**Trust Board Paper W**

| To: | Trust Board |
|---|---|
| From: | **Kate Shields, Director of Strategy** |
| Date: | **30 January 2014** |
| CQC regulation: | **All** |
| Title: | **QUARTER 3 REVIEW 2013/14 ANNUAL OPERATING PLAN (AOP)** |

**Author/Responsible Director: Helen Seth/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 October – December 2013/14 (quarter three – Q3).

**The Report is provided to the Board for:**

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

Our Q3 report captures a high level overview of what is working well and what could be better.

**What is working well?**

**Prevention of Falls**: Falls incidence for December 2013 reported on Datix has seen a further decrease in the number of falls compared to November resulting in a further reduction in the number falls for Q3 across UHL.

**Discharge:** Multidisciplinary board rounds are being under taken daily in all medical wards at LRI and Ward 2 at LGH monitored through daily conference calls including members of the integrated discharge team, social care and pharmacy.

"Leaving Hospital" and "Now You Are Getting Better" leaflets are being given to all patients on discharge to improve communication.

Outdoor Clothes are now available for patients to go to discharge lounge (if they do not have their own in hospital) to ensure privacy and dignity standards met.

**Older People and Dementia Care:** The implementation of the Meaningful Activities Facilitators is showing early benefits in supporting Nursing, MDT and Medical Teams for example: increasing nutritional support, increasing well-being of patients with dementia and strengthening carer support.

UHL and Alzheimer's Society implemented three 'Carers Support Programmes' for new carers of people with dementia. Further funding has been secured for four more programmes to continue in 2014-15.

325 additional members of staff, including student nurses have attended Older People Champions workshops – in line with trajectory.

**Medical Education:** A development day for the Doctors in Training Committee members was held

in September in UHL and a Listening in Action Event for doctors in training took place on 9 December 2013 with positive feedback received. UHL has been launched, with the support of the Head of Service Improvement and LNR Foundation School. 'Enhancing Quality Improvement Programme'

**What needs to be better?**

**Financial Performance:** There is continuing financial pressure and an underlying deficit which needs to be addressed.

**Emergency process:** There are early indications that recent changes are starting to have a positive on performance which is encouraging; however there is still a significant challenge ahead.

**Mandatory Training:** Current overall performance is at 60% (against a target of 75%) – an increase of 20% since the initiation of the dashboard during early July 2013.

The lowest level of performance is across medical staff (currently at 36% overall). The Deputy Medical Director is currently working through a number of key actions in addressing this including reviewing data at individual level and corresponding with medical colleagues.

**Scale and pace of change**: When we consider the scale and pace of improvement that is required to address current performance challenges, it is apparent that a significant amount of time is taken in addressing the early, technical aspects of change (for example designing and agreeing a standardised templates). Whilst it is essential that parties are given opportunity to engage and design the solution there is a need to accelerate the pace with which this stage is completed so we can seek early implementation and benefit for the patients we care for.

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**Recommendations:** The Trust Board are asked to:

**RECEIVE** this report

**NOTE** the progress against Q3 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

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

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

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

**Assurance Implications:** N/A

**Patient and Public Involvement (PPI) Implications:**

**Stakeholder Engagement Implications:**

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

**Information exempt from Disclosure:**None

**Requirement for further review?** Q4 report on the AOP 2013/14 will be submitted to the Board in April 2014.

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**

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|---|---|
| **REPORT TO:** | Trust Board |
| **REPORT FROM:** | Kate Shields, Director of Strategy |
| **AUTHOR:** | Jo Bee/Helen Seth |
| **RE:** | Executive Summary – Q3 Review Annual Operational Plan 2013/14 |
| **DATE:** | 30 January 2013 |

## 1. PURPOSE

The purpose of this paper is to:

i.   Provide an executive summary of the Q3 review of the 2013/2014 Annual Operational Plan (AOP). It should be considered alongside the detailed quarterly and monthly reports presented to Trust Board in December 2013 and January 2014.

ii.  Summarise Q3 performance against the key improvement and development priorities for 2013/14 (Appendix 1).

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

## 2. ACCOUNTABILITY FRAMEWORK FOR 2013/2014

2013/14 is the first year that the development and delivery of provider (i.e. trust) plans has been overseen by the NHS Trust Development Authority (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 year-to-date, the Trust has been graded at Level 4 (material issues) by the NTDA, which we understand is reserved for those trusts that have submitted a deficit AOP or are reporting material adverse deficits year-to-date.

## 3. HIGH LEVEL OVERVIEW

The AOP 2013/14 was based on four common themes that we know must be addressed through our planning and delivery processes if UHL is going to be safe and sustainable.

The themes are:

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

Using these themes, a high level overview of performance in Q3 against our AOP is summarised below:

### 3.1 Financial performance

At the end of month 9 (December 2013) UHL's deficit sat at £28.5m, £31.5m adverse to the planned surplus of £3.0m.

Finance have worked closely with the CMG's and corporate directorates on bottom-up forecasts which arrive at the projected deficit of £39.8m; these forecasts have been looked at independently by our auditors who have confirmed their robustness.

CMG's and corporate directorate have been advised to concentrate on the revised budgets for the rest of the financial year and are commencing work on a 3-5 year financial recovery plan.

On a more positive note the CMG's and corporate directorates have achieved 97.5% of the cost improvement plan (up to end of December) with 98.3% of the plan projected by year end. It is important that this is maintained to the year end, as it is effectively part of the forecast above.

### 3.2 Emergency process

**ED 4hr target -** Performance for emergency care 4hr wait in December was 90.1%. The performance for Q3 was 88.2%.

Emergency admissions have continued to increase creating significant capacity problems. A resilience checklist has been developed for use in the site meetings and a senior site manager and deputy site manager have been externally appointed. During Q3 there has been an increased emphasis on eliminating non-admitted breaches. Whilst improvement has been seen it is still too dependent on key individuals and it is recognised that more consistent and sustainable solutions are required.

In early January the Trust has undertaken two 'Super Weekends' to improve consistent weekend support. The impact on performance was significant and will be reviewed in more detail in the Q4 report
.
UHL was ranked 107 out of 144 Trusts with Type 1 Emergency Departments in England for the four weeks up to 1st December 2013. Over the same period 62 out of 144 Acute Trusts delivered the 95% target. For the week ending the 12th January the Trust was ranked 55 out of 144.

**Emergency Care (UHL+UCC)**
**Trajectory vs actual performance against four hour target (all types)**
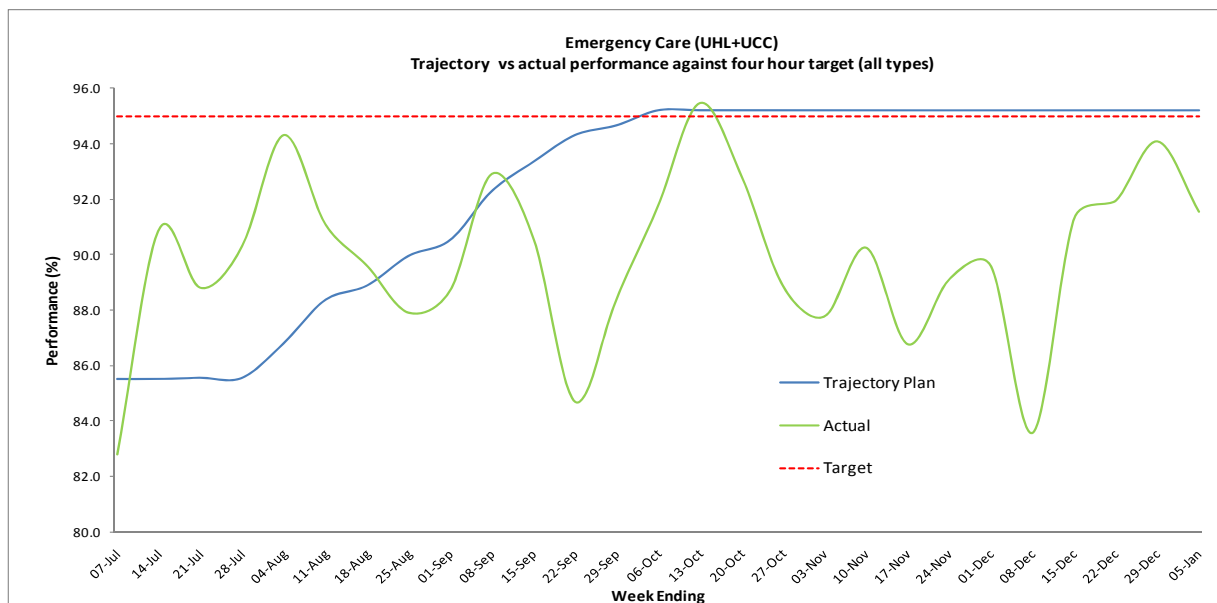
### 3.3 62 day cancer target

For Q3 the cancer targets have shown sustained performance.

November performance for the 2 week to be seen for an urgent GP referral for suspected cancer was achieved at 95.7% (national performance 95.5%).

Performance for the 2 week symptomatic breast patients (cancer not initially suspected) was not achieved at 92.0% (national performance 94.9%). This was predominantly due to patient choice.

The 62 day urgent referral to treatment cancer performance in November was 85.7% (national performance close to 85%) against a target of 85%. The year to date position is now also being delivered at 85.0%. This represents a significant achievement.

### 3.4 Referral to Treatment Time

RTT admitted performance for December was 82.0% with significant speciality level failures in ENT, General Surgery, Ophthalmology and Orthopaedics.

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

Non-admitted performance during December was 92.8%, with the significant specialty level failures in Orthopaedics and Ophthalmology. Remedial action plans are in place.

### 3.5 Delivering our Quality Commitment

A Quality Commitment dashboard has been developed to present updates on the 3 core metrics that track performance against our 3 goals (reduce mortality, avoid harm and patient centred care). These will be tracked throughout the programme up to 2015.

Good progress has been made in at least one of the work streams supporting each of the goals and there have been some early positive results in respect of the Respiratory Pathway. Dramatic reductions have been achieved through the Falls Reduction work-streams.

The CQC visited the Trust in January. The inspection team (peer review) made up of doctors, nurses, allied health professionals, managers and members of the public visited UHL to understand whether our services are safe, effective, caring, and responsive to people's needs and well led.

The team visited eight key areas: ED, acute medical pathways including the frail elderly, acute surgical pathways, critical care, maternity, paediatrics, End of Life Care and outpatients.

Initial feedback reflected a positive description of our staff as a whole, as well as observing that staff were caring. There was acknowledgment of the good work that has been carried out in respect of staff engagement with LiA programme.

Clearly the Trust is tackling long standing challenges that will require on-going action in the short, medium and long term for example responding to the continued pressure from emergency activity and securing substantial development of our IT systems. A full CQC report will be provided in February the implications of which will be reflected in our Q4 report.

### 3.6 Clinical configuration

The development of our critical estate reconfiguration projects is progressing through the steps of business case development including the development of our Strategic Outline Case for service and estate transformation.

In summary, despite the enormous amount the hard work has been undertaken the Trust is not where it needs, or wants to be. The financial 2013/14 year to date results have worsened. It reflects anticipated (nurse to bed ratio investment) and unanticipated changes. There has been sustained pressure created by emergency demand, and the failure to manage this effectively, has led to unfavourable operational and financial results. Although there has been external support, changes in clinical management structures, operational processes and commissioner support, ED and RTT performance remains challenging.

### 4. FINANCIAL POSITION AS AT THE END OF NOVEMBER 2013

2013/14 year to date results have been poor. To cope with the additional emergency demand, and to ensure safe staffing levels, the Trust has had to resort to substantial use of bank and agency staffing. Nursing ratios were

reviewed in the summer and enhanced in the light of the Francis report recommendations and existing local acuity reviews. Partly as a result, the Trust has averaged almost £4million per month in non-contractual payments, despite an increase in permanent headcount. The enhanced nursing levels add a recurrent £5.8 million to budget baselines (and therefore to the deficit), but in reality the expenditure has been greater as many of those posts have been filled this year at premium rates. A successful nursing recruitment campaign is underway in Mediterranean Europe (with around 500 vacancies to fill) remains a fundamental challenge for the Trust. We have had 49 nurses start in the last week.

As a consequence of the poor financial and emergency performance year-to-date, the trust has been graded at Level 4 by the NTDA. Cost controls have been stretched and revised procedures implemented over the last two months. Enhanced controls of non-pay have been announced more recently, with a theme of stronger compliance with existing processes.

The month 9 results and year-to-date performance may be summarised:

| | December 2013 | | | April -December 2013 | | |
|---|---|---|---|---|---|---|
| | | | Var (Adv) / Fav | | | Var (Adv) / Fav |
| | Plan £m | Actual £m | £m | Plan £m | Actual £m | £m |
| Income | | | | | | |
| Patient income | 49.9 | 51.9 | 2.0 | 480.5 | 491.3 | 10.8 |
| Teaching, R&D | 5.3 | 5.3 | 0.0 | 56.4 | 55.9 | (0.6) |
| Service Income | 55.2 | 57.2 | 2.0 | 537.0 | 547.2 | 10.2 |
| Other operating Income | 3.0 | 3.6 | 0.6 | 28.7 | 29.3 | 0.6 |
| Total Income | 58.2 | 60.9 | 2.6 | 565.7 | 576.5 | 10.9 |
| Operating expenditure | | | | | | |
| Pay | 37.3 | 40.6 | (3.3) | 336.1 | 352.9 | (16.7) |
| Non-pay | 23.0 | 24.7 | (1.7) | 207.1 | 219.6 | (12.4) |
| Reserves | (6.0) | - | (6.0) | (13.6) | - | (13.6) |
| Total Operating Expenditure | 54.3 | 65.4 | (11.0) | 529.7 | 572.4 | (42.8) |
| | | | | | | |
| EBITDA | 3.9 | (4.5) | (8.4) | 36.0 | 4.1 | (31.9) |
| Net interest | 0.0 | 0.0 | (0.0) | 0.0 | (0.0) | 0.0 |
| Depreciation | (2.7) | (2.7) | 0.0 | (24.4) | (24.3) | 0.1 |
| PDC dividend payable | (1.0) | (1.0) | 0.0 | (8.7) | (8.4) | 0.3 |
| Net deficit | 0.2 | (8.2) | (8.3) | 3.0 | (28.5) | (31.5) |
| EBITDA % | | -7.4% | | | 0.7% | |

The Trust is reporting:

- A deficit at the end of December 2013 of £28.5m, which is £31.5m adverse to the planned surplus of £3.0m.

## 4.1 Year End Forecast

The revised year end forecast, taking account of the month 9 results is **£39.8m deficit**.

This is summarised in the following table:

| | **Year End Forecast** | | |
| | | | Var (Adv) / |
| | Plan £m | Forecast £m | Fav £m |
|---|---|---|---|
| **Income** | | | |
| Patient income | 634.0 | 654.3 | 20.3 |
| Teaching, R&D | 75.0 | 72.5 | (2.4) |
| Other operating Income | 38.2 | 38.8 | 0.6 |
| **Total Income** | 747.1 | 765.7 | 18.5 |
| **Operating expenditure** | | | |
| Pay | 447.6 | 472.8 | (25.2) |
| Non-pay | 275.7 | 289.0 | (13.2) |
| Reserves | (24.0) | - | (24.0) |
| **Total Operating Expenditure** | 699.4 | 761.8 | (62.4) |
| | | | |
| **EBITDA** | 47.8 | 3.9 | (43.9) |
| Net interest | | | 0.0 |
| Depreciation | (32.5) | (32.5) | - |
| **PDC dividend payable** | (11.6) | (11.2) | 0.4 |
| **Net deficit** | 3.7 | (39.8) | (43.5) |
| **EBITDA %** | | 0.5% | |

The principal drivers for the forecast deficit result are:

- Non-receipt of strategic transitional support (£15m) to fund the underlying deficit.

- Less than expected non-recurrent funding from commissioners to support the transformation project costs incurred (£5.3m).

- In year operating cost pressures and a conscious investment in nurse staffing to sustain quality of care and patient safety standards (£14.3m).

- Contractual penalties and deductions of £5.2m including a £3.4m increase in MRET deductions (taking the total MRET deduction to £7.1m).

Within this forecast there are the following potential risks and opportunities

- Activity, and the associated income, necessary to fully recover and deliver all **RTT targets** are not included in the forecast.

- **Activity and income assumptions** have been aligned with our commissioners, both CCGs and NHS England.

- **Winter severity** – the current forecast assumes an average winter in terms of emergency activity, and elective activity assumed to be the same as 2012/13.

- The forecast assumes that **contractual penalties are reinvested**, specifically ED performance fines, ambulance handover and RTT penalties. MRET deductions, readmission penalties and service line penalties will continue to be transacted and retained by commissioners.

- Note that **enhanced expenditure controls**, with greater centralisation over discretionary spend, both pay and non-pay, have just been introduced. This has been reinforced through rigorous performance management of the CMG forecasts and operational performance in the remaining months of this year.

## 5. QUALITY AND PERFORMANCE

The Quarter 3 Quality and Performance (Q&P) paper was not available at the time of preparing this report. An overview is provided which should be read in conjunction with the Q&P report. Comments will be added verbally where necessary.

### 5.1 Quality Commitment

Our AOP outlined the activity we would undertake during 2013/14 to secure and maintain sustainable performance against the above. To deliver our vision of 'Caring at its best' we laid out an ambitious Quality Commitment. Our priorities are led through three over-arching strategic goals, each with a target to be delivered over the next 3 years. By 2016 we will aim to deliver a programme of quality improvements which will:

i.     Save 1000 extra lives
ii.    Avoid 5000 harm events
iii.   Provide patient centred care so that 75% of our patients would recommend us

A detailed review of progress against Quality Commitment objectives in Q3 is outlined at Appendix 1. At a high level key points to note include:

**What is working well?**

a) Prevention of Falls

Falls incidence for December 2013 reported on Datix has seen a further decrease in the number of falls compared to November resulting in a further reduction in the number falls for Q3 across UHL. This downward trend is consistent with the yearly performance to date. This has been achieved by targeted support, strong leadership and simple solutions for example implementing dedicated fall-risk bays. Opportunities to apply these principles across the board will be applied.
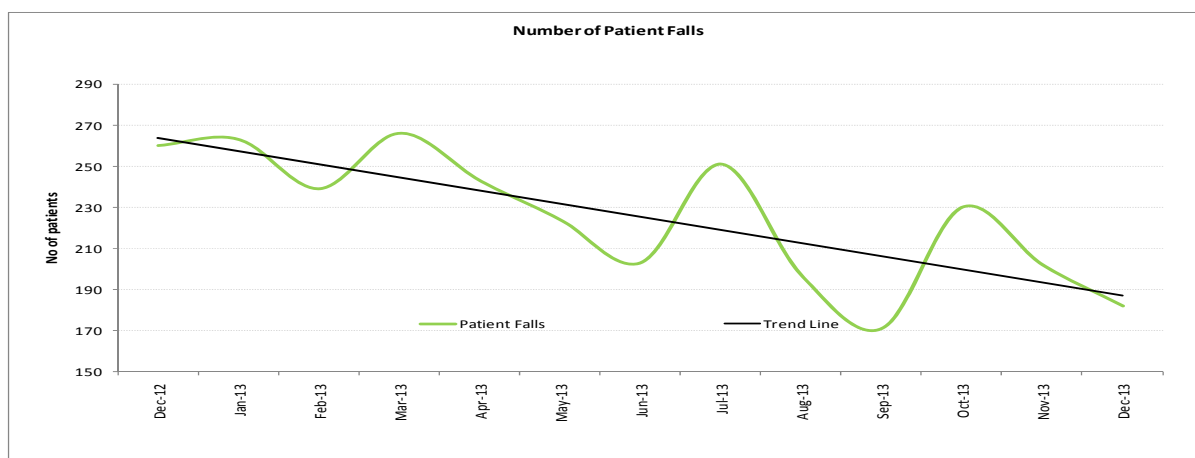
b) Discharge

Daily multidisciplinary conference calls have been implemented to proactively manage discharge, anticipating needs in collaboration with community partners. This is currently focussed in medicine but the direction of travel is to roll this out to other areas. UHL is hoping in the near future to be able to hold a collaborative conference call for the improved management of capacity for stroke rehabilitation. UHL has continued to build on this collaborative work with health and social care partners to strengthen discharge and rehabilitation processes improving access to community resources thereby creating creative solutions to discharge.

Internally, through the investment in nursing budgets there are plans to roll out and strengthen the role of the discharge coordinator.

Clinical teams continue to strengthen board and ward rounds further and optimise the use of the estimated date of discharge, planning for discharge from the point of admission.

It is anticipated that there will be investment in other disciplines to streamline discharge processes further and to create a no delays process eg: investment in Pharmacy support to improve the TTO process so that we increase the numbers of patients discharged earlier in the day (before 11am and 1pm) in partnership with ambulance providers.

There is continued work across the community focusing on the cohort of patients who are frequently admitted with the purpose of developing care plans to promote early discharge and admission prevention.

c) Older People and Dementia Care

Meaningful Activity Facilitators have recently been appointed (funded through CQUIN and Charitable Funds) forming part of the Patient Experience Team. They attend the 'board round', along with the multidisciplinary team where patients with dementia or suspected dementia are referred for meaningful activity support. The role focuses on those patients who are exhibiting agitation or distress or requiring additional support at mealtimes or are prone to wandering. They support people with dementia and their carers in hospital with: cognitive stimulation, support for sensory and psychological wellbeing, as well as reducing vulnerability.

The implementation of the Meaningful Activities Facilitators is showing early benefits by supporting Nursing, MDT and Medical Teams in increasing nutritional support, increasing well-being of patients with dementia and strengthening carer support.

UHL and Alzheimer's Society implemented three 'Carers Support Programmes' for new carers of people with dementia. Further funding has been secured for four more programmes to continue in 2014-15. Also a Carers Support & Advice post has been recruited to with the post holder

due to commence in January to work on the wards to advise and support carers in the UHL.

In complement, 325 additional members of staff, including student nurses have attended Older People Champions workshop (in line with 2013/14 trajectory).

d) <u>Medical Education</u>

A development day for the Doctors in Training Committee (DiTC) members was held in September in UHL. In addition, a Listening in Action Event took place for doctors in training on 9 December 2013. A UHL 'Enhancing Quality Improvement Programme' has been launched, with the support of the Head of Service Improvement and LNR Foundation School.

The UHL DiTC meet on a bi-monthly basis with representation from all specialties and grades. Priority work streams for the committee have been identified as:-

1) Maximising Training and Learning Opportunities;
2) Patient Safety; and
3) Communication.

The focus for next 3 months will include work on the DiTC work streams.

**What could be better?**

<u>Delivering change</u>

As we think about the scale and pace of improvements required to address current performance challenges, it is apparent that a disproportionate amount of time is taken in addressing the early, technical aspects of change (for example designing and agreeing a standardised ward round template). Whilst it is essential that parties are given opportunity to engage and design the solution there is a need to accelerate the pace with which this stage is completed so we can seek early implementation and benefit for the patients we care for.

To do this we need to build greater confidence and strong leadership in front line services. Moving forward the Trust will need to ensure that there is sufficient capacity and capability to support and facilitate change at scale and pace whilst adopting a style and approach that will ensure change is embedded in everyday practice and sustained improvement secured.

**6.    ORGANISATIONAL DEVELOPMENT**

A Q3 Organisational Development Report was provided to the Trust Board in December 2013 and therefore is not covered in detail in this report. Key headlines include:

**What is going well?**

All Q3 actions have progressed in line with plan and have been assigned a green RAG rating. Illustrative progress includes:

- Training delivered in 'Improving Experience for Patients and Staff' incorporating nationally endorsed 'Putting People First' tools and techniques;

- Training has been delivered to Consultant Recruitment Panels and UHL is working on strengthening future Consultant recruitment practices including the use of Assessment Centres;

- During December we have presented exceptional staff and teams with 'Caring at its best' quarterly awards in the workplace;

- A LiA 'Pass it on' Event was held during November and the Trust has moved into Phase 4 of our LiA journey: 'embedding LiA as the way we do things at UHL';

- Work is progressing in improving medical engagement across the Trust, through a range of activities including medical leadership and financial skills development and the first meeting of the 'UHL Clinical Senate' was held in December along with UHL's first Consultant / GP Conference focusing on 'improving quality and understanding commissioning';

- Workforce plans continue to be implemented supported by rigorous marketing and recruitment activity including international nurse recruitment;

- The Trust's Chief Nurse held a Public Engagement Listening Event during December exploring the recent experience of patients and their families. Emerging themes will form the basis of a work programme monitored by the assurance committee;

**What could be better?**

Mandatory Training:

Current overall performance is at 60% (against a target of 75%). This has increased by 20% since the initiation of the dashboard during early July 2013 showing an upward trend but still off the trajectory expected.

The lowest level of performance is across medical staff (currently at 36% overall). The Deputy Medical Director is currently working through a number of key actions in addressing this including reviewing data at individual level and corresponding with medical colleagues.

The Trust has entered into a contract with OCB Media to redesign training material in e-learning format to improve programme access.

Based on our agreed delivery model, face to face training is essentially required for four subjects. Work is underway in increasing capacity to deliver against these four areas.

## 7. IMPROVEMENT AND DEVELOPMENT PRIORITIES

The 2013/14 AOP set out a range of priorities which were designed to take forward the key themes identified in Section 3 and those of our Strategic Direction published in autumn 2012. The actions reflect the breadth of the Trust's portfolio and are summarised below. The RAG rating applied indicates an assessment of

the overall performance in Q3 of the portfolio of activities supporting each priority. The activities themselves are explained in more detail in Appendix 1.

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

| Developing as a Foundation Trust | Strengthening our membership and making progress towards our Strategic Direction | Quality and performance standards<br><br>Financial sustainability | Sustainable high performing NHS Foundation Trust |
|---|---|---|---|

## 8.  RECOMMENDATIONS

The Trust Board is asked to:

**RECEIVE** this report

**NOTE** the progress against Q3 delivery of our Annual Operational Plan and the high level RAG rating of key aspects.

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

**IMPROVEMENT AND DEVELOPMENT PRIORITIES - PROGRESS AGAINST 2013/14 AOP – Q3**

The Trust identified a range of priorities which are designed to take forward the key themes identified above and those of our Strategic Direction published last autumn. The actions reflect the breadth of the Trust's portfolio. Key progress against our AOP in quarter 3 (Q3) is outlined below:

| PRIORITY | WHICH MEANS | ACTION PLANNED | PROGRESS Q3 | KPIs | TRUST BOARD ASSURANCE AND SCRUTINY | ACTION RAG |
|---|---|---|---|---|---|---|
| IMPROVEMENT PRIORITY - DELIVERING OUR QUALITY COMMITMENT | | | | | | |
| **Save Lives** | Reinforce Hospital 24/7 programme | Cultural changes - Identify key interventions to improve communications. | It is anticipated that Hospital 24/7 will be fully operational at GH, LGH and LRI by January 2014.<br><br>Hospital 24/7 is also supporting improvements to discharges at the weekend using NerveCentre. Connectivity issues have caused early problems but these were fixed ahead of the LRI launch. Early response time metrics have been very promising and further opportunities have been identified in medical handover processes, phlebotomy cover & culture around calling consultants | Response times | Monthly Quality and Performance Reports to Trust Board | 4 |
| **Saving more lives** | Respiratory Care Pathway | Redirect all respiratory pathway patients to Glenfield (either direct, or via LRI) | The Respiratory pathway has led to an increase in pneumonia patients with, co-morbidity and frailty being admitted to the LRI. There is still a cohort of patients that meet the criteria being admitted to the LRI that should be admitted to Glenfield Hospital. An audit of why this is the case is being undertaken and will be reported on Q4. However, early results seem to suggest there has been a reduction in mortality for patients admitted with pneumonia, both at the LRI and Glenfield site. | Percentage compliance to COST and COPD protocols | Monthly Quality and Performance Reports to Trust Board | 3 |

| PRIORITY | WHICH MEANS | ACTION PLANNED | PROGRESS Q3 | KPIs | TRUST BOARD ASSURANCE AND SCRUTINY | ACTION RAG |
|---|---|---|---|---|---|---|
| | | | Overall mortality for UHL has fallen for both crude and risk adjusted mortality between Q1 and Q2 in 13/14 | | | |
| **Saving more lives** | Respiratory Care Pathway | Utilise findings from care bundle audit (January 2013) to reinforce best practice May 2013 | In Sept 13, two dedicated pneumonia nurses started in post. Their main role, supported by the Respiratory Pathway consultant lead, is to support implementation of the pneumonia care bundle across both the LRI and GH sites. They have reviewed over 300 patients with pneumonia to date (at the LRI and Glenfield). Pneumonia admissions and care bundle delivery are tracked using an online database tool. An audit of this will be fed back to the clinical teams for further action in Q4.<br><br>A *4 hour integrated community acquired pneumonia care pathway* has been designed and will be field tested in January 2014.<br><br>An ICM referral document for the 'Respiratory Virtual Clinic' was designed and is awaiting release by IM&T.<br><br>As well supporting junior doctors teaching, the nurses are also working with the clinical skills centre to look at including teaching about the pneumonia care bundle into a 'simulation package'. | Percentage compliance to COST and COPD protocols | Monthly Quality and Performance Reports to Trust Board | 4 |
| **Avoiding 5000 harm events by 2016** | Falls | Establish older people's team to coach under-performing wards Review of all falls for every ward with the Education Sister for falls leading a falls validation process with each Head of Nursing and implementing falls prevention strategies | The aim to reduce the incidence of falls in patients who are 65 years or over to less than 7.5 per 1000 bed days has been achieved in Q3. Falls incidence for all patients recorded on Datix and the Safety Thermometer has also reduced with Q3 maintaining the reduction seen in Q2. | Fall reports/1000 bed days aged > 65 years | Monthly Quality and Performance Reports to Trust Board | 5 |

| PRIORITY | WHICH MEANS | ACTION PLANNED | PROGRESS Q3 | KPIs | TRUST BOARD ASSURANCE AND SCRUTINY | ACTION RAG |
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| **Avoiding 5000 harm events by 2016** [1 i] | Acting on results in ED | Agree standards for checking blood results and reporting imaging<br><br>• DFR process in ED agreed May 2013 (attached)<br>• Pathology process agreed with lab & POCT<br>• Standards for Radiology in ED:<br>• CT scans 2 hours<br>• X-rays 48 hours- completed in April 2013<br>• X-rays 24 hours not currently possible Requires development of a full radiographer "hot" reporting rota after recruitment and 3-year training package | Dynamic Film Review - a process where ED review the patients that have been discharged following radiographs to identify positive results and recall any missed diagnoses. This would allow identification of missed fractures and lung cancer to be recalled for earlier treatment. This scheme is progressing.<br><br>CT is request to report within 2 hours (ED) is being met<br><br>X-ray is request to formal report within 48 hours (ED) is being met<br><br>The shorter the time between performance and report the less time for management delay or mismanagement. Immediate reporting of plain film reporting may also save up to £30 per patient when radiographer reporting is fully established through admission avoidance and appropriate referral. There is at least an 18 month lead to achieving this once recruitment and training is commenced<br><br>Pathology achieved- altered process with lab in ED | Percentage of results authorised (through ICE) (100% target) before patient discharge / transfer ED X-rays reported in < 24 & 48 hrs (Business Objects) | Monthly Quality and Performance Reports to Trust Board | **3** |
| **Avoiding 5000 harm events by 2016** | Senior clinical review, ward rounds and no | Ward rounds/Notation - Pilot and audit two key approaches on selected wards. Review pilot and select most impactful approach for roll-out. Monitor compliance (including spot checks) | Pilot of template undertaken with feedback form clinicians involved. Pilot audit undertaken to assess adherence to template and frequency of senior review of patients in selected area (medicine), this showed considerable variation and lack of uptake of form. Decision made to revise current continuation paper as preference to use of specific ward round template. | Adherence to ward round safety checklist and completion of ward round tick box on revised continuation paper. | Monthly Quality and Performance Reports to Trust Board | 3 |

| PRIORITY | WHICH MEANS | ACTION PLANNED | PROGRESS Q3 | KPIs | TRUST BOARD ASSURANCE AND SCRUTINY | ACTION RAG |
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| | | | Planned implementation for Q4. | | | |
| **Avoiding 5000 harm events by 2016** | Senior clinical review, ward rounds and notation | Senior Review - Agree standard minimum for senior clinician ward round frequency. Monitor compliance of standards by audit. | Finalising and planning of implementation of ward round safety checklist for Q4. Identification for need of specific ward round safety checklist each for children's and obstetrics'. Discussion with specialities re: senior review standards. | Adherence to agreed standards for senior review. | Monthly Quality and Performance Reports to Trust Board | 3 |
| **Providing patient centred care so that 75 of our patients would recommend us** | Older People and Dementia Care | Multidisciplinary working - Offer opportunity for all to be Older People's Champions. Set up resource centre. Facilitate stronger utilisation of carers, volunteers and charities | 325 members of staff, including student nurses have attended Older People Champions workshop.<br><br>Meeting held 18th December with Older Peoples Champions and key specialist healthcare professionals to identify key themes of what services we currently provide for older people, gaps in service, and training needs of staff. Key themes are being collated and will link to the Older Peoples Strategy for 2014 | Increase to a further 400 Older Peoples Champions over next year - 25% increase | Monthly reporting to Trust Board via the Quality & Performance Paper.<br><br>Monthly meeting of the Quality Action Groups chaired by Director Lead and Director 0f Quality | 4 |

| PRIORITY | WHICH MEANS | ACTION PLANNED | PROGRESS Q3 | KPIs | TRUST BOARD ASSURANCE AND SCRUTINY | ACTION RAG |
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| **Providing patient centred care so that 75 of our patients would recommend us** | Older People and Dementia Care | Communicate effectively - Ensure completion of personal profile for all patients with dementia Utilise White board for communication with patients and carers). Increase patient / carer involvement in care | Patient Profile Audit Sept 2013. Results show low level of compliance. Specific actions tasked to the CMGs by Nov 2013. Re audit planned for Jan 2014<br><br>The implementation of Meaningful Activities Facilitators  is showing early indicators of support for Nursing, MDT and Medical Teams in; increasing nutritional support, increasing well-being of patients with dementia and  strengthening carer support<br><br>UHL and Alzheimer's Society implemented three 'Carers Support Programmes' for new carers of people with dementia. Further funding has been secured for four more programmes to continue in 2014-15<br><br>A Carers Support & Advice post has been recruited. Due to start in January, to work on the wards to advise and support carers in the UHL. | Improvement in the Friends and family Test scores.<br><br>To achieve a Friends and family test score of 75 by 2015 | Monthly reporting to Trust Board via the Quality & Performance Paper.<br><br>Monthly meeting of the Quality Action Groups chaired by Director Lead and Director 0f Quality | 4 |
| **Providing patient centred care so that 75 of our patients would recommend us** | Older People and Dementia Care | Track and hold to account - Agree metrics and track against them. Identify suitable method for increasing transparency (e.g. Ward Friends and family Score). | Wards are displaying Public Facing Dashboards that have been designed by patients that illustrate the quality metrics of that particular ward such as all the patient feedback survey results, number of complaints, number of falls, infections etc.<br><br>FFT scores available nationally via NHS England and via the trusts Public website at ward level.<br><br>8 wards MDT completed  baseline stage 1 of the National Quality Mark Scheme for Older People and identified key areas for improvement – including improving ward environments for older people e.g. installing handrails, improved signage, improved food and nutrition, age | Improvement in the Friends and family Test scores.<br><br>To achieve a Friends and family test score of 75 by 2015<br><br>Improvement in three key Patient Experience Survey questions | Monthly reporting to Trust Board via the Quality & Performance Paper.<br><br>Monthly meeting of the Quality Action Groups chaired by Director Lead and Director 0f Quality | 4 |

| PRIORITY | WHICH MEANS | ACTION PLANNED | PROGRESS Q3 | KPIs | TRUST BOARD ASSURANCE AND SCRUTINY | ACTION RAG |
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| | | | appropriate equipment to improve safety e.g. low beds, raised toilet seats, better training for staff around the needs of older people and easier access to services whilst in hospital, this area is being taken forward as a Listening into Action project | | | |
| **Providing patient centred care:** | Discharge experience | Deliver discharge plans standard - involve multi-disciplinary team and patient / carer. Co-ordinate discharge plan and communicate with patient / carer. Implement across all priority wards | Multi–disciplinary board rounds under taken daily in all medical wards at LRI and Ward 2 LGH-monitored through daily conference calls which includes members of integrated discharge team present, social care and pharmacy. | Net Promoter Score Discharge survey | Monthly reporting to Trust Board via the Quality & Performance Paper. Monthly meeting of the Quality Action Groups chaired by Director Lead and Director 0f Quality | 4 |
| **Providing patient centred care:** | Discharge experience | Communication tools - Design and roll-out 'Ticket Home' tool including key information for every patient. Roll-out for every patient. | Leaving Hospital and Now You Are Getting Better leaflets given to all patients on discharge. (key Information re discharge)\n\nOutdoor Clothes now available for patients to go to discharge lounge (if do not have their own in hospital) to ensure privacy and dignity standards met. | Net Promoter Score Discharge survey | Monthly reporting to Trust Board via the Quality & Performance Paper.\n\nMonthly meeting of the Quality Action Groups chaired by Director Lead and Director 0f Quality | 4 |
| IMPROVEMENT PRIORITY - EMERGENCY CARE INCLUDING THE EMERGENCY DEPARTMENT (ED) | | | | | | |
| **Emergency Care** | **Achievement of the ED 4 Hour standard** | Delivery of HUB action plan with particular focus on: NABs, discharge and super weekends | January is on course to be best month in 14 months. Six weeks of performance +90% | ED 4 hour standard\n\nLength of stay reduction | Monthly Quality and Performance Report\n\nED Exception Report | 3 |
| **Emergency care** | **Ambulance turnarounds times** | Ambulance turnarounds times within contracted agreement\n\nCurrent performance 19mins | Achieving the turnaround times remain difficult due to peaks of activity and a small ED footprint. Discussions are taking place with commissioners regarding the contract position. UHL's times remain some of the best for a large trust in the east midlands | Within contracted agreement (15mins for clinical handover time). Reduction in contractual penalties | Monthly Quality and Performance Report\n\nED Exception Report | 3 |

| PRIORITY | WHICH MEANS | ACTION PLANNED | PROGRESS Q3 | KPIs | TRUST BOARD ASSURANCE AND SCRUTINY | ACTION RAG |
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| | **IMPROVEMENT PRIORITY - CLINICAL SERVICE TRANSFORMATION** |||||||
| Theatre Productivity | Fewer cancelled operations, fewer delays for patients. | **Capacity and Demand and theatre info** - Review current capacity / demand; Define Future state; Develop Key Performance indicators and implementation plan ; Explore viability of further use of patient bar coding for real time information | Capacity and demand model developed by specialty – used in check and challenge sessions as data sharing and scenarios presented for evaluation. <br><br> KPI s as per trust documents for utilisation and patient throughput, cancellations etc <br><br> Master schedule developed | Improved theatre throughput; <br><br> Reduced cancellations <br><br> Reduced backlog; <br><br> Reduced WLIs | Theatre Transformation Board; Improvement and Innovation Board; Exec leadership; Regular reports to Trust Board | 4 |
| Theatre Productivity | Fewer cancelled operations, fewer delays for patients. | **Scheduling -** Define processes for scheduling; Review use of IT systems for theatre information and scheduling; Model patient selection for optimum use of theatre lists | Scheduling tool pilot in ophthalmology <br><br> SIEVE tool for appropriate pre assessment developed and piloted in ophthalmology. Will roll out to other specialties. Scheduling meeting under review | Improved theatre throughput; <br><br> Reduced cancellations, Reduced backlog; Reduced WLIs | Theatre Transformation Board; Improvement and Innovation Board; Exec leadership; Regular reports to Trust Board | 4 |
| Theatre Productivity | Fewer cancelled operations, fewer delays for patients. | **Workforce Review** - Ensure Job planning matches scheduling and theatre list allocation; Review skill mix required for future state | Recruitment of staffing to fill substantial gaps continues in theatre. <br><br> LIA approach at ;GH to increase staff involvement and engagement | Improved workforce productivity | Theatre Transformation Board; Improvement and Innovation Board; Exec leadership; Regular reports to Trust Board | 4 |
| Theatre Productivity | Fewer cancelled operations, fewer delays for patients. | **Pre-operative assessment -** Standardise processes and systems; IT solution to record pre- operative assessment and booking of appointments; Review workforce and capabilities; | Work stream project plan produced and some action i areas. | Improved theatre throughput; <br><br> Reduced cancellations | Theatre Transformation Board; Improvement and Innovation Board; Exec leadership; Regular reports to Trust Board | 2 |
| Theatre Productivity | Fewer cancelled operations, fewer delays for patients. | Implement Theatre arrivals (all sites) | Due to open Jan 2014 | Improved theatre throughput; Reduced cancellations | Theatre Transformation Board; Improvement and Innovation Board; Regular reports to Trust Board | 4 |
| Outpatient Transformation | Improving clinic slot booking utilisation | Detailed analysis of top 25 specialties that result in 80% of outpatient income to identify opportunities for | Approach modified. Top 40 specialities asked to provide baseline data by end July 13. Wave 1 of specialities (x10) reviews | Target 95% utilisation | Reports to the Improvement and Innovation Framework Board chaired by the CE. | 3 |

| PRIORITY | WHICH MEANS | ACTION PLANNED | PROGRESS Q3 | KPIs | TRUST BOARD ASSURANCE AND SCRUTINY | ACTION RAG |
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| | | improvement | completed in by Nov 13. Reports completed for 5 of 10 specialties. 2nd wave started in Dec 13 – 7 specialties confirmed for Wave 2. Programme for 2014 identified showing how top 40 specialties review will be completed. | | | |
| **Outpatient Transformation** | Reducing the number of patients who do not attend (DNA) | SMS text message reminders. Pilot commenced January 2013 in 4 specialties to call top 10% of patients identified as high risk of DNA utilising bespoke software – "patient call optimiser". On-going pilot. | UHL has had over 3000 less DNA's in 2013/14 than for the 1st 9 months of 2012/13. SMS coverage continues to steadily increase from ~ 42% of all appointments in March 2013 to ~ 53% in December 2013. Trust DNA rate has dropped from 7.2% for the 1st 9 months of 2012/13 to 6.6% for the 1st 9 months of 2013/14 'Patient Call Optimiser' has gone live as per plan in October 13. With the exception of Ophthalmology, the roll out is now complete for all specialties.  A timeline will be agreed with ophthalmology as to when this will be complete.  Benefits will be seen in Q4 | SMS - Target 70% of patients by end of 2013/14. | Reports to the Improvement and Innovation Framework Board chaired by the CE. | 5 |
| **Outpatient Transformation** | Building capacity and capability - service improvement | Outpatient Improvement Team – Establish team to ensure common approach and sharing of best practice | Recruited one individual to band 5 posts. Individual has now been seconded to support Ophthalmology in August 13. No further recruitment has taken place and is unlikely to take place in light of current financial position. Future project management arrangements are under assessment as part of the IIF review. | Increased staff morale and staff productivity | Reports to the Improvement and Innovation Framework Board chaired by the CE. | 2 |

| PRIORITY | WHICH MEANS | ACTION PLANNED | PROGRESS Q3 | KPIs | TRUST BOARD ASSURANCE AND SCRUTINY | ACTION RAG |
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| **IMPROVEMENT PRIORITY - SUPPORT SERVICE TRANSFORMATION** | | | | | | |
| Estates & Facilities Service Delivery | Implementation of LLR Facilities Management Consortium to act on behalf of all LLR Trusts to actively manage the Estates/FM Contract | In working with private sector partners it is essential that their style and approach reflects the values and culture of the Trust.<br><br>The relationship and partnering values will be managed by Interserve and the Health partners forming a joint board to drive the values and direction of the framework and services provided under it.<br><br>This body is called the LLR FMC. The Trust's interests will be served by an intelligent client management team – who will manage the performance of the private sector partner and uphold the interests of the health partners. | NHS Horizons is now well established and operational. | Year on year cost improvement from Lot1 without detriment to quality | Governance through Trust Board representation by DoF and NED representation of the NHS Horizons Programme Board | 5 |
| Estates & Facilities Service Delivery | Progress against lot 1 LLR EFM contract | Responsibility for the day to day operational management and delivery of core FM services would be undertaken by Interserve on 1 March 2013. | As a result of transforming services a number of challenges have been experienced by Interserve in maintaining the quality of services delivered. These relate to the areas of cleaning catering and estates management.<br><br>Interserve has implemented a remedial plan and this has resulted in gradual but continuing improvements in performance.<br><br>Horizons continue to manage the contract to ensure that improvements continue to be driven upwards and that the actions taken by Interserve are appropriate to achieve this. | Year on year cost improvement from Lot1 without detriment to quality<br><br>Moving into 2014 results in a saving of in excess of £4m | Governance through Trust Board representation by DoF and NED representation of the NHS Horizons Programme Board | 3 |
| Reconfiguration and Estate | Day Case / Outpatient Hub | A Day Case / Outpatient Hub Feasibility study will be completed prior to the development of an Outline Business | The project will fall within the frameworks of the Strategic Outline Case (SOC) and therefore constrained by the timeline of | Reduced cancellations | Governance through Commercial Executive, Executive Team, Trust | 3 |

| PRIORITY | WHICH MEANS | ACTION PLANNED | PROGRESS Q3 | KPIs | TRUST BOARD ASSURANCE AND SCRUTINY | ACTION RAG |
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| Improvement<br><br>Progress against lot 2    A series of schemes to bring immediate benefits as well as well as to take forward medium term reconfiguration | | Case for a dedicated Day Case and Outpatient Hub.<br><br>This would support the segmentation of ambulatory planned care flows from inpatient hospital care and will also be a critical enabler for the emergency floor development. | the SOC. This has yet to progress to the development of the FBC The activity assumptions in relation to the Hub and left shift into it have been identified at a high level however further challenge will be required following the SOC outcome (the location of the hub would have an impact on the quantum and nature of activity being undertaken in that setting) | Improved ratio between income per m2  and occupancy per m2 | Board and NTDA.<br><br>Public Consultation will be required on the development of the Hub. | |
| Reconfiguration and Estate Improvement | Emergency model of care | Emergency model of care – early feasibility studies | The Outline business case for the emergency floor was approved by the Trust Board in October and has been forwarded to the NTDA for comments.<br><br>Works are progressing with the enabling schemes – the NTDA have supported the first work package – replacement of the ward and outpatient space.<br><br>Discussions have commenced with the planners and stakeholders<br><br>! 500 block designs are approved, 1 200 detailed design has commenced. | Sustainable achievement of ED standard | Governance through Commercial Executive, Executive Team, Trust Board and NTDA. | 2 |
| Reconfiguration and Estate Improvement | Theatres Arrival Area and Advanced Recovery | Completion of construction at the LRI | The TAA was handed over to the Trust on 16th January.<br><br>Advanced recovery Full business case delayed slightly owing to time taken to get full costs for the project. | Reducing theatre delays -Reducing idle capacity (cost) | Governance through Theatres Programme Board, Executive Strategy Board and financial approval through the Commercial Executive | 4<br><br>3 |
| Reconfiguration and Estate Improvement | Maternity interim development | Construction of additional delivery rooms at the LGH and LRI to safely accommodate the increase in births | Construction work is on-going and running to plan. Work is planned to run through until the end of June 2014 | TBC | Governance through Project Board, Reconfiguration Board and Commercial Executive | 4 |

| PRIORITY | WHICH MEANS | ACTION PLANNED | PROGRESS Q3 | KPIs | TRUST BOARD ASSURANCE AND SCRUTINY | ACTION RAG |
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| Reconfiguration and Estate Improvement | Vascular | Move vascular services from the LRI to the GH thereby realising the development of a cardio-vascular centre and a pre-SOC enabler to future service change on the LRI site. The scheme includes the relocation of vascular inpatients, admissions; VSU; angiography and the provision of a hybrid theatre | Draft OBC in production - Capital costs, scope and programme to be finalised to conclude estates annexe.  Equipment choice to be concluded | Increased utilisation of lower cost facilities without detriment to clinical quality | Governance through Vascular Programme Board, Executive Strategy Board and financial approval through the Commercial Executive | 3 |
| Reconfiguration and Estate Improvement | As care moves closer to home our hospitals will become smaller and more specialised. To optimise clinical outcomes and safety, sites will need to be consolidated.  Renal & Transplant Services | Relocation of Renal & Transplant Services from the LGH to the GGH. Approval given to complete a feasibility study | Estate feasibility undertaken to identify whether the renal and transplant services could be relocated into part new build and part retained estate.  Output confirmed that this would be possible. Discussions on-going with the University of Leicester to ensure the potential Donor is aware of the feasibility output. Opportunity to develop a charitable appeal to support the capital funding of the relocation - initial discussions have been undertaken, detail to be developed further. | TBC | Governance through Commercial Executive, Executive Team, Trust Board and NTDA. | 4 |
| Reconfiguration and Estate Improvement | Welcome Centre LRI | New main entrance located in the Windsor Building. Approved to progress to detailed design and delivery of an Outline Business Case | The Welcome Centre forms part of the "enterprise schemes" initiative through the Interserve Framework. Discussions are progressing with this to provide Interserve with functional brief for the Trust required operational content of this facility. | Patient experience | Governance through Trust Board representation by DoF and NED representation of the NHS Horizons P. Board | 4 |
| Reconfiguration and Estate Improvement | Balmoral Access for the Emergency Department | Review of highways, traffic plans, pedestrian access, car parking, levels, gradients and Blue Light access. Approval given develop detailed designs and tender | Work proceeding in light of the revised design for the new emergency floor.  Discussions with Highways have commenced and will be considered as part of the Planning Application. | TBC | Governance through Trust Board representation by DoF and NED representation of the NHS Horizons P. Board | 4 |
| Reconfiguration and Estate Improvement | Refurbishment of Poppies Nursery | Approval given to proceed to detailed design and tender. Contract award subject to future review by Exec Team. | Construction work has commenced in January 2014. | TBC | Governance through Trust Board DoF and NED representation of the NHS Horizons P. Board | 4 |

| PRIORITY | WHICH MEANS | ACTION PLANNED | PROGRESS Q3 | KPIs | TRUST BOARD ASSURANCE AND SCRUTINY | ACTION RAG |
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| Reconfiguration and Estate Improvement | Clinical Education Centre at the LRI | Initial designs for the conversion of Odames Ward into a CEC have been reviewed. Approval has been given to develop an OBC | Design team has been commissioned to commence construction in April | TBC | Governance through Trust Board representation by DoF and NED representation of the NHS Horizons P. Board | 4 |
| Reconfiguration and Estate Improvement | Energy Centre | Removal of existing life expired combined heat and power units (CHP) at LRI and GH. Installation of new gas CHP units on all 3 acute sites. Lighting and building energy management upgrades across UHL | The Energy Centre forms part of the "enterprise schemes" initiative through the Interserve Framework. Procurement currently under way | TBC | Governance through Trust Board representation by DoF and NED representation of the NHS Horizons P. Board | 4 |
| Information Management and Information | Managed Business Partner | Implementation of the contract with our preferred Managed Business Partner: IBM. The Trust will work with IBM to progress the early stages of the Trust's IM&T Transformation Plan throughout 2013/14 | Contract is in place and the third of 4 tranches of TUPE to IBM has been undertaken. | All transferred services have a suit of KPIS in place. | The board receives a monthly update paper and a fuller quarterly review through the Director of Finance. Joint Governance Board in place. | 4 |
| Information Management and Information | Electronic Document Record Management (EDRM) - project to deliver Electronic versions of our clinical notes | Develop the business case for EDRM and progress procurement options. | Business case developed and presented to the Trust Board in November. Some refinement in the process has been requested and we will be undertaking a pilot to prove the benefits in q4 2013/14 for 16 weeks within a defined area | NA | Papers for the transformation projects have been taken through the Trust Board. Joint Governance Board in place. | 3 |
| Information Management and Information | Managed print solution | Develop the business case for Managed Print. Progress procurement options. | Project is approved and is due to go-live Q4 2013/14 | Project milestone dates  Savings profile | Papers for the transformation projects have been taken through the Trust Board. Joint Governance Board in place. Project board established | 4 |
| Information Management and Information | Clinical portal and Electronic Patient Record (EPR) | Develop the business case for Clinical Portal and EPR. Progress each project including consideration of procurement options. | Paper to TB in November 2013 further paper due Feb 2014 | TBC in business case | Papers for the transformation projects have been taken through the Trust Board. Joint Governance Board in place. | 3 |
| DEVELOPMENT PRIORITY - IMPLEMENTING OUR ORGANISATIONAL DEVELOPMENT PLAN | | | | | | |
| Professional, passionate and | Live our values | Implement the "Putting People First" | During September each Division hosted a staff development day funded through the | Reduced complaints | Organisational Development Plan Priorities (2013/15) - Quarterly | 4 |

| PRIORITY | WHICH MEANS | ACTION PLANNED | PROGRESS Q3 | KPIs | TRUST BOARD ASSURANCE AND SCRUTINY | ACTION RAG |
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| valued workforce | | cultural shift programme | Trust's Charitable Funds Committee. These days were titled: 'Improving the Experience for Patients and Staff' and led by the Patient Experience Team. Each day was structured around the needs of the specific Division and aimed at medical, nursing and administrative staff.<br><br>The objectives of each development day were:-<br><br>To provide the leaders with top tips to help them manage more effectively;<br><br>To help leaders engage and communicate more effectively using simple, pragmatic and relevant tools; and<br><br>To understand how we can improve our patients' experience in our day to day work.<br><br>All days were positively evaluated with Friends and Family Test Scores. We are consulting with Clinical Management Groups (CMGs) in progressing the next phase of development. | Patient Satisfaction (friends and family) | Update Report (Quarter 3 October to December 2013) presented to Trust Board 20.12.14 | |
| Professional, passionate and valued workforce | Live our values | Fundamentals – Implement Values Based Recruitment<br><br>Embed Values within Systems and Processes<br><br>Continue 'Caring at its best' Awards | Values based recruitment continues to feature in our recruitment and selection training and will be expanded further in the current redesign plan for consultant recruitment. The Trust has signed up as a partner site for the values based recruitment project facilitated by NHS Employers | Increase in compliments<br><br>Staff and Patient Satisfaction<br><br>(friends and family) | Organisational Development Plan Priorities (2013/15) - Quarterly Update Report (Quarter 3 October to December 2013) presented to Trust Board 20.12.14 | 4 |
| Professional, passionate and valued workforce | Improve two way engagement | Driving accelerated improvement through the adoption of Listening into Action (LiA). | During Q3, a further 11 Pioneering teams volunteered to adopt the LiA approach to improve patient outcomes, staff engagement and service quality. The | Increased engagement and staff morale | Progress report on Enabling Our people Schemes presented to Improvement and Innovation | 4 |

| PRIORITY | WHICH MEANS | ACTION PLANNED | PROGRESS Q3 | KPIs | TRUST BOARD ASSURANCE AND SCRUTINY | ACTION RAG |
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| - | | | existing 12 Pioneering teams continued to be supported around Step 7 LiA – maintaining momentum. A further 1 Enabling Our People Schemes commenced adopting LiA and the existing 10 EoP schemes continued working on corporate themes to address the issues raised by staff at the listening events. A Pass it On event was held on 6 November 2013 with 155 staff attending. In October 2013, 10 of the first wave Pioneering teams repeated the Team Pulse Check Survey. The results were an improvement from the ones that were completed at the start of their LiA journeys back in June 2013.<br><br>Additional Thematic LiA events have taken place including 3 Meals and Cleaning event across the 3 hospital sites and an event for Junior Doctors. | | Board per month.<br><br>Quarterly OD Update Report (Quarter 2 – July – September 2013) presented to Trust Board<br><br>LiA Update report presented to Trust Board – December 2013 | |
| Professional, passionate and valued workforce - | Improve two way engagement | Build our model employer approach by implementing medical engagement priorities identified through the Medical Engagement Strategy (2013/14)<br><br>Change Management<br><br>Achieve and maintain 'Excellent Employer' status | The Medical Leadership Programme was delivered to the October cohort. A new consultant's development event took place on 01.11.13. The Director of Strategy hosted UHL's first Consultant/GP conference event on 05.12.13 focussing on developing consultants on skills related to commissioning and influencing networks.  A mentoring development event took place on 12.12.13.  The UHL Drs in training committee continue to meet bi monthly to address targeted areas for action which has been underpinned by a Listening into Action event | Increased engagement and staff morale | Organisational Development Plan Priorities (2013/15) - Quarterly Update Report (Quarter 3 October to December 2013) presented to Trust Board 20.12.13 | 4 |
| Professional, passionate and valued workforce | Strengthen Leadership | Devise and implement Leadership Qualities  and Behaviours | Work is progressing the development of a 360 degree feedback tool with OCB media<br><br>Review and comparison of the NHS Healthcare Leadership Model with the UHL | Increased recruitment, retention and succession planning | Organisational Development Plan Priorities (2013/15) - Quarterly Update Report (Quarter 3 October to December 2013) presented to Trust Board | 4 |

| PRIORITY | WHICH MEANS | ACTION PLANNED | PROGRESS Q3 | KPIs | TRUST BOARD ASSURANCE AND SCRUTINY | ACTION RAG |
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| | | | Leadership Qualities and Behaviours | | 20.12.13 | |
| Professional, passionate and valued workforce | Strengthen Leadership | Agree Senior Leadership Development plans. Agree skills development in Finance and Business Acumen | Project Team to attend Leading Across Boundaries Programme to support improvement in cancer care<br>Talent Management report presented to Trust remuneration Committee outlining the senior management team talent profile | Increased recruitment, retention and succession planning | Organisational Development Plan Priorities (2013/15) - Quarterly Update Report (Quarter 3 October to December 2013) presented to Trust Board 20.12.13 | 4 |
| Professional, passionate and valued workforce | Strengthen Leadership | Agree Board and Executive Leadership Development plans. | Continued programme of Board Development sessions<br><br>Board agreed to commission independent Board effectiveness review | | Organisational Development Plan Priorities (2013/15) - Quarterly Update Report (Quarter 3 October to December 2013) presented to Trust Board 20.12.13 | 4 |
| Professional, passionate and valued workforce | Enhance workplace learning | Enhance Statutory and Mandatory Training | Improvements in the reporting dashboard<br><br>Demonstrable improvements in performance<br><br>Launch of 7 new OCB e learning products to improve compliance | Compliance with statutory and mandatory training standards | Organisational Development Plan Priorities (2013/15) - Quarterly Update Report (Quarter 3 October to December 2013) presented to Trust Board 20.12.13 | 4 |
| Professional, passionate and valued workforce | Implement workforce plans | Each Division developed a Workforce Plan for 2013/14 which was based on predicted activity levels and Cost Improvement Schemes. | Workforce plans have remained fluid in year to reflect increased capacity requirements. Workforce CiP Schemes continue to be performance managed through the Improvement and Innovation Framework.<br><br>Nursing agency expenditure has fallen in the last quarter reflecting increased substantive staffing numbers and increased use of Bank staff.<br><br>A high level workforce plan for the Emergency Floor is being developed and work is underway to develop a fully costed workforce plan for the full business case in June 2014. | Increased recruitment, retention and succession planning | Organisational Development Plan Priorities (2013/15) - Quarterly Update Report (Quarter 3 October to December 2013) presented to Trust Board 20.12.13 | 4 |

| PRIORITY | WHICH MEANS | ACTION PLANNED | PROGRESS Q3 | KPIs | TRUST BOARD ASSURANCE AND SCRUTINY | ACTION RAG |
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| | | | Following the review of the nursing establishment, rigorous recruitment campaigns are underway including a successful programme of international recruitment.<br><br>!7 apprentice Healthcare Assistants have been appointed to develop a career pathway for potential future nursing staff | | | |
| Professional, passionate and valued workforce - | Improve External Relationships and Workplace Partnerships | Develop Patient and Public Involvement Strategy | Each CMG has a named PPi Lead to develop and encourage PPI activity. An assurance committee has been established to scrutinise the Trust's equality, engagement and patient experience agendas.<br><br>A new reputation audit was conducted.<br><br>The Chief Nurse held a public engagement event in December to explore the experience of recent patients and their families.<br><br>Members of Healthwatch are increasingly engaged in our reconfiguration work | Evidence of increased engagement | Organisational Development Plan Priorities (2013/15) - Quarterly Update Report (Quarter 3 October to December 2013) presented to Trust Board 20.12.13 | 4 |
| Professional, passionate and valued workforce | Encourage creativity and Innovation | Produce Service Improvement Strategy / Skills Development to drive forward service improvement | During this quarter, we have developed and implemented a new way of managing projects and programmes being delivered within the IIF. This includes:<br>1. A standardised approach to project documentation including templates, reports and e-filing system.<br>2. An IT project tracking and reporting system.<br>3. Resource and training centre accessible through the IIF website on INsite<br><br>• A strategy for building capability for improvement has been agreed by the IIF board this quarter. This comprises of a | Increased evidence of project management training and service improvement tools and techniques | IIF Board chaired by CEO<br><br>Reports to Trust Board<br><br>Organisational Development Plan Priorities (2013/15) - Quarterly Update Report (Quarter 2 – July to Sept 2013) presented to Trust Board 27/9/13 | 4 |

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| PRIORITY | WHICH MEANS | ACTION PLANNED | PROGRESS Q3 | KPIs | TRUST BOARD ASSURANCE AND SCRUTINY | ACTION RAG |
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| | | | mixed approach to learning based on the individual's role and improvement skills required. The programme will align with and form a key component of the Trust's Leadership into Action Strategy as there is a strong overlay with team behaviours and attitude in order to achieve successful improvement. The programme includes e-learning modules, train the trainer programme and classroom based, multi-professional learning, aimed at operational leaders and clinical leaders. Preparation of the training material for this are underway and will be supported by our future Quality Improvement Academy (to be launched in the next quarter) | | | |
| Professional, passionate and valued workforce | Encourage creativity and Innovation | Embedding Releasing Time to Care<br><br>Build on Research and Development | **Embedding Releasing Time to Care**<br><br>Releasing Time To Care (RT2C) – the Productive Ward continues to be rolled out to all inpatient wards, aiming for all wards to complete implementation by May 2014 using the "Fast Track" implementation programme. Modular based, it focuses on improving nursing processes carried out in ward areas to maximise on time for delivering high quality patient care.<br><br>**Build on Research and Development**<br><br>We host the East Midlands Clinical Research Network with a contract value of £23 million per annum over a five year period. At the end of this quarter we have seen a sustained increase in recruitment to NIHR-adopted research studies: UHL is currently 42% above target and 85% above recruitment for the same time point last year. | Increased staff morale, retention, staff satisfaction | Organisational Development Plan Priorities (2013/15) - Quarterly Update Report (Quarter 2 – July to Sept 2013) presented to Trust Board 27/9/13 | **4** |

| PRIORITY | WHICH MEANS | ACTION PLANNED | PROGRESS Q3 | KPIs | TRUST BOARD ASSURANCE AND SCRUTINY | ACTION RAG |
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| **DEVELOPMENT PRIORITY – SPECIALISED SERVICES** | | | | | | |
| Developing our specialised services | For example, vascular surgery | Plans are to be progressed to relocate Vascular Surgery from the LRI to the GGH thereby consolidating Cardio-Vascular Services onto one site.<br><br>Enhance minimally invasive vascular and renal Interventional Radiology at GGH  -  Supporting the shift from inpatient to day case | An Outline Business case is currently being written and due for submission to Trust Board in January.  The projected completion date of the Project is Nov 2015. The provision of vascular surgical procedures is a core element of the Trust's clinical strategy – and the co-location of vascular services with cardiology/cardiothoracic services is essential to the delivery of an enhanced service to patients in line with the national drivers for vascular services. | Patient experience<br><br>Patient outcome | Governance through Single Site Take Programme Board, Executive Strategy Board and financial approval through the Commercial Executive | 3 |
| Developing our specialised services | For example, Children's Cardiac Services | The outcome of the national Safe and Sustainable Review into Children's Cardiac Surgery was referred by the Secretary of State for Health to the Independent Reconfiguration Review Panel following challenge from various sources including our own local Health Overview and Scrutiny Committee. The outcome of the panel consideration was unknown at the time of the approval of our AOP. The Trust (with commissioner support) will implement the action required in response. | East Midlands Congenital Heart Centre Programme Board established. Latest meeting held in January 2014. The programme board is the vehicle by which the EM Congenital Heart Centre will engage with the national process for specialised services and the internal planning process (to address the derogations  previously submitted as part of the specialised specification process) | Retention of paediatric cardiac surgery | Reports to Executive Strategy Board | 4 |
| Developing our specialised services | For example, Adult Cardiac Surgery Services | The Trust is engaging in early discussions with Nottingham University Hospitals (NUH) to explore the benefits of an East Midlands network approach towards adult cardiac surgery allowing | Discussions have taken place and there is commitment on both sides of the memorandum of commitment and an understanding that this will provide the framework within which future discussions | Market share (value and volume) | Reports to Executive Strategy Board | 4 |

| PRIORITY | WHICH MEANS | ACTION PLANNED | PROGRESS Q3 | KPIs | TRUST BOARD ASSURANCE AND SCRUTINY | ACTION RAG |
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| | | opportunity to share and benefit from, best practice. | take place. | | | |
| **DEVELOPMENT PRIORITY – MEDICAL EDUCATION** | | | | | | |
| Medical Education | Improved infrastructure for clinical education at LRI | Conversion of Odames Ward to a library/learning centre and an option appraisal of other solutions to resolve lack of education and training space generally across LRI. Initial designs for conversion of Odames Ward into a Clinical Education Centre have been reviewed and approval given to develop an Outline Business Case for delivery in 2013/14. | Odames Library project group is up and running. Plan for delivery progressing with a target of April 2014. | | Quarterly review considered by Trust Board (last report June 2013).<br><br>Need new non-executive director to work with Clinical Education department to represent education and training issues to the Board since the Chairman left the trust | 4 |
| Medical Education | Accountability for education and training resources | Increase accountability for education and training resources and map resources to quality of education and training delivery | Improved understanding of SIFT funding in UHL via PLICs however further work has temporarily paused due to structural changes (previous discussions with people now not in post). Supporting documents prepared for future meetings.<br><br>Little progress with improving transparency of funding for education and training within trust and CMGs | | Quarterly review considered by Trust Board (last report June 2013) | 3 |
| Medical Education | Educational Governance | Develop a funded (SPA) CMG Medical Education Lead role to improve links between clinical service and training, to deliver quality measures and respond to the challenges of increased accountability for education funding | New terms of reference for Medical education committee have been agreed.<br><br>The job description agreed for CMG medical Education lead role has been | Education dashboard as part of the Quality and Performance report is under discussion and | Quarterly review considered by Trust Board (last report June 2013) | 3 |

| PRIORITY | WHICH MEANS | ACTION PLANNED | PROGRESS Q3 | KPIs | TRUST BOARD ASSURANCE AND SCRUTINY | ACTION RAG |
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| | | | developed and agreed. And 4 appointed<br><br>The education quality dashboard has been developed. Meetings are planned to discuss this with CMGs in Q3/4.<br><br>Training of appraisers to appraise SPA education roles is ongoing. | development. | | |
| Medical Education | Medical workforce planning (Medical Workforce group) | Agree the shape of the future medical workforce in UHL and the associated training implications | Department of clinical education continues to support this work<br><br>The TPD for Respiratory medicine is working with HR to develop a link with Malta to send a small number of trainees to UHL<br><br>Trust doctor posts – Education department has supported an SAS Tutor this year after funds were withdrawn from the Deanery. This is a valuable post to the trust as this group of doctors grows – The Education Department will not be able to sustain in longer term. In addition, the number of junior doctors in trust funded posts is growing as the medical workforce changes. Workforce manager is very involved with this. The medical education lead supporting a plan to offer this group supervision and support so that they are a valued and more stable workforce | Education dashboard as part of the Quality and Performance report is under discussion and development. | Quarterly review considered by Trust Board (last report June 2013) | 3 |
| Medical Education | Enhance trainee experience | Enhance trainee experience and engagement with UHL through processes including Listening into Action (LiA) and UHL doctors in training committee | The UHL Doctors in Training Committee (DiTC) meet on a bi-monthly basis with representation from all specialties and grades. Priority work streams for the committee have been identified as:-<br><br>1) Maximising Training and Learning Opportunities;<br>2) Patient Safety; and<br>3) Communication. | Education dashboard as part of the Quality and Performance report | Quarterly review considered by Trust Board - Quarterly Update Report (Quarter 3 October to December 2013) presented to Trust Board 20.12.14 | 4 |

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| | | | A development day for the DiTC members was held in September in UHL.  In addition a Listening in Action Event took place for doctors in training on 9 December 2013 and a UHL 'Enhancing Quality Improvement Programme' has been launched, with the support of the Head of Service Improvement and LNR Foundation School.

The focus for next 3 months will include work on the DiTC work streams identified above. Outputs from the LiA event and Quality Improvement Programme will lead to further work streams that doctors in training will undertake. | | | |
| DEVELOPMENT PRIORITY – RESEARCH AND DEVELOPMENT | | | | | | |
| Research and Development | Optimising the value added by our Biomedical Research Units (BRU) | To ensure  the BRUs operate efficiently, effectively and are delivering on their objectives for example, developing new and effective treatments for severe asthma and chronic obstructive pulmonary disease (COPD) (LLR have a high incidence of COPD) | The BRUs are performing in line with Q3 plan. | Staff appointed

Volume of clinical trials

Value of grant income

Accommodation complete and occupied | Performance monitored through the joint BRU Board

UHL Research and Development Executive reports to Executive Strategy Board and by exception to Trust Board | 4 |
| Research and Development | Engaging with NIHR portfolio studies | Improving UHL's engagement with NIHR portfolio studies, thereby making significant progression towards every service taking part  in this activity | Engagement in terms of patient recruitment to NIHR trials continues to improve; figures available up to mid-October 2013 show the Trust to be ~50% ahead of target to date | Number of patients recruited to NIHR trials | UHL Research and Development Executive reports to Executive Strategy Board and by exception to Trust Board | 4 |
| Research and Development | Enhancing Leadership | Being a leading, influential partner in the development of the East Midlands Academic Health and Science Network (AHSN) | Interactions with the AHSN structure have been slow to develop although we are now feeding into AHSN priority areas. Plans in place for interaction at senior level | Membership of substantive AHSN Board | UHL Research and Development Executive reports to Executive Strategy Board and by exception to Trust Board | 3 |

| PRIORITY | WHICH MEANS | ACTION PLANNED | PROGRESS Q3 | KPIs | TRUST BOARD ASSURANCE AND SCRUTINY | ACTION RAG |
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| Research and Development | Improving Communication | Developing and delivering a comprehensive communication strategy for R&D within the Trust | Research Communication Manager post agreed; job description and person spec have been agreed; post awaiting grading – then go immediately to advert. | Staff awareness of R&D and how it fits with the Trust's overall strategy | UHL Research and Development Executive reports to Executive Strategy Board and by exception to Trust Board | 3 |
| **DEVELOPMENT PRIORITY – FOUNDATION TRUST STATUS** | | | | | | |
| **Foundation Trust Status** | Board Development | Develop and agree Trust Board Development programme for 2013/14. | Topics covered in Board development sessions throughout October to December 2013 include:<br>• The new CQC inspection regime<br>• Internal and external stakeholder engagement<br>• The Assurance, Escalation and Response Framework<br>• Mortality<br>• Strategy development<br>• The reconfiguration programme | Delivery of programme for 2013/14 | Actions arising from the Trust Board development sessions reported at subsequent Board development sessions | 4 |
| **Foundation Trust Status** | Integrated Business Plan (IBP) and Long Term Financial Model (LTFM) | UHL is in stage 1 (diagnosis and due diligence) of the approvals model set out in the NTDA Accountability Framework. The next iteration of the IBP/LTFM is under development for completion of a first draft to be approved by the April 2014 Trust Board | The review will fall within the framework of LLR Strategy under the umbrella of Better Care Together. UHL and LLR are working together to compile a 5 year strategy. | Milestone plan and associated products delivered on time to quality standards | Updates as and when required to the Trust Board; and the Executive Strategy Board | 4 |
| **Foundation Trust Status** | Integrated Development Plan (IDP) | Develop and implement an Integrated Development Plan incorporating required developments in Quality Governance, Board Governance and Development and external assurance processes | | Integrated Development Plan actions completed on time to quality standards | Updates reported by exception to the Executive Strategy Board | 4 |
| **Foundation Trust Status** | Service Line Management | Develop a Service Line Management (SLM) programme incorporating the key elements of business strategy, performance management, information and organisational structure | Agreed at the last SLM Programme team meeting (November 2013) that a workshop would take place in early 2014 at which:<br>• CMGs would be brought up to speed on SLM<br>• A programme plan for implementation | SLM KPI's to be developed during next stage of SLM implementation | Monthly SLM updates presented to the Executive Strategy Board | 4 |

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| | | | of SLM across UHL would be agreed | | | |
| **Foundation Trust Status** | Blueprint | Further develop the Trust's Strategic Direction so that there is clarity about site configuration and annual priorities for the organisation in pursuit of that Direction | Weekly meetings taking place with CMG's. A workshop called 'delivering our strategic direction' was held in November, hosted by Kate Shields, and provided opportunity to set the scene and define the context within which 2 year operational plans are to be delivered. Further workshops are planned for Jan/Feb with each individual CMG to develop their 5 year service strategies. | | Updates as and when required to the Trust Board and the Executive Strategy Board | 4 |