

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

Trust Board Bulletin – 29 May 2014

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

- **Quarter 4 update on progress against the 2013-14 Annual Operational Plan**– Lead contact point Ms K Shields, Director of Strategy (0116 258 8566) – **paper 1**.

It is intended that these papers will not be discussed at the formal Trust Board meeting on 29 May 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.

Trust Board Paper CC

To:	Trust Board						
From:	Kate Shields, Director of Strategy						
Date:	29 May 2014						
CQC regulation:	All						
Title:	QUARTER 4 REVIEW 2013/14 ANNUAL OPERATING PLAN (AOP)						
Author/Responsible Director: Jo Bee/Kate Shields							
Purpose of the Report: To present to Trust Board a high level overview of performance against our 2013/14 AOP objectives between Jan – Mar 2013/14 (quarter four – Q4) and in the context of individual quarterly reviews already received by the Board, provide assurance on the activity already being undertaken to address any area of adverse variance.							
The Report is provided to the Board for:							
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Decision							
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Assurance	X						
Endorsement	X						

Summary / Key Points: The 2013/14 Annual Operating Plan outlines the Trust's objectives to deliver changes towards financial and clinical sustainability. Our Q4 report captures a high level overview of what is working well and what needs to be improved.			
What is working well: The Trust has made the following progress with key performance targets: - Cancer targets: The Trust has continued to make excellent progress with the cancer target, improving waiting times, patient experience and clinical outcomes - CQUIN: The Trust achieved full compliance with all its targets. - Infection rates: Results for 2013/14 show outstanding result on infection rate. - Falls and Pressure Ulcers: We have continued to see a reduction in pressure ulcers and falls as a consequence of the concerted efforts of our nursing team. - Stroke compliance: The Trusts compliance has improved as a result of ring-fencing the stroke beds - Safety: Never Events have been halved.			
What Needs to be improved: - Emergency process: The 2013/2014 year end performance for the ED 4 hour target was 88.4%. The Trust continues to struggle with high numbers of emergency admissions and a fixed bed base. In order to meet the demand for emergency beds the Trust is finalising plans to increase beds by 55 and ring fence elective capacity. The improvement plan to streamline the emergency process is continuing with additional action now focussed on 3 key areas: - reducing admissions			

- improving flow
- expediting discharges
- Cancelled Operations: The target percentage for operations cancelled on/after the day (for non-clinical reasons) is 0.8% against the year-end performance of 1.6%.
- Financial performance: The Trust has not delivered its planned surplus and has not met its breakeven duty. It has delivered the revised year end forecast deficit of £39.8m.
- Referral to Treatment Time: A plan has been agreed with commissioners but not signed off at present due to a dispute regarding penalties. Trust level compliance for non-admitted performance is expected by August 2014 and compliance for admitted performance is expected by November 2014.

Our priorities for 2014/15 will need to focus heavily on:

- 4-hour performance
- RTT (18 weeks)
- Cancelled operations
- Finance

Recommendations: The Trust Board are asked to:

RECEIVE this report

NOTE the progress against Q4 delivery of our Annual Operational Plan and the overall, high level RAG rating of key aspects

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

Previously considered at another corporate UHL Committee?

No

Strategic Risk Register: N/A

Performance KPIs year to date: N/A

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

Assurance Implications: N/A

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

Stakeholder Engagement Implications:

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

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

Information exempt from Disclosure:None

Requirement for further review? No

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT TO: Trust Board
REPORT FROM: Kate Shields, Director of Strategy
RE: Quarter 4 review of the 2013/14 Annual Operational Plan
DATE: 29th May 2014

1. Quarterly brief review of delivery against the Trust's 2013/2014 Annual Operational Plan

This paper is intended to compliment a number of other more detailed quarterly and monthly updates received by the Trust Board (for example the monthly Quality and Performance Report, the quarterly R&D update and the quarterly Organisational Development Plan Priorities Update Report).

2. NHS Trust Development Authority Accountability Framework

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

In early April 2013 the NTDA published the *Delivering High Quality Care for Patients: The Accountability Framework for NHS Trust Boards*. The Accountability Framework sets out five different categories by which Trusts are defined, depending on key quality, delivery and finance standards.

The five categories are:

- 1) No identified concerns
- 2) Emerging concerns
- 3) Concerns requiring investigation
- 4) Material issue
- 5) Formal action required

As a consequence of our poor financial and emergency performance during 2013/14, UHL falls within the material issue escalation category along with 10 other trusts in the Midlands and East regions.

A copy of the full NTDA report 'Winter report: NHS Trust Performance Report August 2013 – January 2014' can be found on the NTDA website here:

http://www.ntda.nhs.uk/wp-content/uploads/2014/03/winter_report_web-FINAL.pdf

3. High Level Overview

The 2013/13 Annual Operating Plan was based on four common themes that we know must be addressed through the planning process if UHL is going to be safe and sustainable.

These themes are:

- the emergency process
- clinical and financial sustainability
- delivering quality
- securing clinical reconfiguration.

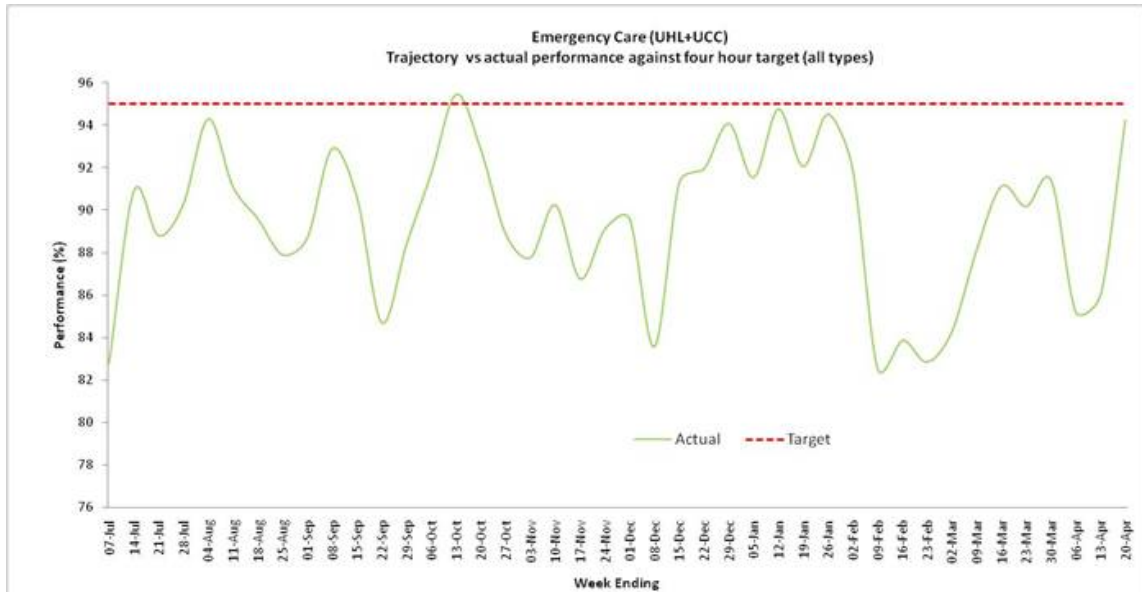
3.1 Emergency process

The 2013/2014 year end performance for the ED 4 hour target was 88.4%.

The Trust continues to struggle with high numbers of emergency admissions and a fixed bed base. Adult emergency admissions have increased by 12.4% from Q4 2012/13 to Q4 2013/14. In order to meet the demand for emergency beds the Trust is finalising plans to increase beds by 55 and ring fence elective capacity.

The improvement plan to streamline the emergency process is continuing with additional action now focussed on 3 key areas:

- reducing admissions
- improving flow
- expediting discharges

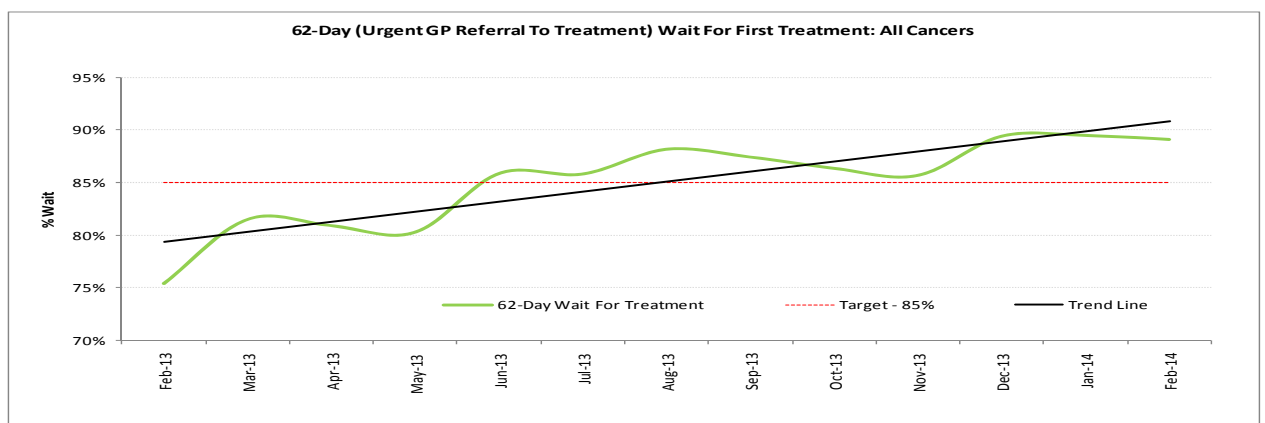


3.2 Clinical and Financial Sustainability

3.2.1 Performance

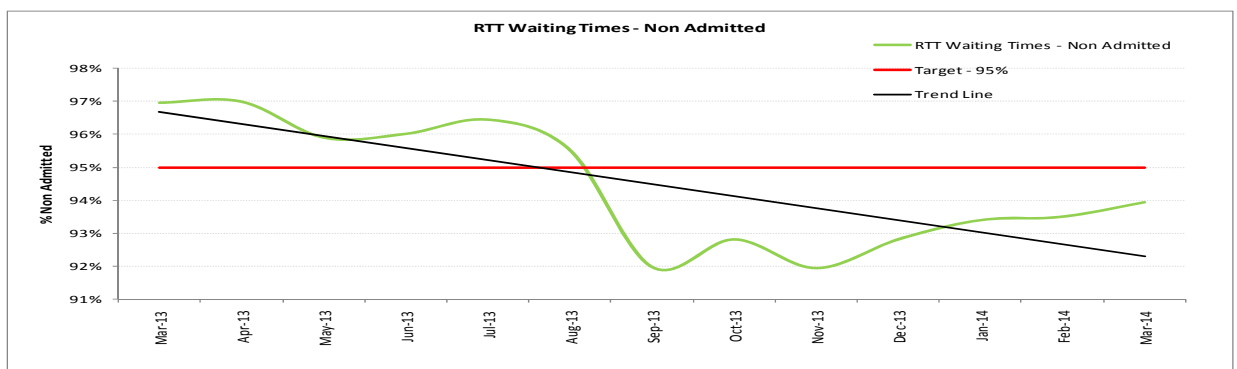
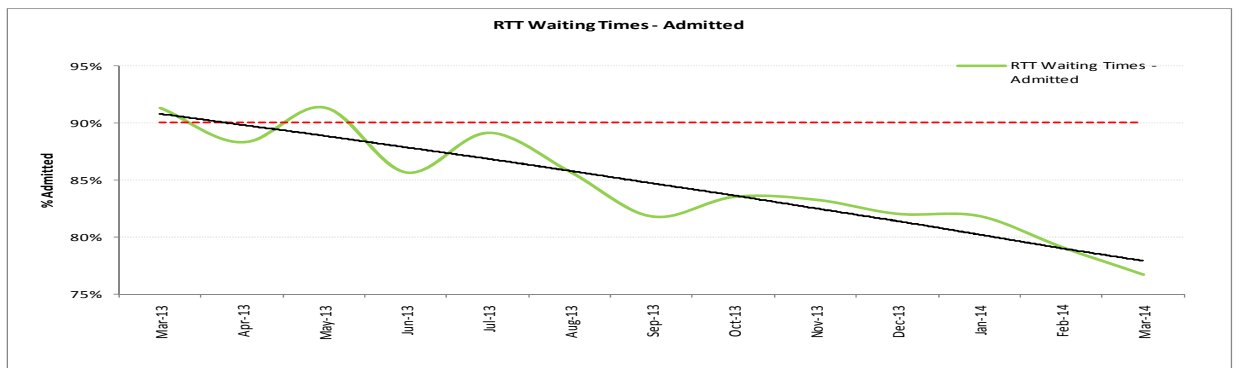
The Trust has made the following progress with key performance targets:

Cancer targets: The Trust has continued to make excellent progress with the cancer target, improving waiting times, patient experience and clinical outcomes. It received full achievement of all the main targets including the 62 day cancer with performance for year-end performance at 86.2%.



Stroke compliance: The Trusts compliance has improved as a result of ring-fencing the stroke beds with the percentage of stroke patients spending 90% of their stay on a stroke ward year target is 80%, with year-end performance at 83.1%.

Referral to Treatment Time: A plan has been agreed with commissioners but not signed off at present due to a dispute regarding penalties. Trust level compliance for non-admitted performance is expected by August 2014 and compliance for admitted performance is expected by November 2014.



Cancelled Operations: The target percentage for operations cancelled on/after the day (for non-clinical reasons) is 0.8% against the year-end performance of 1.6%.

3.2.3 Financial performance

The Trust has not delivered its planned surplus and has not met its breakeven duty. It has delivered the revised year end forecast deficit of £39.8m.

	March 2014			April - March 2014		
	Plan £m	Actual £m	Var (Adv) / Fav £m	Plan £m	Actual £m	Var (Adv) / Fav £m
Income						
Patient income	53.9	58.5	4.6	634.2	659.1	24.9
Teaching, R&D	6.0	5.0	(1.0)	73.6	70.2	(3.4)
Other operating Income	3.1	5.6	2.5	38.2	40.7	2.5
Total Income	63.1	69.1	6.0	746.0	770.0	24.0
Operating expenditure						
Pay	37.1	41.1	(4.0)	447.6	474.2	(26.6)
Non-pay	23.0	26.6	(3.6)	274.7	294.0	(19.3)
Reserves	(2.1)	-	(2.1)	(24.1)	-	(24.1)
Total Operating Expenditure	58.1	67.7	(9.7)	698.2	768.2	(69.9)
EBITDA	5.0	1.4	(3.6)	47.7	1.8	(45.9)
Net interest	-	-	-	0.0	0.0	0.0
Depreciation	(2.7)	(2.4)	0.3	(32.5)	(31.0)	1.5
PDC dividend payable	(1.0)	(0.4)	0.6	(11.6)	(10.7)	0.9
Net deficit	1.3	(1.4)	(2.7)	3.7	(39.8)	(43.5)
EBITDA %		2.0%			0.2%	

3.3 Delivering Quality

3.3.1 Delivering our Quality Commitment

The Trust Board has approved a refreshed Quality Commitment which reflects the CQC report, NTDA guidance and local and national priorities. The High level aims are:

- Provide Effective Care – Improve Patient Outcomes
- Improve Safety – Reduce Harm
- Care and Compassion – Improve Patient Experience (LiA Nursing into Action)

The final CQC Inspection Report (from their visit in January 2014) is encouraging, especially around caring staff, leadership and direction of travel.

3.3.2 2013/14 Achievement against key targets

- CQUIN: The Trust achieved full compliance with all its targets.
- Infection rates: Results for 2013/14 show outstanding result on infection rates and is one of a small number of trusts to hit the CDiff target. Only 1 MRSA recorded.
- Falls and Pressure Ulcers: We have continued to see a reduction in pressure ulcers and falls as a consequence of the concerted efforts of our nursing team.
- Safety: Never Events halved to 3.

3.3.2 Quality Outcomes

The quality outcomes data for the year has ended in a positive position.

Successes	Target	2012 /13	Apr 13	May 13	June 13	Jul 13	Aug 13	Sept 13	Oct 13	Nov 13	Dec 13	Jan 14	Feb 14	Mar 14	YTD
C-section rates	25%	23.9%	23.8%	26.1%	26.1%	25.0%	25.2%	24.6%	25.6%	27.5%	25.2%	23.9%	25.5%	24.3%	25.2%
VTE risk assessment	95%	94.5%	94.1%	94.5%	93.1%	95.9%	95.2%	95.4%	95.5%	96.7%	96.1%	95.6%	95.0%	95.6%	95.3%
Avoidable pressure ulcers (grade 3 & 4)	<8 per month	98	10	4	8	7	8	5	5	4	5	7	3	6	72
Friends & Family Test		64.5	66.4	73.9	64.9	66.0	69.6	67.6	66.2	70.3	68.7	71.8	69.0	69.9	

3.4 Securing Clinical Reconfiguration

A £1.6m reception area for patients having surgery at Royal Infirmary was officially opened on 26 March. The project, which started in May 2013, has been completed in three phases over the last ten months. The Theatre Arrivals Area, staff changing rooms and sterile services hub were all relocated and refurbished to create a more up to date, functional space for patients and theatre staff.

A newly reconfigured and refurbished Surgical Triage Unit has been completed on Ward 8 at the Royal. It is intended that this new facility will enhance the patient experience and provide senior decision making at the beginning of the patient process by providing:

- a new waiting area with reception facilities
- two new consultation rooms with storage areas
- a new disabled access WC
- refurbished staff rest room in order to provide a doctors' office on Ward 8.

Our commissioners have supported the increase in capacity of our critical care beds and a capital scheme has been approved. The work involves the reconfiguration and enhancement of the existing entrance corridor and ancillary areas to the ITU department together with the creation of three additional ITU bed spaces. Interserve Construction started the first phase of the work on 17th March 2014 and completion is expected by 4th August 2014.

4. Objectives for 2014/15 - What we need to improve?

Our priorities for 2014/15 will need to focus heavily on:

- 4-hour performance
- RTT (18 weeks)
- Cancelled operations
- Finance

5. Recommendations

The Trust Board is asked to:

RECEIVE this report

NOTE the progress against Q4 delivery of our Annual Operational Plan.