assurance regarding the actions taken to mitigate the risk of fraud, bribery or corruption within the Trust. Mr M Curtis, Local Counter Fraud Specialist advised that he had recently been designated as the Trust's new Lead Local Counter Fraud Specialist. An e-learning module had been developed for use by Trust staff. The module provided a range of information relating to the NHS Counter Fraud initiative, the role of the LCFS, and the responsibilities of individual staff for ensuring that Trust policies were followed and allegations of fraud were reported. Mr Curtis highlighted that he would lead work to check the results of the 2014-15 National Fraud Initiative to ensure that any matches which might represent potential instances of fraud, bribery or corruption were dealt with appropriately.

Responding to a query on the management of the Bribery Act, the Local Counter Fraud Specialist believed that appropriate processes were in place within the Trust, however, he undertook to review the existing arrangements as part of his on-going work programme.

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

76/14/2 Report from the Local Counter Fraud Specialist Progress Report

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

77/14 ITEMS FROM INTERNAL AUDIT

77/14/1a Internal Audit Reviews – Delayed Transfers of Care (DTOCs) Review

Paper K detailed the findings following the high level review of Delayed Transfers of Care. The report classification was medium risk with 3 findings reported as follows:

- 2 medium rated operating effectiveness findings, and
- 1 low rated operating effectiveness finding.

The Senior Internal Audit Manager clarified that an aim of the audit had been to verify data quality and its reliability. She expressed concern that the tracking of patient notes was a significant issue. Members were advised that Internal Audit's review of patient notes had found that there was often little information regarding when a patient became medically fit for discharge, and the details were at times unclear or incomprehensible. In certain cases, there was no record held on the patient notes to confirm the rationale for the recording of the DToC.

Further to these comments, Committee members queried whether the rating of this risk should in fact be 'high' and not 'medium' as currently stated and whether the Trust's view that a difficulty in delivering effective emergency care was due to the high number of DToCs remained valid. In response, the Senior Internal Audit Manager advised that PwC's rating of risks was based on the impact on operational performance, financial performance, rules/regulations and reputation. As the findings for this review had not been thought to have a significant impact on any of these criteria, the review had been rated 'medium' risk.

Ms N Shaw, Internal Audit Manager advised that in some cases, the category of delay determined from the patient notes did not agree to the category recorded on the submission.

The Director of Finance expressed concern that reference to the official definition of DTOC had not been included in the report. Members expressed concern over the level of detail, outcome and rating of the review.

The Senior Internal Audit Manager undertook to review the rating of this report and to liaise with the Director of Finance and the Chief Operating Officer on this subject outwith the meeting. A further report on this matter would be submitted to the next Audit Committee meeting.

SIAM

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

(B) the Senior Internal Audit Manager be requested review the rating of Delayed Transfers of Care (DToCs) Review report and to liaise with the Director of Finance and the Chief Operating Officer on this subject outwith the meeting and present a further report on this matter to the next Audit Committee meeting.

SIAM

77/14/1b Partnership Working Review

The Senior Internal Audit Manager provided a verbal update on this review advising that a number of interviews with an agreed list of stakeholders had been held. These were based on a series of agreed questions which had explored those areas where the Trust had received the lowest scores in the reputation audit or those of key significance to the Trust. This provided the Trust with further information on stakeholder views and would enable the Trust to develop an action plan.

The Senior Internal Audit Manager advised that the main body of the report was available, however, the action plan had not yet been finalised by management and therefore the audit review report was not available for Audit Committee. The Director of Corporate and Legal Affairs advised that the action plan would be available in the form of the updated UHL PPI and Engagement Strategy from the Director of Marketing and Communications to be submitted to the Trust Board in December 2014 or January 2015.

The Director of Finance expressed concern that this review was originally scheduled to be held in 2013-14 and the final report had not yet been published. It was agreed that the Internal Audit report on partnership working should be circulated to members in its current form, noting that the Trust Board would consider the management response in December 2014 or January 2015 as stated

IA

above.

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

(B) the Internal Audit report on partnership working be circulated to Trust Board members in its current form (i.e. without the management response).

IA

77/14/2

Internal Audit Progress Report

The Senior Internal Audit Manager presented paper L, a report outlining progress with the implementation of the internal audit plan for 2014-15, risk assessment and implementation of audit recommendations.

The Interim Audit Committee Chair expressed concern that the times of the year at which it had been intended that certain reviews within the Internal Audit plan 2014-15 would be undertaken had significantly changed, however, the Audit Committee had not been appropriately informed and there were a number of reviews now scheduled for quarter 4 of 2014-15. In response, the Senior Internal Audit Manager acknowledged that three reviews had been deferred from 2013-14 to 2014-15, however, two of these reviews had now been further deferred to quarter 4 of 2014-15 on request from Executive Directors. In respect of the mortality and morbidity (M&M) review scheduled for quarter 3 of 2014-15, an initial scoping meeting had been held, however, the Medical Director and Head of Outcomes and Effectiveness had requested that this review be deferred for a 12 month period as the Trust's mortality and morbidity policy had been recently re-written and it would take some time to embed.

In discussion on the RTT review which had been deferred to quarter 3 of 2014-15 (originally scheduled for quarter 2), members noted that the RTT improvement plan trajectory had slipped and suggested that consideration would need to be given to the merit of undertaking a review in quarter 3.

In further discussion, it was suggested that in future, if there was a proposed variation to the Internal Audit plan then any changes would need to be approved in advance by the Audit Committee. If the Audit Committee would not meet in time for such a decision to be made, then the variation in plan would need to be proposed to and approved by the Audit Committee Chair, and subsequently reported to the Audit Committee for ratification.

IA

The Director of Finance expressed concern that no final 2014-15 Internal Audit reports had so far been issued. Responding to a query from the Senior Internal Audit Manager as to whether the Audit Committee would approve the deferral of Mortality & Morbidity and Referral to Treatment (RTT) reviews, the Interim Audit Committee Chair requested that this matter be discussed first with the Director of Finance outside the meeting. The Director of Finance was requested to then confer with the Interim Audit Committee Chair in respect of the way forward regarding these reviews, and the timetabling of the Internal Audit plan for the remainder of 2014-15.

IA

Resolved – that (A) the contents of paper L, Internal Audit progress report for 2014-15 be received and noted;

(B) any proposed variation to the Internal Audit plan in 2014-15 or in subsequent years to be approved in advance by the Audit Committee. If the Audit Committee would not meet in time for such a decision to be made, then the variation in plan would need to be proposed to and approved by the Audit Committee Chair, and subsequently reported to the Audit Committee for ratification.

IA

(C) Internal Auditors be requested to discuss the way forward in respect of

IA

the Trust's Mortality & Morbidity and Referral To Treatment reviews first with the Director of Finance, outside the meeting. Further to this, the Director of Finance to confer with the Interim Audit Committee Chair in respect of the way forward regarding these reviews, and the timetabling of the Internal Audit plan for the remainder of 2014-15.

DoF

78/14 ITEMS FROM EXTERNAL AUDIT

78/14/1 External Audit Progress Report

Paper M detailed the External Audit progress report updating the Committee on work undertaken in the last quarter, planned for the next quarter and provided technical updates, for information. Mr J Brown advised members that he was now the Trust's External Audit Director following Mr A Bostock rotating off the Audit as partner due to Audit Commission requirements.

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

79/14 FINANCE – STRATEGIC AND OPERATIONAL ISSUES

79/14/1 Discretionary Procurement Actions

Paper N outlined the discretionary procurement actions for the period September-October 2014 in line with the Trust's Standing Orders. In discussion on the procurement action for 'change of brief for modular buildings', it was noted that prior consideration of the issue had not taken place at the Finance and Performance Committee. The Director of Finance undertook to liaise with colleagues outside the meeting to get a view on the basis for the approval of this discretionary procurement. The Director of Finance also undertook to confirm the delegated authority thresholds for the sign-off of discretionary procurement actions to Audit Committee members outside the meeting.

DoF

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

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

(i) liaise with colleagues outside the meeting to seek a view on the basis for the approval of the procurement action for 'change of brief for modular buildings', and

(ii) confirm the delegated authority thresholds for the sign-off of discretionary procurement actions to Audit Committee members outside the meeting.

DoF

79/14/2 Losses and Special Payments

Paper O informed the Audit Committee of the losses and special payments for the six months to the end of September 2014. The Director of the Finance commented on the frequency of the processes for writing-off of debts.

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

79/14/3 Cash Management Actions

Paper P outlined the current cash management actions following the approval of the Trust's external financing application. The report provided a background to the cash requirements for 2013-14 and 2014-15. The Financial Controller outlined the considerations that had been taken into account when submitting the PDC application.

The Director of Finance advised that discussions regarding cash flow, cash management and cash forecasting took place at the Finance and Performance Committee (FPC) and the Trust Board and that the Audit Committee could take

assurance from those discussions.

Responding to a query on payment to creditors, the Financial Controller advised that the Trust had not met the performance targets set out in the Better Payments Practice Code due to a conscious decision to maintain cash flow.

Resolved – that the contents of paper P and verbal update be noted.

79/14/4 Overseas Visitors Update

The Financial Controller advised that a LiA pioneering scheme was now in place to support efforts to ensure that the Trust received income for every patient treated and that free at the point of care NHS treatment was only provided to patients who were entitled to receive it. Members were advised of a new charging regime from 2015-16 for overseas patients which might provide an increase in income for the Trust. The Financial Controller undertook to provide a further update on this matter at the Audit Committee meeting in February/March 2015. In further discussion on the income received from overseas visitors, it was noted that the Leicester City CCG had commissioned an audit to review the funding arrangements around overseas patients. The audit report in respect of this audit would be presented to Audit Committee, when available.

FC

IA

Resolved – that (A) the verbal update be noted;

(B) the Financial Controller be requested to provide an update on overseas visitors to the Audit Committee in February/March 2015, and

FC

(C) Internal Auditors be requested to present the audit report for the audit commissioned by the Leicester City CCG to review the funding arrangements around overseas patients.

IA

79/14/5 Private Patients Update

The Financial Controller advised that although the Trust provided services for private patients, the facilities were not optimum. There was a scope to increase private patient income and the Director of Strategy was giving consideration to drafting a private patients' strategy. The Interim Audit Committee Chair requested that a report on the plan for the private patients' strategy be presented to the Audit Committee in the first instance and then to the Finance and Performance Committee or Investment Committee, as appropriate. He also requested that a report be presented to the next Audit Committee meeting on the month by month private patient income to the Trust.

DS

FC

Resolved – that (A) the verbal update be noted;

(B) the Director of Strategy be requested to present the plan for a private patients' strategy to the Audit Committee in the first instance and then to the Finance and Performance Committee or Investment Committee, as appropriate, and

DS

(C) the Financial Controller be requested to present to the next Audit Committee meeting a report on the month by month private patient income to the Trust.

FC

80/14 **ASSURANCE GAINED FROM THE FINANCE AND PERFORMANCE COMMITTEE (FPC), QUALITY ASSURANCE COMMITTEE (QAC) AND CHARITABLE FUNDS COMMITTEE (CFC)**

80/14/1 Quality Assurance Committee

Resolved – that the Minutes of the Quality Assurance Committee meetings held on 27 August 2014 (paper Q refers) and 24 September 2014 (paper Q1 refers) be received and noted.

80/14/2 Finance and Performance Committee

Resolved – that the Minutes of the Finance and Performance Committee meetings held on 27 August 2014 (paper R refers) and 24 September 2014 (paper R1 refers) be received and noted.

80/14/3 Charitable Funds Committee

Resolved – that the Minutes of the Charitable Funds Committee meeting held on 15 September 2014 (paper S) be received and noted.

81/14 **AUDIT COMMITTEE MEETING DATES**

Resolved – that the Trust Administrator be requested to circulate the meeting dates for the Audit Committee meetings in 2015 further to discussion with the Interim Audit Committee Chair.

TA

82/14 **ANY OTHER BUSINESS**

82/14/1 Annual Work Programme

The Director of Finance and the Director of Corporate and Legal Affairs undertook to liaise outside the meeting to review the Audit Committee annual work programme.

DoF/DCLA

Resolved – that the Director of Finance and the Director of Corporate and Legal Affairs be requested to review the Audit Committee annual work programme.

DCLA/DoF

83/14 **IDENTIFICATION OF KEY ISSUES THAT THE COMMITTEE WISHES TO DRAW TO THE ATTENTION OF THE TRUST BOARD**

Resolved – that the following items be brought to the attention of the Trust Board:-

- Update on Clinical Coding (Minute 71/14/2 refers), and
- Delayed Transfers of Care Review (Minute 77/14/1a refers).

Interim AC
Chair

84/14 **DATE OF NEXT MEETING**

Resolved – that the date of the next meeting to be confirmed by the Trust Administrator following consultation with the Interim Audit Committee Chair.

TA

The meeting closed at 12:01pm.

Hina Majeed,
Trust Administrator

Cumulative Record of Members' Attendance (2014-15 to date):

Name	Possible	Actual	% attendance
K Jenkins (Chair)	2	2	100%
M Williams (Interim Chair)	1	1	100%
I Crowe	4	3	75%
S Dauncey	2	1	50%
P Panchal	4	4	100%

Attendees

Name	Possible	Actual	% attendance
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P Hollinshead	2	2	100%
S Ward	4	4	100%
R Overfield	4	1	25%
S Sheppard	1	1	100%
P Traynor	1	1	100%

Trust Board Paper M

To:	Trust Board
From:	Director of Finance
Date:	27TH November 2014
CQC regulation:	

Title:	LHC Final Accounts and Annual Report 2013-14								
Author/Responsible Director: Director of Finance									
Purpose of the Report: The report presents the audited annual accounts (Appendix 1), Trustee's Annual Report (Appendix 2) and letter of representation (Appendix 3) for the Leicester Hospitals Charity for the year ending 31 st March 2014.									
The Report is provided to the Board for: <table border="1" style="width: 100%;"> <tr> <td>Decision</td> <td><input type="checkbox"/></td> <td>Discussion</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Assurance</td> <td><input type="checkbox"/></td> <td>Endorsement</td> <td><input checked="" type="checkbox"/></td> </tr> </table>		Decision	<input type="checkbox"/>	Discussion	<input type="checkbox"/>	Assurance	<input type="checkbox"/>	Endorsement	<input checked="" type="checkbox"/>
Decision	<input type="checkbox"/>	Discussion	<input type="checkbox"/>						
Assurance	<input type="checkbox"/>	Endorsement	<input checked="" type="checkbox"/>						
Summary / Key Points: The report details the summary financial performance of the Charity for the year ending 31 st March 2014. On receipt of the final Audit Opinion, the Final Accounts and Annual Return will be submitted to the Charity Commission. The deadline for submission is the 31 January 2015. Following audit by the Charity's auditors, KPMG, we made a number of presentational adjustments to the accounts. There were no significant issues raised.									
Recommendations: The Trust Board is invited to: <ul style="list-style-type: none"> • note the contents of the report and the Letter of Representation; • approve the Charitable Funds Annual Accounts and Annual Report for the year 2013-14, and • approve the signing of the relevant certificates by members of the Trust Board (as detailed in the report). 									
Previously considered at another corporate UHL Committee? Yes – reported to members of the Charitable Funds Committee on 17 th November 2014.									

Strategic Risk Register N/A	Performance KPIs year to date N/A
Resource Implications (eg Financial, HR) N/A	
Assurance Implications N/A	
Patient and Public Involvement (PPI) Implications N/A	
Equality Impact N/A	
Information exempt from Disclosure N/A	
Requirement for further review ? N/A	

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT TO: TRUST BOARD

DATE: 27TH NOVEMBER 2014

**REPORT FROM: PAUL TRAYNOR
DIRECTOR OF FINANCE**

**SUBJECT: FINAL ACCOUNTS AND ANNUAL REPORT 2013-14 FOR THE
LEICESTER HOSPITALS CHARITY**

1. INTRODUCTION

- 1.1 The report presents the audited annual accounts (Appendix 1), Trustee's annual report (Appendix 2) and letter of representation (Appendix 3) for the Leicester Hospitals Charity for the year ending 31st March 2014.
- 1.2 The accounts and annual report were submitted to members of the Charitable Funds Committee on the 17th November.
- 1.3 This paper will summarise the headline financial figures and outline the process for finalising and submitting the annual accounts.

2. SUMMARY FINANCIAL PERFORMANCE

Balance Sheet

- 2.1 The net assets of the Charity have increased by £419k to £5,590k during the 12 months ending 31 March 2014 (the Income and Expenditure section of this report gives further details).
- 2.2 The balance sheet shows an increase in net current assets of £616k due to an increase in debtors (£403k), an increase in creditors (£208k) and an increase in cash (£421k) held at year end. This means that the Charity now has net current assets of £854k.
- 2.3 The balance sheet shows a reduction in the value of fixed asset investments of £197k.

Income & Expenditure

- 2.4 The Charity generated a £419k surplus on the Statement of Financial Activities, with an excess of expenditure compared to income of £406k and an investment gain of £13k.

Income

- 2.5 Total incoming resources have increased from £2,120k in 2012/13 to £2,424k in 2013/14.
- Donated income has increased from £563k in 2012/13 to £830k in 2013/14.
 - Legacy income has increased from £385k in 2012/13 to £957k in 2013/14.
 - Income from fundraising initiatives has decreased from £978k in 2012/13 to £443k in 2013/14.
 - Investment income has stayed the same with £194k in 2012/13 and 2013/14.

Expenditure

- 2.6 Total Charity expenditure has decreased from £2,895k in 2012/13 to £2,018k in 2013-14.
- The cost of generating voluntary income increased from £316k in 2012/13 to £342k in 2013/14. These costs have increased partly due to investment in corporate signage across the Trust with large Dr Fox signs now located in prominent positions on each site.
 - Grant expenditure has decreased from £2,555k in 2012/13 to £1,650k in 2013/14. A large element of which is due to the increased spend in 2012-13 on the OurSpace scheme.

Table 1 – Summary of Grant Expenditure 2012/13 & 2013/14

Grant Category	2012/13 (£'000)	2013/14 (£'000)	Change (£'000)
Patient Benefits	678	665	(13)
Staff Benefits	225	298	73
Research	101	63	(38)
Capital Contributions	1,551	623	(928)
Total	2,555	1,650	(905)

3. FINAL ACCOUNTS PROCESS

- 3.1 Following audit by the Charity's auditors, KPMG, we made a number of minor presentational adjustments to the accounts. KPMG's ISA 260 audit report is included in Appendix 4 and the main findings are as follows:
- KPMG expect to issue an unqualified audit opinion on receipt of our signed certificates.
 - There are no unadjusted audit differences which need to be reported. All of the adjustments were presentational in nature and were corrected.
 - No high or medium level recommendations have been made in KPMG's ISA 260 report.
- 3.2 The management responses to KPMGs ISA 260 report are shown overleaf.

Recommendation	Risk level	Management response / responsible officer / due date
<p>1</p> <p>The Charity should ensure that minutes for each Committee meeting are taken accurately, and distributed to members for review and approval in a timely manner afterwards.</p> <p>Charitable fund expenditure requiring approval by the Committee should only be undertaken once written confirmation has been recorded of approval.</p>	<p>2</p>	<p>Management response</p> <p>The Charitable Funds Committee will agree an appropriate timescale for the production and dissemination of the minutes of each meeting and monitor performance.</p> <p>A summary of the status of the applications considered at each meeting will be distributed promptly after each meeting, in advance of the full minutes, to mitigate against any delay in charitable expenditure.</p> <p>Approval will only be confirmed once this documented evidence has been received within the Charity Finance Team.</p> <p>Responsible Officers Director of Corporate and Legal Affairs Financial Controller</p> <p>Due Date November 2014</p>
<p>2</p> <p>The Charity should develop a medium term policy for use of its funds to ensure that reserves are utilised appropriately for charitable fund expenditure in line with the charitable objectives rather than simply accumulate interest through investment.</p>	<p>2</p>	<p>Management response</p> <p>Agreed – this is being taken forward through our current funds restructure and subsequent production of detailed expenditure and fundraising plans and policies.</p> <p>Responsible Officers Financial Controller Head of Fundraising</p> <p>Due Date March 2015</p>
<p>3</p> <p>The Charity should ensure that the Charitable Funds Committee adheres to its Terms of Reference, and where issues arise these should be reported to the Trust Board. If the current Terms of Reference are deemed inappropriate then they should be updated to reflect new arrangements, whilst the Trust should look to appoint additional NEDs as members to ensure meetings are able to be held quorate.</p>	<p>2</p>	<p>Management response</p> <p>The Trust is currently reviewing the terms of reference for each of the Board sub-groups including the Charitable Funds Committee.</p> <p>This review will also consider the membership of each of these groups to ensure that they remain quorate at all times.</p> <p>Responsible Officers Director of Corporate and Legal Affairs</p> <p>Due Date March 2015</p>

4. FINAL ACCOUNTS PROCESS

- 4.1 The Final Accounts are being presented to the Trust Board for adoption.
- 4.2 On receipt of the final audit opinion, the final accounts and annual return will be submitted to the Charity Commission. The deadline for submission is the 31 January 2015. As in previous financial years, there is an additional requirement to submit a summary information return to the Charity Commission outlining key aspects of the Charity. The information provided in this return reflects particular items within the annual accounts and annual report.

5. LETTER OF REPRESENTATION

- 5.1 Appendix 3 contains the proposed Letter of Representation from KPMG and they do not require any specific representations.
- 5.2 A letter headed copy of this letter and copies of required certificates will be circulated separately at the meeting.

6. RECOMMENDATION

- 6.1 The Trust Board is invited to:
- **note the contents of the above report, and the Letter of Representation;**
 - **approve the Charitable Funds Annual Accounts and Annual Report for the year 2013-14, and**
 - **approve the signing (*in non-black ink*) of the relevant certificates by members of the Trust Board, as follows (*signatories are shown in brackets*):**
 - **Charitable Funds – Statement of Trustee's responsibilities in respect of the Trustee's annual report and the financial statements** (*Chairman, and the Interim Director of Financial Strategy acting on behalf of the corporate trustee*);
 - **Balance Sheet** (*a member of the Trust Board acting on behalf of the corporate trustee*), **and**
 - **Management Letter of Representation** (*Chairman*).

PAUL TRAYNOR
DIRECTOR OF FINANCE

Leicester Hospitals Charity

Notes to the Accounts

Note 1 - Accounting Policies

a) Basis of preparation

The financial statements have been prepared on an accruals basis. The financial statements have been prepared under the historical cost convention with the exception of investments which are included at market value. The financial statements have been prepared in accordance with *Accounting and Reporting by Charities: Statement of Recommended Practice (SORP 2005)* issued in March 2005 and applicable UK Accounting Standards and the Charities Act 2011.

b) Apportionment charges

The costs of fundraising, overhead and support costs have either been directly allocated or apportioned to funds on an appropriate basis. Where costs require apportionments, these have been charged to funds on a quarterly basis using average quarterly fund balances as the basis of apportionment. For purposes of the Statement of Financial Activities, overhead costs have been split between fundraising, charitable activities and governance costs.

c) Incoming resources

All incoming resources are recognised once the Charity has entitlement to the resources, it is certain that the resources will be received and the monetary value of incoming resources can be measured with sufficient reliability.

d) Incoming resources from legacies

Legacies are accounted for as incoming resources either upon receipt or where the receipt of the legacy is virtually certain. This will be once confirmation has been received from the representatives of the estate(s) that payment of the legacy will be made or property transferred and once all conditions attached to the legacy have been fulfilled and the amount of the incoming resources can be measured with sufficient reliability.

e) Incoming resources from endowments

Investment income received on the Capital In Perpetuity (CIP) general purpose endowment fund is receipted into the fund as unrestricted income.

f) Gifts in kind

Gifts in kind are recorded in the statement of financial activities as incoming resources if they are given and held as stock for distribution by the Charity, and an equivalent amount will be disclosed as resources expended to reflect their distribution. Assets given for use by the Charity are included within incoming resources and also recognised as a fixed asset when receivable. Where a gift has been made in kind and on Trust for future conversion into cash for use by the Charity, then the incoming resources will be recognised if material and when receivable, with an adjustment being made to the valuation upon realisation of the gift.

g) Funds structure

Where there is a legal restriction on the purpose to which a fund may be put, the fund is classified in the accounts as a restricted fund. Funds where capital is held to generate income for charitable purposes cannot itself be spent and are accounted for as endowment funds. Unrestricted funds are those which the Trustee is free to use for any purpose in furtherance of the charitable objects. Unrestricted funds include designated funds which are funds the Trustees have chosen to earmark for set purposes, although there is no legal restriction as to

h) Resources expended

The funds held on trust accounts are prepared in accordance with the accruals concept. Expenditure is recognised once there is a legal or constructive obligation to make a payment to a third party.

i) Grants payable

Grants payable are payments, made to third parties (including NHS bodies) in the furtherance of the charitable objectives. They are accounted for on an accruals basis and are recognised in the accounts where the conditions for their payment have been met or where a

j) Costs of generating funds

The cost of generating funds are the costs associated with generating income for the funds held on trust. This will include the costs associated with the salaries of the fundraising department and investment management fees.

k) Support and overhead costs

Support and overhead costs are accounted for on an accruals basis and mainly relate to recharges of the appropriate proportion of costs incurred for the administration and management support supplied by the University Hospitals of Leicester NHS Trust.

l) Pensions

The Charity is a grant making Charity and has no employees. Staff recharged to the Charity are employed by the University Hospitals of Leicester NHS Trust under NHS terms and conditions and form part of its pension arrangements. Recharges to the Charity are inclusive of pension costs.

Leicester Hospitals Charity

Notes to the Accounts

Note 1 - Accounting policies continued

l) Pensions continued

Past and present employees of the NHS Trust are covered by the provisions of the NHS pension scheme. The scheme is unfunded from a defined benefits scheme that covers NHS employers, general practitioners and other bodies, allowed under the direction of the Secretary of State in England and Wales. As a consequence it is not possible for the NHS Trust to identify its share of the underlying scheme liabilities. Therefore the scheme is accounted for as a defined contribution scheme under FRS 70 in these accounts.

m) Charitable activities

Cost of charitable activities comprise all costs incurred in the pursuit of charitable objects of the Charity. These costs comprise direct costs incurred as a result of the awarding of grants and an apportionment of overhead and support costs.

n) Governance costs

Governance costs comprise all costs incurred in the governance of the Charity. These include costs related to statutory external audit and internal audit together with a proportion of finance management time associated with governance activities.

o) Fixed asset investments

Investments are stated at market value as at the balance sheet date. The statement of financial activities includes the net gains and losses arising on revaluation and disposals throughout the year.

p) Realised gains and losses

All gains and losses are taken to the Statement of Financial Activities as they arise. Realised gains and losses on investments are calculated as the difference between sales proceeds and opening market value (or purchase date if later). Unrealised gains and losses are calculated as the difference between market value at the year end and opening market value (or purchase date if later).

(q) VAT

The Charity currently utilises benefits from the use of VAT exemption certificates for relevant purchases for donations to the NHS Trust. The Charity also reclaims VAT on relevant contracted out services that are supplied to the NHS Trust as part of the awarding of grants. Any irrecoverable VAT is charged back against the category of resources expended for which it was incurred.

Note 2 - Related party transactions

Name of connected organisation	University Hospitals of Leicester NHS Trust (the Trust). The Trust, which is the corporate trustee, provides accommodation and managerial support to the Charity. Members of the Trust Board sit on the Charitable Funds Committee which oversees the workings of the Charity.
Turnover of connected organisation	£770 million in 2013-14 (£759 million in 2012-13)
Surplus/deficit of connected organisation	£39.7 million deficit in 2013-14 (£91k surplus in 2012-13)

The Trust is the sole beneficiary of the Charity. Following the approval of grant applications received from the Trust, the Charity incurs expenditure which benefits the Trust's patients, their carers and the staff who look after them. The funding amounted to £1.65m (£2.56m in 2012-13) and is reflected under charitable activities within the Statement of Financial Activities. During the year no members of the Trust Board or senior Trust staff or parties related to them were beneficiaries of the Charity.

The Charity has paid charges amounting to £100k to the Trust in the year for accommodation charges, Finance staff and senior management costs. The Charity's fundraising staff are paid directly by the Trust and recharged to the Charity.

Note 3 - Incoming resources

The income received by the Charity has been categorised on the face of the Statement of Financial Activities. This mainly comprises of donations, legacies, fundraising and investment income

Leicester Hospitals Charity

Notes to the Accounts

Note 3 - Income from trading activities

The Charity runs the staff lottery which is classed as a trading activity by the Charity Commission. Income from the staff lottery was £193k (£186k in 2012-13). In 2013-14, total prize money of £114k was paid out of this income.

Note 4 - Resources expended

The Statement of Financial Activities summarises expenditure between Charitable Activities, the costs of generating funds and costs of governance.

Note 4.1 - Costs of generating funds

	2013-14 £'000	2012-13 £'000
Fundraising team salaries	156	149
Staff lottery prizes	114	115
Appeals and events expenditure	13	22
Printing, stationery & marketing	6	6
Other miscellaneous costs	53	24
Total cost of generating funds	342	316

Note 4.2 - Analysis of charitable activities

The only charitable activity that the Charity undertakes in is the awarding of grants. The Charity does not make grants to individuals and the actual disbursement received by the beneficiaries for each category is disclosed below. These figures include an apportionment of support costs.

	Grant Funded Activity £'000	Support Costs £'000	Total 13-14 £'000	Total 12-13 £'000
Patient welfare and amenities	624	41	665	678
Staff welfare and amenities	280	18	298	225
Research	59	4	63	101
Capital contributions	585	38	623	1,551
Total grants	1,548	102	1,650	2,555

All grants are made to the Trust. The Trustee operates a Scheme of Delegation through which all grant funded activity is managed by fund managers, responsible for the day to day disbursements on their projects. This activity is undertaken in accordance with the directions set out by the Trustee in its Standing Orders and Standing Financial Instructions which have been adopted by the Charity.

Leicester Hospitals Charity

Notes to the Accounts

Note 4.3 - Analysis of support and overhead costs

The Charity apportions all its support and overhead costs to individual funds on a pro rata basis based on average quarterly fund balances. Specific amounts related to audit fees and salaries are allocated to governance and the residual amount is apportioned between the costs of generating voluntary income and charitable activities (grantmaking). Finance management salaries have been allocated based on the estimated time worked in each area. This is illustrated in the Table below:

	Allocated to Governance £'000	Residual Amount £'000	Basis of Apportionment
Audit fees	8	-	Governance
Insurance	6	-	Governance
Finance administration salaries	-	45	Proportionate to grants
Finance accounting & reporting system	-	-	Proportionate to grants
Finance management salaries (25%)	8	-	Governance
Finance management salaries (75%)	-	27	Proportionate to grants
Charity accommodation costs	-	18	Proportionate to grants
Finance - other	-	15	Proportionate to grants
Total support and overhead costs	22	105	

Note 4.4 - Analysis of staff costs

The Charity does not employ any direct staff but is recharged with the costs of staff from the NHS Trust. These staff provide administration, accounting, fundraising and management support to the Charity and their costs are summarised in the Table below:

	2013-14 £'000	2012-13 £'000
Fundraising & appeals team	155	149
Finance accounting & administration team	82	70
Total staff costs	237	219

This can be further analysed as follows:

	2013-14 £'000	2012-13 £'000
Salaries	208	191
Pensions	16	12
National insurance contributions	13	16
Total staff costs	237	219

The average number of full time equivalent employees during the year was 5 (5 in 2012-13). No employee had emoluments in excess of £60,000 (0 in 2012-13).

Note 4.5 - Auditors remuneration

The External Auditor's remuneration of £7,704 (£7,704 in 2013-14) related solely to the audit of the Charity's accounts, with no additional work undertaken.

Note 4.6 - Grant returned to third parties

There were no grants returned to third parties in 2013-14 (£0 in 2012-13)

Note 5 - Fixed asset investments

The Charity does not hold any tangible or heritage assets. The only fixed assets that the Charity holds relate to an investment portfolio managed by the Trust's investment managers.

Note 5.1 - Movement in fixed asset investments

	2013-14 £'000	2012-13 £'000
Market value at 1st April 2013	4,933	5,227
Add: additions to investment at cost	0	886
Less: disposals at carrying value	(209)	(1,613)
Add: net gain (loss) on revaluation	12	433
Market value as at 31st March 2014	4,736	4,933

Leicester Hospitals Charity

Notes to the Accounts

Note 5.2 - Analysis of investment portfolio

	Held in UK £'000	Held outside UK £'000	2013-14 Total £'000	2012-13 Total £'000
Investments listed in unit trusts	3,369	1,266	4,635	4,915
Cash held as part of investment portfolio	101	0	101	18
Market Value as at 31st March 2014	3,470	1,266	4,736	4,933

Note 5.3 - Investments

	Value £'000	% of portfolio
Equities		
<i>UK equities</i>		
Cazenove Equity Inc Trust for Charities	1,455	31%
Cazenove The Growth Trust for Charities Income Units	638	13%
<i>International equities</i>		
BNY Mellon FD Mngr Newton Asian INC INST INC	382	8%
M&G Investment Man Global Dividend I INC	460	10%
Total equities	2,935	62%
Bonds		
<i>UK Bonds</i>		
Schroder UK Corporate Bond Fund C Inc	457	10%
Cazenove The Income Trust for Charities Income Units	235	5%
<i>International Bonds</i>		
Schroder ISF Strategic Credit C Class GBP Inc	424	9%
Total Bonds	1,116	24%
<i>Portfolio Funds</i>		
Capita Finl Mngrs Trojan FD S Inc Nav	402	8%
<i>Property</i>		
Mayfair Capital In Prop Inc Trust for Charities	182	4%
<i>Cash</i>		
Total cash	101	2%
Total investments	4,736	100%

Note 5.4 - Analysis of gross income from investments

	Held in UK £'000	Held outside UK £'000	2013-14 Total £'000	2012-13 Total £'000
Income from investment managers portfolio	140	51	191	192
Other investments	3	0	3	2
Total investment income	143	51	194	194

Note 6 - Analysis of debtors

	2013-14 Total £'000	2012-13 Total £'000
<i>Amounts falling due within one year:</i>		
Accrued income	589	245
Debtors - recharges due from UHL NHS Trust	88	47
Other debtors	50	32
Total debtors falling due within one year	727	324
Total debtors falling due after more than one year	0	0
Total debtors	727	324

Leicester Hospitals Charity

Notes to the Accounts

Note 7 - Analysis of creditors

	2013-14 Total £'000	2012-13 Total £'000
<i>Amounts falling due within one year:</i>		
Accruals	-	1
Creditors - recharges due to UHL NHS Trust	159	133
Other creditors	225	42
Total creditors falling due within one year	384	176
Amounts falling due after more than one year	0	0
Total creditors	384	176

Note 8.1 Endowment funds

	Incoming Resources £'000	Resources Expended £'000	Transfers £'000	Gains and losses £'000	Balance at 31 March 2014 £'000	Balance at 1st April 2013 £'000
CIP general purpose	0	0	0	0	1,047	1,047
Endowment fund unrealised gains	0	0	0	1	50	48
Total endowment funds	0	0	0	1	1,097	1,095

The unrealised gains are unapportioned gains which relate to endowment funds in their entirety. The Charity does not apportion unrealised gains across funds.

Note 8.2 - Details of endowment funds

Name of Fund	Description, Nature and Purpose of Fund
CIP general purpose	Income to be used for any general purpose

Note 8.3 - Analysis of material restricted & unrestricted funds

	Incoming Resources £'000	Resources Expended £'000	Transfers £'000	Gains and losses £'000	Balance at 31 March 2014 £'000	Balance at 1st April 2013 £'000
<i>Restricted Funds</i>						
Pathology - Blood Bank	4	(7)			111	114
Medicine - Diabetes Research	9	(13)			71	75
Wellbeing At Work		(71)	48		48	71
Lord Mayor's Forget Me Not Appeal	2	(19)			52	69
UHL Staff Lottery	199	(124)	(48)		90	63
Cardio-Respiratory Patient Benefit	2	(49)			0	47
Foxtrot Walk	2	(6)			43	47
Diabetes Care - Roy Bates	2	(3)	(1)		43	45
Leicester Post Grad Medical Centre	1	(18)			25	42
Others (10 funds)	50	(26)	(22)	2	104	100
Total restricted funds	271	(336)	(23)	2	587	673
<i>Unrestricted Funds</i>						
General Purposes of Leicester Hospitals	598	(271)	(58)	2	878	607
Cardio Respiratory - Patient Benefit	128	(132)	(9)		191	204
Nursing - W.R.V.S	97	(89)			187	179
Haematology Dept - Patient Benefit	34	(55)			131	152
Oncology Dept - Patient Benefit	185	(125)	(11)		180	131
Oncology Dept - Research & Development	5	(39)			95	129
Renal - Research	5	(8)			126	129
Cancer Dept - Patient Benefit	7	(39)	(1)		93	126
Others (131 funds)	1,094	(924)	102	7	2,025	1,746
Total unrestricted funds	2,153	(1,682)	23	9	3,906	3,403

All transfers between funds have been appropriately approved in accordance with the Charity's policy. Where transfers have been made between restricted and unrestricted funds the purpose of both the restricted and unrestricted funds involved in the transfer were the same.

Unrealised gains represent the changes in the market value of our investments which have not been realised through the sale of those investment.

All unrestricted funds are designated funds apart from the General purposes fund. The Charity designates funds by department and as either staff benefit, patient benefit, equipment or research. The Charity permits transfers between designated funds.

Leicester Hospitals Charity

Notes to the Accounts

Note 8.4 - Details of material restricted funds

Name of fund	Description, nature and purpose of fund
Pathology - blood bank	To purchase equipment for the benefit of Pathology
Medicine Diabetes Research	To fund diabetes research.
UHL staff lottery	To provide additional resources for staff
Lord Mayors Forget Me Not Appeal	To fund expenditure related to the Charity's Dementia Appeal

Note 9 - Contingencies

The Charity does not have any contingencies to be included in the accounts for the financial year 2013-14 (2012-13 -Nil).

Note 10 - Commitments, liabilities and provisions

The Charity has the following commitments as at the 31st March 2014:

	2013-14 £'000	2012-13 £'000
Charitable projects	1,226	761
Total	1,226	761

The Charity recognises liabilities in the accounts once there is a legal or constructive obligation to expend funds. The commitments in this note reflect the Charity's intentions to spend, and as such are not classed as liabilities in the accounts. They are all due within one year.

		2013-14 £'000
Movement within year	Opening value	761
	Arising in year	1,868
	Utilised in year	(1,308)
	Unused / reversed	(95)
Closing value		1,226

Note 11 - Trustee expenses and remuneration

The Charity did not make any reimbursements for expenses or remuneration to the Corporate Trustee or any of its agents during the financial year 2013-14 (2012-13 - Nil).

Note 12 - Details of transactions with the Trustee or connected parties

The Charity did not have any connected person, other than the connected organisation noted in Note 2.

Leicester Hospitals Charity Annual Report 2014

Foreword from Richard Kilner, Acting Chairman, University Hospitals of Leicester NHS Trust.

Coming into hospital can be a daunting experience; whether you are a patient or a visitor, the sheer size and scale of our three hospitals can be a bit overwhelming. And your stay – short or long, planned or resulting from an emergency can often feel like an ordeal. One group of patients coming into hospital faces a particularly difficult time. Every year we deliver around 11,000 babies at two of our hospitals; of those 11,000 babies born, a small number – around 200 each year – are stillborn. For the mothers this is the worst possible outcome from carrying a pregnancy to full term, and is without doubt a stressful and traumatic time.

In 2013, as a result of a heartfelt letter from a husband whose wife had lost a child, two of our midwives came to the realisation that we could do more to help mothers in this desperate situation. They wanted to make their stay in hospital better, and more peaceful. In partnership with the Leicester Hospitals Charity team, they came up with a plan, and a fundraising appeal was launched in December – the Leicester Baby Loss Appeal. Within weeks, they had raised enough money to create a brand new suite of rooms at Leicester General Hospital, for the sole use of mothers going through the tragedy of giving birth to a stillborn baby. The Garden Room was officially opened in June, and has been in use ever since. The appeal has been so successful (and there are a lot of people to thank – more of that later in this report) that two other ante-natal rooms were refurbished, and we have plans to renovate the equivalent rooms at the Leicester Royal Infirmary in the summer and autumn of 2014.

What struck me about this project was that we clearly have outstanding midwives, and staff who care deeply about the care they give to patients. But without the support of Leicester Hospitals Charity playing a key part in turning their plans into reality, we would struggle to achieve some of the things we do. It is the Charity's role in harnessing the huge generosity of the people of Leicester, Leicestershire and Rutland, that enables them to have an impact far beyond their size. Every time we are able to refurbish a room, buy a new piece of equipment, or send staff on additional training courses, it is our patients and visitors who ultimately benefit. This report looks at some of the work of the Charity over the past year. We examine just what impact it has had and how that has benefitted our patients, visitors and staff.

As Acting Chairman of the University Hospitals of Leicester NHS Trust, I have gained a unique insight into the dedication and commitment of all our staff in caring for our patients, and as a regular attendee at Leicester Hospitals Charity events, I am always struck by the generosity of patients, and their families and friends in supporting the work of the Charity, which in turn supports the patients we care for. On behalf of the Trust, it is my pleasure to thank everyone who has supported

Leicester Hospitals Charity over the past year. UHL acts as Corporate Trustee for the charity, and I am delighted, as Chairman, to present the Charitable Funds Annual Report for the year ended 31st March 2014.

These annual reports and accounts have been prepared by the Corporate Trustee in accordance with the Charities Act 2011. The Charity's report and accounts include all the separately established funds which benefit staff, patients and their carers; and the communities served by Leicester Hospitals Charity.

Mission statement

Leicester Hospitals Charity (the Charity) exists to support patients, their carers; and the NHS staff who look after them in Leicester, Leicestershire, Rutland and beyond.

It does this through targeted fundraising campaigns and effective management of donations, to provide additional resources, assets and skills which link closely with the strategic aims of UHL and the broader strategic aims of NHS healthcare in the East Midlands.

Our objectives for achieving public benefit

The Charity aims to achieve benefit for the public in all of its activities.

UHL's Trust Board reviews the Charity Commission's general guidance on public benefit when setting the terms of reference for the Charitable Funds Committee. The Charitable Funds Committee takes account of the Charity Commission's guidance on public benefit in planning the budget for each year, and in setting or reviewing the guidelines for Fund Advisors, who allocate charitable spending.

The funds of the Charity are comprised primarily of donations and legacies from members of the public and private organisations. The Charity's overall objective is to use these funds to benefit the public.

The Charity achieves this by ensuring that its funds are used for the following purposes:

- To purchase medical, surgical and other equipment and services;
- To purchase or construct assets for donation to the Trust; and
- To fund research projects

These activities benefit the public. They are not covered, or not fully supported by core NHS funds. The Charity defines "the public" as patients, their carers and the NHS staff who look after them in Leicester, Leicestershire, Rutland, and beyond.

All grant applications from the Trust for charitable expenditure are subject to review and challenge before they are approved. All applications are reported to the Charitable Funds Committee. This includes confirmation that the expenditure is for public benefit and cannot be met through core NHS funds.

Leicester Hospitals Charity is at its most effective when it combines the expertise and commitment of highly skilled NHS staff, with the generous support of the Leicester, Leicestershire and Rutland communities to bring about better quality care and support for patients.

UHL, as Corporate Trustee confirms that it has referred to the guidance contained in the Charity Commission's general guidance on public benefit when reviewing the Trust's aims and objectives and in planning future activities and setting the grant-making policy for the year.

Our achievements in 2014

During 2013-14 the Charity continued to support a wide range of charitable and health-related activities for the benefit of patients, their carers, and staff.

The Charity's funds were used to purchase goods and services that provide additional benefits to patients and staff over and above that provided by the Trust itself.

In 2013-14 the Charity received the following income:

- £830k of donations (2012-13: £563k);
- £957k of legacies (2012-13: £385k);
- £442k of fundraising income (2012-13: £978k); and
- £194k of investment income (2012-13: £194k).

We contributed £1,649k to the Trust for the benefit of its patients, visitors and staff (2012-13: £2,556k).

Leicester Baby Loss Appeal

In 2013, the Charity launched the Leicester Baby Loss Appeal, to provide a bespoke suite of rooms at the Leicester General Hospital's maternity unit for mothers experiencing pregnancy loss at full term. Thanks to support from Next plc. a significant gift from an anonymous donor, and a grant from the Department of Health's Improving Maternity care settings grant programme, we were able to refurbish two ante and post-natal rooms in addition to the new unit. We also have a refurbishment plan for the bereavement rooms at the LRI, which will be completed in the autumn of 2014, thanks to the generosity of all who supported, and continue to support, the appeal.

Making a difference to the public

Charitable Funds have been used to fund equipment and refurbishments which will have a significant impact on the patients we treat. For example:

- An ultrasound machine to support respiratory patients at the Glenfield
- Scalp cooling treatment for cancer patients was provided by a deed of gift
- Televisions for the benefit of patients using the haemodialysis unit at the Leicester General Hospital
- Parent accommodation next to the Children's Intensive Care unit at the Leicester Royal Infirmary

As well as one-off purchases of equipment, and refurbishment projects, the Charity funds a number of initiatives to benefit staff and patients. The following posts continue to be funded by the Charity:

- A Time for a Treat Co-ordinator;
- A meaningful activities Co-ordinator, working with patients with dementia; and
- A Volunteer Services Placement and Project Officer

The following activities were funded by the Charity in 2013-14:

- The 2013 festive meal;
- The Caring At Its Best staff Awards ceremony
- The on-going funding of retirement gifts

The Charity has also funded training and research projects during the year.

How we have raised the funds

Thanks to tremendous support from many donors, the Charity has had a significant impact on patient environment. Several key areas across the Trust have been given a "facelift" with the use of colour, design and bespoke furniture. We have formed a good working relationship with Grosvenor Interiors who have created quality branding and themes we are proud of.

These include a brand new **day room for Haematology patients** on ward 41 in the Osborne Building LRI which was mainly funded by the Solanki family in memory of their late son Alpesh who was treated for sickle cell disease all of his life in Leicester. The Osborne Day Ward is now much brighter and more welcoming with new wall art, blinds and chairs for regular day patients and in-patients funded by many kind benefactors who use the service. **Three parent waiting rooms**, which double up for overnight stays have been completely re-designed near the **Children's Intensive Care Unit** in Balmoral with the help of a £30,000 donation from the charity **Heartlink**. They are making a huge difference to parents at such a worrying time. The additional £4,000 that was needed to make them complete was contributed by several families with poorly children.

Members of Scraftoft Golf Club and Hinckley Golf Club excelled themselves by raising over £17,000 towards **patient environments in wards 39 and 40** in the Osborne Building. This work is on-going.

Several cherished donors have been working with us to improve the **Chemotherapy Suite**, providing new electronic therapy chairs for patients who need to stay seated for long periods of time during their treatment. Fundraisers include Sally & Pater Anderson of GEMS Charity, Cancer patient Paula Harrison, Widow Jayne Smith and patient Philip Read. We are very grateful for all their hard work and generosity.

We held the biennial **Foxtrot walk** for orthopaedic patients at Ratcliffe College on Sunday 16th June to raise funds for an **Instron Machine** to aid research into hip and knee replacements. We raised over £23,000 after costs, thanks to the hundreds of people who sent gifts and/or took part in the walk.

Donations & legacies

Many of our gifts and donations are given directly to wards to thank staff for the care they have given to patients. These gifts are used for charitable activities that benefit staff and patients. Charitable funds also allow all grades of staff to attend training courses not funded by the NHS, which helps keep them abreast of new ideas and techniques around patient care and treatment.

The Charity also received a number of legacies in the year. Legacies can often have a transformational impact, enabling us to provide new equipment, or fund important improvements to ward or clinic areas, for which NHS funds are not available. Thanks to one substantial legacy received in 2013, we were able to provide the Breast Care Centre at the Glenfield General Hospital with a new ultrasound scanner.

Ongoing appeals

We continue to work with the renal team in managing the Kidney Care Appeal and the orthopaedic team in managing the Foxtrot sponsored walk. The Our Space Appeal, although it has achieved its target, continues to benefit children and young people with cancer. Donations enable the staff at Ward 27 to fund activities for the young people during their often lengthy stays in hospital.

The Lord Mayor's Stroke Appeal concluded in May 2013. This exceeded its target, raising £98,353 in total (£35,544 in 2013/14). The funds were used to invest in equipment and training at all stages of treatment, diagnosis and rehabilitation. One particular piece of equipment was the stroboscope. This allows clinicians to assess a patient's ability to swallow – often compromised following a stroke. This helps assess what type of nutrition the patient can handle, and enables the staff to provide a better tailored treatment regime in the early stages of recovery from stroke.

Staff Lottery & wellbeing at work

We continue to manage the UHL staff lottery, including marketing and promotion to new and existing staff. The lottery's turnover has increased over the past few years and now stands at £193k (£186k in 2012-13). The lottery funds the Wellbeing at Work programme, which offers discounted and free activities and therapies to members of staff to help them achieve a healthier lifestyle.

The Charity's Five Year plan

In 2013 we launched the Charity's five year fundraising plan – to increase the overall funds available to support UHL in delivering its five year plan. One of the first activities we tackled was developing a fundraising plan around promoting and securing legacies. We will maintain a soft promotion around legacies through including it in as many communications channels as possible (for example on email footers; in fundraising leaflets; on the website). We have also begun surveys of donors and hospital supporters to establish what interest there is in supporting the Charity through legacy bequests in the future.

In order to increase income to the Charity over time, we embarked on recruitment of external support to assist with funding bids to companies and grant-making trusts. In 2014, we move to new offices, and will be recruiting new members of staff to the fundraising and finance teams, to enable us to handle the increased workload that will come with supporting more appeals and projects at any one time.

The Fundraising strategy will remain focused on three key elements:

- Use of existing funds (leverage)
- Building and maintaining relationships with funding partners
- Creating and managing our own fundraising appeals; using those appeals to strengthen, develop and increase the size and scope of the fundraising team and the number of donors we can engage with.

Consideration will be given to developing new income streams from new activities, or activities carried out in a different way, to allow more people to become involved.

Marketing and Communications

During 2013-14, the Charity renewed all its signage across the three sites. We are undergoing a review of all published material – leaflets, posters etc. to ensure a thematic consistency in the updated material.

We have also noticed an increase in the use of social media by our supporters. We are developing our response to this to ensure we make use of social media channels to encourage fundraisers and promote the work of the Charity.

Governance and Finance

Trustees

The Charity has a Corporate Trustee, the University Hospitals of Leicester NHS Trust. The members of the NHS Trust's Board who served during the financial year were as follows:

Name	Title
R Kilner	Non-Executive Director / Acting Chairman (from October 2013)
M Hindle	Chairman (until September 2013)
J Adler	Chief Executive
A Seddon	Director of Finance and Procurement
R Mitchell	Chief Operating Officer (from July 2013)
S Hinchliffe	Chief Operating Officer / Director of Nursing (until June 2013)
R Overfield	Chief Nurse (from Sept 2013)
K Harris	Acting Medical Director
K Bradley	Director of Human Resources
Professor D Wynford-Thomas	Non-Executive Director
I Reid	Non-Executive Director
D Tracy	Non-Executive Director
J E Wilson	Non-Executive Director
K Jenkins	Non-Executive Director
P Panchal	Non-Executive Director

The above members of the Trust Board have complied with the duty in section 4 of the Charities Act 2011 to have due regard to public benefit guidance published by the Commission.

Maintaining a healthy balance sheet

The assets and liabilities of the Charity as at 31 March 2013 are stated below, compared with the position at 31 March 2012.

	Total Funds 2013-14 £000	Total Funds 2012-13 £000
Fixed Asset Investments	4,736	4,933
Net Current Assets	854	238
Total Net Assets	5,590	5,171
Funds of the Charity		
Endowment Funds	1,097	1,095
Restricted Funds	587	673
Unrestricted Funds	3,906	3,403
Total Funds of the Charity	5,590	5,171

Useful definitions:

Fixed Asset Investments are investments in quoted stocks and shares.

Net Current Assets represent cash held on deposit plus debtors less the value of outstanding liabilities.

Endowment Funds represents endowments which are held in perpetuity so that only the income is available for distribution.

Restricted Funds represents money which is held by the Trustees which can only legally be used for specified purposes.

Unrestricted Funds are funds available to be spent within the objects of the Charity which can legally be spent wholly in accordance with the discretion of the Trustees.

Sources of funds

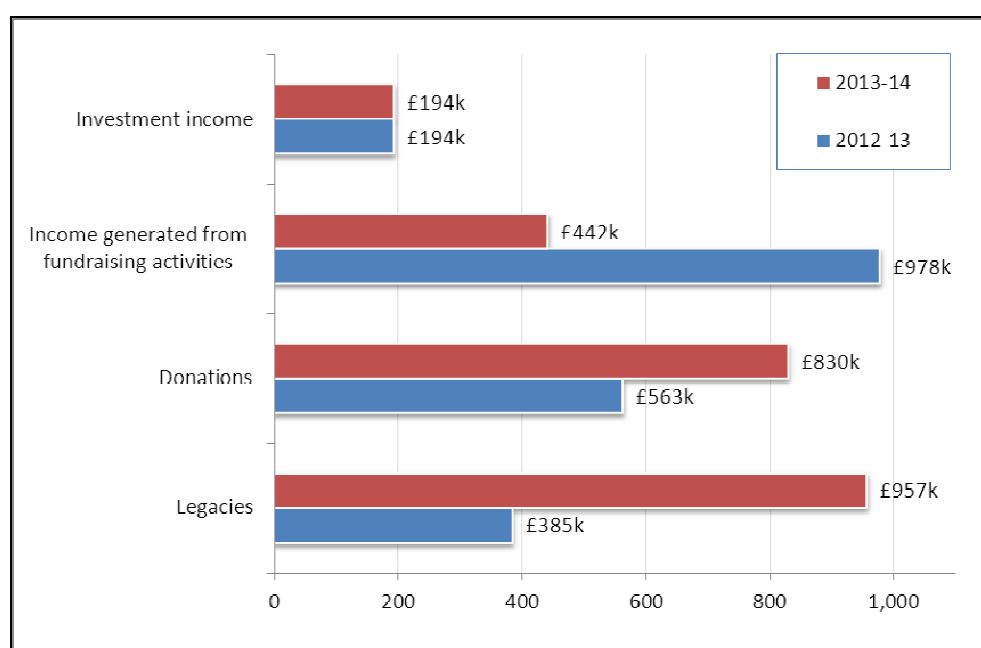
Incoming resources increased from £2,120k in 2012-13 to £2,423k in 2013-14 to. Fundraising income decreased by £536k primarily due to the large OurSpace appeal during 2012-13 for which there has not been a scheme of similar scale in 2013-14. Legacy income has increased by £572k mainly due to the notification of several large legacies around the year end.

Total resources expended have decreased from £2,896k in 2012-13 to £2,017k in 2013-14 mainly due to a decrease in charitable activities of £906k, a large element of which is due to the increased spend in 2012-13 on the OurSpace scheme.

The Charity generated a £419k surplus on the Statement of Financial Activities, with an excess of expenditure compared to income of £406k and an investment gain of £13k.

Although the Charity understands the importance of maintaining a healthy balance sheet and an adequate level of funds it does not plan to generate a surplus each year. The Charity's view is that where there is an excess of available funds over the minimum required level then these funds should be utilised. In some years it is appropriate for spending to exceed income, particularly where a large scheme is being funded following a fundraising campaign.

Income was received from the following sources:

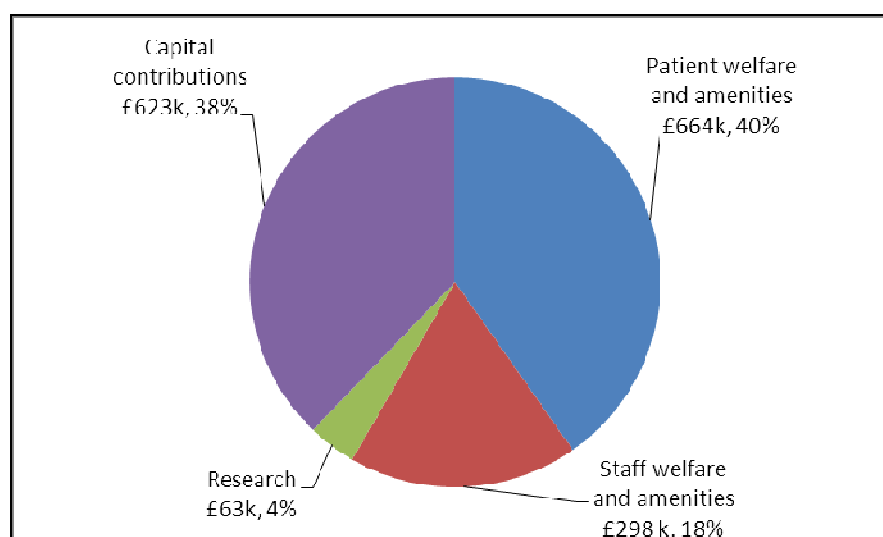


Voluntary income most notably included legacies of £173k and £110k; and a further nine legacies between £50k and £100k. Donations from the WRVS totalled £88k in the year. A further £47k was raised through the gift aid scheme. A total of £194k was raised through fundraising schemes.

During the year, the total return, including dividends and interest, was £194k (2012-13: £194k). The Charity also benefited from investment gains of £13k (gain of £432k in 2012-13) reflecting the performance of the stock market over the last twelve months.

Where we spent the money

The awarding of grants represents the main activity for the Charity. During the 2013-14 financial year, the Charity expended £1,648k in grants as shown below:



Grants to provide benefits to patients

The Charity spent £623k (2012-13: £636k) on grants to benefit patients, including:

- Purchases of Equipment to Supplement Wards and Departments £199k
- Furnishings of Patient Areas £261k

Grants to provide benefits to staff

The Charity spent £279k (2012-13: £217k) on grants with a purpose to provide benefits to the Trust's staff, including:

- UK and Overseas Course Fees, Study Leave and Travel £44k
- Social Activities £32k
- Furnishing Improvements to Staff Areas £52k
- Prize giving £23k
- Wellbeing at work (including other miscellaneous expenditure) £69k

Capital projects for donation to the NHS Trust

The Charity spent £585k on grants with a purpose to provide benefits to the Trust's patients and staff through capital expenditure, including:

- Construction works £245k
- Medical and dental equipment £320k
- Computer and other equipment £19k

Grants awarded for research projects

The Charity has a number of research funds and during the year £59k was spent on research related activities. The majority of this expense (£26k) related to the purchase of equipment for use in research activities.

Risk management

The Charity has identified no new material risks during 2013-14, with the main risk being the potential loss from a fall in the market value of investments.

The Charity has established an investment strategy to mitigate this risk, which requires an investment portfolio which balances risk and return, and includes investments which can be converted to meet short term cash requirements. New investment managers have been appointed in the year and they act in accordance with the Charity's investment strategy.

Financial reports are presented to the Charitable Funds Committee and any significant trends and risks are highlighted in the commentaries supporting the reports. Other low priority operational risks relate to the grant application process and the financial system risks around the receiving of donations, ordering of goods and services and payment of invoices.

Appropriate controls and systems have been established to mitigate these risks, including the Charity adopting UHL's standing orders and standing financial instructions. Assurances are obtained from internal audit that these controls are operating effectively.

The Trust's Audit Committee routinely receives updates on the Charity's performance and is responsible for the controls over the financial probity and management of the Charity and for overseeing the work of the auditors.

Grant-making policy

The use of our funds is restricted by the governing document which established the Charity to purposes connected with the NHS. When approving grant expenditure consideration is first given to the public benefit that will be generated from the expenditure, as this is a core value in our activities.

The main activity for the Charity is the awarding of grants to UHL. Grants are awarded through the scheme of delegation, and authorisation is dependant on the fund's purpose and the value of the application. The grant application process ensures that individual funds are not able to commit expenditure in the absence of available funds.

Grant applications are subject to robust review and challenge before they are approved, including a review as to whether the expenditure is for the public benefit and cannot be met through core NHS funds.

Where expenditure relates to the purchase of medical equipment there is an expectation that the NHS Trust Medical Equipment Panel approves these before any application is submitted for consideration. This ensures that there remains consistency between the capital expenditure plans of the NHS Trust and the Charity in terms of capital planning, and compatibility with existing resources.

The Committee approves grants up to £25,000 in relation to the use of the Charity's funds. The Charity Finance Manager is empowered by the Committee to consider and approve all grant applications of up to £10,000 from restricted or designated funds within the criteria set by the Committee. A report is presented to the next meeting of the Committee which details these approvals.

Applications involving proposed expenditure of £25,000 or more are referred to the NHS Trust Board, as Corporate Trustee, with the Committee's recommendation as to whether or not they should be approved or rejected.

Reserves

The Charity has an overall plan to provide long term support to the Trust. The Corporate Trustee has held the view that income donated to the Charity should be expended in a timely way in accordance with the wishes of the donors. This does not prevent any individual fund balances from being built up in order to purchase larger items in the future.

The Corporate Trustee's intent is that general funds are spent within a reasonable period of receipt and therefore foresee a need to only maintain reserves at a sufficient level to provide certainty of funding for the ongoing running costs of the Charity. This is in line with the following legal requirement:

"...reserves must be justified and by law, the Charity must spend income it receives within a reasonable period of time unless there's a good reason not to".

The Charity must be clear about the reasons for keeping reserves and is required to have a reserves policy. This helps explain to others why we are setting money aside rather than spending it on the charity's aims.

The Charity Commission defines reserves as the part of the Charity's funds which are "freely available" and excludes endowment, restricted and committed funds. The level of reserves available for general use as at 1st April 2014 is as follows:

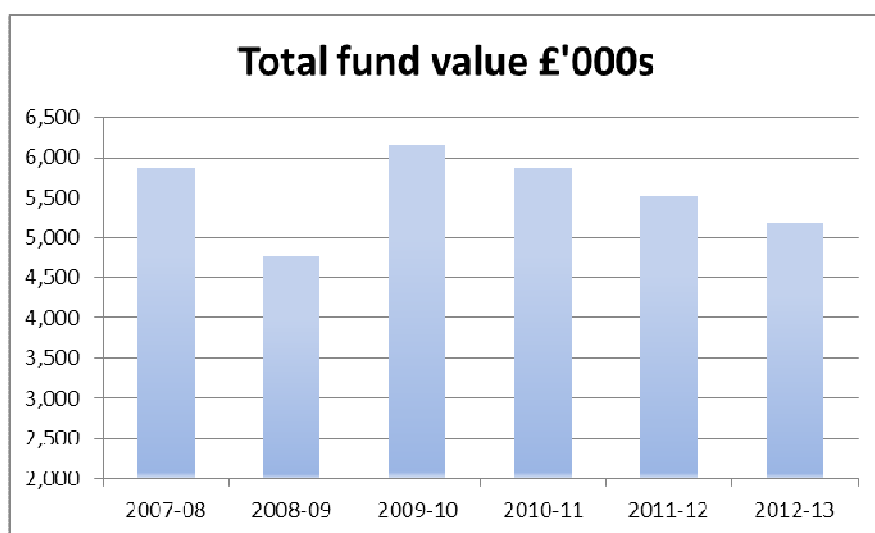
Breakdown of reserves	£'000
Total funds	5,291
less restricted funds	(509)
less endowments	(1,107)
less committed funds	(1,257)
Freely available reserves	2,418

The Charity's income and expenditure from 2008-09 to 2012-13 is shown in the table below.

Year	Income	Expenditure	Net Movement in funds	Movement as a % of total funds
	£'000	£'000	£'000	%
2012-13	2,120	2,895	-775	-15%
2011-12	2,126	2,395	-269	-5%
2010-11	1,651	2,092	-441	-8%
2009-10	1,564	1,687	-123	-2%
2008-09	2,144	1,953	191	4%

The largest movement in funds (as a percentage of total fund balances) occurred in 2012-13 and this was primarily due to the successful OurSpace appeal. The net movement in funds is usually not material when compared to the total level of fund balances. On average the annual net movement in funds has been a deficit of (£283k) over the 5 year period.

Overall fund balances have remained constant and there is a regular core level of income. The graph below shows the total fund balances over the last six years.



Fund balances dipped in 2008-09 due to losses on investments. Since the recovery in value of these investments in 2009-10 the total value of funds has been steadily decreasing, although the total fund value for 2013-14 has increased to £5,590k.

The Charity has calculated that it requires approximately £100k to meet its ongoing running costs and fund the spending that would be required to wind the Charity down should the need ever arise.

Taking into account the level of income and expenditure over the last five years it would be prudent to maintain freely available reserves at no less than £500k to ensure that the Charity has sufficient funds to cover its immediate commitments, plus sufficient funds to cover any likely annual deficit.

Linking the level of reserves to an annual level of spend is consistent with the Trust's own going concern assessment.

Each year, as part of the accounting process, the Trust assesses whether it will be operating as a going concern for the next financial year. The going concern assumption is less of a risk to the Charity as it is to the Trust as the majority of the Charity's expenditure is discretionary.

The Charity will be refining its approach to annual and long term planning, and will be linking spending plans to fundraising requirements. The going concern of the Charity would therefore not be put at risk if a large item of expenditure was identified as this would be supported by a fundraising scheme to meet any shortfall in available funds. There is therefore minimal risk to the Charity by reducing its reserves from the current level as expenditure is not approved unless funds, or fundraising plans, are in place.

The Charity currently has a level of freely available reserves which is significantly higher than the required level and the Charity's planning process will take this into account and aim to stabilise the reserves at the required level.

Our investments

The investments of the Charity are managed by Cazenove Capital Management (Cazenove) with the emphasis on maintaining a high level of liquidity and a low to moderate investment risk.

As part of the investment policy, Cazenove has the delegated authority to invest funds into equity, property and bond markets as well as maintain cash holdings. The investment firm are expected to work within the agreed portfolio mix shown below.

Investment Class	Permissible Range (%)	Proportion as at 31/03/14 (%)	Proportion as at 31/03/13 (%)
Equities (UK/Overseas)	30 to 60	62.1	61.8
Fixed interest	15 to 35	23.5	25.3
Absolute return	0 to 10	8.4	8.7
Property	0 to 20	3.9	3.8
Cash	Balance	2.1	0.4

The slight increase of UK equities above the permissible range is due to fluctuations in the market value of these and other investments which can impact on the proportion of total investments represented by equities.

The following restrictions also apply to the Charity's investment portfolio:

- investments that are not readily realisable must not exceed 10% of the total portfolio;
- investment in any one issuer's securities should not exceed 10%; and
- payment must be made on demand to the Charity in line with agreed procedures and approved signatories.

The Charity's governing document imposes two further restrictions on the Charity's power to invest funds:

- The Charity must not make any speculative or hazardous investment (and for the avoidance of doubt, this power to invest does not extend to the laying out of money on the acquisition of futures or traded options); and
- the Charity must not engage in trading ventures.

The Charity does not wish to invest in companies whose principal activities are tobacco related. The Charity accepts that the investment in common investment funds (and similar products) may give the Charity indirect exposure to tobacco related investments.

The Charitable Funds Committee reviews investment management performance at each meeting. The investment managers provide the Charity with monthly performance reports highlighting performance against key indices such as the FTSE All Share Index. The investment managers also provide the Charity with a commentary in relation to the portfolio and market outlook. The Charity receives regular advice from its investment managers and reviews opportunities to amend the Investment Strategy.

The Charity does not apportion unrealised investment gains or losses across funds unless they are in excess of £250k.

Reference and Administration details

Charity Name	Leicester Hospitals Charity
Charity Address	Trust Headquarters Level 3, Balmoral Building Leicester Royal Infirmary Infirmary Square, LE1 5WW
Registered Number	1056804
Charity Staff	<div> <div>Tim Diggle</div> <div>(Head of Fundraising)</div> </div> <div> <div>Debbie Adlerstein</div> <div>(Community and Events Fundraising Manager)</div> </div> <div> <div>Marie Hough</div> <div>(Fundraising Administrator)</div> </div> <div> <div>Maxine Walmsley</div> <div>(Fundraising Events Assistant)</div> </div> <div> <div>Nick Sone</div> <div>(Charity Finance Lead)</div> </div> <div> <div>Julie Woolley</div> <div>(Charity Finance Manager)</div> </div> <div> <div>Mandy Tuddenham</div> <div>(Charitable Funds Assistant)</div> </div>
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External Auditors	KPMG LLP One Snowhill Snow Hill Queensway Birmingham B4 6GH
Solicitors	Eversheds 1 Royal Standard Place Nottingham NG1 6FZ
Bankers	The Royal Bank of Scotland St Johns House East Street Leicester LE1 9NB
Investment Managers	Cazenove Capital Management Limited 12 Moorgate London EC2R 6DA
Corporate Trustee	University Hospitals of Leicester NHS Trust Trust Headquarters Level 3, Balmoral Building Leicester Royal Infirmary Infirmary Square, LE1 5WW

Thank you

On behalf of all the patients who continue to benefit from improved services due to donations and legacies, Leicester Hospitals Charity would like to thank all patients, relatives, staff and partners for their support.

If you want to know more about how to become involved in the work of the Trust, or take part in fundraising activities, or simply make a donation, contact the Leicester Hospitals Charity Fundraising team on 0116 258 8709, or email fundraising@uhl-tr.nhs.uk.



cutting through complexity

Leicester Hospitals Charity **(Discussion Draft)**

Audit highlights memorandum and management letter for the year
ended 31 March 2014

October 2014

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This report is addressed to University Hospitals of Leicester NHS Trust as the Corporate Trustee of Leicester Hospitals Charity, and has been prepared for the use of the Trustee only. We accept no responsibility towards any member of staff acting on their own, or to any third parties.

External auditors do not act as a substitute for the Trustee own responsibility for putting in place proper arrangements to ensure that public business is conducted in accordance with the law and proper standards, and that charitable money is safeguarded and properly accounted for, and used in line with the intentions of the donors.

If you have any concerns or are dissatisfied with any part of KPMG's work, in the first instance you should contact Jonathan Brown who is the engagement partner to the Charity, telephone 0117 905 4362 or email jonathan.brown@kpmg.co.uk who will try to resolve your complaint.

Please note that that this report is confidential between the Trustees and this firm. Any disclosure of this report beyond what is permitted above will prejudice this firm's commercial interests. A request for our consent to any such wider disclosure may result in our agreement to these disclosure restrictions being lifted in part. If the Trustees receive a request for disclosure of this report under the Freedom of Information Act 2000, having regard to these actionable disclosure restrictions you must let us know and you must not make a disclosure in response to any such request without our prior written consent.

Background

The overall objective of the fund is “achieve benefit for the public in all its activities.”

During the year the funds continued to support a wide range of charitable and health related activities benefiting both patients and staff. In general these funds are used to purchase additional goods and or services that the NHS is unable to provide.

The net assets of the Charity as at 31 March 2014 were £5.590 million (an overall increase of £419k on the prior year). The key factor in this rise is an increase of £869k in the level of donations and legacies upon which the Charity is dependent. Of the total resources expended of £2.017 million (2012/13: £2.896 million) charitable expenditure on direct charitable activity for the public benefit, excluding governance costs, was £1.995 million.

Audit conclusions

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| ✓ | ■ An unqualified audit opinion is proposed on the financial statements. |
|---|---|

Accounting matters

- | | |
|---|---|
| ✓ | <ul style="list-style-type: none"> ■ We have identified a number of audit differences, which are explained in more detail in Appendix 1. ■ We identified a small number of presentational issues during our audit and management have adjusted for all of these matters. ■ Accounting policies appropriate for the annual report and the financial statements are in accordance with disclosure requirements of relevant charities legislation, UK GAAP and the Statement of Recommended Practice. |
|---|---|

Auditing matters

- | | |
|---|---|
| ✓ | <ul style="list-style-type: none"> ■ We have completed the audit subject to receipt of the signed management representations letter. ■ No significant audit issues arose during the course of our audit of the Charity. ■ We have raised three medium recommendations to improve the control environment of Leicester Hospitals Charity. These relate to recording of Committee approval for expenditure, the setting of a medium term strategy for use of accumulated fund balances, and adherence to the Terms of reference of the Charitable Fund Committee in respect of meeting dates and attendance. |
|---|---|

Regulatory and tax matters

- | | |
|---|--|
| ✓ | ■ No significant regulatory or tax matters came to our attention during the course of our normal audit work. |
|---|--|

Audit status and observations

The purpose of this document is to set out certain matters which came to our attention during the course of our audit of the accounts of Leicester Hospitals Charity (the Charity) for the year ended 31 March 2014.

The purpose of our audit

The main purpose of our audit, carried out in accordance with the Clarified International Auditing Standards issued by the Auditing Practices Board, is to issue a report to the Trustee of Leicester Hospitals Charity. This expresses in our opinion, whether the Charity financial statements:

- **give a true and fair view**, in accordance with UK Generally Accepted Accounting Practice, of the state of the Charity's affairs as at 31 March 2014 and of its incoming resources and application of resources for the year then ended; and
- **have been properly prepared** in accordance with the SORP 2005.

Our audit objectives

Our audit objectives go beyond the delivery of the statutory requirements of audit (the provision of an opinion) and reflect our desire to meet and exceed the Charity's expectations. Our audit objectives are to:

- deliver a high quality, efficient audit, focusing on key issues and risks, with an appreciation of operational sensitivities and of the overall environment in which the Charity operates;
- provide added value commentary on current issues, control recommendations and accounting and regulatory developments in our management reporting; and
- report effectively within agreed timescales.

In delivering these objectives, we worked closely with finance staff to ensure that our work was undertaken with the minimum of disruption to the Trust.

Acknowledgements

- We would like to take this opportunity to thank the Charitable Funds accountant and finance team for their co-operation and assistance with our audit.

We set out below details of the required communications to the Trustee:

Disagreement with management	There have been no disagreements with management on financial accounting and reporting matters that, if not satisfactorily resolved, would have caused a modification of our auditors' report on the financial statements.
Consultation with other accountants	To the best of our knowledge, management has not consulted with or obtained opinions, written or oral, from other independent accountants during the past year that were subject to the requirements of Statement 1.213 of the Institute of Chartered Accountants in England and Wales Guide of Professional Ethics.
Difficulties encountered in performing the audit	We encountered no difficulties in dealing with management in performing the audit.
Material written communications	In accordance with the communication requirements of Clarified International Standard on Auditing (UK and Ireland) 260, we provide the following material written communications to the Trustee: <ul style="list-style-type: none"> ■ Report to the Charitable Fund Committee – this is the main body of this report; and ■ KPMG Independence communication (appendix 6).

Audit status and observations

There were no material unadjusted misstatements identified as part of our audit work.

Management Representations	In accordance with Clarified ISA 580 <i>Written representations</i> , we will request written representations from those charged with governance.
Audit misstatements	Under the requirements of Clarified ISA 260 <i>Communication of audit matters with those charged with governance</i> , we are required to report any adjusted audit misstatements and any unadjusted misstatements above our posting threshold which have arisen from our work. There are no material unadjusted misstatements.

Management Report

Our objective is to use our knowledge of the Charity gained during our routine audit work to make useful comments and suggestions for you to consider. However, you will appreciate that our routine audit work is designed to enable us to form the above audit opinions on the annual financial statements of Leicester Hospitals Charity and should not be relied upon to disclose errors or irregularities which are not material in relation to those financial statements.

Trust Charities

Our audit work on the financial statements is now substantially complete and we plan to issue an unqualified audit opinion for the year ended 31 March 2014 (based on our position at the date of this report), following our receipt of the management representations letter.

There were no significant issues identified during our audit as reported in this document in appendix 2.

Summary of audit differences

We are required by ISA (UK and Ireland) 260 Communication of Audit Matters to Those Charged with Governance to communicate all uncorrected misstatements, other than those that we believe are clearly trivial, to the Charitable Fund Committee. We are also required to report all material misstatements that management has corrected but that we believe should be communicated to the Charitable Fund Committee to assist it in fulfilling its governance responsibilities.

This appendix sets out the audit differences that we identified following the completion of our audit for the year ended 31 March 2014.

Unadjusted audit differences

We are pleased to report that there were no unadjusted audit differences.

Adjusted audit differences

Detailed below are the material audit differences which have been identified during the course of our work which have been corrected by management in the financial statements.

Issue	Balance Sheet (£'000)		Statement of Financial Activities (£'000)	
	Dr	Cr	Dr	Cr
Unrestricted funds which have been transferred from restricted to unrestricted in the year relate to 2014/15	23	23	-	-

Presentational Issues

We identified a number of minor presentational issues during our audit and these have all been amended by the Charity.

Other Matters

There are no additional matters to report.

Appendix 2

Key issues and recommendations

This appendix summarises the recommendations that we have identified from our work. We have given each of our recommendations a risk rating (as explained below) and agreed with management what action you will need to take.

Priority rating for recommendations					
1	Priority one: issues that are fundamental and material to your system of internal control. We believe that these issues might mean that you do not meet a system objective or reduce (mitigate) a risk.	2	Priority two: issues that have an important effect on internal controls but do not need immediate action. You may still meet a system objective in full or in part or reduce (mitigate) a risk adequately but the weakness remains in the system.	3	Priority three: issues that would, if corrected, improve the internal control in general but are not vital to the overall system. These are generally issues of best practice that we feel would benefit you if you introduced them.

#	Risk	Recommendation	Management Response/Responsible Officer/Due Date
1	2	<p>Approval of use of funds</p> <p>As part of our sample testing of expenditure, we identified a case of funds seemingly being expended without proper approval by the Charitable Fund Committee.</p> <p>In testing for approval of this expenditure, minutes of the relevant the Charitable Fund Committee noted this had not been approved, however further investigation confirmed this had been approved by the Committee and the minutes recorded incorrectly.</p> <p>Based on their presence in the meeting, the Head of Fundraising had made the purchase as a result of the verbal approval, but prior to minutes being circulated to confirm this approval in writing.</p> <p>We were able to confirm that for the remaining approvals for the year, all funds had been approved prior to use.</p> <p>Recommendation</p> <p>The Charity should ensure that minutes for each Committee meeting are taken accurately, and distributed to members for review and approval in a timely manner afterwards. Charitable fund expenditure requiring approval by the Committee should only be undertaken once written confirmation has been recorded of approval.</p>	

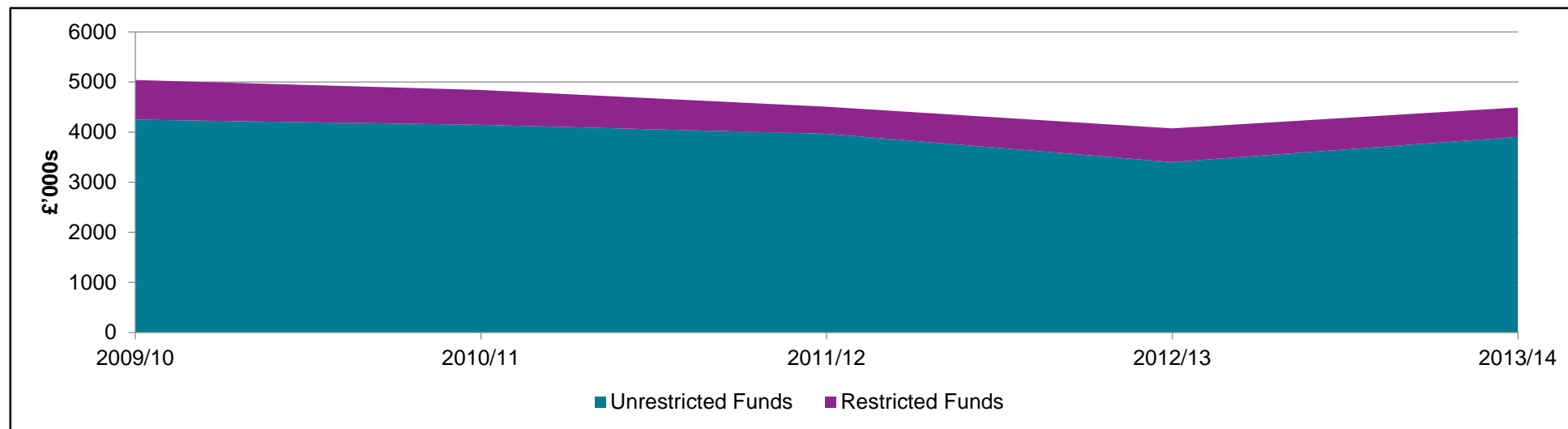
#	Risk	Recommendation	Management Response/Responsible Officer/Due Date
2	2	<p>Medium Term Strategy</p> <p>Leicester Hospitals Charity has held an average of £4.6 million in funds for the last five years (see appendix 3). Currently there is no medium term strategy to utilise these reserves, and generally income received in the financial year is expended to an equal amount. Unused funds accumulate interest but this is not part of a longer term strategy of fundraising for specific projects.</p> <p>The Charity calculates that as a safety net it would need just £80k to operate, and therefore this is effectively the de-minimis level of reserves required.</p> <p>Recommendation</p> <p>The Charity should develop a medium term policy for use of its funds to ensure that reserves are utilised appropriately for charitable fund expenditure in line with the charitable objectives rather than simply accumulate interest through investment.</p>	
3	2	<p>Charitable Fund Committee Terms of Reference</p> <p>Per the terms of reference for the Charitable Fund Committee, meetings should be held bi-monthly and a quorum for the transaction of business meetings of the Committee shall be three voting members, one of which is required to be a Non-Executive Director (NED).</p> <p>In the 2013/14 financial year, there were three committees held (17 May 2013, 13 September 2013 and 3 February 2014), and therefore the Committee did not adhere to its terms of reference.</p> <p>Whilst these meetings were quorate (with one NED was present at each meeting as well as the Director of Corporate and Legal Affairs, the Financial Accountant and Deputy Director of Finance/Financial Controller) it is understood the cancelled meetings were due to the unavailability of NEDs.</p> <p>Recommendation</p> <p>The Charity should ensure that the Charitable Fund Committee adheres to its Terms of Reference, and where issues arise these should be reported to the Trust Board. If the current Terms of Reference are deemed inappropriate then they should be updated to reflect new arrangements, whilst the Trust should look to appoint additional NEDs as members to ensure meetings are able to be held quorate.</p>	

Fund movements over the past five years

This table shows the total funds for the Charitable Fund for the past five years (at year end), which is in a graph on the next slide.

Year	Unrestricted Funds			Restricted Funds			Combined
	Incoming Resources* (£'000s)	Resources Expended* (£'000s)	Balance at Y/E (£'000s)	Incoming Resources* (£'000s)	Resources Expended* (£'000s)	Balance at Y/E (£'000s)	Balance at Y/E (£'000s)
2009/10	2,456	(1,421)	4,251	466	(282)	790	5,041
2010/11	1,517	(1,670)	4,147	357	(451)	696	4,843
2011/12	1,841	(2,020)	3,968	296	(451)	540	4,508
2012/13	2,115	(2,681)	3,403	393	(258)	673	4,076
2013/14	2,186	(1,681)	3,906	272	(361)	587	4,493

*The Transfers and Gains and Losses have been included in the relevant Incoming Resources and Resources Expended column to accurately show the year on year movements.



New UK GAAP

In March 2013, the Financial Report Council (FRC) issued FRS102, the Financial Reporting Standard applicable in the UK and Republic of Ireland. This is the main part of the new UK GAAP regime and follows the issue in November 2012 of FRS 100 (overview of the framework) and FRS 101 (reduced disclosure framework that is not applicable to charities).

Charities will apply FRS 102, or, if eligible the FRSSE. They are not allowed to apply EU-IFRS or FRS 101. FRS 102 is based on the IFRS for Small and Medium Sized Enterprises (IFRS for SMEs) although amendments were made specifically for the UK market. There is a reduced disclosure framework under FRS 102 which, if certain criteria are met, exempts a charity's subsidiaries from preparing a cash flow statement, and certain other disclosures. The current draft of the Charity SORP Exposure Draft does not allow charitable subsidiaries to adopt this reduced disclosure framework.

New UK GAAP is applicable for accounting periods beginning on or after 1 January 2015. This will require a transition balance sheet for Leicester Hospitals Charity to be prepared as at 1 April 2014. Early adoption is permitted for periods ending on or after 31 December 2012 once the Charities SORP has been issued.

Accounting regime	Applicable to:	Example:
FRS 102	<ul style="list-style-type: none"> Large and medium sized entities 	<ul style="list-style-type: none"> Large and medium private companies Larger charities
FRS 102 with reduced disclosures	<ul style="list-style-type: none"> Individual accounts of qualifying parent and subsidiary entities* 	<ul style="list-style-type: none"> Parent company and subsidiaries in a group Company subsidiaries in a charitable group
FRSSE	<ul style="list-style-type: none"> Eligible small entities 	<ul style="list-style-type: none"> Small** private companies Small** charities

* A qualifying parent or subsidiary is a member of a group that prepares publicly available financial statements intended to give a true and fair view, in which it is consolidated. Fewer exemptions are available for financial institutions.

** As defined by company law

FRS 102 GAAP differences

Differences between FRS 102 and current UK GAAP that may impact charities include:

Selected GAAP differences			
	Current UK GAAP	FRS 102	EU-IFRS*
Defined benefit pension plans	<ul style="list-style-type: none"> Multi-employer plans (including group) off balance sheet in individual accounts Expected return on assets reflects returns expected on assets held 	<ul style="list-style-type: none"> Group plans must be on at least one balance sheet. For non-group multi-employer plans, provision is made for agreed deficit funding One net interest charge/credit based on net balance sheet asset/liability i.e., return on asset element calculated using liability discount rate 	<ul style="list-style-type: none"> Group plans must be on at least one balance sheet. For non-group multi-employer plans, provision is made for agreed deficit funding One net interest charge/credit based on net balance sheet asset/liability i.e., return on asset element calculated using liability discount rate (for periods commencing 1 January 2013)
Goodwill	<ul style="list-style-type: none"> Rebuttable presumption that amortised over maximum life of 20 years Intangibles generally subsumed within goodwill 	<ul style="list-style-type: none"> Amortised over a presumed life of five years unless has longer life Intangibles recognised separately 	<ul style="list-style-type: none"> No amortisation, but reviewed annually for impairment Intangibles recognised separately
Derivatives	<ul style="list-style-type: none"> Generally off balance sheet (non-FRS 26) 	<ul style="list-style-type: none"> On balance sheet 	<ul style="list-style-type: none"> On balance sheet
Intercompany payables and receivables	<ul style="list-style-type: none"> Recognised at face value (non-FRS 26) 	<ul style="list-style-type: none"> Recognised at fair value If the loan is for a fixed term and not at a commercial rate then fair value will not equal face value. 	<ul style="list-style-type: none"> Recognised at fair value If the loan is for a fixed term and not at a commercial rate then fair value will not equal face value.
Borrowing / Development costs	<ul style="list-style-type: none"> May capitalise when criteria met 	<ul style="list-style-type: none"> May capitalise when criteria met 	<ul style="list-style-type: none"> Must capitalise when criteria met

* Under company and charity law a charity cannot apply EU-IFRS. The accounting treatment is given here for completeness.

FRS 102 Public benefit entity requirements

Under FRS 102 charities are public benefit entities (PBEs) and therefore follow the PBE requirements given for:

- Property held for the provision of social benefits
- Funding commitments
- Concessionary loans – loans between a PBE and a third party at below market rate that are not repayable on demand
- Incoming resources from non-exchange transactions – donated goods & services
- Public benefit entity combinations – combinations that are in substance a gift, or are a merger

Statement Of Recommended Practice (SORP)

In July 2014, the SORP Committee issued the new Charity SORPs to reflect the new UK accounting framework and to provide guidance on the application of FRS 102. The new SORPs provide a comprehensive framework for charity accounting that all charities that prepare accrual accounts must follow. The new SORPs apply to financial years beginning on or after 1 January 2015. The new SORPs were needed due to changes in UK accounting following the new Financial Reporting Standard (FRS102) that was issued by the Financial Reporting Council in March 2013. In their joint role as the SORP-making body for UK charities, the regulators have been working closely with the sector-based SORP committee to write the new SORPs, which included a public consultation held from July to November 2013.

Responding to sector feedback the new framework provides a SORP to support each of the accounting standards from which charities can choose, depending on their size. Broadly speaking, in order to use the FRSSE, charities must meet two out of three of the following criteria: an annual income of less than £6.5million; total assets of less than £3.26million; or fewer than 50 employees. FRS 102 may be followed by any charity. Charities following FRS 102 are often required to provide more information in the notes to the accounts and must provide a Statement of Cash-flows irrespective of their level of income.

It is essential for a charity to make the correct choice before [downloading](#), [customising](#) or [selecting](#) SORP modules. Although the two SORPs have the same structure and order of modules, the requirements differ significantly due to underlying differences in terminology, accounting policies and disclosures required by the FRSSE and FRS 102. The FRSSE SORP and FRS 102 SORP share the same requirements for the form and contents of the trustees' annual report, fund accounting and common formats for the balance sheet, however there are many areas of difference including a different treatment for realised and unrealised gains and losses on investments in the statement of financial activities.

The new SORPs can be viewed on the SORP microsite <http://www.charitycorp.org/> along with a help sheet <http://www.charitycorp.org/about-the-sorp/helpsheets/> to assist charities in making their decision about which accounting framework to follow.

SORP Exposure Draft – summary of key changes from current SORP (2005)

Summary of key differences	
	New SORP
Trustees' Report	<ul style="list-style-type: none"> ■ Risk management - expanded for larger charities to include an explanation of the principal risks and uncertainties faced by the charity and how these risks are managed. ■ Achievements and performance – the trustees must provide a balanced picture and should identify the effect or impact of results on beneficiaries and wider society. ■ Going concern – nature of any uncertainties must be explained. ■ Reserves policy – the trustees must disclose if there is no reserves policy and give reasons for this. ■ Pension liability – disclose the impact of any material pension liability. ■ Trustee names – the concession allowing only 50 trustee names to be given has been removed so that now all trustee names must be reported.
SoFA	<ul style="list-style-type: none"> ■ The number of headings within the SoFA has been reduced and a “plain English” style adopted to describe the nature of the income or expenditure included within each heading of the SoFA. ■ The treatment of investment gains and losses has changed to reflect FRS 102 requirements. These will be recognised within the “Income and Expenditure” part of the SoFA instead of the “STRGL” part where they currently sit.
Income recognition	<ul style="list-style-type: none"> ■ Income is recognised when it is probable (previously virtually certain). The SORP ED includes guidance as to when legacies are recognised (on probate). ■ Income from pledges is recognised when it is probable and can be measured. ■ Income from goods donated for sale or distribution is recognised at time of receipt at fair value where practicable. Otherwise it is recognised as income when the goods are sold or distributed.
Cash flow statement	<ul style="list-style-type: none"> ■ The statement of cash flows required by FRS 102 is different to the current format. The new SORP gives more guidance than the current SORP with examples of cash flows that fall within the mandatory headings.
Trustee and management remuneration	<ul style="list-style-type: none"> ■ More guidance is given for where a trustee has a dual role as a trustee and employee. ■ Must disclose the total amount paid to key management personnel and any benefits paid to trustees on an individual basis.

Strategic Report

The Charity Commission and the Office of the Scottish Charity Regulatory (OSCR), which together make up the joint SORP making body, have published guidance to help trustees of large & medium company charities comply with new reporting requirements.

The joint SORP making body recommends that these company charities restructure their Trustees' Annual Report to allow the information required in a Strategic Report to be presented as a separate section of the Trustees' Annual Report to meet both the SORP 2005 requirements and the new provisions of the Companies Act 2006 introduced by the (Strategic Report and Director's Report) Regulations 2013. This avoids the need to duplicate information in both reports.

The joint SORP making body suggests that the Trustees' Annual Report may be structured as follows (although the SORP does not require the information to be presented in a specified order):-

Reference and Administrative details of the Charity, its Trustees and Advisors**Structure, Governance and Management****Objectives and Activities****Strategic Report which includes:**

Achievements and Performance

Financial Review

Plans for Future Periods

Principal Risks and Uncertainties

Funds held as Custodian Trustees on Behalf of Others

In approving the Trustees' Annual Report, the trustees must include a clear statement that they are also approving the Strategic Report in their capacity as company directors.

Auto-enrolment

All charities must “auto-enrol” eligible jobholders into either:

- a) National Employment Savings Trust (“NEST”); or
- b) Their own qualifying workplace scheme

Requirements phased in between October 2012 and October 2017 for all eligible Jobholders, those between the age of 22 and the State Pension Age. When the scheme is fully in force employers will have to pay a minimum of 3% of qualifying earnings. Employees can only opt out after 1 month in the scheme, but, crucially, must be auto-enrolled again after 3 years. There may be opportunity to offset the additional cost to employers through salary sacrifice.

Employment Allowance

From April 2014 all UK employers (businesses and charities) will be eligible for a new £2,000 Employment Allowance. The effect of this allowance is that it will reduce the overall amount of Employer’s NIC payable to HMRC each year.

Each business will be able to employ one individual on an annual salary of £22,400, or four staff on the National Minimum Wage (£12,070 per annum), without having to pay any Employer’s NIC at all.

The scheme will be administered through payroll reporting and Real Time Information and employers will be required to opt in to confirm eligibility for the allowance. It is not yet known how the new Employment Allowance will operate in relation to companies with multiple payrolls, more than one PAYE scheme reference or Group structures.

We have set out below a summary of the key elements of the UK Chancellor's Budget which may impact the charity:

Corporation Tax

The following announcements made in the Budget will be applicable to non-charitable subsidiary companies:

Rate of corporation tax

The current main rate of corporation tax is 23 per cent, falling to 21 per cent from 1 April 2014 and 20 per cent from 1 April 2015.

The small companies' rate of corporation tax will remain at 20 per cent.

Capital allowances

There will be an increase in the Annual Investment Allowance limit from £250,000 to £500,000 for all qualifying investments in plant and machinery made between 1 April 2014 to 31 December 2015.

Stamp Duty Land Tax (SDLT)***Charity relief***

As announced at Autumn Statement 2013, the Government will introduce legislation to extend the SDLT relief available to charities purchasing land jointly with a non-charity. The effect will be that where two or more purchasers acquire land as tenants-in-common, where at least one of them is a charity, and one is not, then the charity may claim relief on its share, subject to the land being held for qualifying charitable purposes.

The changes follow the Court of Appeal judgment in the case of *The Pollen Estate Trustee Company Limited & Kings College London v HMRC Comrs*. The Court held in that case that where a charity is buying land jointly with a non-charity then SDLT relief may be claimed by the charity on its share of the land interest.

The legislation will come into effect from the date of Royal Assent to the Finance Bill 2014 and will provide welcome clarification to the SDLT rules.

Extension of the 15 per cent rate of SDLT to property purchases over £500,000

The 15 per cent rate of SDLT has been extended to companies (and other corporate vehicles) buying residential property with a value over £500,000. This will apply to land transactions where the effective date is on or after 20 March 2014.

Employment Tax***Rates, thresholds and allowances***

Rates of income tax will remain the same for 2014/15 at 20 per cent, 40 per cent and 45 per cent. As widely speculated in the run up to today's Budget, the Chancellor has announced an increase of the threshold at which the 40 per cent tax rate will apply from 6 April 2014 to £41,865, increasing to £42,285 from 6 April 2015. The 45 per cent rate will continue to apply on income above £150,000 per annum.

From April, most employers will be able to claim an Employment Allowance to reduce their employer's Class 1 National Insurance contributions (NIC) by up to £2,000 each year.

The previously announced NIC rates and thresholds for 2014/15 remain unchanged.

Employer's NICs for under-21 year olds paid up to the Upper Earnings Limit (£805 per week for 2014/15) will be abolished with effect from 6 April 2015.

Beneficial loans

As announced in last year's Budget, the statutory exemption threshold for employment-related loans will increase with effect from April 2014 from £5,000 to £10,000.

Childcare costs

Following a recent consultation on tax free childcare, yesterday HM Treasury released the Government's response to the consultation in which it was confirmed that a new scheme will be introduced from autumn 2015 to replace the current tax relief available via relief at source on employment income. From autumn 2015 when the new scheme is introduced, existing employer-supported childcare arrangements will be closed to new entrants.

To be eligible, both parents must work (or one parent in the case of single parent families), with each earning more than approximately £50 per week and less than £150,000 a year, and not already receiving support through tax credits (and Universal Credit).

There have been several key changes to the original proposals announced last year, including:

The original childcare costs limit of £6,000 has now been increased to £10,000, with the Government contributing 20 per cent up to this limit (i.e. maximum £2,000 Government contribution) for each eligible child (not per parent).

The age limit will increase over the first year the scheme is introduced to include all children up to age 12 by autumn 2016.

Accounts will be required to be opened with National Savings & Investments (NS&I) via online accounts with top-ups of up to £500 per child made each quarter. Parents can then arrange for payments to be made to formally registered or approved childcare provider(s) directly from their NS&I account.

Professional ethical standards require us to communicate to you in writing at least annually all significant facts and matters, including those related to the provision of non-audit services and the safeguards put in place that, in our professional judgment, may reasonably be thought to bear on KPMG LLP's independence and the objectivity of Jonathan Brown and the audit team. This letter is intended to comply with this requirement. We have summarised below the fees paid to us by the charity for significant professional services provided by us during the reporting period.

We are satisfied that our general procedures support our independence and objectivity.

KPMG LLP is committed to being and being seen to be independent. As part of our ethics and independence policies, all KPMG LLP Audit Partners, Directors and staff annually confirm their compliance with our Ethics and Independence Manual including in particular that they have no prohibited shareholdings. Our Ethics and Independence Manual is fully consistent with the requirements of the APB Ethical Standards. As a result we have underlying safeguards in place to maintain independence through:

- Instilling professional values.
- Communications.
- Internal accountability.
- Risk management.
- Independent review.

Please inform us if you would like to discuss any of these aspects of our procedures in more detail.

There are no other matters that, in our professional judgement, bear on our independence which need to be disclosed to the Charitable Fund Committee or the Trust Board.

We confirm that as at 23 October 2014, in our professional judgment, KPMG LLP is independent within the meaning of regulatory and professional requirements and the objectivity of the Audit Director and audit staff is not impaired.

This report is intended solely for the information of the Charitable Fund Committee of the Trust Board and should not be used for any other purposes.

Any additional services provided by KPMG to you are approved by management under delegated authority from the Corporate Trustee to ensure transparency. In addition to the audit of the financial statements, during 2013/14 KPMG has also undertaken no other work for the Corporate Trustee in respect of the Charity.



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KPMG LLP
One Snowhill
Snow Hill Queensway
Birmingham
B4 6GH

27th November 2014

Dear Sirs

This representation letter is provided in connection with your audit of the financial statements of Leicester Hospitals Charity ("the Charity"), for the purpose of expressing an opinion as to whether these financial statements give a true and fair view of the financial position of Leicester Hospitals Charity and of its financial performance in accordance with UK Generally Accepted Accounting Practice. These financial statements comprise the balance sheet as at 31 March 2014, and the statement of financial activities for the year then ended, and a summary of significant accounting policies and other explanatory notes.

We acknowledge as Corporate Trustee ("the Trustee") our responsibilities under the Charities Act 2011 for preparing financial statements which give a true and fair view of the Charity.

We also acknowledge as Trustee our responsibilities under the Charities Act 2011, for making accurate representations to you and for ensuring that there is no relevant audit information that you are unaware of.

The Trust Board approves the financial statements.

The Board understands that auditing standards require you to obtain representations from the Trustee on matters that are material to your opinion. The Board understands that omissions or misstatements of items are material if they could, individually or collectively, influence the economic decisions of users taken on the basis of the financial statements. Materiality depends on the size and nature of the omission or misstatement judged in the surrounding circumstances. The size and nature of the item, or a combination of both, could be the determining factor.

The Board has made appropriate inquiries of the Trustee and officers of the Charity with the relevant knowledge and experience. Accordingly, the Board confirms, to the best of its knowledge and belief, the following representations:

1. The financial statements referred to above, which have been prepared on a going concern basis, give a true and fair view in accordance with UK Generally Accepted Accounting Practice.
2. All the accounting records have been made available to you for the purpose of your audit and the full effect of all the transactions undertaken by the Charity have been adequately reflected and recorded in the accounting records in accordance with agreements, including side agreements, amendments and oral agreements. All other records and related information, including minutes of all management, committee Board and Trustee's meetings and, where applicable, summaries of actions of meetings held after period end for which minutes have not yet been prepared, have been made available to you.

3. The Board is not aware of any known actual or possible non-compliance with laws and regulations that could have a material effect on the ability of the Charity to conduct its business and therefore on the results and financial position to be disclosed in the financial statements for the year ended 31 March 2014.

4. The Board:

(a) understands that the term “fraud” includes misstatements resulting from fraudulent financial reporting and misstatements resulting from misappropriation of assets. Misstatements resulting from fraudulent financial reporting involve intentional misstatements including omissions of amounts or disclosures in financial statements to deceive financial statement users. Misstatements resulting from misappropriation of assets involve the theft of an entity’s assets, often accompanied by false or misleading records or documents in order to conceal the fact that the assets are missing or have been pledged without proper authorisation.

(b) acknowledges responsibility for the design and implementation of internal control to prevent and detect fraud and error.

(c) has disclosed to you our knowledge of fraud or suspected fraud affecting the Charity involving:

- management and those charged with governance;
- employees who have significant roles in internal control; or
- others where the fraud could have a material effect on the financial statements.

(d) has disclosed to you its knowledge of any allegations of fraud, or suspected fraud, affecting the financial statements communicated by employees, former employees, analysts, regulators or others.

(e) has disclosed to you the results of its assessment of the risk that the financial statements may be materially misstated as a result of fraud.

6. The Board confirms the completeness of the information provided to you regarding the identification of related parties and regarding transactions with such parties that are material to the financial statements. The identity of, and balances and transactions with, related parties have been properly recorded and when appropriate, adequately disclosed in the notes to the financial statements. The Board is not aware of any other such matters required to be disclosed in the financial statements, whether under FRS 8 *Related Party Disclosures* or other requirements. Included in Appendix A to this letter are the definitions of both a related party and a related party transaction as the Trustee understands them and as defined in FRS 8.

7. Presentation and disclosure of the fair value measurements of material assets, liabilities and components of equity are in accordance with UK Generally Accepted Accounting Practice. The amounts disclosed represent the Trustee’s best estimate of fair value of assets and liabilities required to be disclosed by these standards. The measurement methods and significant assumptions used in determining fair value have been applied on a consistent basis, are reasonable and they appropriately reflect the Trustee’s intent and ability to carry out specific courses of action on behalf of the Charity where relevant to the fair value measurements or disclosures.

8. The Board has recorded or disclosed, as appropriate in the financial statements, all liabilities, both actual and contingent, including all guarantees that they have given to third parties.

9. The estimated financial effect of pending or threatened litigation and claims against the Charity has been properly recorded and/or disclosed in the financial statements. Except as disclosed in the notes to the financial statements, the Board is not aware of any additional claims that have been or are expected to be received.

10. Except as disclosed in the financial statements or notes thereto, there are no:

(a) other gain or loss contingencies or other liabilities that are required to be recognised or disclosed in the financial statements, including liabilities or contingencies arising from environmental matters resulting from illegal or possibly illegal acts, or possible violations of human rights legislation; or

(b) other environmental matters that may have a material impact on the financial statements.

This letter was agreed at the meeting of the Trust Board on 27th November 2014.

Yours truly,

Chairman

Appendix A to the Management Representation Letter of Leicester Hospitals Charity

Definitions

- A. Two or more parties are related when at any time during the financial period:
- i. one party has direct or indirect control over the other party; or
 - ii. the parties are subject to common control from the same source; or
 - iii. one party has influence over the financial and operating policies of the other party to the extent that that other party might be inhibited from pursuing at all times its own separate interests; or
 - iv. the parties, in entering a transaction, are subject to influence from the same source to such an extent that one of the parties to the transaction has subordinated its own separate interest
- B. For the avoidance of doubt, the following are related parties of the reporting entity:
- i. its ultimate and intermediate parent undertakings, subsidiary undertakings and fellow subsidiary undertakings;
 - ii. its associates and joint ventures;
 - iii. the investors or venturers in respect of which the reporting entity is an associate or joint venture;
 - iv. Trustees of the reporting entity and the Trustee of its ultimate and intermediate parent undertakings; and
 - v. pension funds for the benefit of employees of the reporting entity or of any entity that is a related party of the reporting entity.
- C. The following are presumed to be related parties of the reporting entity unless it can be demonstrated that neither party has influenced the financial and operating policies of the other in such a way as to inhibit the pursuit of separate interests:
- i. the key management of the reporting entity and key management of its parent undertaking(s);
 - ii. a person owning or able to exercise control over 20% or more of the voting rights of the reporting entity, whether directly or through nominees;
 - iii. each person acting 'in concert' in such a way as to be able to exercise control or influence over the reporting entity; and
 - iv. an entity managing or managed by the reporting entity under a management contract.
- D. Additionally, because of their relationship with certain parties that are, or not, presumed to be, related parties of the reporting entity, the following are presumed to be related parties of the reporting entity:
- i. members of the close family of any individual falling under the parties mentioned in points i to iii of para C above; and
 - ii. partnerships, companies, trusts or other entities in which any individual or member of the close family in points i to iii of para C above has a controlling interest.

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT BY TRUST BOARD COMMITTEE TO TRUST BOARD

DATE OF TRUST BOARD MEETING: 27 November 2014

COMMITTEE: Charitable Funds Committee

CHAIRMAN: Mr P Panchal, Non-Executive Director

DATE OF COMMITTEE MEETING: 17 November 2014

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

- Leicester Hospitals Charity Accounts and Annual Report 2013-14 (Minute 56/14 refers), and
- Items for Approval (Minute 57/14 refers).

OTHER KEY ISSUES IDENTIFIED BY THE COMMITTEE FOR NOTING BY THE PUBLIC TRUST BOARD:

- None

DATE OF NEXT COMMITTEE MEETING: To be confirmed.

P Panchal, Non-Executive Director
21 November 2014

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

MINUTES OF THE CHARITABLE FUNDS COMMITTEE MEETING HELD ON MONDAY 17 NOVEMBER 2014 AT 11AM IN THE LARGE COMMITTEE ROOM, LEICESTER GENERAL HOSPITAL

Present:	Mr P Panchal – Non-Executive Director (Chair) Ms R Overfield – Chief Nurse (until and including Minute 69/14) Mr P Traynor – Director of Finance (until and including Minute 69/14) Ms J Wilson – Non-Executive Director
In Attendance:	M T Diggle – Head of Fundraising Mrs H Majeed – Trust Administrator Mr N Sone – Charity Finance Lead (until and including Minute 63/14) Mr P Spiers – Chairman of the Medical Equipment Executive (MEE) (until and including Minute 69/14) Mr S Ward – Director of Corporate and Legal Affairs Ms J Woolley – Assistant Financial Accountant

RECOMMENDED ITEMS

ACTION

56/14 LEICESTER HOSPITALS CHARITY ACCOUNTS AND ANNUAL REPORT 2013-14

Further to Minute 41/14 of 15 September 2014, paper C was re-presented, however, now included the External Audit's ISA 260 report alongside the 2013-14 audited accounts for Leicester Hospitals Charity, the Trustee's annual report, and the letter of representation for Charitable Funds Committee endorsement and recommendation on for Trust Board approval (as Corporate Trustee).

The Financial Controller drew members' attention to section 4 (management responses to three external audit recommendations contained in the ISA 260 report) of paper C. The response to recommendations 1 and 2 were noted and agreed. In respect of recommendation 3, the Director of Corporate and Legal Affairs advised that the Trust was in the process of reviewing the terms of reference of all Board level committees and this review would consider the membership of the Committees to ensure that they remained quorate at all times. The Financial Controller undertook to update the response to recommendation 3 and the deadline to reflect the update provided by the Director of Corporate and Legal Affairs.

The Head of Fundraising expressed concern over KPMG's commitment to meeting deadlines in terms of the audit of the Leicester Hospitals Charity accounts, noting that this was third time in a row that there had been a delay in the completion of the audit. The Director of Finance undertook to raise this issue with the External Auditors at his introductory meeting with them.

DoF

Recommended – that (A) the Leicester Hospitals Charity 2013-14 final accounts, annual report, External Audit ISA 260 report and letter of representation be endorsed and recommended for Trust Board approval (as Corporate Trustee) on 27 November 2014, and

**CFC
CHAIR**

(B) the Director of Finance be requested to liaise with the External Auditors regarding concerns in their meeting deadlines in respect of the audit of the Leicester Hospitals Charity accounts.

DoF

57/14 ITEMS FOR APPROVAL

Paper F outlined the grant applications received since the September 2014 Charitable Funds Committee meeting, noting that all bids received had been pre-reviewed as per current guidelines. The Charity Finance Lead considered that all applications fell within the scope of the funds, were affordable, and had been appropriately authorised by the fund advisers. Applications totalling £177,745 had been approved by the Charity Finance Lead

through the scheme of delegation (they did not, therefore, require additional Charitable Funds Committee approval), and were detailed in appendix 1 of paper F. Appendix 2 outlined one application which had been rejected by the Charity Finance Lead. Appendix 3 detailed transfers between funds requested by the relevant fund managers in order to facilitate grant applications (in accordance with the Transfer of Unrestricted Funds Policy agreed by the Committee).

The Committee undertook detailed consideration of the following new applications for funding (as detailed in appendices 4 – 18a inclusive):

- | | | |
|--------|--|------------|
| (i) | application 5000 (appendix 4 refers) was an application for £6,639 for two Nippy Clearway machines in Physiotherapy. The Committee queried whether the CMG had budgeted the annual maintenance costs for these machines – the Financial Controller undertook to check this with CMG colleagues. The Director of Finance highlighted that such machines would usually fall under the medical equipment replacement programme. Ms J Wilson, Non-Executive Director requested a report to be submitted to the Charitable Funds Committee on the framework for expenditure of Charitable Funds on medical equipment. The Director of Finance noted the need for a mechanism to be in place whereby the applications for such equipment needed to be put forward in the beginning of the year so that prioritisation could take place on which equipment could be approved via general purpose funds. The Committee approved the purchase of 4 machines subject to confirmation that the CMG had budgeted the annual maintenance costs for these machines. Members noted that the CMG had only applied for the funding to purchase two (although the requirement was 4 machines), in the hope that this would increase the possibility of the application being approved; | CFL |
| (ii) | application 5193 (appendix 5 refers), was an application for £15,491 for works to create a courtyard garden adjacent to Ward 16 of Glenfield Hospital. The Committee was supportive of this bid, however, noted the need for additional quotes to be obtained to confirm the value for money. The Committee also noted the need for any estates related applications to be linked with the Estates Strategy in order to ensure it was sustainable. The Head of Fundraising reported orally on a recent development which meant that the call on charitable funds for these works might be reduced; | CFL |
| (iii) | application 5212 (appendix 6 refers) – £7,176 for the provision of 12 new wheelchairs to be used at the LRI. The Committee approved the purchase of 12 wheelchairs subject to confirmation that the CMG had budgeted the annual maintenance costs; | DoF |
| (iv) | application 5216 (appendix 7 refers) was an application for £1,230 for a bariatric training suit to be used by the Manual Handling Service – this was approved; | CFL |
| (v) | application 5228 (appendix 8 refers) was an application for £5,975 for a bladder scanner for use in the fracture clinic – this was approved; | CFL |
| (vi) | application 5241 (appendix 9 refers) was an application for £176,000 for two EUS scopes for Hepatobiliary and Pancreatic Surgery. The Committee requested details to be submitted regarding any site reconfiguration implications that needed to be taken into account due to the nature of this application. The application was not approved but deferred pending clarification; | CFL |
| (vii) | application 5243 (appendix 10 refers) was an application for £19,308 for the creation of a wet room from an existing shower room at ward 15 of the LGH. The Committee suggested that this application be referred to the Director of Estates and Facilities to check whether it could be taken forward through Estates monies. The application was not approved; | DoF |
| (viii) | application 5263 (appendix 11 refers) was an application for £10,735 for the rebuilding of three blocks of changing cubicles within the radiology department at the Glenfield Hospital site. The Committee supported the application, however, noted the need for the application to be discussed with the Director of Estates and Facilities to confirm that it appropriately linked with the Estates Strategy; | |

- | | | |
|--------|---|-----------------------|
| (ix) | application 5269 (appendix 12 refers) was an application for £11,084 for an asset tracking system to be used in the ED/AMU to track bladder scanners in real time that were shared across a number of areas. The application was approved; | DoF |
| (x) | application 5271 (appendix 13 refers) was an application for £16,825 for works to extend the Haemostasis and Thrombosis Centre into the current palliative care suite to create a new examination room and office space for Haemostasis Consultants. The Committee supported the proposal, however, noted the need for confirmation to be sought from the Director of Estates and Facilities that such works were compatible with the Trust's Estates strategy. The Director of Finance undertook to liaise with the Director of Estates and Facilities in respect of this application and applications 5193 and 5263 (as noted in points (ii) and (viii) above); | CFL |
| (xi) | application 5275 (appendix 14 refers) was an application for £15,359 for the redecoration of Medical Physics offices within the Sandringham Building at the LRI. This application was not approved by the Committee noting that a number of ward areas also required redecoration. It was suggested that this application be referred to the Director of Estates and Facilities; | Chair,
MEE |
| (xii) | application 5276 (appendix 15 refers) was an application for £44,454 for various items of equipment to enable the Odames Library at the LRI to be fully functioning with 24 hour access for staff. This application was approved; | CFL |
| (xiii) | application 5277 (appendix 16 refers) was an application for £49,442 for a Transonic Vascular Access Monitor for Renal Services. The application was approved subject to confirmation from Mr P Spiers, Chairman of the Medical Equipment Executive regarding practicalities in transferring the equipment to off-site dialysis units; | CFL |
| (xiv) | application 5279 (appendix 17 refers) was an application for £12,111 for a Physiotherapy light treatment system in the Neonatal Unit for the treatment of severe jaundice. A specific donation from the Islamic Dawah Academy had been received to pay for this equipment. The Committee approved the application subject to confirmation that the CMG had budgeted the annual maintenance costs, and | |
| (xv) | application 5159 (appendices 18 and 18a) was an application for a non-religious spiritual care giver. The Chief Nurse provided an update on this application and re-iterated that charitable funds was being sought to pilot this post for a year to ascertain the demand for this service. Further to a brief discussion on any potential issues in relation to Chaplaincy services, the application was approved noting that objective impact assessments and audits to evidence the demand would need to be factored in, as appropriate. | |

In general discussion on the bids presented, the Charity Finance Lead queried whether a sub-group should be established to discuss the bids prior to its presentation at the Charitable Funds Committee – in response, the Head of Fundraising advised that it would be challenging in terms of resources to establish and organise a sub group for this purpose.

Instead, it was agreed that the Charitable Funds Committee should consider further the process for obtaining appropriate Executive Director input before submitting applications to the Committee for consideration.

Recommended – that (A) the contents of this report and its appendices be received and noted;

(B) applications 5216, 5228, 5269, 5159 be approved and 5276 be recommended onto the Trust Board for formal approval (due to its value being over the Charitable Funds Committee's delegated authorisation limit of £25,000);

(C) applications 5000, 5212 and 5279 be approved subject to confirmation being received from the CMGs that annual maintenance costs for these machines had been budgeted;

Chair

CFL

	(D) application 5277 be approved subject to confirmation received from Mr P Spiers, Chairman of the Medical Equipment Executive re. the specific action outlined in point (xiii) above;	Chair, MEE
	(E) the Director of Finance be requested to liaise with the Director of Estates and Facilities re. applications 5193, 5263 and 5271 to seek confirmation that these schemes appropriately link with the Estates Strategy;	DoF
	(F) applications 5241, 5243 and 5275 not be approved, with the applicants to be notified of the outcome of their application by the Charitable Funds Assistant, and the nominated staff members (full details of which are as above – please see points (vi), (vii), and (xi)) now to seek additional information in respect of these applications before they could be re-submitted for consideration at future meetings of the Charitable Funds Committee, and	CFL
	(G) the Financial Controller be requested to present a report to the next Charitable Funds Committee on the framework for expenditure of Charitable Funds on medical equipment.	CFL

RESOLVED ITEMS

58/14	APOLOGIES FOR ABSENCE	
	Apologies for absence were received from Mr P Burlingham, Patient Adviser and Mr M Wightman, Director of Marketing and Communications.	
59/14	MINUTES	
	Resolved – that the Minutes of the 15 September 2014 Charitable Funds Committee meeting be confirmed as a correct record.	
60/14	MATTERS ARISING FROM THE MINUTES	
	Members reviewed the matters arising report at paper B, which covered both the immediately preceding and earlier Charitable Funds Committee meetings. Specific discussion took place in respect of the following items, noting that all items currently designated as a '5' rating (complete) would be removed from the log.	
	(a) Minute 43/14f of 15 September 2014 – the Financial Controller confirmed that all future 'items of approval' application forms to the Charitable Funds Committee would include a field requesting applicants to consider/factor any future estate changes. This item be removed from the log.	TA
	(b) Minute 49/14a of 15 September 2014 – the Charity AGM had now been rescheduled to take place on 18 December 2014. This item be removed from the log;	TA
	(c) Minute 54/14g of 15 September 2014 – an update on application 3747 (virtual ward for training purposes) be provided to the next meeting of the Charitable Funds Committee;	FC
	(d) Minute 37/14a of 9 June 2014 – the Chief Nurse undertook to liaise with Senior Nursing staff re. contacting organisations to donate iPads for Paediatric ED, and	CN
	(e) Minute 7/14 of 14 April 2014 – the Chief Nurse advised that a business case was being developed to fund the Meaningful Activity Coordinator posts. This item be removed from the log.	TA
	Resolved – that the discussion above and any associated actions, be noted and progressed by the appropriate lead.	Named leads
61/14	FUTURE COMPOSITION OF (AND RISK APPETITE WITHIN) UHL'S CHARITABLE FUNDS INVESTMENT PORTFOLIO	

The Director of Finance reported orally and advised that there was a need to confirm a formal process to renew/re-appoint Cazenove Capital Management (investment managers for Leicester Hospitals Charity), pending any decision to seek competitive tenders for such services. There was also a need to update the Trust's investment policy noting that it was currently out of date.

DoF

Prior to engaging in a discussion about risk appetite, the Director of Finance noted the need for a discussion on the plan for UHL's charitable funds investment, also noting that the Charity did not currently have an agreed expenditure plan. He also noted the need for a report from Cazenove Capital Management (CCM) to be scheduled on the agenda for each Charitable Funds Committee (even if representatives from CCM did not attend the meeting).

DoF

CCM/CFL

Resolved – that (A) the verbal update be noted;

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

DoF

(i) ensure that the contract position of Cazenove Capital Management is addressed in the short term pending consideration by the Committee of the need to seek competitive tenders for such services, and

(ii) submit a report to the next meeting of the Charitable Funds Committee to enable the Committee to consider updating the update the Charity's Investment Policy, and

(C) the Charity Finance Lead be requested to inform Cazenove Capital Management (CCM) that a standing item re. 'Update from Charitable Funds Investment Managers' would be included on the agenda for all Charitable Funds Committee meetings.

CCM/ FC

62/14 **USE OF CHARITABLE FUNDS FOR TRAINING PURPOSES – POSITION STATEMENT**

The Head of Fundraising presented paper D, providing draft criteria around the funding of staff training through charitable funds. The Committee approved the criteria listed in section 3 of the report advising that wording should be included to the effect that 'funding for training could only be requested every couple of years (i.e. time period to be included)'. The Director of Finance suggested that wording also be included to clarify that funding would be prioritised for groups of staff who did not otherwise have ready access to other funded training. The Head of Fundraising was requested to draft a 'Policy for access of charitable funds for training purposes' in liaison with the Director of Human Resources noting that appropriate link would need to be made with other related policies already in place within the Trust. The Head of Fundraising was also requested to give consideration to the charitable funds that would need to be set aside for this purpose.

HoF

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

(B) the Head of Fundraising be requested to:-

HoF

(i) draft and submit to the next Charitable Funds Committee for consideration a 'Policy for access of charitable funds for training purposes' in liaison with the Director of Human Resources noting that appropriate link would need to be made with other related policies already in place within the Trust, and

(ii) consider and advise the Charitable Funds Committee on the charitable funds that would need to be set aside for funding of staff training through charitable funds.

63/14 **SPENDING PLANS/FUTURE STRUCTURE AND SIZE OF UHL CHARITABLE FUNDS**

Further to Minute 42/14 of 15 September 2014, paper E updated members on progress in reviewing the structure of the Charity's funds and on the production of future spending plans.

The Charity Finance Lead made members aware that work had taken place on a proposed new fund structure which had reduced the number of funds from 189 to 74. However, he highlighted that further work was required to further reduce the number of funds and this would take place in consultation with Fund Managers and the Fundraising Team. The Head of Fundraising advised that the reason for the high number of funds was because

these were not closed appropriately and therefore became dormant. If funds were opened through the Fundraising Team, then there was a tracking mechanism in place, however, there was less clarity when a ward area (for example) had taken this forward. Appendix 1 outlined the structure of the existing funds with their available balances mapped across to the new proposed funds.

The Director of Finance noted the need for a decision on the total number of funds that would ideally be in place. There was a need for appropriate planning, streamlined cost centres and simplified fund types to ensure that all funds had a valid purpose which met the current aims of the Charity. A mechanism would also need to be in place to maintain the integrity of fund givers and the funds were used for the purpose for which they were donated. The Director of Finance reiterated that currently applications to the Committee requiring approval were received 'as and when' the need arose and he noted the need for better planning.

CFL

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

(B) further report on the implementation of the changes to the structure of the Charity's funds as suggested by the Director of Finance be provided to the next meeting of the Charitable Funds Committee.

CFL

64/14 FINANCE AND GOVERNANCE REPORT

Paper G detailed the financial position of the Charity overall and of the General Purpose Fund for the month ending 31 October 2014. The Director of Finance requested that consideration be given to developing a forward looking financial position of the Charity.

**CFL/
HoF**

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

(B) the Charity Finance Lead and the Head of Fundraising be requested to develop a forward looking financial position of the Charity for presentation to the next meeting of the Committee.

**CFL/
HoF**

65/14 LEICESTER HOSPITALS CHARITY ANNUAL GENERAL MEETING (AGM)

Members were advised that the Charity AGM date had been rescheduled and would now be held on 18 December 2014.

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

66/14 FUNDRAISING UPDATE REPORT

Paper I detailed the recent fundraising and promotional activities by the Charity. Appendix 1 provided the new organogram of the Leicester Hospitals Charity. The Head of Fundraising highlighted that approximately 5000 staff had booked for the Christmas meal. An arrangement had been made for a meal to be provided to staff who worked on Christmas Day.

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

67/14 UPDATE ON LEGACY STRATEGY, INCLUDING BENCHMARKING OF UHL CHARITY POSITION AGAINST PEERS

The Head of Fundraising presented paper J, highlighting that as part of the Charity's five-year plan, the Charity had engaged with a fundraising consultancy to advise on a legacy strategy. Appendix 1 of paper J detailed the strategy. Appendix 2 provided details on legacy gifts to the Charity over the past years. It was noted that this would be monitored over the next five years. The Head of Fundraising made members aware of a typographical error on page 12 of paper J, in that the average legacy amount in 2012-13 had been £14,000 and not £109,597 as currently stated.

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

68/14 LEICESTER BABY LOSS APPEAL - UPDATE

Members were advised that the new bereavement suite (Maternity) at the Leicester General Hospital site was now complete. Patients had been using the room since May 2014.

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

69/14 BRIEFING RE:STAFF TRAINING IN DEALTING WITH PATIENTS EXPERIENCING MISCARRIAGE/MULTIPLE MISCARRIAGE

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

70/14 ANY OTHER BUSINESS

70/14/1 Chair, Medical Equipment Executive

Members thanked Mr P Spiers, Chair of the Medical Equipment Executive for his contribution to the Charitable Funds Committee and wished him well for his impending retirement.

Resolved – that the update be noted.

70/14/2 Named Fund

The Head of Fundraising advised that a patients' family had requested permission to establish a named fund to raise funds for the Trust's Neonatal Unit. Although, the funds would be raised by the family, it would be managed by the Leicester Hospitals Charity. The Committee was supportive of this subject to the approval of the Director of Finance. If approved, it was requested that regular updates on this named fund be presented to the Charitable Funds Committee.

HoF

Resolved – that the Head of Fundraising be requested to seek approval from the Director of Finance in respect of the establishment of a named fund to raise funds for the Trust's Neonatal Unit and provide a regular update on this matter to the Charitable Funds Committee, as appropriate.

HoF

70/14/3 Christmas Decoration on wards

In response to a query from the Assistant Financial Accountant, it was noted that monies for Christmas decoration on wards should be funded by the CMG.

Resolved – that the position be noted.

71/14 DATE OF NEXT MEETING

Resolved – that provisional 2015 dates be circulated based on the same frequency as for 2014.

TA

The meeting closed at 1pm.

Cumulative Record of Members' Attendance (2014-15 to date):

Name	Possible	Actual	% attendance
P Panchal (Chair)	4	4	100
I Crowe	2	1	50
P Burlingham *	3	1	33
T Diggle *	4	4	100

P Hollinshead*	2	1	50
K Jenkins	2	0	0
R Overfield	4	2	50
S Sheppard	1	1	100
N Sone *	4	4	100
P Spiers *	4	3	75
P Traynor	1	1	100
M Wightman*	4	3	75
S Ward *	4	3	75
R Kilner	1	1	100
J Wilson	1	1	100

* non-voting members

Hina Majeed, **Trust Administrator**

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

Trust Board Bulletin – 27 November 2014

The following report is attached to this Bulletin as an item for noting, and is circulated to UHL Trust Board members and recipients of public Trust Board papers accordingly:-

- **Declarations of Interests from Mr P Traynor, Director of Finance and Mr M Williams, Non-Executive Director** – Lead contact point Mr S Ward, Director of Corporate and Legal Affairs (0116 258 8721) – **paper 1.**

It is intended that this paper will not be discussed at the formal Trust Board meeting on 27 November 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.

The following declarations of Trust Board interests have been received:-

NAME	POSITION	INTEREST(S) DECLARED
Paul Traynor	Director of Finance	Nil return
Mike Williams	Non-Executive Director	Non- Executive Director – Coventry and Warwickshire NHS Partnership Trust Trustee – Badley Charitable Trust Trustee – Midlands Arts Centre Trustee – Black Country Living Museum Board Member – Warwickshire Cricket Board Member – Management Board Warwickshire County Cricket Club

The Trust Board is invited to note the above, which will be maintained in a publicly-available register as required.

Stephen Ward

Director of Corporate and Legal Affairs