

Trust Board paper AA

To:	Trust Board
From:	Simon Sheppard – Acting Director of Finance & Procurement
Date:	31st July 2014
CQC regulation:	

Title:	2014/15 Financial Position to Month 3										
Author/Responsible Director: Simon Sheppard – Acting Director of Finance & Procurement											
Purpose of the report: This paper provides the Trust Board with an update on performance against the Trust’s key financial duties namely: <ul style="list-style-type: none">• Delivery against the planned surplus• Achieving the External Financing Limit (EFL)• Achieving the Capital Resource Limit (CRL)											
The report is provided to the Trust Board for:											
<table><tr><td>Decision</td><td></td></tr><tr><td>Assurance</td><td>√</td></tr></table>		Decision		Assurance	√	<table><tr><td>Discussion</td><td>√</td></tr><tr><td>Endorsement</td><td></td></tr></table>		Discussion	√	Endorsement	
Decision											
Assurance	√										
Discussion	√										
Endorsement											
Summary/Key points: <ul style="list-style-type: none">• YTD adverse variance to plan of £0.6m. Forecast year end delivery of £40.7m deficit• The Trust now has an agreed contract with all commissioners• Shortfall of £1.4m on the forecast CIP delivery against the £45m target											
Recommendations: The Trust Board is recommended to: <ul style="list-style-type: none">• Note the contents of this report• Note the current deficit of £12.7m• Note the position against the EFL• Note the position against the CRL											
Previously considered at another Corporate UHL Committee? Finance and Performance Committee											
Board Assurance Framework: G. – To be a sustainable, high performing NHS FT Support delivery of controls within the BAF		Performance KPIs year to date: -									
Resource implications (e.g. Financial, HR): None											
Assurance implications: Considered but not relevant to this paper											
Patient and Public Involvement (PPI) implications: Considered but not relevant to this paper											
Stakeholder Engagement implications: Considered but not relevant to this paper											
Equality impact: Considered but not relevant to this paper											
Information exempt from disclosure:		No									
Requirement for further review?		None									

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT TO: TRUST BOARD

DATE: 31ST JULY 2014

REPORT FROM: SIMON SHEPPARD – ACTING DIRECTOR OF FINANCE & PROCUREMENT

SUBJECT: 2014/15 FINANCIAL POSITION TO MONTH 3

1. Introduction and Context

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

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

1.2. The paper also provides further commentary on the key risks.

2. Key Financial Duties

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

Financial Duty	YTD Plan £'Ms	YTD Actual £'Ms	RAG	Forecast Plan £'Ms	Forecast Actual £'Ms	RAG
Delivering the Planned Deficit	(12.1)	(12.7)	A	(40.7)	(40.7)	G
Achieving the EFL	(7.6)	(14.2)	G	62.1	62.1	G
Achieving the Capital Resource Limit	6.0	2.8	G	34.2	34.2	G

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

Better Payment Practice Code	April - June YTD 2014	
	Number	Value £000s
Total bills paid in the year	33,846	159,184
Total bills paid within target	19,658	108,343
Percentage of bills paid within target	58%	68%

Key issues

- YTD adverse variance to plan of £0.6m. Forecast year end delivery of £40.7m deficit
- The Trust now has an agreed contract with all commissioners. A number of Activity Query Notices (AQNs) have been issued by commissioners, a total of £2.5m for Months 1 & 2 with further AQNs to be issued

- Shortfall of £1.4m on the forecast CIP delivery against the £45m target
- Capital Plan is currently over-committed and is predicated on Emergency Floor external funding, the commitments may be in advance of the receipt of funding

3. Year to Date Financial Position (Month 3)

3.1. The Month 3 results may be summarised as follows and as detailed in Appendix 1:

	June 2014			April - June 2014		
	Plan £m	Actual £m	Var (Adv) / Fav £m	Plan £m	Actual £m	Var (Adv) / £m
Income						
Patient income	57.5	56.5	(1.1)	170.6	169.3	(1.3)
Teaching, R&D	7.0	7.1	0.1	20.6	20.6	0.0
Other operating Income	3.1	3.1	0.0	9.4	9.3	(0.0)
Total Income	67.6	66.7	(0.9)	200.6	199.2	(1.4)
Operating expenditure						
Pay	41.0	40.4	0.5	122.9	121.4	1.5
Non-pay	26.3	26.2	0.0	78.4	79.0	(0.7)
Total Operating Expenditure	67.2	66.7	0.6	201.3	200.5	0.8
EBITDA	0.3	(0.0)	(0.3)	(0.7)	(1.3)	(0.6)
Net interest	0.0	(0.0)	0.0	0.0	0.0	0.0
Depreciation	(2.9)	(2.9)	0.0	(8.8)	(8.8)	0.0
PDC dividend payable	(0.9)	(0.9)	(0.0)	(2.6)	(2.6)	0.0
Net deficit	(3.5)	(3.8)	(0.3)	(12.1)	(12.7)	(0.6)
EBITDA %		0.0%			-0.6%	

3.2. The Trust is reporting:

- A deficit at the end of June 2014 of £12.7m, which is £0.6m adverse to the planned deficit of £12.1m. Included within the position is £0.4m of CIP slippage. This is made up of £0.4m slippage in pay schemes and £0.4m slippage in non pay schemes, offset with £0.4m over performance in income schemes
- The Trust is still forecasting delivery of the year end financial plan of a deficit of £40.7m, subject to the risks described in Section 4 of this paper

3.3 The Trust now has an agreed contract with all commissioners. Penalties with local CCGs are capped at £10m for the year and include 2 new Remedial Action Plans (RAPs) with financial consequences, ED performance and RTT performance. These are in place from Q3.

3.4 The significant reasons for the year to date variances against income and operating expenditure are:

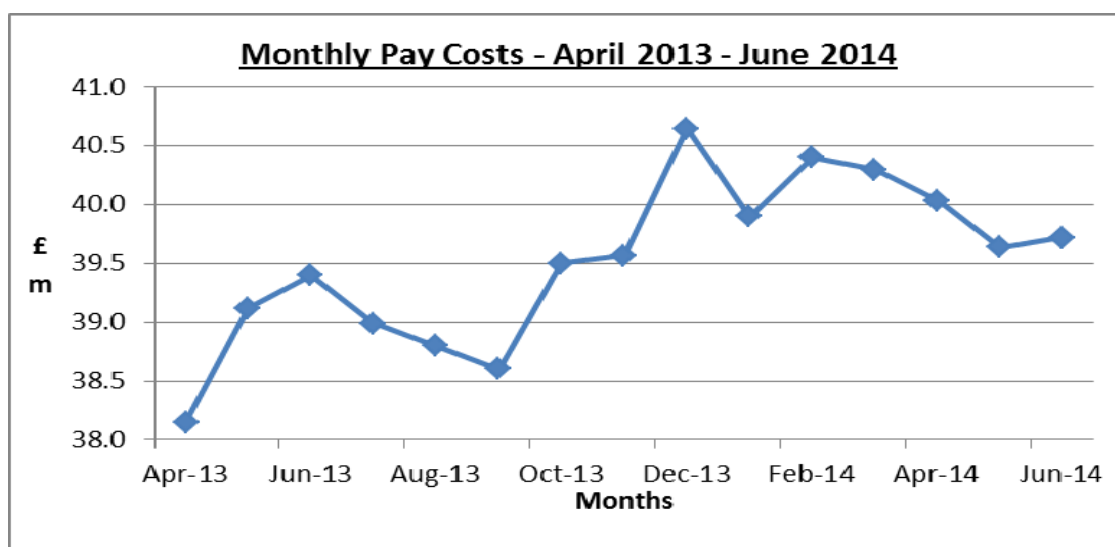
Patient Care Income

- Patient care income is under-performing against the Trust's plan by £1.3m. The details by point of delivery and the price/volume impact are shown in Appendix 2 for NHS patient care income
- The key factors to highlight from the Appendix are:
 - Elective IP activity is 4% down on plan and daycase activity 3% down on plan. This is a change to previous months as the plan increases in line with the trajectory for the delivery of RTT

- Emergency IP activity is 3% up on plan, with MRET, a total deduction of £2.4m YTD against a plan of £1.6m
- ED activity 8% up on plan
- Maternity activity 4% up on plan
- ESRF income 6% below plan due to transplant service being closed, but recovering

Pay

- Pay expenditure in month is £40.4m compared to the budget of £41m in June. The significant factors to note are:
 - Although slightly up in month, pay costs remain under budget and represent a decrease from Q4 of 2013/14. The graph below shows the pay cost trend, after excluding the impact of the Alliance Contract and the 2014/15 pay award
 - Premium pay costs in June were at the lowest level since January 2013 as a result of continued substantive nurse recruitment and enhanced controls.



Non Pay

- Non pay costs are £79.0m against a budget of £78.4m year to date, resulting in a £0.7m adverse position
- CIP slippage against non pay schemes is £0.4m and activity related pressures of £0.3m
- The Trust continues to enact non pay controls across the CMGs and Corporate Directorates

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

Cost Improvement Programme

Appendix 3 shows CIP performance in June by CMG and Corporate Directorate against the original CIP plan. This currently shows an adverse position of £0.4m. This is made up of £0.4m slippage in pay schemes and £0.4m slippage in non pay schemes, offset with £0.4m over performance in income schemes.

The year end forecast reflects identified schemes of £43.6m against a target of £45m, an improvement of £1.7m in month. The following actions are planned over the next month towards ensuring delivery of the year end £45m CIP target:

- Focused work with Clinical Management Teams
- Work to identify and drive additional savings through a number of Trust-wide schemes
- Short term measures to reduce run rate expenditure
- Service reviews in loss making specialties
- Enhanced focus on ensuring the appropriate number and skill mix of the workforce

4. Forecast Outturn

- 4.1 The first formal forecast for the year has taken place at Month 3, with the Trust forecasting to deliver to the planned £40.7m deficit. The forecast outturn for the Trust can be seen in the table below:

	Year End Forecast		
	Plan £m	Forecast £m	Var (Adv) / £m
Income			
Patient income	701.3	699.7	(1.6)
Teaching, R&D	82.3	81.6	(0.7)
Other operating Income	38.3	37.7	(0.6)
Total Income	821.9	819.0	(2.9)
Operating expenditure			
Pay	502.0	498.8	3.2
Non-pay	316.7	317.1	(0.4)
Total Operating Expenditure	818.7	815.9	2.8
EBITDA	3.2	3.1	(0.1)
Net interest	(0.1)	-	(0.1)
Depreciation	(33.4)	(33.4)	-
PDC dividend payable	(10.4)	(10.4)	0.0
Net deficit	(40.7)	(40.7)	0.0
EBITDA %		0.4%	

- 4.2 In order to meet this, it is assumed:

- CIP will deliver a minimum of £45m
- RTT trajectories are met with no spend above that planned
- Ambulance penalties of £2m are re-invested with no additional spend

- 4.3 The £40.7m deficit does not include any monies from the Operational Resilience Funding to support RTT and winter or any re-investment of MRET deductions above the planned level.

5. Risks

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

- **Capacity** beyond the levels planned resulting in premium costs and the loss of elective income

Mitigation: The Trust is planning to open an additional 23 beds for which capital costs are within the financial plan. Forecast costs are £1.4m of which £1.3m is within the plan. Costs are being reviewed to ensure they are delivered within the funding available

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

The CCG contract has been signed with a penalty cap of £10m. In addition, CCGs have raised Activity Query Notices around emergency admissions and outpatients

Mitigation: In order to deliver the planned deficit and prevent withholding of cash, AQN queries need to be responded to robustly and in a timely fashion. In addition, to minimise penalties, operational targets (RTT and ED) need to be delivered in line with planned trajectories. As a consequence of performance to the end of Q1, we are looking to submit AQNs to the CCG around increased emergency admissions

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

There is a risk to the delivery of the RTT target resulting in additional premium costs to ensure delivery or income lower than forecast. In addition, there is a risk that activity is lower than the plan

Mitigation: RTT plan performance managed through fortnightly meeting with CCG/TDA and IST to review robustness of the plan

- **CIP Delivery**

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

Mitigation: External consultancy support from Ernst & Young, along with revised CIP governance arrangements, a weekly CIP Board and CMG Performance meetings

- **Liquidity**

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

Mitigation: Application and successful receipt of Temporary Borrowing. £15.5m received in April and a further £13.5m in June. Further application for cash will be submitted in August to the NTDA to include the cash required to support the underlying deficit and capital programme

- **Unforeseen Events**

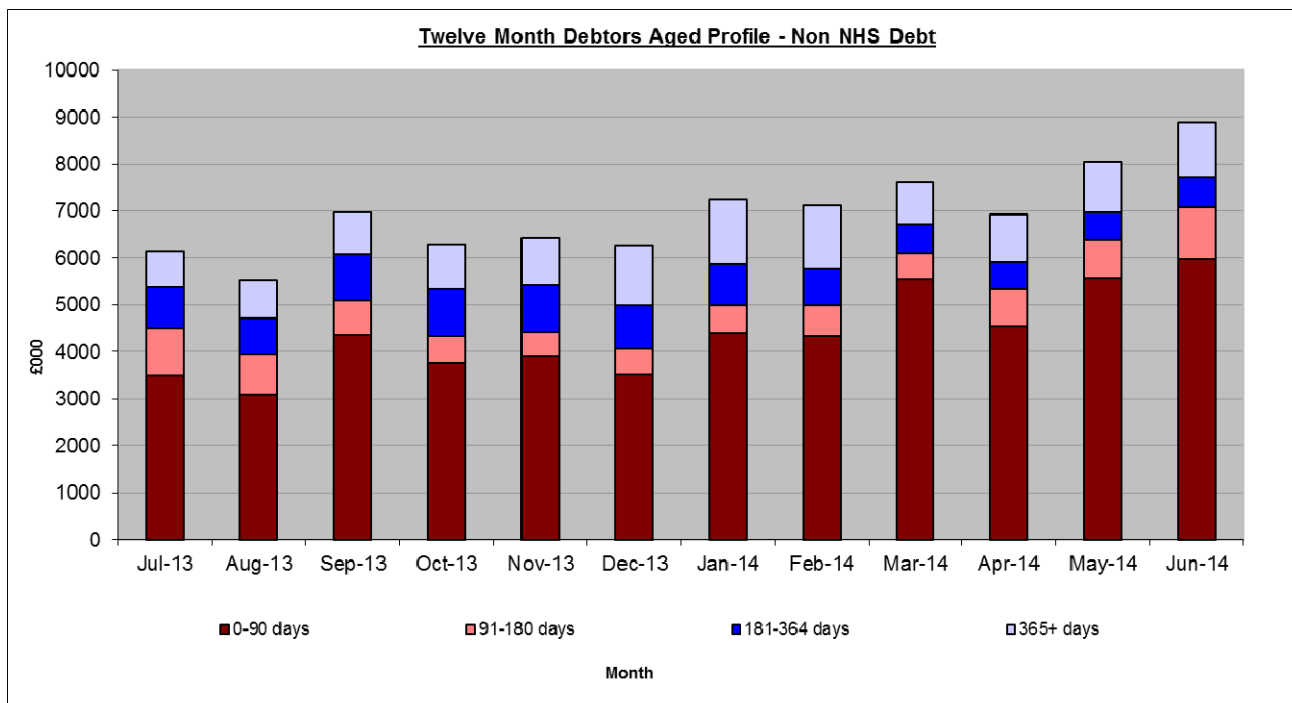
The Trust has very little flexibility and a minimal contingency (£3.8m, 0.5% of turnover) for unforeseen financial pressures and as such any risks above the contingency will impact on the bottom line position

Mitigation: The Trust is still holding the contingency at the end of Q1 to support unforeseen events

6. Balance Sheet

6.1. The effect of the Trust's financial position on its balance sheet is provided in Appendix 4. The retained earnings reserve has reduced by the Trust's £12.7m deficit for the year to date.

6.2. The level of non-NHS debt has fluctuated across the year as shown in the following table:



6.3. The overall level of non-NHS debt at the end of June has increased from the previous month from £8.0m to £8.9m, although the debt over 365 days (£1,163k) remains at 13%.

6.4. The Better Payments Practice Code (BPPC) performance for the end of June YTD (as shown in the table below) is an improvement from the end of May YTD. This is primarily due to the fact that a large number of payments made in April related to the £12m of overdue and unpaid invoices that were outstanding from the prior financial year and were paid outside of the target.

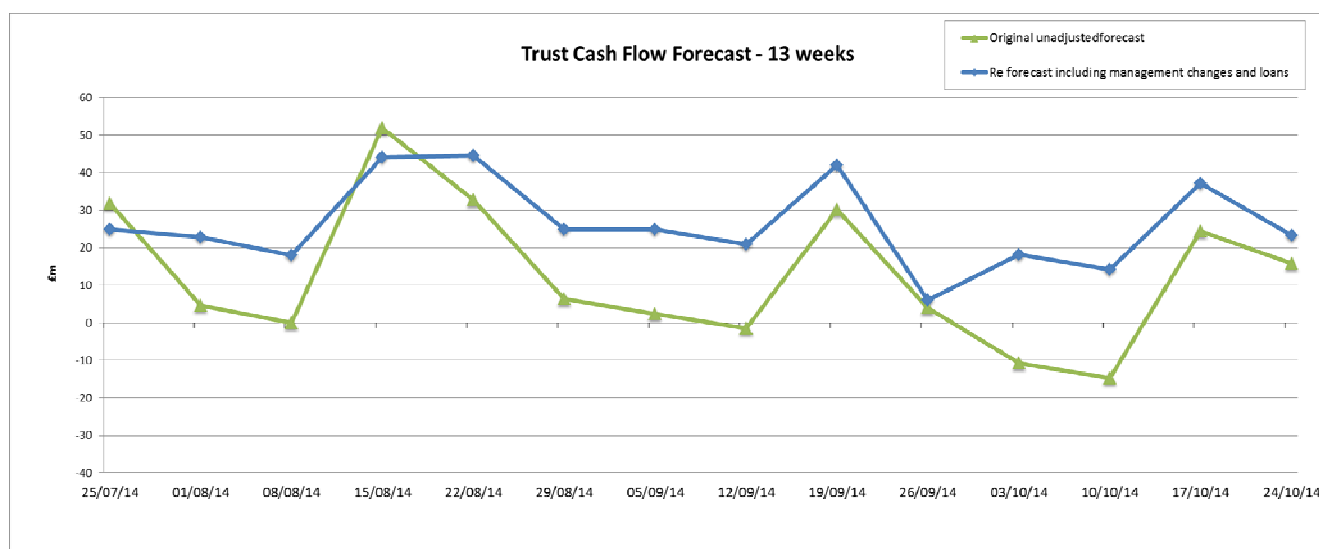
	By Volume Number	By Value £000s
Current Month YTD		
Total bills paid in the year	33,846	159,184
Total bills paid within target	19,658	108,343
Percentage of bills paid within target	58%	68%
Prior month YTD		
Total bills paid in the year	25,287	102,311
Total bills paid within target	13,604	70,049
Percentage of bills paid within target	54%	68%

6.5 The BPPC performance will continue to improve across the remainder of the year as the April payments will represent a lower proportion of the overall cumulative payments.

7. Cash Flow Forecast

7.1. The Trust's cashflow forecast is provided in Appendix 5 and is consistent with the income and expenditure position. Cash has increased by £13.1m from the year end and this is predominantly due to the receipt of £29.0m of Temporary Borrowing Loans (TBLs) from the DoH, of which £13.5m was received on 30th June 2014 and remained unspent at the month end.

- 7.2. We will be applying for longer term borrowing/permanent PDC funding of approximately £69.5m in August. This is to cover our £40.7m deficit for the current year, £12.5m of backlog creditors brought forward at the prior year end and £16.3m of capital expenditure. The Trust plans to achieve a year end cash balance for 2014/15 of £277k (2013/14 actual - £515k).
- 7.3. We will submit an application to the NTDA's Independent Trust Financing Facility (ITFF) by 22nd August 2014 and, following the review and approval process, we should receive this funding in mid November. Until then, we will continue to finance the Trust's cash expenditure through the TBLs which will be repaid once we receive the the longer term financing.
- 7.4. The Trust's cash flow forecast to the end of 2014/15 is provided in the appendices and shows the borrowing that we are expecting to receive. This is in line with a separate working capital strategy that we have produced which outlines the Trust's cash management plans and demonstrates the timing of our funding requirements for the year.
- 7.5. The graph below shows the 13 week cash forecast position:



- 7.6. The two lines on the graph represent the cash position with and without any additional borrowing over and above the £29m we have already received this year. It clearly shows that further borrowing will be necessary by the end of September to maintain liquidity as the alternative methods to achieve this would include withholding supplier payments. We want to avoid withholding supplier payments in order to achieve our BPPC target and avoid any risks to service continuity.

8. Capital

- 8.1. The total capital expenditure at the end of June 2014 was £2.9m against the year to date plan of £5.7m, an underspend of £2.8m. The capital plan and expenditure to date can be seen in Appendix 5.
- 8.2. At the end of June, there were £11.2m of orders outstanding. The combined position is that we have spent or committed £14.2m, or 25% of the annual plan.

9. Conclusion

- 9.1. The Trust, at the end of Month 3, has an adverse position of £0.6m against the planned deficit of £12.1m but is forecasting the delivery of all its financial duties at year end.

10. Next Steps and Recommendations

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

- **Note** the contents of this report
- **Discuss and agree** the actions required to address the key risks/issues
 - Income risk associated with penalties and AQNs
 - Additional capacity and RTT
 - Shortfall on the CIP programme
 - Process to access the Operational Resilience Funds

Simon Sheppard
Acting Director of Finance & Procurement

31st July 2014

	June 2014			April - June 2014		
	Plan £ 000	Actual £ 000	Variance (Adv) / Fav £ 000	Plan £ 000	Actual £ 000	Variance (Adv) / Fav £ 000
Elective	6,086	5,647	(439)	17,512	17,057	(455)
Day Case	5,047	4,745	(302)	14,571	14,077	(494)
Emergency (incl MRET)	14,398	14,498	100	43,627	43,416	(211)
Outpatient	9,364	8,771	(593)	25,737	25,237	(500)
Penalties	(292)	(1,038)	(746)	(875)	(2,327)	(1,452)
Non NHS Patient Care	473	611	138	1,373	1,470	97
Other	22,449	23,234	785	68,678	70,350	1,672
Patient Care Income	57,524	56,468	(1,056)	170,622	169,279	(1,343)
Teaching, R&D income	6,959	7,095	136	20,581	20,599	18
Other operating Income	3,081	3,093	12	9,370	9,339	(31)
Total Income	67,564	66,656	(908)	200,573	199,217	(1,356)
Pay Expenditure	40,963	40,433	530	122,918	121,446	1,472
Non Pay Expenditure	26,267	26,234	33	78,356	79,047	(691)
Total Operating Expenditure	67,230	66,667	563	201,274	200,493	781
EBITDA	334	(11)	(345)	(701)	(1,276)	(575)
Interest Receivable	8	6	(2)	24	20	(4)
Interest Payable	0	(3)	(3)	0	(9)	(9)
Depreciation & Amortisation	(2,934)	(2,929)	5	(8,791)	(8,787)	4
Surplus / (Deficit) Before Dividend and Disposal of Fixed Assets	(2,592)	(2,937)	(345)	(9,468)	(10,052)	(584)
Dividend Payable on PDC	(867)	(869)	(2)	(2,607)	(2,607)	0
Net Surplus / (Deficit)	(3,459)	(3,806)	(347)	(12,075)	(12,659)	(584)
EBITDA MARGIN		0.0%			-0.6%	

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

Case mix	Plan to Date (Activity)	Total YTD (Activity)	Variance YTD (Activity)	Variance YTD (Activity %)	Plan to Date (£000)	Total YTD (£000)	Variance YTD (£000)	Variance YTD (Activity %)
Day Case	21,539	20,873	(666)	(3.09)	14,571	14,077	(494)	(3.39)
Elective Inpatient	5,621	5,405	(216)	(3.85)	17,512	17,057	(455)	(2.60)
Emergency / Non-elective Inpatient	25,378	26,202	824	3.25	45,244	45,835	592	1.31
Marginal Rate Emergency Threshold (MRET)	0	0	0	0.00	(1,616)	(2,419)	(803)	49.67
Outpatient	193,174	194,085	912	0.47	25,737	25,237	(500)	(1.94)
Emergency Department	35,491	38,437	2,946	8.30	3,849	4,316	466	12.12
Penalties					(875)	(2,327)	(1,452)	165.92
Other	2,115,732	1,993,615	(122,117)	(5.77)	64,828	66,034	1,206	1.86
Grand Total	2,396,935	2,278,617	(118,318)	(4.94)	169,249	167,809	(1,440)	(0.85)

Average tariff	Price Variance YTD %	Volume Variance YTD %	Price / Mix Variance (£000)	Volume Variance (£000)	Variance YTD (£000)
Day Case	(0.3)	(3.1)	(43)	(451)	(494)
Elective Inpatient	1.3	(3.8)	218	(674)	(455)
Emergency / Non-elective Inpatient	(1.9)	3.2	(878)	1,469	592
Marginal Rate Emergency Threshold (MRET)			(803)	0	(803)
Outpatient	(2.4)	0.5	(621)	121	(500)
Emergency Department	3.5	8.3	147	320	466
Penalties			(1,452)		(1,452)
Other			0	1,206	1,206
Grand Total	4.3	(4.9)	(3,432)	1,992	(1,440)

Financial Performance by CMG & Corporate Directorate**I&E and CIP - to June 2014**

CMG / Directorate	YTD	Net	Variance	CIP YTD		
	Budget	YTD		Plan	Actual	Variance
	£000s	£000s	£000s	£000s	£000s	£000s
CMGs:						
C.H.U.G.S	9,303	9,051	-251	1,243	1,238	-5
Clinical Support & Imaging	-9,798	-9,709	89	1,432	1,320	-112
Emergency & Specialist Med	2,275	2,775	500	1,431	1,291	-140
I.T.A.P.S	-11,507	-12,002	-494	770	704	-66
Musculo & Specialist Surgery	8,299	7,493	-806	980	747	-233
Renal, Respiratory & Cardiac	6,618	6,498	-121	1,231	1,405	174
Womens & Childrens	8,591	9,124	533	1,600	1,511	-89
	13,781	13,230	-551	8,687	8,216	-471
Corporate:						
Communications & Ext Relations	-184	-170	13	17	17	0
Corporate & Legal	-858	-909	-51	21	21	0
Corporate Medical	-764	-737	28	24	24	0
Facilities	-10,047	-9,707	339	1,104	1,071	-33
Finance & Procurement	-1,704	-1,704	-0	82	143	61
Human Resources	-1,129	-1,065	64	53	51	-2
Im&T	-2,437	-2,255	182	14	14	0
Nursing	-5,343	-5,132	211	90	93	3
Operations	-1,817	-1,972	-155	16	16	0
Strategic Devt	-754	-639	115	51	51	0
	-25,037	-24,290	747	1,472	1,501	29
Other:						
Alliance Elective Care	-1	40	42			
R&D	1	-70	-71			
Central	-820	-1,570	-750			
	-820	-1,599	-779			
Total	-12,076	-12,659	-584	10,159	9,717	-442

Balance Sheet

	Mar-14 £000's Actual	Apr-14 £000's Actual	May-14 £000's Actual	Jun-14 £000's Actual	Mar-15 £000's Forecast
Non Current Assets					
Property, plant and equipment	362,465	360,188	359,769	358,289	380,902
Intangible assets	8,019	7,788	7,555	7,338	5,327
Trade and other receivables	3,123	3,311	3,152	3,115	2,503
TOTAL NON CURRENT ASSETS	373,607	371,287	370,476	368,742	388,732
Current Assets					
Inventories	13,937	13,711	14,633	14,627	14,200
Trade and other receivables	53,483	44,492	44,580	51,192	46,932
Other Assets	0	0	0	0	0
Cash and cash equivalents	515	13,850	5,838	13,662	277
TOTAL CURRENT ASSETS	67,935	72,053	65,051	79,481	61,409
Current Liabilities					
Trade and other payables	(112,726)	(102,381)	(100,604)	(100,725)	(92,743)
Dividend payable	0	(1,025)	(1,894)	(2,763)	0
Borrowings	(6,590)	(6,590)	(6,590)	(6,590)	(2,800)
Loan	0	(15,500)	(15,500)	(29,000)	0
Provisions for liabilities and charges	(1,585)	(1,585)	(1,585)	(1,585)	(426)
TOTAL CURRENT LIABILITIES	(120,901)	(127,081)	(126,173)	(140,663)	(95,969)
NET CURRENT ASSETS (LIABILITIES)	(52,966)	(55,028)	(61,122)	(61,182)	(34,560)
TOTAL ASSETS LESS CURRENT LIABILITIES	320,641	316,259	309,354	307,560	354,172
Non Current Liabilities					
Borrowings	(5,890)	(5,794)	(5,785)	(5,730)	(9,356)
Other Liabilities	0	0	0	0	0
Provisions for liabilities and charges	(2,070)	(2,048)	(2,022)	(2,006)	(1,873)
TOTAL NON CURRENT LIABILITIES	(7,960)	(7,842)	(7,807)	(7,736)	(11,229)
TOTAL ASSETS EMPLOYED	312,681	308,417	301,547	299,824	342,943
Public dividend capital	282,625	282,625	282,625	282,625	353,602
Revaluation reserve	64,598	64,598	64,598	64,598	64,628
Retained earnings	(34,542)	(38,806)	(45,676)	(47,399)	(75,287)
TOTAL TAXPAYERS EQUITY	312,681	308,417	301,547	299,824	342,943

	Annual Budget £'000	June 2014 Budget Actual Variance £'000 £'000 £'000			YTD: April - June 2014 Budget Actual Variance £'000 £'000 £'000			Full Year Forecast Outturn Variance £'000 £'000	
CHUGGS CMG									
Endoscopy GH	309	50	112	(62)	95	198	(103)	309	0
Lithotripter Machine	430	0	0	0	0	0	0	430	0
Sub-total: CHUGGS CMG	739	50	112	(62)	95	198	(103)	739	0
CSI CMG									
Aseptic Suite	400	50	17	33	150	164	(14)	400	0
MES Installation Costs	1,002	100	206	(106)	300	323	(23)	1,002	0
Sub-total: CSI CMG	1,402	150	223	(73)	450	487	(37)	1,402	0
Women's and Children's CMG									
Maternity Interim Development	1,000	110	78	32	330	231	99	1,000	0
Bereavement Facilities	62	30	0	30	30	0	30	62	0
Sub-total: Women's & Children's CMG	1,062	140	78	62	360	231	129	1,062	0
Renal, Respiratory & Cardiac CMG									
Renal Home Dialysis Expansion	708	0	(2)	2	236	(2)	238	708	0
Sub-total: Renal, Respiratory & Cardiac CMG	708	0	(2)	2	236	(2)	238	708	0
Emergency & Specialist Medicine CMG									
Brain Injury Unit (BIU) Works	47	0	0	0	0	0	0	47	0
DVT Clinic Air Conditioning	30	30	0	30	30	0	30	30	0
Sub-total: Emergency & Specialist Medicine CMG	77	30	0	30	30	0	30	77	0
Corporate / Other Schemes									
Stock Management Project	2,212	0	0	0	0	3	(3)	2,212	0
Medical Equipment Executive	3,237	0	25	(25)	0	(43)	43	3,237	0
LIA Schemes	250	75	(5)	80	75	(0)	75	250	0
Odames Library	1,000	0	20	(20)	85	48	37	1,000	0
Other Developments	0	0	(69)	69	0	101	(101)	(297)	297
Donations	300	25	18	7	75	97	(22)	300	0
Sub-total: Corporate / Other Schemes	6,999	100	(11)	111	235	205	30	6,702	297
IM&T Schemes									
IM&T Sub Group Budget	2,000	27	8	19	102	190	(88)	2,000	0
Safer Hospitals Technology Fund	1,150	290	0	290	801	0	801	1,150	0
EDRM System	3,300	0	213	(213)	0	166	(166)	3,300	0
EPR Programme	3,100	12	370	(358)	12	620	(608)	3,100	0
Unified Comms	1,850	0	0	0	0	0	0	1,850	0
Sub-total: IM&T Schemes	11,400	329	590	(261)	915	976	(61)	11,400	0
Facilities / NHS Horizons Schemes									
Facilities Backlog Maintenance	5,500	439	(60)	499	881	355	526	5,500	0
Accommodation Refurbishment	1,200	0	0	0	0	0	0	1,200	0
CHP Units LRI & GH	800	203	0	203	333	(0)	333	800	0
Sub-total: Facilities / NHS Horizons Schemes	7,500	642	(60)	702	1,214	355	859	7,500	0
Reconfiguration Schemes									
Theatre Recovery LRI	2,785	15	4	11	132	9	123	2,785	0
Interim ITU LRI	500	100	22	78	280	161	119	500	0
Vascular Enabling	0	0	(1)	1	0	2	(2)	0	0
KSOPD Refurbishment	0	0	0	0	0	0	0	0	0
Ward 4 LGH	1,000	250	(23)	273	400	(16)	416	1,000	0
Additional Beds (GH & LRI)	2,000	0	26	(26)	0	26	(26)	2,000	0
Feasibility Studies	100	20	(122)	142	50	0	50	100	0
ED Early Works	3,500	0	0	0	0	0	0	4,500	(1,000)
Sub-total: Reconfiguration Schemes	9,885	385	(92)	477	862	183	679	10,885	(1,000)
Over Commitment against CRL	(5,565)							(6,268)	703
Total Schemes funded via internal sources	34,207	1,826	840	986	4,397	2,632	1,765	34,207	0
Schemes to be funded via external loans									
ED Enabling Schemes									
Clinic 1 & 2 Works	814	64	1	63	109	4	105	814	0
Old Cancer Centre Conversion	1,050	150	21	129	300	27	273	1,050	0
Oliver Ward Conversion	1,260	150	1	149	310	(2)	312	1,260	0
Clinical Genetics	158	33	1	32	58	4	54	158	0
Chapel Relocation	315	0	3	(3)	0	4	(4)	315	0
Victoria Main Reception	525	25	1	24	50	4	46	525	0
Modular Wards LRI	3,700	200	181	19	400	210	190	3,700	0
Sub-total: ED Enabling schemes	7,822	622	209	413	1,227	250	977	7,822	0
Emergency Floor	6,000	0	(199)	199	0	(50)	50	6,000	0
GGH Vascular Surgery	2,500	30	21	9	90	56	34	1,750	750
Sub-total: External Loans	16,322	652	32	620	1,317	256	1,061	15,572	750
Total Capital Plan	50,529	2,478	872	1,606	5,714	2,889	2,825	49,779	750

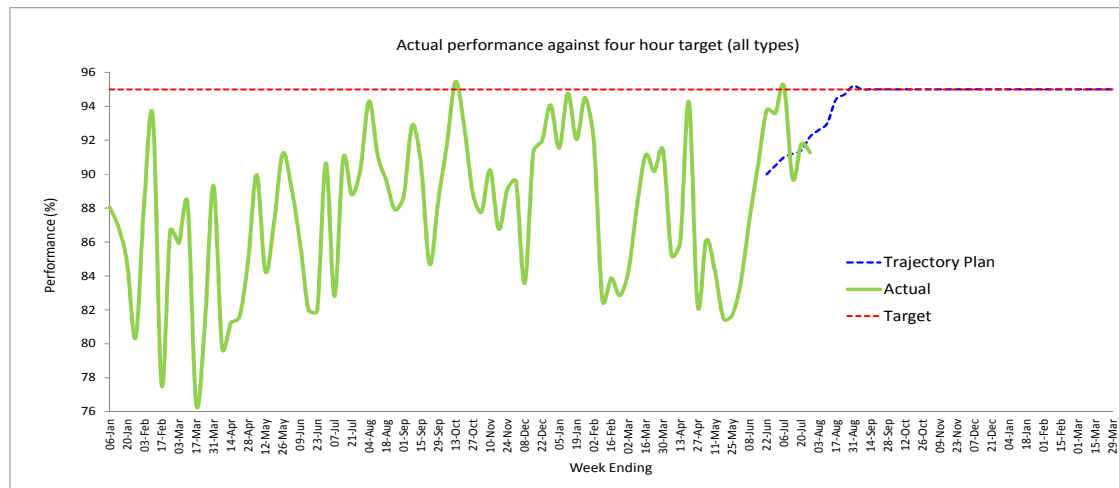
To:	Trust Board		
From:	Richard Mitchell, Chief Operating Officer		
Date:	31 July 2014		
CQC regulation:	As applicable		
Title:	Emergency Department Performance Report		
Author: Richard Mitchell, Chief Operating Officer			
Purpose of the Report: To provide an overview on ED performance.			
The Report is provided to the Board for:			
Decision		Discussion	
Assurance	√	Endorsement	
Summary / Key Points: <ul style="list-style-type: none"> Performance in June 2014 was 91.2% compared to 85.4% in June 2013 and 83.4% in May 2014. July 2014, month to date, is 91.98%. Emergency admissions were slightly up in June; 206 per day compared to 203 per day in May and are slightly further up in July 211 per day. Delayed transfers of care remain continually above the agreed performance level at 4.7%. Admissions remain high compare to this time last year. Little progress on the delayed transfer of care (DTOC) rate UHL agreed action plan is attached. Performance is improving but the current level of performance remains unacceptable. 			
Recommendations: The Trust Board is invited to receive and note this report.			
Previously considered at another UHL corporate Committee N/A			
Strategic Risk Register		Performance KPIs year to date	
Yes		Please see report	
Resource Implications (eg Financial, HR)			
Yes			
Assurance Implications			
The 95% (4hr) target and ED quality indicators.			
Patient and Public Involvement (PPI) Implications			
Impact on patient experience where long waiting times are experienced			
Equality Impact			
N/A			
Information exempt from Disclosure			
N/A			
Requirement for further review			
Monthly			

Introduction

- Performance in June 2014 was 91.2% compared to 85.4% in June 2013 and 83.4% in May 2014.
- July 2014, month to date, is 91.98%.
- Emergency admissions were slightly up in June; 206 per day compared to 203 per day in May and are slightly further up in July 211 per day.
- Delayed transfers of care remain continually above the agreed performance level at 4.7%.

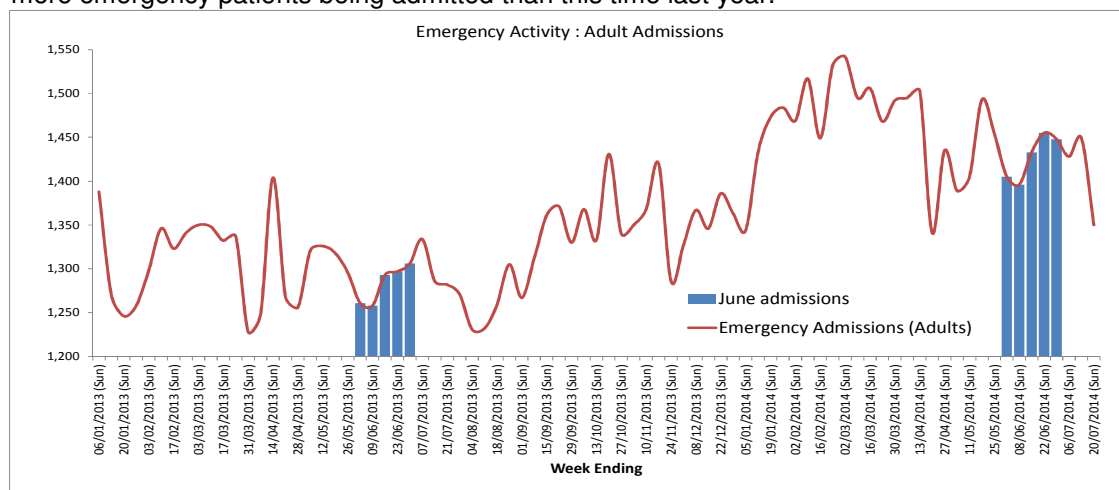
Performance overview

Weekly performance is detailed in graph one below. There has been one week of compliant performance so far in July. An improvement trajectory has been agreed with the TDA and is shown as the dotted blue line below. The expectation is UHL becomes sustainably compliant by the last week in August 2014.



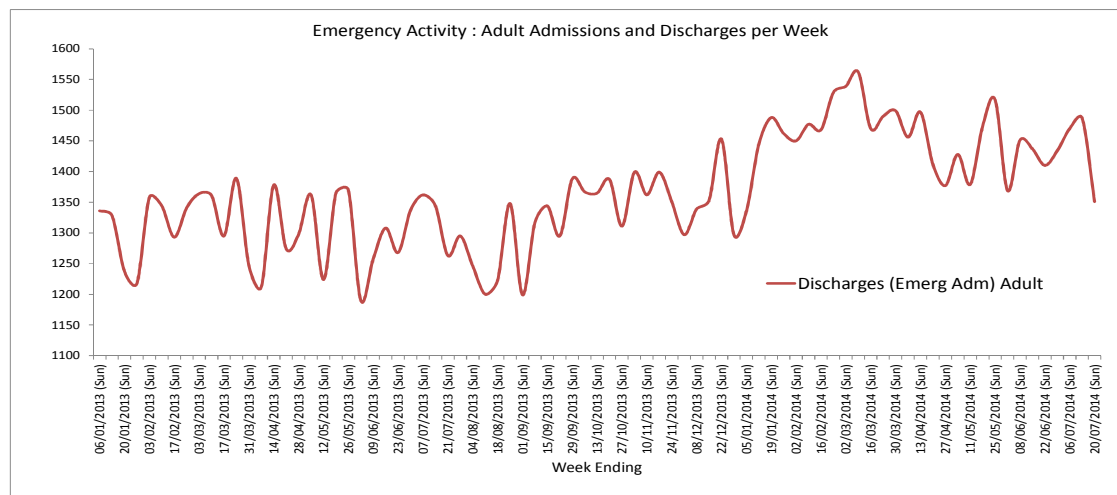
(graph one)

Weekly admissions and discharges are shown below in graphs two and three. It is apparent from graph two that despite admissions reducing from the high in the winter, there are still substantially more emergency patients being admitted than this time last year.



(graph two)

Discharges remain constant and continue to be predominantly driven by the admissions rate.



(graph three)

Key actions since the last report:

- Chief Executive and Chief Operating Officer attended an emergency care escalation meeting with the CCGs, NTDA and NHSE on 1 July. The following was written in the feedback 'we note your comments that the Urgent Care Working Group is working together well and that you have recruited Dr Ian Sturgess to work across the system for 6 months. Your presentation and analysis of system issues were good and the system is showing some signs of improvement in recent weeks. You identified issues with variable in-flow, variation in internal processes and outflow (including delayed transfers of care) that drive underperformance. The focus on sub-optimal clinical processes is important alongside work on care plans, discharge and the modular ward (due to open in November). The Area Team is confident that the Urgent Care Working Group is now focussing on the key issues but all parties acknowledge that there are risks around clinical push back, both at acute and general practice level. The next iteration of the recovery plan will include details on work plans and metrics.'
- ECAT has been reworked as the emergency quality steering group (EQSG) with a detailed action plan (attached as appendix one).
- Dr Ian Sturgess provided a report to the consultant body and senior nursing and management teams detailing his findings and areas for improvement after the first six weeks at UHL. The actions from this report have been fully included in the EQSG plan. A report on community hospitals and GP practice will follow later in the year.
- A series of rapid cycle testing initiatives have begun in ED, MAU, base wards and CDU with early promising signs of improvement.
- A gold, silver and bronze command management structure has been put in place to provide greater governance and grip to UHL.
- A reworked dashboard of metrics is in place.
- Emergency care intensive support team have been working in UHL in particular looking at variable practice on the base wards.

Recommendations

The Board is asked to:

- Note the contents of the report and action plan, and
- Support the actions being taken to improve performance.

Leicester Royal Infirmary

Level 3 – Chief Executive's Corridor
Balmoral Building
Infirmary Square
Leicester
LE1 5WW

Chief Operating Officer
Tel: 0116 258 6311
Fax: 0116 258 6868
E-mail: richard.mitchell@uhl-tr.nhs.uk

Jeff Worrall
Cardinal Square
10 Nottingham Road
Derby
DE1 3QT

Dear Jeff,

RE IMPROVEMENT PLAN FOR UNIVERSITY HOSPITALS OF LEICESTER EMERGENCY CARE PATHWAY

University Hospitals Leicester has the largest (volume) single site Emergency Department in the NHS and has consistently failed to meet the four hour performance measure. Over the last 18 months we have worked with our three Clinical Commissioning Groups, LPT, NHSE, NTDA and other partners to identify the root causes of the poor performance across the LLR health economy.

What we are doing to address the issue

Working with Dr Ian Sturgess, we have developed a detailed action plan, underpinned by a robust governance process to repair the critical parts of the internal emergency care pathway. This will reduce mortality and improve patient safety and the net effect of this work will aid our performance against the four hour wait target as well.

Appendices

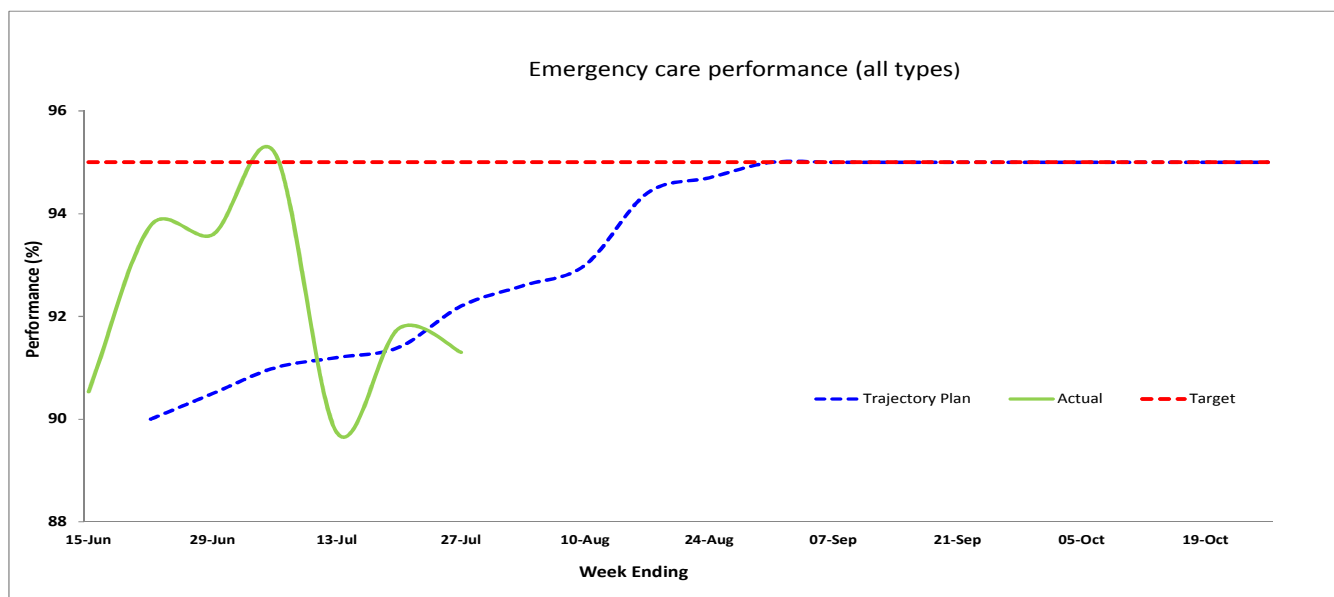
1. Emergency Care Improvement Action Plan. The plan has been co-developed with clinicians and focuses on clinical leadership and clinical accountability in its delivery. The plan addresses the key internal emergency pathway issues that we have jointly identified with Dr Sturgess, the Emergency Care Intensive Support team, CCGs and NTDA.
2. Emergency Care Improvement Charter. This details the governance arrangements we have put in place to ensure we track, monitor and manage progress against the improvement plan across all levels in the Trust, from ward to board. The governance arrangements mirror that of the plan, in that it has clinical leadership and clinical accountability at its centre. The key areas of delivery will be patient facing areas where clinicians are encouraged to undertake rapid cycle testing in order to see what works well and what doesn't work so well. This will be followed through at ward level with a rapid spread and adoption approach to spread good practice.
3. Emergency Care Dashboard. As we progress with the improvement plan we will use the dashboard, which will be monitored weekly, (at some levels daily), in order to ensure the improvement activities and actions we undertake are having the desired effect on key outcome, flow and process metrics.

I have attached at the bottom of the page our agreed improvement trajectory which takes us to compliant performance by the last week in August 2014.

Please confirm if you require anything else.

Yours sincerely,

Richard Mitchell
Chief Operating Officer



UHL ED Flow Project Plan

Task Name	Start	Finish	Resource Names	Status
1. Organisation			Rachel Overfield	
1.1 Governance				
Create Operational Grip	Mon 28/07/14	Fri 05/09/14		Closed
Set up Gold Command Group - Medical Director, Chief Nurse, COO	Mon 28/07/14	Fri 08/08/14	Rachel Overfield/Andrew Furlong/Richard Mitchell	
Set up Silver Command Group - CMGs CD's, Head of Nursing & Gen. Mgrs.	Mon 28/07/14	Fri 08/08/14	Julie Dixon	
Set Bronze Command Group - Heads of Service, Matrons & Business Mgrs.	Mon 28/07/14	Fri 08/08/14	Julie Dixon	
Organisational Working Group Set Up	Mon 21/07/14	Mon 18/08/14	Rachel Overfield	Closed
Draft Terms of Reference for Organisational Working Group	Mon 21/07/14	Fri 25/07/14	Rachel Overfield	
Identify metrics for Organisational Group	Mon 28/07/14	Fri 08/08/14	Rachel Overfield	
Obtain Steering Group Sign-Off on Working Group ToRs and Metrics	Mon 28/07/14	Fri 08/08/14	Rachel Overfield	
Working Groups to Meet on Weekly Basis	Mon 28/07/14	Fri 08/08/14	Rachel Overfield	
Re-Fresh of Daily Bed Meeting/Ops Centre/capacity staff roles	Mon 28/07/14	Fri 08/08/14	Julie Dixon	On Track
Identify and establish data set to enable 'real time' and predictive performance management	Mon 04/08/14	Fri 15/08/14	Julie Dixon/Simon Sutherland	
EPMA/ICE roll out	Mon 11/08/14	TBC	Rachel Overfield	
Feedback to junior doctors re TTOs - invite to group and set up focus group	TBC	TBC	Rachel Overfield	
Staffing gaps issue - 7 day snapshot/data capture	TBC	TBC	Julie Dixon	
1.2 Stakeholder and Communications				On Track
Develop Draft Communications Strategy	Mon 4/08/14	Fri 14/08/14	Nick Walkland	
Circulate Communications Strategy for Comment to Steering Group.	Mon 18/08/14	Fri 29/08/14	Nick Walkland	
2. Front Door			Mark Ardron	
2.1 ED & Assessment Unit Operating Model				
Map Consultant Presence to Demand Profile	Mon 04/08/14	Fri 29/08/14	Mark Ardron	On Track
Receiving GP Bed Bureau Calls	Mon 04/08/14	Fri 24/10/14	Mark Ardron	On Track
Create Process for Receipt of GP Bed Bureau Calls	Tue 05/08/14	Mon 18/08/14	Mark Ardron	
Test Process for Receipt of GP Bed Bureau Calls	Tue 19/08/14	Mon 15/09/14	Mark Ardron	
Early Senior Assessment in ED and Assessment Units	Mon 04/08/14	Fri 24/10/14	Mark Ardron	On Track
Create Process for Early Senior Assessment	Tue 05/08/14	Mon 18/08/14	Mark Ardron	
Test Process for Early Senior Assessment	Tue 19/08/14	Mon 15/09/14	Mark Ardron	
Clinical Criteria for Discharge, (CCD) & Expected Date of Discharge, (EDD)	Mon 04/08/14	Fri 24/10/14	Mark Ardron	On Track
Create Process for CCD & EDD	Tue 05/08/14	Mon 18/08/14	Mark Ardron	
Test Process for CCD & EDD	Tue 19/08/14	Mon 15/09/14	Mark Ardron	
Review of Patients by Admitting Consultant	Mon 01/09/14	Fri 07/11/14	Mark Ardron	On Track
Create Policy for Review of Patients by Admitting Consultant	Mon 01/09/14	Fri 12/09/14	Mark Ardron	
Test Policy for Review of Patients by Admitting Consultant	Mon 15/09/14	Fri 10/10/14	Mark Ardron	
Assessment Unit Roving Review Process	Mon 01/09/14	Fri 07/11/14	Mark Ardron	On Track
Create Process for AU Roving Review and Ward Round	Mon 01/09/14	Fri 12/09/14	Mark Ardron	
Test Process for AU Roving Review and Ward Round	Mon 15/09/14	Fri 10/10/14	Mark Ardron	
Twice Daily Review of New Admissions on MAUs	Mon 01/09/14	Fri 07/11/14	Mark Ardron	On Track
Create Process for Twice Daily Review of New Admissions on MAUs	Mon 01/09/14	Fri 12/09/14	Mark Ardron	
Test Process for Twice Daily Review of New Admissions on MAUs	Mon 15/09/14	Fri 10/10/14	Mark Ardron	
ED In-Reach Process	Mon 01/09/14	Fri 07/11/14	Mark Ardron	On Track
Create ED In-Reach Process	Mon 01/09/14	Fri 12/09/14	Mark Ardron	
Test ED In-Reach Process	Mon 15/09/14	Fri 10/10/14	Mark Ardron	
Daily Review of Six Week Rolling Average Data Set	Mon 01/09/14	Fri 07/11/14	Mark Ardron	On Track
Create Process for Daily Review of Six Week Rolling Average Data Set	Mon 01/09/14	Fri 12/09/14	Mark Ardron	
Test Process for Daily Review of Six Week Rolling Average Data Set	Mon 15/09/14	Fri 10/10/14	Mark Ardron	
Creation of Early Senior Assessment, ESA, Process	Mon 01/09/14	Fri 07/11/14	Mark Ardron	On Track
Create ESA Process, (Mapped to Demand Profile)	Mon 01/09/14	Fri 12/09/14	Mark Ardron	
Test ESA Process	Mon 15/09/14	Fri 10/10/14	Mark Ardron	
Pathway to ACB	Mon 01/09/14	Fri 07/11/14	Mark Ardron	On Track
Create Process for Patients Being Sent to ACB	Mon 01/09/14	Fri 12/09/14	Mark Ardron	
Test Process for Patients Being Sent to ACB	Mon 15/09/14	Fri 10/10/14	Mark Ardron	
Primary Care Co-Ordinator	Mon 01/09/14	Fri 07/11/14	Mark Ardron	On Track
Create Primary Care Co-Ordinator Process Across All MAUs	Mon 01/09/14	Fri 12/09/14	Mark Ardron	
Test Primary Care Co-Ordinator Process Across All MAUs	Mon 15/09/14	Fri 10/10/14	Mark Ardron	
Surgical Assessment Unit	Mon 04/08/14	Fri 31/10/14	Chris Sutton	On Track
Create Pathway for Co-Management & Transfer of ED Surgical Referrals				
Test Pathway for Co-Management & Transfer of ED Surgical Referrals				
Obstructive Jaundice/Pancreatitis Pathway	Mon 04/08/14	Fri 10/10/14	Chris Sutton	On Track
Revise Jaundice/Pancreatitis Pathway	Mon 04/08/14	Fri 15/08/14	Chris Sutton	
Test Revised Jaundice/Pancreatitis Pathway	Mon 18/08/14	Fri 12/09/14	Chris Sutton	
Access to Ultrasound at Weekends	Mon 04/08/14	Fri 10/10/14	Chris Sutton	On Track
Improve Process for Accessing Ultrasound at Weekends	Mon 04/08/14	Fri 15/08/14	Mark Ardron	
Test Improved Process for Accessing Ultrasound at Weekends	Mon 18/08/14	Fri 12/09/14	Mark Ardron	
Co-Management of Surgical Referrals in ED	Mon 04/08/14	Fri 10/10/14	Chris Sutton	On Track
Create Co-Managed Pathway for Surgical Referrals in ED	Mon 04/08/14	Fri 15/08/14	Chris Sutton	
Test Co-Managed Pathway for Surgical Referrals in ED	Mon 18/08/14	Fri 12/09/14	Chris Sutton	
NCEPOD Theatre Utilisation	Mon 04/08/14	Fri 31/10/14	Chris Sutton	On Track
Review NCEPOD Theatre Utilisation	Mon 04/08/14	Fri 08/08/14	Chris Sutton	
Identify Different Models Care for Improving Theatre Utilisation	Mon 11/08/14	Fri 29/08/14	Chris Sutton	
Test Different Models of Care for Improving Theatre Utilisation	Mon 01/09/14	Fri 19/09/14	Chris Sutton	
Select New Model for Improving Theatre Utilisation	Mon 22/09/14	Fri 03/10/14	Chris Sutton	
Roll Out New Theatre Model	Mon 06/10/14	Fri 31/10/14	Chris Sutton	
2.2 Implementation of AEC				
2.3 Operational Standards				
Time to Initial Assessment	Mon 04/08/14	Fri 24/10/14	Mark Ardron	On Track
Create Policy for Time to Initial Assessment	Tue 05/08/14	Mon 18/08/14	Mark Ardron	
Test Policy for Time to Initial Assessment	Tue 19/08/14	Mon 15/09/14	Mark Ardron	
Time to Treatment	Mon 04/08/14	Fri 24/10/14	Mark Ardron	On Track
Create Policy for Time to Treatment	Tue 05/08/14	Mon 18/08/14	Mark Ardron	
Test Policy for Time to Treatment	Tue 19/08/14	Mon 15/09/14	Mark Ardron	
Time to Senior Clinical Decision	Mon 04/08/14	Fri 24/10/14	Mark Ardron	On Track
Create Policy for Time to Senior Clinical Decision	Tue 05/08/14	Mon 18/08/14	Mark Ardron	
Test Policy for Time to Senior Clinical Decision	Tue 19/08/14	Mon 15/09/14	Mark Ardron	
30 Minute Response Time to ED and Assessment Units, (AU), Referral	Mon 04/08/14	Fri 24/10/14	Mark Ardron	On Track
Create Policy for 30 Minute Response Time to ED & AU Referrals	Tue 05/08/14	Mon 18/08/14	Mark Ardron	
Test Policy for 30 Minute Response time to ED & AU Referrals	Tue 19/08/14	Mon 15/09/14	Mark Ardron	
Create Balanced Score Card Template for Consultants	Mon 01/09/14	Fri 21/11/14	Mark Ardron	On Track
Determine What Data Should be on Balanced Score Card	Mon 01/09/14	Fri 12/09/14	Mark Ardron	

UHL ED Flow Project Plan

Task Name	Start	Finish	Resource Names	Status
Create Process for Sharing Balanced Score Card Data	Mon 15/09/14	Fri 26/09/14	Mark Ardron	
Test Process for Sharing Balance Score Card Data	Mon 29/09/14	Fri 24/10/14	Mark Ardron	
Roll Out Balance Score Card Process	Mon 27/10/14	Fri 21/11/14	Mark Ardron	
2.4 Glenfield Site				
Use of CCD and EED	Tue 05/08/14	Mon 13/10/14	Jon Bennett	On Track
Create Process for Use of CCD/EDD as Part of Consultant Case Management	Tue 05/08/14	Mon 18/08/14	Jon Bennett	
Test Process for Use of CCD/EDD as Part of Consultant Case Management	Tue 19/08/14	Mon 15/09/14	Jon Bennett	
Create Second Cardiology Consultant to Cover CDU	Mon 04/08/14	Fri 24/10/14	Jon Bennett	On Track
Create Protocol for Second Cardiology Consultant Cover at CDU	Tue 05/08/14	Mon 18/08/14	Jon Bennett	
Test Protocol for Second Cardiology Consultant Cover at CDU	Tue 19/08/14	Mon 15/09/14	Jon Bennett	
In Day Resolution of Internal Delays in ED & MAUs	Mon 04/08/14	Fri 10/10/14	Jon Bennett	On Track
Create Escalation Process for In-Day Resolution of Delays	Mon 04/08/14	Fri 15/08/14	Jon Bennett	
Test Escalation Process for In-Day Resolution of Delays	Mon 18/08/14	Fri 12/09/14	Jon Bennett	
2.5 Upper GI Bleed Pathway				
Revise Upper GI Bleed Pathway	Mon 04/08/14	Fri 15/08/14	Mark Ardron	
Test Revised Upper GI Bleed Pathway	Mon 18/08/14	Fri 12/09/14	Mark Ardron	
3. Base Wards				
3.1 Ward Round Processes				
Assertive Board Rounding	Mon 04/08/14	Fri 10/10/14	Ian Lawrence	On Track
Create Assertive Board Rounding Process	Mon 04/08/14	Fri 15/08/14	Ian Lawrence	
Test Assertive Board Rounding Process	Mon 18/08/14	Fri 12/09/14	Ian Lawrence	
One Stop Ward Round	Mon 04/08/14	Fri 10/10/14	Ian Lawrence	On Track
Create One Stop Ward Round Process	Mon 04/08/14	Fri 15/08/14	Ian Lawrence	
Test One Stop Ward Round Process	Mon 18/08/14	Fri 12/09/14	Ian Lawrence	
3.2 Base Ward Operating Model				
In Day Resolution of Internal Delays	Mon 04/08/14	Fri 10/10/14	Ian Lawrence	On Track
Create Escalation Process for In-Day Resolution of Delays	Mon 04/08/14	Fri 15/08/14	Ian Lawrence	
Test Escalation Process for In-Day Resolution of Delays	Mon 18/08/14	Fri 12/09/14	Ian Lawrence	
Roll Out Escalation Process for In-Day Resolution of Delays	Mon 15/09/14	Fri 10/10/14	Ian Lawrence	
"Ticket Home" Questions Patients Should Know the Answer To	Mon 04/08/14	Fri 22/08/14	Ian Lawrence	On Track
Create Briefing on "Ticket Home" Questions	Mon 04/08/14	Fri 08/08/14	Ian Lawrence	
Disseminate "Ticket Home" Questions Along with Briefing Pack	Mon 11/08/14	Fri 22/08/14	Ian Lawrence	
Long Length of Stay Review Process	Mon 04/08/14	Fri 10/10/14	Ian Lawrence	On Track
Create Long Length of Stay Review Process	Mon 04/08/14	Fri 15/08/14	Ian Lawrence	
Test Long Length of Stay Review Process	Mon 18/08/14	Fri 12/09/14	Ian Lawrence	
Attending Consultant Input for Specialities Not on Acute Medicine Rota	Mon 04/08/14	Fri 10/10/14	Ian Lawrence	On Track
Create Policy for Attending Consultant Input	Mon 04/08/14	Fri 15/08/14	Ian Lawrence	
Test Policy for Attending Consultant Input	Mon 18/08/14	Fri 12/09/14	Ian Lawrence	
Roll Out Policy for Attending Consultant Input	Mon 15/09/14	Fri 10/10/14	Ian Lawrence	
Discharge Lounge	Mon 04/08/14	Fri 10/10/14	Ian Lawrence	On Track
Create Process of Identifying Patients for Next Day Discharge	Mon 04/08/14	Fri 15/08/14	Ian Lawrence	
Test Process of Identifying Patients for Next Day Discharge	Mon 18/08/14	Fri 12/09/14	Ian Lawrence	
Two by 1000 and Two by 1220 Process	Mon 04/08/14	Fri 10/10/14	Ian Lawrence	On Track
Create Process for 2 Discharges by 1000 and 1200 for Each Ward	Mon 04/08/14	Fri 15/08/14	Ian Lawrence	
Test Process for 2 Discharges by 1000 and 1200 for Each Ward	Mon 18/08/14	Fri 12/09/14	Ian Lawrence	
Roll Out Process	Mon 15/09/14	Fri 10/10/14	Ian Lawrence	
3.3 Oncology & Haematology Base Wards				
Oncology Assessment Unit	Mon 04/08/14	Fri 10/10/14	Ian Lawrence	On Track
Create Process Enabling Twice Daily Ward Rounds	Mon 04/08/14	Fri 15/08/14	Ian Lawrence	
Test Process Enabling Twice Daily Ward Rounds	Mon 18/08/14	Fri 12/09/14	Ian Lawrence	
MASCC Risk Assessments	Mon 04/08/14	Fri 10/10/14	Ian Lawrence	On Track
Create MASCC Risk Assessment Process	Mon 04/08/14	Fri 15/08/14	Ian Lawrence	
Test MASCC Risk Assessment Process	Mon 18/08/14	Fri 12/09/14	Ian Lawrence	
Utilisation of GCSF Across Oncology	Mon 04/08/14	Fri 10/10/14	Ian Lawrence	On Track
Create Process for Utilising GCSF Across Oncology	Mon 04/08/14	Fri 15/08/14	Ian Lawrence	
Test Process for Utilising GCSF Across Oncology	Mon 18/08/14	Fri 12/09/14	Ian Lawrence	
Community Based Chemotherapy Service	Mon 04/08/14	Fri 10/10/14	Ian Lawrence	On Track
Create Protocols for Community Based Chemotherapy Service	Mon 04/08/14	Fri 15/08/14	Ian Lawrence	
Test Protocols for Community Based Chemotherapy Service	Mon 18/08/14	Fri 12/09/14	Ian Lawrence	
Community Chemotherapy Teams	Mon 04/08/14	Fri 10/10/14	Ian Lawrence	On Track
Create Delivery Model for Community Chemotherapy Teams	Mon 04/08/14	Fri 15/08/14	Ian Lawrence	
Test Delivery Model for Community Chemotherapy Teams	Mon 18/08/14	Fri 12/09/14	Ian Lawrence	
Haematology Base Wards	Mon 04/08/14	Fri 10/10/14	Ian Lawrence	On Track
Community Based Transfusion Service	Mon 04/08/14	Fri 10/10/14	Ian Lawrence	
Create Protocols for Transfusion Service	Mon 04/08/14	Fri 15/08/14	Ian Lawrence	
Test Protocols for Transfusion Service	Mon 18/08/14	Fri 12/09/14	Ian Lawrence	
BMT on an Ambulatory Basis	Mon 04/08/14	Fri 10/10/14	Ian Lawrence	On Track
Create Process for Delivering BMT on an Ambulatory Basis	Mon 04/08/14	Fri 15/08/14	Ian Lawrence	
Test Process for Delivering BMT on an Ambulatory Basis	Mon 18/08/14	Fri 12/09/14	Ian Lawrence	
3.4 Surgical Base Wards				
Physician Assistant	TBC	TBC	Ian Lawrence	On Track
Create Role of Physician Assistant	TBC	TBC	Ian Lawrence	
Test Role of Physician Assistant	TBC	TBC	Ian Lawrence	
Vascular Ward Outliers	Mon 04/08/14	Fri 10/10/14	Ian Lawrence	On Track
Review Protocols for Vascular Ward Outliers	Mon 04/08/14	Fri 15/08/14	Ian Lawrence	
Test Updated Protocols for Vascular Ward Outliers	Mon 18/08/14	Fri 12/09/14	Ian Lawrence	
Turnaround of Contaminated Beds	Mon 04/08/14	Fri 10/10/14	Ian Lawrence	On Track
Create Process for Turning Around Contaminated Beds within 30 Mins	Mon 04/08/14	Fri 15/08/14	Ian Lawrence	
Test Process for Turning Around Contaminated Beds within 30 Mins	Mon 18/08/14	Fri 12/09/14	Ian Lawrence	
3.5 Glenfield Site				
Assertive Board Rounding	Mon 04/08/14	Fri 10/10/14	Ian Lawrence	On Track
Create Assertive Board Rounding Process	Mon 04/08/14	Fri 15/08/14	Ian Lawrence	
Test Assertive Board Rounding Process	Mon 18/08/14	Fri 12/09/14	Ian Lawrence	
One Stop Ward Round	Mon 04/08/14	Fri 10/10/14	Ian Lawrence	On Track
Create One Stop Ward Round Process	Mon 04/08/14	Fri 15/08/14	Ian Lawrence	
Test One Stop Ward Round Process	Mon 18/08/14	Fri 12/09/14	Ian Lawrence	
Roll Out One Stop Ward Round Process	Mon 15/09/14	Fri 10/10/14	Ian Lawrence	
Discharge Lounge	Mon 04/08/14	Fri 10/10/14	Ian Lawrence	On Track
Create Process of Identifying Patients for Next Day Discharge	Mon 04/08/14	Fri 15/08/14	Ian Lawrence	
Test Process of Identifying Patients for Next Day Discharge	Mon 18/08/14	Fri 12/09/14	Ian Lawrence	

UHL ED Flow Project Plan

Task Name	Start	Finish	Resource Names	Status
Roll Out Process of Identifying Patients for Next Day Discharge	Mon 15/09/14	Fri 10/10/14	Ian Lawrence	
Two by 1000 and Two by 1220 Process	Mon 04/08/14	Fri 10/10/14	Ian Lawrence	On Track
Create Process for 2 Discharges by 1000 and 1200 for Each Ward	Mon 04/08/14	Fri 15/08/14	Ian Lawrence	
Test Process for 2 Discharges by 1000 and 1200 for Each Ward	Mon 18/08/14	Fri 12/09/14	Ian Lawrence	
Roll Out Process	Mon 15/09/14	Fri 10/10/14	Ian Lawrence	
4. Frailty Wards			Simon Conroy	
Comprehensive Geriatric Assessment	Mon 04/08/14	Fri 10/10/14	Simon Conroy	On Track
Create Comprehensive Geriatric Assessment Process	Mon 04/08/14	Fri 15/08/14	Simon Conroy	
Test Comprehensive Geriatric Assessment Process	Mon 18/08/14	Fri 12/09/14	Simon Conroy	
Board Round Referral to AHP, (Abolishing Written Referral)	Mon 04/08/14	Fri 10/10/14	Simon Conroy	On Track
Create Process Enabling Verbal Board Round Referral to AHP	Mon 04/08/14	Fri 15/08/14	Simon Conroy	
Test Process Enabling Verbal Board Round Referral to AHP	Mon 18/08/14	Fri 12/09/14	Simon Conroy	
Reduce Dependency on Home Visits	Mon 04/08/14	Fri 10/10/14	Simon Conroy	On Track
Create Process to Reduce Dependency on Home Visits	Mon 04/08/14	Fri 15/08/14	Simon Conroy	
Test Process to Reduce Dependency on Home Visits	Mon 18/08/14	Fri 12/09/14	Simon Conroy	
Early Supported Discharge	Mon 04/08/14	Fri 10/10/14	Simon Conroy	On Track
Update Processes to Deliver Better Early Supported Discharge	Mon 04/08/14	Fri 15/08/14	Simon Conroy	
Test Processes to Deliver Better Early Supported Discharge	Mon 18/08/14	Fri 12/09/14	Simon Conroy	

Key		= Working Group Name
		= High - Level Task/Activity
		= Detailed Task to be Delivered
		= The Detail of What Needs to be Delivered at Ward Level

UHL Emergency Care Quality Improvement Charter

Contents

1. Background and Purpose
2. Scope
3. Working Groups
4. Governance
5. Roles and Responsibilities
6. Meetings
8. Reporting and Feedback
9. Appendices
 - a) Working Group Actions
 - b) Working Group ToRs
 - c) Emergency Care Quality Steering Group ToRs
 - d) Project Management

Background & Purpose

Background

The University Hospitals of Leicester Trust, UHL, has faced significant challenges over a number of years in the delivery of an effective emergency care pathway.

The Leicester, Leicestershire and Rutland, LLR, system as well as UHL has had significant input from the Emergency Care Intensive Support Team, ECIST and Right Place Consulting. They have both identified the key processes that need to be improved to deliver an effective emergency care pathway.

However, there has not been universal ownership of the recommendations and not all those that were accepted have been embedded in a consistent manner.

Purpose

The main purpose of this Charter is to articulate how UHL will set out a clear vision and embark on a programme of change, driven by clinical leadership on the shop floor in order to deliver:

- 1.Reduced Mortality
- 2.Reduced Harm
- 3.Reduction in Long Term Care Placements from Hospital
- 4.Reduced Re-Admissions
- 5.Reduction in Complaints – Increase in Compliments
- 6.Reduced Cancellations of Electives

One team shared values

Scope

Emergency Care Pathway

The scope of this is limited to the Emergency Care Pathway within the hospital, from front to back, excluding:

- The elective care pathway
- Emergency outpatient pathway, (except hot clinics, which are included)

There are four principal areas or working groups that will drive the necessary changes on a day to day basis.

The Working Groups terms of reference are detailed in Appendix B, however, the high level roles are captured opposite.

Working Groups

1.Organisation - this covers the communication strategy, organisational development, customer service processes and Trust-wide systems/processes that impact on the emergency care pathway

2.Front Door – this deals with assessment, initial investigation, decision making, referral and short stay

3.Base Wards – will cover base wards and mono-organ Specialties looking specifically at effective case management for non-short stays

4.Frailty – this group will look at optimising the inputs and flow for all frail older patients admitted to the emergency pathway

One team shared values

Working Groups

Membership of Working Groups

The Working Groups will be Consultant led and will be made up of a multi-disciplinary team of clinicians (Organisation will be differently configured).

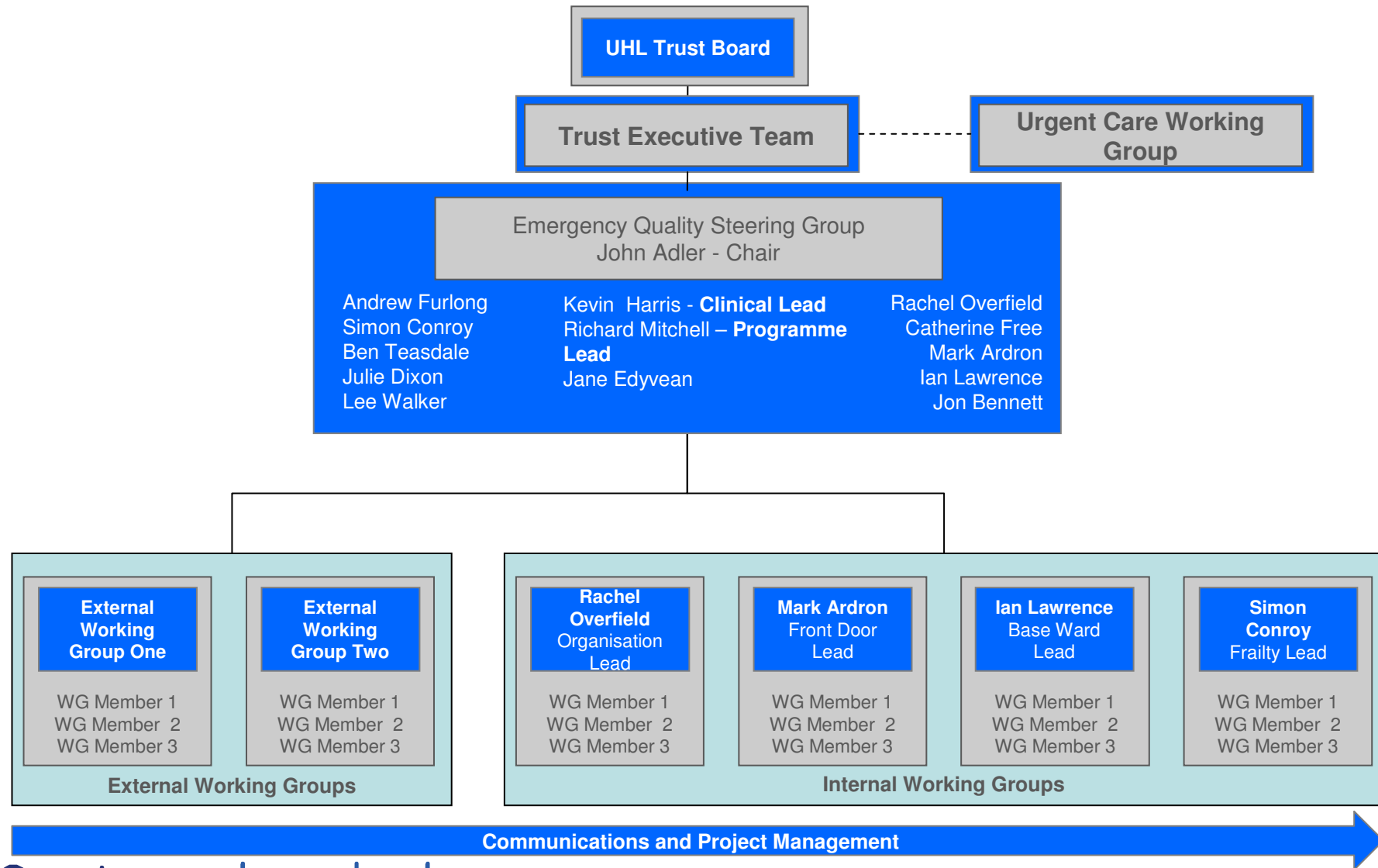
The broad remit of the Working Groups is to develop and implement known, effective ways of working in order to address the poor performing areas along the emergency care pathway.

The work of the Working Groups needs to be action focused, whereby:

- New ideas or processes can be deployed/tested quickly
- Feedback on new ideas or processes tested on wards can be received quickly
- Processes can be refined quickly, to achieve further improvement
- Good practice can be easily replicated and rapidly disseminated amongst the wider team
- Tracking of specific KPIs will provide “live feedback” on how well interventions are doing

One team shared values

Governance



One team shared values

Roles and Responsibilities

Role	Responsibilities
UHL Trust Board	<ul style="list-style-type: none">• The highest internal escalation point within the programme• Provides consent for any expenditure over £1m
Executive Team	<ul style="list-style-type: none">• Holds collective responsibility for delivery of the improved emergency care pathway• Acts as escalation point for the Emergency Care Steering Group• Acts as link between the Trust and Local Health Economy, (via the Urgent Care Working Group)• Engaging external agencies in improving the quality of the Emergency Care Pathway• Approve any expenditure up to £1m
Urgent Care Working Group	<ul style="list-style-type: none">• Membership made up of representatives from National Trust Development Agency, NHS England, East Midlands Ambulance Service, LLR CCGs• No formal role, however will receive regular updates from Executive Team on quality improvements in Emergency Care
Emergency Care Quality Steering Group	<ul style="list-style-type: none">• Oversees internal and external activities to improve the quality of the Emergency Care Pathway• Acts as escalation point when issues can't be resolved at Working Group Level• Acts as senior decision making body, giving guidance where appropriate to the Working Groups
Clinical Lead	<ul style="list-style-type: none">• Responsible for providing overall clinical leadership, unblocking issues in a timely manner• Acts as arbiter on conflicting priorities across Working Groups
Programme Lead	<ul style="list-style-type: none">• Provides link across Working Groups• Acts as escalation point to Steering Group and Executive Team
Working Group Leads	<ul style="list-style-type: none">• Leads and chairs Working Groups• Provides inspiration to Working Group members in idea generation and issue resolution
Working Group Members	<ul style="list-style-type: none">• Act as champions of the Change, sharing and communicating best practice amongst clinical fraternity• Contributing regularly to Working Group Meetings and fostering engagement and input from the shop floor

One team shared values

Meetings

Working Group Meetings

Working Group meetings need to be action based meetings, focusing on the identification of what is working well and what needs changing.

It needs to take place on a weekly basis and to be chaired by the Working Group Lead.

The key items to be discussed are:

1. Performance against KPIs
2. Confirmation of interventions that are working well and how to spread them
3. Ideas for interventions not performing well
4. Key messages or escalations for Steering Group

Steering Group Meetings

The Steering Group has its own terms of reference, (see Appendix B), and will have oversight of both internal and external activities required to improve the emergency care pathway across the whole of the Local Health Economy.

The Steering Board will meet initially on a fortnightly basis, dropping to once a month once more grip and control is achieved across the whole emergency care pathway and performance indicators are above an agreed baseline and on a consistent upward trajectory.

One team shared values

Reporting and Feedback

Creation of KPI Measures

Each working group will create their own set of KPIs that will be signed off by the Steering Group. These KPIs will relate specifically to the outcome.

The main purpose of the KPIs is for the working groups to measure the efficacy of their actions taken in improving the Emergency Care Pathway.

The monitoring and reporting of the KPIs will occur at all levels from Ward to Board enabling:

1. Clinicians

- To receive live feedback on interventions
- To make quick improvements to processes
- To identify what works well, quickly
- Share good practice rapidly

2. Working Groups

- To review performance at weekly meetings
- To have clear oversight of what is working well
- To be responsive to what is working well and areas for improvement
- Provide updates on progress to Steering Group

3. Clinical Lead

- To have oversight of performance across all Working Groups
- Identify unintended consequences on one Working Group caused by actions in another
- Report on overall progress to the Steering Group

4. Steering Group

- See improvement right across the emergency pathway
- Provide evidence to the Urgent Care Working Group and other external stakeholders on improvements across the emergency pathway

One team shared values

Appendices

One team shared values

Appendix A – Working Groups ToRs (1/6)

Outcome Metrics for Front Door Working Group:

1. 100% (excluding physiologically unstable patients needing resus as deemed by paramedics) of GP referred patients to assessment units by 31st July 2014
2. 10% reduction in ED (non GP referred) emergency admissions by 31st August 2014
3. 20% reduction in GP referrals translating in to an admission by 30th November 2014
4. 5% reduction in deaths in first 48 hours by 30th November 2014
5. 20% reduction in harm events by 30th November 2014
6. 20% reduction in complaints re ED + Assessment Units by 30th November 2014
7. 95% 4 hour emergency standard for total UCC/ED attendances by 31st August 2014
8. 95% admitted patients to an in-patient bed in < 4 hours – reported by specialty by 31st October 2014
9. 100% not admitted patients discharged home in 4 hours or less < by 31st October 2014

Front Door ToRs

The key activities for this workstream are:

Optimisation of the following front of house processes that take place in A&E, Medical/Surgical Assessment and any other acute/emergency assessment areas, short stay including EDU:

- Assessment
- Initial Investigation
- Decision Making
- Referral
- Short Stay

The product of this working group will be an “assess once, investigate once and decide once” model.

Flow Metrics for Front Door Working Group:

1. Total and split admitted and not admitted 4 hour standard performance.
2. % admitted patients discharged in 12 hours or less from transfer from ED/arrival from GP referral – aiming to achieve 30% of all admissions
3. % admitted patients discharged with LOS 2 days or less - aiming to achieve 70% of all admissions
4. % delivery of the Directory of Ambulatory Emergency Care for Adults (HRG Groups)

One team shared values

Appendix A — Working Groups ToRs (2/6)

Base Wards ToRs

This work-stream will be responsible for designing and delivering effective case management delivery for non-short stay admissions, minimising the impact of handover between the assessing team and the base ward team, and ensuring that all internal 'waits' are abolished.

The two key processes to optimise within this group will be the effective delivery of the 'board round' and the 'one stop ward round'.

Outcome Metrics for Base Ward Working Group

- 1.5% reduction in deaths in non-elective inpatients aged <75 with LOS > 2days by 30th November 2014
- 2.20% reduction in harm events in non-elective inpatients with LOS > 2days by 30th November 2014
- 3.20% reduction in complaints re Base Wards by 30th November 2014

Flow Metrics for Base Ward Working Group

- 1. Beds occupied on Base Wards reduced by >50 beds below seasonal baseline by end August 2014 and by >75 by end September 2014 and >100 by end October 2014
- 2. Discharges per week by ward.

Frailty ToRs

There is an overlap between this group and the assessment and base ward groups but this group will be tasked with optimising inputs and flow for all frail older patients admitted to any specialty in the emergency pathway.

The main purpose of this group will be to reduce the 'deconditioning' impact of hospitalisation by early and assertive management of patients with frailty.

Outcome Metrics for Frailty Working Group

- 1.5% reduction in deaths in non-elective inpatients aged >75 by 30th November 2014
- 2.20% reduction in harm events in non-elective inpatients aged >75 by 30th November 2014
- 3.20% reduction in complaints from patients/relatives aged >75 by 30th November 2014
- 4.10% reduction in Long Term Care Placements from Hospital by 30th November 2014

Flow Metrics for Frailty Working Group

- 1. Beds occupied by patients aged 75 and over with LOS 10 days or more – 25% reduction by end August 2014, 50% reduction by end October 2014.
- 2. Discharges per week by Older Peoples Wards to include Community Hospitals

One team shared values

Appendix A – Working Groups ToRs (3/6)

Organisation ToRs

The key activities for this workstream are:

- Development of communication strategy
- Development of high-level metrics
- Organisational development
- Development of internal and external customer processes
- Act as arbiter across working groups
- Escalate inter-Working Group issues not resolved to Steering Group
- Develop knowledge management strategy for identifying and promulgating good practice

Front Door ToRs

The key activities for this workstream are:

Optimisation of the following front of house processes that take place in A&E, Medical/Surgical Assessment and any other acute/emergency assessment areas, short stay including EDU:

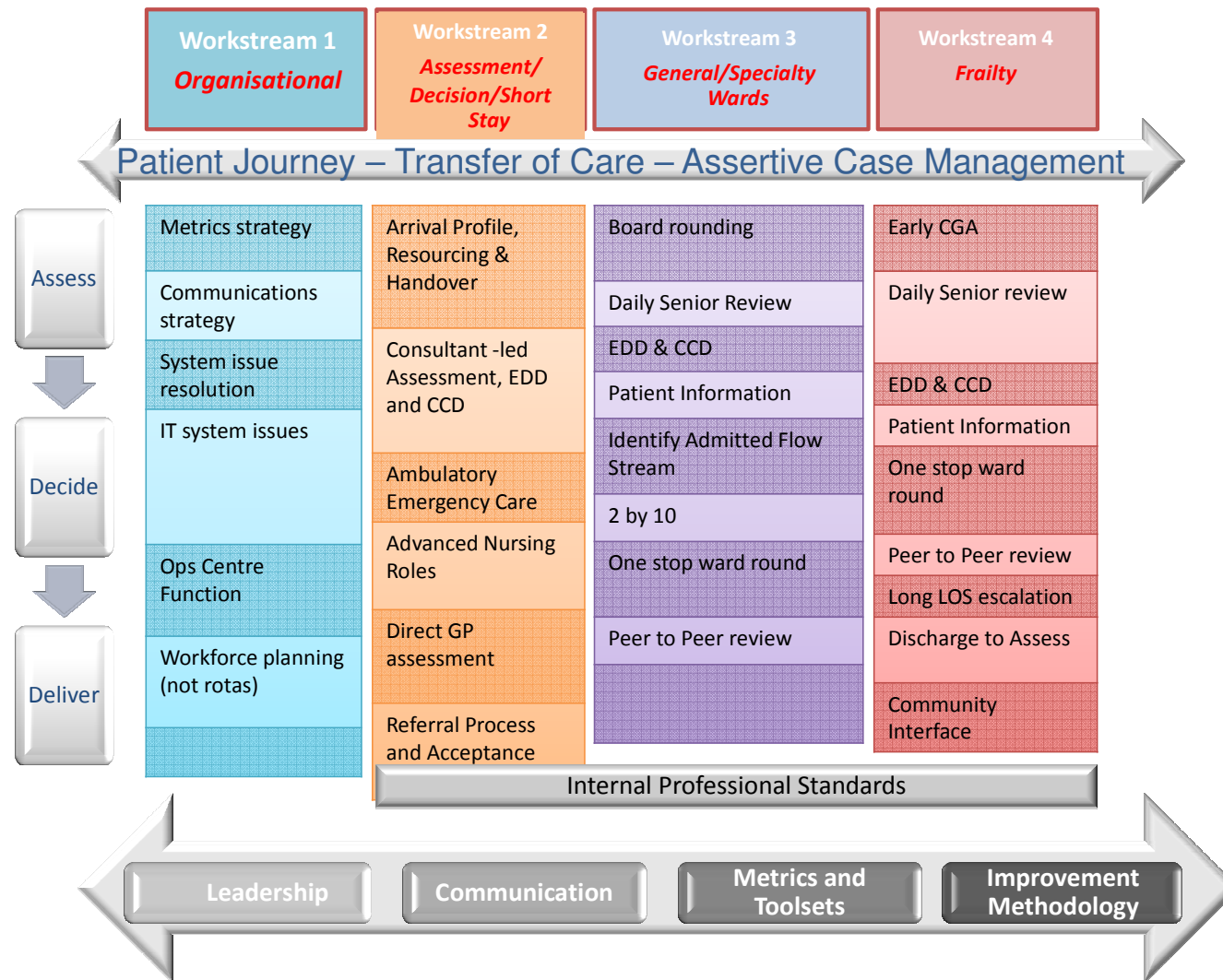
- Assessment
- Initial Investigation
- Decision Making
- Referral
- Short Stay

The product of this working group will be an “assess once, investigate once and decide once” model.

One team shared values

Appendix A – Working Groups ToRs (4/6)

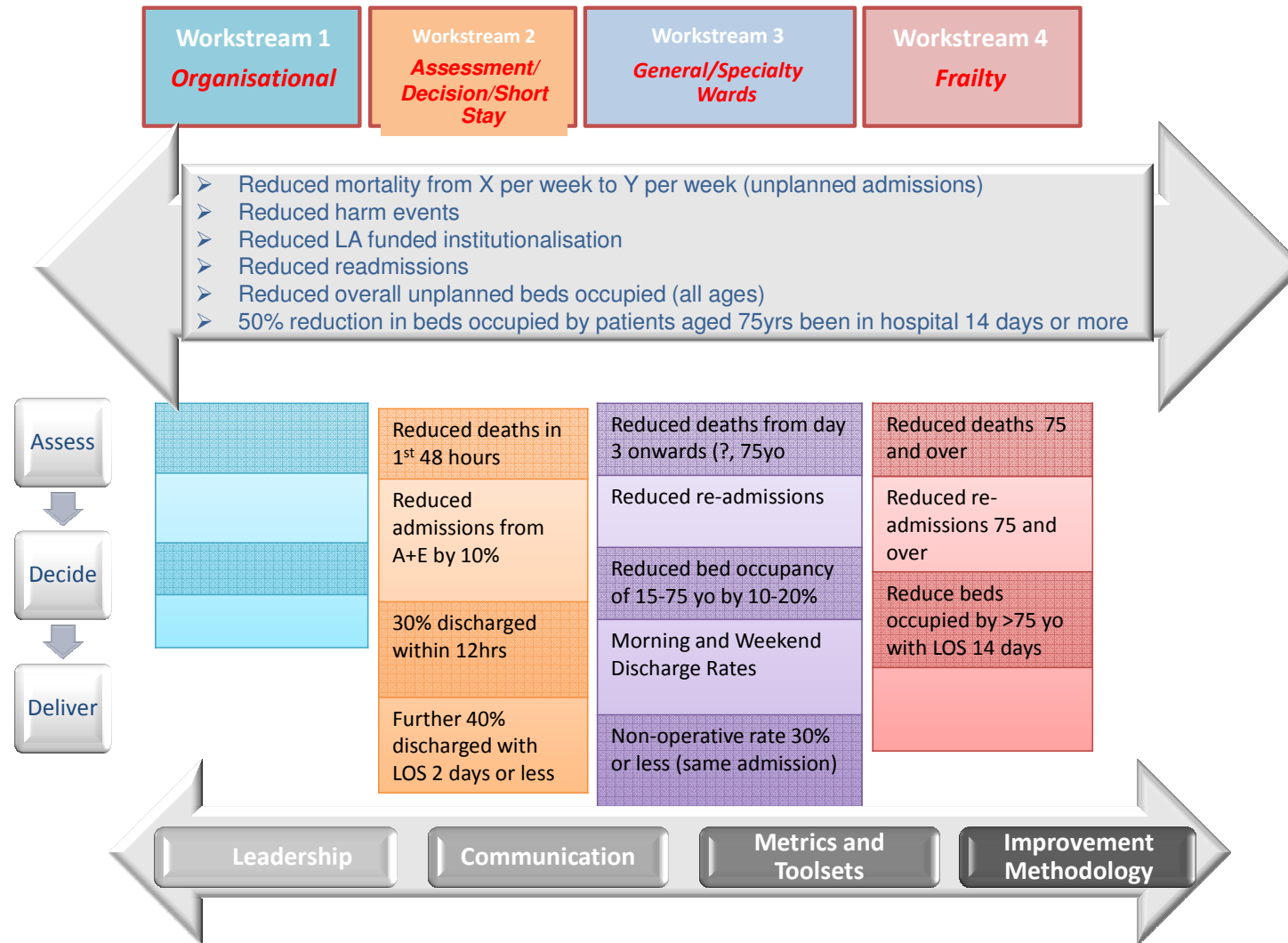
Emergency Care Programme – Work-stream Overview



One team shared values

Appendix A – Working Groups ToRs (5/6)

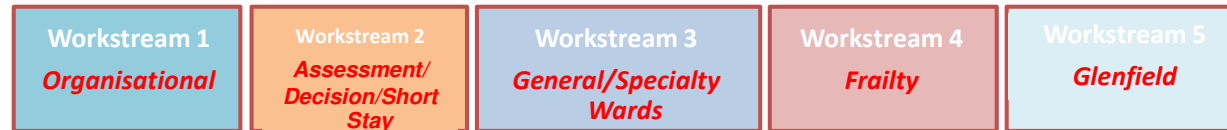
Emergency Care Programme – Outcome Metrics Overview



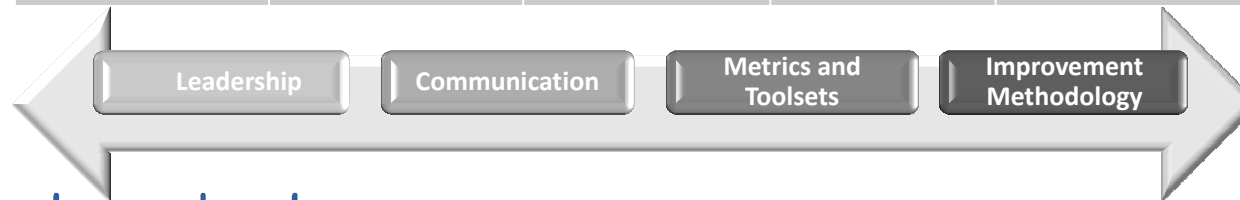
One team shared values

Appendix A – Working Groups ToRs (6/6)

Emergency Care Programme – Working Group Overview



Membership:				
Rachel Overfield	Mark Ardron	Ian Lawrence	Simon Conroy	John Bennet
Julie Dixon	Ben Teasdale	Consultants x 2 – Med and Surg	Consultants x 2	Consultants x 2
	Lee Walker	Nursing Leads x 3	Nursing Leads x 3	Nursing Lead x 3
	Surgical Lead	AHP Lead	AHP Lead	AHP Lead
	Diagnostic Lead	Junior Doctors x 2	Junior Doctors x 2	Junior Doctors x 2
	Nursing Lead x 3	Managerial Lead	Managerial Lead	
	AHP Lead			
	Junior Doctor x 3			
	Managerial Lead			



One team shared values

Appendix B – Steering Group ToRs (1/3)

Purpose

To ensure the delivery of the Emergency Care Quality Programme, by monitoring and taking actions to address any potential failures to deliver.

To review performance against the expected benefits, receiving regular updates from each Working Group on progress against delivery.

To ensure all actions are completed within timescales set.

To gain assurance from individual Working Group Leads on the progress of quality improvement across the emergency care pathway.

To provide assurance to the Executive Team on the delivery of the Emergency Care Quality programme.
To escalate as necessary to the executive team any issues for decision / discussion / assurance / endorsement.

To provide a forum of support for Working Group Leads in delivering enhanced quality performance across the emergency care pathway, enabling escalation of concerns, joint resolution of problems.

One team shared values

Appendix B – Steering Group ToRs (2/3)

Scope

The Emergency Care Steering Group will have oversight of all the Trust led Working Groups tasked to deliver quality improvements across the whole emergency care pathway, both within the Trust and with key partners outside of the Trust such as East Midlands Ambulance Service, Leicester, Leicestershire and Rutland CCGs, NHS England.

The Emergency Care Steering Group will meet on a fortnightly basis initially and will drop to monthly once performance levels have reached a pre-agreed level across the emergency care pathway.

Membership

The following are the substantive members:

Post / Remit	Post Holder(s)	Post / Remit	Post Holder(s)
Chief Executive Officer, CEO (Chair)	John Adler (chair)	Chief Operating Officer, (COO)	Richard Mitchell
Clinical Lead	Kevin Harris	Chief Technical Advisor	Ian Sturgess
Deputy Medical Director	Andrew Furlong	Organisation Working Group Lead	Julie Dixon
Deputy Medical Director	Peter Rabey	Front Door Lead	Mark Ardron
Clinical Director, Emergency Medicine	Catherine Free	Base Ward Lead	Ian Lawrence
Director of Nursing	Rachel Overfield	Frailty Lead	Simon Conroy
		Glenfield Lead	TBC
		Project Manager	Themba Moyo

One team shared values

Appendix B – Steering Group ToRs (2/3)

Constitutional Arrangements

1. A quorum shall be four members, one of these members must be the Chair or Clinical Lead and one must be either the COO or Deputy Medical Director.
2. The Emergency Care Quality Steering Group will meet fortnightly and run for two hours.
3. Minutes of this meeting will be provided to the Working Groups and Executive Team.
4. The Emergency Care Quality Steering Group is responsible and accountable to the Executive Team. The Chair will report on a fortnightly basis to the Executive Team and provide updates on progress.
5. Actions arising from the Emergency Care Steering Group will be captured and circulated to the membership, Working Groups and Executive Team post-meeting. Actions will further be captured in the Emergency Care Quality Action, Risk & Issue, (ARI), log, to be updated and circulated to all members post-meeting.
6. Attendance at the meeting is a mandatory requirement; where attendance is not possible due to annual leave, members must ensure a nominated deputy attends. The deputy should be fully conversant with all the key issues in their area.
7. All apologies are to be given to the Chair five days prior to the meeting along with the name of the nominated deputy.
8. Any associated papers must be forwarded electronically to the Chair three working days prior to the meeting, to enable review / consideration.
9. Co-option of key stakeholders will occur at the discretion of the Chair. Any individuals attending for ad-hoc agenda items are to be confirmed / agreed by the Chair prior to the meeting. The Chair will invite individuals to update the meeting as necessary.
10. In the interests of time management, meeting members must ensure timely attendance due to the information required to be reviewed at each meeting.

Appendix C – Project Management (1/4)

Defining and Capturing Risks

A risk in project terms is defined as “an uncertain event or set of events that, should it/they occur, will have an effect on the achievement of objectives”. A risk is measured by a combination of the probability of a perceived threat or opportunity occurring, and the magnitude of its impact on objectives.

Project risks will be logged centrally in the Actions, Risk and Issues, (ARI), Log and capture the following:

- 1.A description of the risk
- 2.It's potential impact
- 3.Mitigating actions, (to reduce the chances of the risk occurring or to reduce the impact if it does occur)
- 4.The probability of the risk occurring
- 5.The potential impact of the risk occurring on the project
- 6.The overall risk score
- 7.A risk owner, (who is part of the project organisation), to lead on the mitigating actions

The risk owner is to provide an initial description and resolution plan for the risk to the Project Manager who is the “custodian” of the ARI log.

One team shared values

Appendix C - Project Management (2/4)

Probability Scoring Matrix

Probability		
What is the Likelihood that the Risk will Occur		
Level	Approach and Processes	
1	Not Likely	0 - 20% Probability of Occurrence
2	Low Likelihood	20 - 40% Probability of Occurrence
3	Likely	40 - 60% Probability of Occurrence
4	High Likely	60-80% Probability of Occurrence
5	Near Certainty	80 - 100% Probability of Occurrence

In order to arrive at an overall risk score, the probability of the risk occurring and the impact are multiplied, resulting in a risk score. The table below provides the combination of scores and corresponding RAG status that can occur using the matrices opposite.

Impact Scoring Matrix

Potential Impact			
Given the Risk is Realized, what would be the magnitude of the impact?			
Level	Technical	Schedule	Cost
1	Minimal OR No Impact	Minimal OR No Impact	Minimal or No Impact
2	Minor OR < 2%	Slight delay < 1 month	Budget Increase of (< £1M)
3	Moderate performance	Minor Schedule Slip	Budget Increase of (£1 - 2M)
4	High Performance	Major Schedule Slip	Budget Increase of (£2 - 5M)
5	Unacceptable; Over 10%	Unacceptable Schedule	Budget Increase of (> £5M)

Risk Score Matrix					
Probability					
5	5	10	15	20	25
4	4	8	12	16	20
3	3	6	9	12	15
2	2	4	6	8	10
1	1	2	3	4	5
Potential Impact					

One team shared values

Appendix C - Project Management (3/4)

Defining and Capturing Issues

An issue in project terms is defined as “a relevant event that has happened, was not planned, and requires management action”.

Project issues will be logged centrally in the ARI log and will capture the following:

- 1.A description of the issue
- 2.Its impact
- 3.A resolution plan
- 4.When the issue should be resolved by
- 5.The issue owner, (who is part of the project organisation), to lead on the mitigating actions
- 6.Status, (i.e. whether it is open or not)

As with risks, the issue owner is to provide an initial description and resolution plan for the issue to the Project Manager who is the “custodian” of the ARI log.

One team shared values

Appendix C - Project Management (4/4)

Purpose of the Action Log

The purpose of the action log is to capture important things that need to be done in a timely fashion but aren't large enough to warrant integrating into the project plan.

The action log should capture:

- 1.The action description
- 2.The owner
- 3.A deadline for completion of action
- 4.Any comments
- 5.Status, (i.e. whether the action is open or closed
- 6.Date of closure

As with risks, the action owner is to provide an initial description of the action and progress update on the action to the Project Manager who is the “custodian” of the ARI log.

Review of Action, Risk and Issue Logs

The action, risk and issue logs will be reviewed on a regular basis by the project manager.

As a minimum, the action and issue log should be reviewed and updated at every team meeting.

As a minimum the risk log will be reviewed in depth on a fortnightly basis ahead of each Steering Group meeting in order to ensure the risks are being proactively managed.

One team shared values

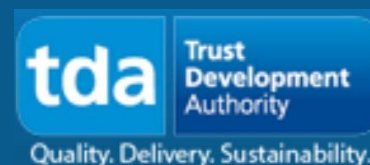
Key
IA Improvement Aim
LY Last Years Figure
IF Improvement Figure
AF Actual Figure

Key
IA Improvement Aim
LY Last Years Figure
IF Improvement Figure
AF Actual Figure

		July 2014																August 2014																			
Front Door		W/E Sun 6 Jul				W/E Sun 13 Jul				W/E Sun 20 Jul				W/E Sun 27 Jul				W/E Sun 3 Aug				W/E Sun 10 Aug				W/E Sun 17 Aug				W/E Sun 24 Aug				W/E Sun 31 Aug			
		IA	LY	IF	AF	IA	LY	IF	AF	IA	LY	IF	AF	IA	LY	IF	AF	IA	LY	IF	AF	IA	LY	IF	AF	IA	LY	IF	AF	IA	LY	IF	AF				
Outcome Metrics	1. Percentage of GP Referred Patients to Assessment Units	100%				100%				100%				100%				100%				100%				100%				100%							
	2. Numbers of Emergency Admissions, (Non-GP)	JR	1031		1081	-	1010		1102	-	983		1053	-	960			-	882			893			918			-	962			-	909				
	3. Number of GP Referrals Translating in to an Admission	JR																																			
	4. Number of Deaths in First 48 Hours	JR	8		13		9		12		11		14		11			13				13			9			9				12					
	5. Number of Harm Events	JR																																			
	6. Number of ED and Assessment Unit Complaints	JR																																			
	7. Percentage of Patients Being Treated iaw 4 Hour	95%	76%	N/A	92%	95%	87%	N/A	84%	95%	83%	N/A	87%	95%	84%	N/A		95%	90%	N/A		95%	85%	N/A		95%	82%	N/A		95%	80%	N/A		95%	81%		
	8. Percentage of Admitted Patients in an In-Patient Bed < 4hrs	95%	48%	N/A	79%	95%	64%	N/A	66%	95%	57%	N/A	68%	95%	59%	N/A		95%	77%	N/A		95%	63%	N/A		95%	56%	N/A		95%	49%	N/A		95%	51%		
	9. Percentage of Non-Admitted Patients Discharged Home < 4 Hrs	95%	85%	N/A	97%	95%	95%	N/A	91%	95%	94%	N/A	94%	95%	93%	N/A		95%	96%	N/A		95%	94%	N/A		95%	92%	N/A		95%	92%	N/A		95%	91%		
Flow Metrics	1.a) Proportion of admitted patients treated within 4 Hrs	-		N/A		-		N/A		-		N/A	Yes	-		N/A	Yes	95%		N/A	Yes	95%		N/A	Yes	95%		N/A	Yes	95%		N/A	Yes	95%			
	1.b) Proportion of non-admitted patients treated within 4 Hrs	98%		N/A		98%		N/A		98%		N/A	No	98%		N/A	No	99%		N/A	No	99%		N/A	No	99%		N/A	No	99%		N/A	No	99%			
	2. Percentage of Admitted Patients Discharged < 12 Hrs	30%	17%	N/A	18%	30%	18%	N/A	14%	30%	15%	N/A	20%	30%	16%	N/A		30%	19%	N/A		30%	17%	N/A		30%	16%	N/A		30%	14%	N/A		30%	12%		
	3. Percentage of Admitted Patients Discharged with LoS < 2 Days	70%	43%	N/A	46%	70%	47%	N/A	43%	70%	43%	N/A	46%	70%	44%	N/A		70%	45%	N/A		70%	42%	N/A		70%	42%	N/A		70%	38%	N/A		70%	40%		
	4. Percentage of Patients on Ambulatory Emergency Care Pathway with a Zero Length of Stay	TBC		N/A		TBC		N/A		TBC		N/A		TBC		N/A		TBC		N/A		TBC		N/A		TBC		N/A		TBC		N/A		TBC			
Process Metrics	1. Percentage of Patients with Time to Initial Assessment < 15 mins	TBC	54%	N/A	38%	TBC	57%	N/A	37%	TBC	54%	N/A	42%	TBC	55%	N/A		TBC	58%	N/A		TBC	59%	N/A		TBC	54%	N/A		TBC	55%	52%		TBC	55%		
	2. Percentage of Patients with Time to Doctor < 30 mins	TBC	31%	N/A	44%	TBC	35%	N/A	43%	TBC	41%	N/A	43%	TBC	46%	N/A		TBC	50%	N/A		TBC	53%	N/A		TBC	46%	N/A		TBC	48%	43%		TBC	48%		
	3. Time to Consultant Review < 4 Hrs	80%	N/A	N/A	No	80%	N/A	N/A	No	80%	N/A	N/A	No	80%	N/A	N/A	No	80%	N/A	N/A	No	80%	N/A	N/A	No	80%	N/A	N/A	No	80%	N/A	N/A	No	80%	N/A		
	4. Patients Leaving Assessment Unit for Base Ward with EDD and Clinical Criteria for Discharge	TBC	N/A	N/A	Yes	TBC	N/A	N/A	Yes	TBC	N/A	N/A	Yes	TBC	N/A	N/A	Yes	TBC	N/A	N/A	Yes	TBC	N/A	N/A	Yes	TBC	N/A	N/A	Yes	TBC	N/A	N/A	Yes	TBC	N/A		
Base Wards		W/E Sun 6 Jul				W/E Sun 13 Jul				W/E Sun 20 Jul				W/E Sun 27 Jul				W/E Sun 3 Aug				W/E Sun 10 Aug				W/E Sun 17 Aug				W/E Sun 24 Aug				W/E Sun 31 Aug			
Outcome Metrics	1. Number of Deaths in non-Elective Inpatients Aged < 75 with LoS > 2 days	JR	9		14		15		11		14		9		17			11				11			16			8			18						
	2. Number of Harm Events in Non-Elective Inpatients with LoS > 2 Days	JR																																			
	3. Number of Complaints About Base Wards	JR																																			
Flow Metrics	1. Beds Occupied by Non-Elective Patients Aged < 75	JR	163		164		155		164		146		167		139			150				147			148			152			168						
	2. Beds Occupied on Base Wards Reduced > 50 Beds Below Seasonal Baseline; (> 75 by Sep & > 100 by Oct)	-50 Beds				-50 Beds				-50 Beds				-50 Beds				-50 Beds				-50 Beds				-50 Beds				-50 Beds							
	3. Discharges per Week	TBC	1103		1167	TBC	1044		1157	TBC	992		1073	TBC	1019			TBC	977	974	984	TBC	974	974	984	TBC	984	974	984	TBC	1093			TBC	942		
Process Metrics	1. Each Base Ward to Pull Patients from Assessment Units at Rate of Two by 1000 and Two by 1200 Midday	TBC																																			
	2. Percentage of TTOs Completed by Evening Before Discharge	-	N/A	N/A	Yes	-	N/A	N/A	Yes	-	N/A	N/A	Yes	-	N/A	N/A	Yes	40%	N/A	N/A	Yes	40%	N/A	N/A	Yes	40%	N/A	N/A	Yes	40%	N/A	N/A	Yes	40%	N/A		
	3. Discharge Lounge Use by Ward by 1000																																				
Frailty		W/E Sun 6 Jul				W/E Sun 13 Jul				W/E Sun 20 Jul				W/E Sun 27 Jul				W/E Sun 3 Aug				W/E Sun 10 Aug				W/E Sun 17 Aug				W/E Sun 24 Aug				W/E Sun 31 Aug			
Outcome Metrics	1. Number of Deaths in Non-Elective Inpatients Aged >75	JR	22		27		23		35		46		25		27			39				26			37			36			22						
	2. Number of Harm Events in Non-Elective Inpatients Aged > 75	JR																																			
	3. Number of Complaints from Patients/Relatives Aged > 75	JR																																			
	4. Number of Long Term Care Placements from Hospital	JR																																			
Flow Metrics	1. Beds Occupied by Patients Aged 75 and Over with LoS 10 Days or More	JR																																			
	2. Discharges per Week by Older Peoples Ward to Include Community Hospitals	TBC	N/A	N/A	Yes	TBC	N/A	N/A	Yes	TBC	N/A	N/A	Yes	TBC	N/A	N/A	Yes	TBC	N/A	N/A	Yes	TBC	N/A	N/A	Yes	TBC	N/A	N/A	Yes	TBC	N/A	N/A	Yes	TBC	N/A		
Process Metrics	1. Percentage of Comprehensive Geriatric Assessment, CGA, Complete in < 2 Hrs	TBC	N/A	N/A	Yes	TBC	N/A	N/A	Yes	TBC	N/A	N/A	Yes	TBC	N/A	N/A	Yes	TBC	N/A	N/A	No	TBC	N/A	N/A	No	TBC	N/A	N/A	No	TBC	N/A	N/A	No	TBC	N/A		
	2. Percentage Return to Original Home	TBC	N/A	N/A	Yes	TBC	N/A	N/A	Yes	TBC	N/A	N/A	Yes	TBC	N/A	N/A	Yes	TBC	N/A	N/A	Yes	TBC	N/A	N/A	Yes	TBC	N/A	N/A	Yes	TBC	N/A	N/A	Yes	TBC	N/A		
Steering Group		W/E Sun 6 Jul				W/E Sun 13 Jul				W/E Sun 20 Jul				W/E Sun 27 Jul				W/E Sun 3 Aug				W/E Sun 10 Aug				W/E Sun 17 Aug				W/E Sun 24 Aug				W/E Sun 31 Aug			
Outcome Metrics	1. Non-Elective Mortality in Hospital	JR																																			
	2. Reduce Non-Elective Harm Events in Hospital	JR																																			
	3. Reduce Complaints from the Non-Elective Pathway	JR																																			
	4. Increase in Compliments from the Non-Elective Pathway	JR																																			
Process Metrics	1. Total Number of Non-Elective Beds Occupied (Adult) (Daily Ave)	JR	1137		1141		1088		1118		1042		1097		1051			1041				1040			1081			1084			1115						
	2. Percentage of Midday Discharges Accounting for 40% of Discharges	JR	13%		15%		13%		13%		14%		15%		13%			16%				10%			13%			14%			14%						
4 Hour A&E Performance		W/E Sun 6 Jul				W/E Sun 13 Jul				W/E Sun 20 Jul				W/E Sun 27 Jul				W/E Sun 3 Aug				W/E Sun 10 Aug				W/E Sun 17 Aug				W/E Sun 24 Aug				W/E Sun 31 Aug			
	Achievement of A&E 4Hr Wait (Whole Campus)	95%	83%	N/A	95%	95%	91%	N/A	90%	95%	89%	N/A		95%	90%	N/A		95%	94%	N/A		95%	91%	N/A		95%	90%	N/A		95%	88%	N/A		95%	89%		

To:	Trust Board										
From:	Stephen Ward, Director of Corporate & Legal Affairs										
Date:	31 July 2014										
CQC regulation:	N/A										
Title:	NHS Trust oversight self certification										
Author/Responsible Director: Stephen Ward, Director of Corporate & Legal Affairs Helen Stokes, Senior Trust Administrator											
Purpose of the Report: <p>At the beginning of April 2013, the NHS Trust Development Authority (NTDA) published a single set of systems, policies and processes governing all aspects of its interactions with NHS trusts in the form of '<i>Delivering High Quality Care for Patients: The Accountability Framework for NHS Trust Boards</i>'.</p> <p>In accordance with the Accountability Framework, the Trust is required to complete two self certifications in relation to the Foundation Trust application process. Copies of the self certifications submitted in June 2014 (May 2014 position) are attached as Appendices A and B.</p>											
The Report is provided to the Board for:											
<table border="1"> <tr> <td>Decision</td> <td>X</td> </tr> <tr> <td>Assurance</td> <td></td> </tr> </table>		Decision	X	Assurance		<table border="1"> <tr> <td>Discussion</td> <td>X</td> </tr> <tr> <td>Endorsement</td> <td></td> </tr> </table>		Discussion	X	Endorsement	
Decision	X										
Assurance											
Discussion	X										
Endorsement											
Summary / Key Points: <ul style="list-style-type: none"> Subject to discussion at the July 2014 Trust Board meeting on matters relating to operational and financial performance, it is proposed that the self certifications against Monitor Licensing Requirements (Appendix A) and Trust Board Statements (Appendix B) be updated following the Trust Board meeting to reflect the June 2014 position and submitted to the NHS Trust Development Authority accordingly 											
Recommendations: <p>The Trust Board is asked to provide the Director of Corporate and Legal Affairs with the delegated authority to agree a form of words with the Chief Executive in respect of this month's submission, with the self certifications then to be updated following the Trust Board meeting and submitted to the NHS Trust Development Authority accordingly.</p>											
Previously considered at another corporate UHL Committee? No											
Strategic Risk Register: No		Performance KPIs year to date: N/A									
Resource Implications (eg Financial, HR): No											
Assurance Implications: Yes											
Patient and Public Involvement (PPI) Implications: No											
Stakeholder Engagement Implications: No											
Equality Impact: considered and no impact											
Information exempt from Disclosure: None											
Requirement for further review? All future Trust oversight self certifications will be presented to the Trust Board for approval											

NHS TRUST DEVELOPMENT AUTHORITY



OVERSIGHT: Monthly self-certification requirements - Compliance Monitor
Monthly Data.

CONTACT INFORMATION:



Enter Your Name: *

Enter Your Email Address *

Full Telephone Number: *

Tel Extension:

SELF-CERTIFICATION DETAILS:



Select Your Trust: *

University Hospitals Of Leicester NHS Trust

Submission Date: *



Reporting
Year: *

2014/15

Page 1 of 7

[Report Abuse](#) | [Terms of Use](#)

Powered by [Adobe FormsCentral](#)

NHS TRUST DEVELOPMENT AUTHORITY



Select the Month *

April

May

June

July

August

September

October

November

December

January

February

March

COMPLIANCE WITH MONITOR LICENCE REQUIREMENTS FOR NHS TRUSTS:



1. **Condition G4** – Fit and proper persons as Governors and Directors (also applicable to those performing equivalent or similar functions).
2. **Condition G5** – Having regard to monitor Guidance.
3. **Condition G7** – Registration with the Care Quality Commission.
4. **Condition G8** – Patient eligibility and selection criteria.
5. **Condition P1** – Recording of information.
6. **Condition P2** – Provision of information.
7. **Condition P3** – Assurance report on submissions to Monitor.
8. **Condition P4** – Compliance with the National Tariff.
9. **Condition P5** – Constructive engagement concerning local tariff modifications.
10. **Condition C1** – The right of patients to make choices.
11. **Condition C2** – Competition oversight.
12. **Condition IC1** – Provision of integrated care.

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



NHS TRUST DEVELOPMENT AUTHORITY



COMPLIANCE WITH MONITOR LICENCE REQUIREMENTS FOR NHS TRUSTS:



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

1. Condition G4 Yes
Fit and proper persons as
Governors and Directors. *

2. Condition G5 Yes
Having regard to monitor
Guidance. *

3. Condition G7 Yes
Registration with the Care
Quality Commission. *

NHS TRUST DEVELOPMENT AUTHORITY



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

4. Condition G8
Patient eligibility and
selection criteria. *

Yes

NHS TRUST DEVELOPMENT AUTHORITY



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

5. Condition P1
Recording of information. ★ Yes

6. Condition P2
Provision of information. ★ Yes

7. Condition P3
Assurance report on
submissions to Monitor. ★ Yes

8. Condition P4
Compliance with the
National Tariff. ★ Yes

NHS TRUST DEVELOPMENT AUTHORITY



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

9. Condition P5 Yes
Constructive engagement
concerning local tariff
modifications. ■

NHS TRUST DEVELOPMENT AUTHORITY



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

10. Condition C1 Yes
The right of patients to
make choices. *

11. Condition C2 Yes
Competition oversight. *

12. Condition IC1 Yes
Provision of integrated
care. *

NHS TRUST DEVELOPMENT AUTHORITY



OVERSIGHT: Monthly self-certification requirements - Board Statements
Monthly Data.

CONTACT INFORMATION:



Enter Your Name: *

Enter Your Email Address *

Full Telephone Number: *

Tel Extension:

SELF-CERTIFICATION DETAILS:



Select Your Trust: *

University Hospitals Of Leicester NHS Trust

Submission Date: *



Reporting
Year: *

2014/15

Select the Month *

- | | | |
|---------|----------|-----------|
| April | May | June |
| July | August | September |
| October | November | December |
| January | February | March |

NHS TRUST DEVELOPMENT AUTHORITY



BOARD STATEMENTS:



- CLINICAL QUALITY
- FINANCE
- GOVERNANCE

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

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

NHS TRUST DEVELOPMENT AUTHORITY



BOARD STATEMENTS:



For **CLINICAL QUALITY**, that

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

1. CLINICAL QUALITY Yes
Indicate compliance. *

NHS TRUST DEVELOPMENT AUTHORITY



BOARD STATEMENTS:



For **CLINICAL QUALITY**, that

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

2. CLINICAL QUALITY Yes
Indicate compliance. *

NHS TRUST DEVELOPMENT AUTHORITY



BOARD STATEMENTS:



For **CLINICAL QUALITY**, that

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

3. CLINICAL QUALITY Yes
Indicate compliance. ■

NHS TRUST DEVELOPMENT AUTHORITY



BOARD STATEMENTS:



For **FINANCE**, that

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

4. FINANCE
Indicate compliance. •

Yes

NHS TRUST DEVELOPMENT AUTHORITY



BOARD STATEMENTS:

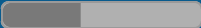


For GOVERNANCE, that

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

5. GOVERNANCE
Indicate compliance. *

Yes



NHS TRUST DEVELOPMENT AUTHORITY



BOARD STATEMENTS:



For **GOVERNANCE**, that

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

6. GOVERNANCE Risk
Indicate compliance. *

Timescale for compliance: *



RESPONSE:

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

NHS TRUST DEVELOPMENT AUTHORITY



BOARD STATEMENTS:



For GOVERNANCE, that

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

7. GOVERNANCE Yes
Indicate compliance. *

NHS TRUST DEVELOPMENT AUTHORITY



BOARD STATEMENTS:



For **GOVERNANCE**, that

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

8. GOVERNANCE
Indicate compliance. *

Yes

NHS TRUST DEVELOPMENT AUTHORITY



BOARD STATEMENTS:



For **GOVERNANCE**, that

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

9. GOVERNANCE Yes
Indicate compliance. *

NHS TRUST DEVELOPMENT AUTHORITY



BOARD STATEMENTS:



For **GOVERNANCE**, that

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

10. GOVERNANCE No
Indicate compliance. *

Timescale for compliance: * 

RESPONSE:

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

NHS TRUST DEVELOPMENT AUTHORITY



BOARD STATEMENTS:



For GOVERNANCE, that

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

11. GOVERNANCE
Indicate compliance. *

Yes

NHS TRUST DEVELOPMENT AUTHORITY



BOARD STATEMENTS:



For GOVERNANCE, that

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

12. GOVERNANCE

Indicate compliance. •

Yes

NHS TRUST DEVELOPMENT AUTHORITY



BOARD STATEMENTS:



For GOVERNANCE, that

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

13. GOVERNANCE
Indicate compliance. *

Yes

NHS TRUST DEVELOPMENT AUTHORITY



BOARD STATEMENTS:



For **GOVERNANCE**, that

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

14. GOVERNANCE Indicate compliance. *	Yes
---	-----

Trust Board paper DD

To:	Trust Board		
From:	Acting Chair / Director of Corporate and Legal Affairs		
Date:	31 July 2014		
CQC regulation:	N/A		
Title:	BOARD GOVERNANCE : BOARD EFFECTIVENESS		
Author/Responsible Director: Director of Corporate and Legal Affairs			
Purpose of the Report: To consider the draft Board Effectiveness action plan which has been prepared following the Board Effectiveness Review carried out by the Foresight Partnership.			
The Report is provided to the Committee for:			
Decision	✓	Discussion	✓
Assurance		Endorsement	✓
Summary / Key Points: The Foresight Partnership conducted a Board Effectiveness Review between January and May 2014. Further to discussions at the Board workshop on 15 th May and at the Board meeting on 26 th June 2014, a draft Board effectiveness action plan has been prepared (attached at appendix A) and this is now presented for consideration and adoption by the Trust Board.			
Recommendations:			
1. Consider and (subject to comments) approve the Board effectiveness action plan appended to the report			
2. Receive a report at each monthly public Board meeting to enable implementation of the action plan to be reviewed.			
Previously considered at another corporate UHL Committee? Trust Board workshop 15 May 2014 and Trust Board 26 June 2014.			
Strategic Risk Register: N/A		Performance KPIs year to date: N/A	
Resource Implications (e.g. Financial, HR): The proposed appointment of a Board 'coach' will have resource implications.			
Assurance Implications: N/A			
Patient and Public Involvement (PPI) Implications: N/A			
Stakeholder Engagement Implications: Stakeholders' views were sought as part of the Board Effectiveness Review.			
Equality Impact: None associated with the implementation of the action plan appended.			
Information exempt from Disclosure: N/A			
Requirement for further review? Trust Board to review progress against the Board effectiveness action plan monthly.			

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT TO: TRUST BOARD

DATE: 31 JULY 2014

REPORT BY: DIRECTOR OF CORPORATE AND LEGAL AFFAIRS

SUBJECT: BOARD GOVERNANCE : BOARD EFFECTIVENESS

1. INTRODUCTION

- 1.1 Good practice guidance recommends that key elements of organisations' governance, including the Board and Committee structures, be regularly reviewed to ensure they remain fit for purpose.
- 1.2 Recognising that a well-designed and properly executed independent governance assessment is a valuable tool in establishing whether any of the Board's governance practices and capacity need improvement, the Trust carried out a procurement exercise and appointed The Foresight Partnership ('Foresight') in January 2014 to carry out a Board Effectiveness Review (BER).
- 1.3 The methodology applied by Foresight in carrying out the BER included:-
 - desk top documentation review;
 - 360 reviews for all Board members;
 - 1-1 interviews with all Board members (combined with 360 review feedback);
 - Board self-assessment survey;
 - stakeholder survey;
 - Trust Board and Board Committee observation (Audit Committee, Finance and Performance Committee, Quality Assurance Committee);
 - Board skills inventory exercise;
 - feedback and development workshop with Trust Board held on 15th May 2014.
- 1.4 The 'main messages' which Foresight fed back at the workshop held with the Trust Board on 15th May 2014 are reproduced below:

Main Messages 1

- *A broad and challenging strategic and performance improvement agenda to straddle*
- *Opportunity to engage with external support to tackle system-wide issues*
- *A relatively new CEO with an Executive leadership approach that is having a positive impact*
 - *Great work on staff engagement and listening*
 - *Restructured CMGs offer a strong platform for distributed leadership and performance improvement*
- *There is a good focus on safety and quality – and this focus has recently been augmented by significantly strengthened quality governance systems and processes now in place*
- *There is a broadly sound governance ‘architecture’ of committees*
- *The Board and wider Director group is composed of skilled and committed people*
- *However.....*

Main Messages 2

- *There is not a clear and shared understanding of the role, contribution and processes of a high performing Board*
- *It is not clear that Executive priority is consistently given to thoughtful, purposeful support for Board processes, in particular*
 - *Sequencing of Board activity in a meaningful and purposeful way*
 - *Focused, concise ‘intelligence’ provided to the Board that offers ‘analysis’ as well as ‘description’*
- *Board and Committee meetings are long and appear to be consumed with making sense of voluminous Board reports, curtailing the opportunity for effective scrutiny and challenge and confirming a prevailing sense of Executive scepticism about the value that effective Board governance adds*
- *Too much data and not enough information*

Main Messages 3

- *Board development sessions are not sufficiently distinguished from business sessions*
- *Current Board development sessions have not given attention to how the Board wishes and intends to work together including, as a minimum:*
 - *Shaping a shared leadership model for the organisation to enable a consistent leadership culture with clarity about the roles of the Board, Executive and Non-Executive Directors and the explicit, demonstrated partnership between Chair and Chief Executive that is at the heart of Board effectiveness*

- *A clear and shared understanding of the Board's role in formulating strategy reflected in a systematic, iterative process for engaging CMGs, the Executive, external partners/stakeholders and the Board*
 - *A shared understanding of what constructive, value-adding Board scrutiny and challenge looks like*
 - *In the absence of a shared view of the role of the Board with effective Executive support and ways of working, culture and behaviours to match, the considerable risks and challenges that the Trust currently faces are effectively carried by Executive leaders leaving both them and the Trust seriously exposed. The Executives aren't necessarily operating as corporate leaders.*
- 1.5 Further to discussions at the Board workshop on 15th May and at the Board meeting on 26th June 2014, a draft Board effectiveness action plan has been prepared (attached at Appendix A) and this is now presented for consideration and (subject to comments) adoption by the Trust Board.

2. BOARD EFFECTIVENESS – KEY DEVELOPMENT PRIORITIES

- 2.1 The draft action plan appended seeks to synthesise the agreed developmental priorities having regard to the three key roles of the Trust Board, namely:-
- formulating strategy,
 - ensuring accountability,
 - shaping culture.
- 2.2 The Trust Board is asked to consider and comment upon the draft action plan appended to this report.
- 2.3 The action plan will be finalised following consideration at this Board meeting and it is recommended that implementation be reviewed at each monthly public Board meeting.
- 2.4 The Acting Chair has agreed with Ms J Wilson, Non-Executive Director and Vice-Chair that she will act on his behalf as lead Non-Executive Director for the Board effectiveness action plan, working alongside the Director of Corporate and Legal Affairs whom the Chief Executive has similarly asked to act on his behalf.

3. RECOMMENDATIONS

- 3.1 The Trust Board is recommended to:-
- (a) receive and note this report;

- (b) consider and (subject to comments) approve the Board effectiveness action plan appended to this report,
- (c) receive a report at each monthly public Board meeting to enable implementation of the action plan to be reviewed.

Richard Kilner
Acting Chair

Stephen Ward
Director of Corporate and Legal Affairs

25th July 2014

DRAFT

BOARD EFFECTIVENESS ACTION PLAN

University Hospitals of Leicester NHS Trust

A FORMULATING STRATEGY

Item Number	Actions / Desired Outcome	Lead	By When	Progress Update	RAG Status
1	Clear/shared outcome of the Board's role in formulating and determining strategy reflected in a systematic, iterative process for engaging CMGs/Executive Team/external partners/stakeholders and the Trust Board.	Director of Strategy	Trust Board Development Session 17/7/14 and Trust Board 31/7/14	<p>A report on this subject entitled 'Strategic Forward Business Planning Programme for Trust Board' features on the Board agenda for 31 July 2014.</p> <p>Consideration to be given to a Trust Board Development Session in Autumn 2014 to review/validate the Trust's strategy in the light of feedback on the Trust's draft 5 year plan and the draft LLR health and social care 5 year plan.</p>	4

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

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

DRAFT

BOARD EFFECTIVENESS ACTION PLAN

University Hospitals of Leicester NHS Trust

B ENSURING ACCOUNTABILITY

Item Number	Actions / Desired Outcome	Lead	By When	Progress Update	RAG Status
2	Reshape 'intelligence' (Quality and Performance Report; Board Assurance Framework; and commence quarterly reporting to the Board on 'Caring at its Best' delivery) for the Board : insight which assures/warns we are or are not delivering the Trust's strategy.	Chief Nurse / Director of Corporate and Legal Affairs	30.9.14 / 30.10.14	<p>New Quality and Performance Report in the process of being developed in consultation with the Executive Team and supported by the Assistant Director of Information.</p> <p>New version of Board Assurance Framework discussed at Trust Board Development Session 17 July 2014 and presented formally to Trust Board 31 July 2014;</p> <p>First comprehensive report on 'Caring at its Best' delivery scheduled for October 2014 Trust Board (H1 2014/15)</p>	4
3	Re-sequencing of Board and Board Committee meetings to ensure more effective and focused assurance.	Acting Chair / Director of Corporate and Legal Affairs	To commence from Jan 2015	Board members availability to be canvassed on Board meeting dates to March 2016.	4

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

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

DRAFT

BOARD EFFECTIVENESS ACTION PLAN

University Hospitals of Leicester NHS Trust

4	Summary of 5 key decisions/discussions to be agreed by Trust Board at close of each meeting and communicated to all staff under signature of Chair.	Acting Chair / Director of Marketing and Communications	To commence at Trust Board 31/7/14	Item features on this subject on the Board agenda for 31 July 2014.	4
---	---	---	------------------------------------	---	---

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

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

DRAFT

BOARD EFFECTIVENESS ACTION PLAN

University Hospitals of Leicester NHS Trust

C SHAPING A HEALTHY CULTURE, CORPORATE WORKING AND GOOD SOCIAL PROCESSES

Item Number	Actions / Desired Outcomes	Lead	By When	Progress Update	RAG Status
5	Focused and systematic engagement with CMGs : quarterly informal Trust Board and Clinical Leaders sessions to be established.	Acting Chair / Chief Executive	To commence from Q3 2014/15	Consideration being given to the purpose and most appropriate format of the clinical leaders' session.	4
6	Appointment of Board 'coach' and facilitated Board effectiveness session with Board members to be arranged to enable discussion of : (a) the overall leadership model that the Board (in its role) and Executive Team (in its role) are seeking to build; and (b) the Board culture that it is seeking to shape and exemplify and the need for positive alignment between Board and organisational culture shaping activity.	Director of Human Resources	Trust Board development session 16/10/14 provisionally earmarked for this purpose.	Director of Human Resources in discussion with the Foresight Partnership on the appointment of Board 'coach' and oral report to be made by Director of Human Resources at Trust Board meeting on 31 July 2014. Board development discussions planned for June and July 2014 on this topic postponed : now planned for October 2014.	4
7	Board shaping of system leadership – a systematic approach to engagement.	Chief Executive / Director of Marketing and Communications / Director of Strategy	End Q2 2014/15	Trust Board development session 18 September 2014 provisionally earmarked for this purpose.	4

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

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

DRAFT

BOARD EFFECTIVENESS ACTION PLAN

University Hospitals of Leicester NHS Trust

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

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

To:	Trust Board		Trust Board Paper EE								
From:	Director of Marketing and Communications										
Date:	31 July 2014										
CQC regulation:											
Title:	2013/14 Annual Report										
Author/Responsible Director: Tiffany Jones Head of Communications, (HoC)/ Mark Wightman Director of Marketing and Communications, (DM&C)											
Purpose of the Report: To seek comments and ultimately approval to take this version of the Annual Report to print.											
The Report is provided to the Board for: <table border="1" style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 50%;">Decision</td> <td style="width: 10%;"></td> <td style="width: 50%;">Discussion</td> <td style="width: 10%; text-align: center;">X</td> </tr> <tr> <td>Assurance</td> <td></td> <td>Endorsement</td> <td style="text-align: center;">X</td> </tr> </table>				Decision		Discussion	X	Assurance		Endorsement	X
Decision		Discussion	X								
Assurance		Endorsement	X								
Summary / Key Points: It is a requirement of the "NHS Trust Manual of Accounts" that the Trust Board approves the Annual Report.											
Recommendations: <ol style="list-style-type: none"> 1. The Board is requested to comment on the current final draft Annual Report. Initial comments within the Board meeting and detailed comments out with the meeting, to be provided to the DM&C / HoC. 2. Subject to those comments the Board is requested to approve in principle the Annual Report 2013/14 and to delegate the responsibility for the production of the final version Annual Report to the DM&C. 3. As has been the case in other years, the Chief Executive's and Chairman's introduction will be circulated to Board members nearer the date for final print. 											
Previously considered at another corporate UHL Committee? No											
Board Assurance Framework:		Performance KPIs year to date:									
Resource Implications (e.g. Financial, HR): Within budget											
Assurance Implications:											
Patient and Public Involvement (PPI) Implications: PPI features within the document itself and as usual we have taken on board the responses to previous Annual Report evaluation forms.											

<p>Stakeholder Engagement Implications:</p> <p>This 'full' version Annual Report will be further edited to provide a slimmer, easier read version for members of the public and other stakeholders</p>
<p>Equality Impact: A/A. If required we will produce large print / translated and other versions upon request.</p>
<p>Information exempt from Disclosure:</p> <p>No</p>
<p>Requirement for further review?</p> <p>No</p>

Caring at its best

Temp Stock photo original
to be photographed

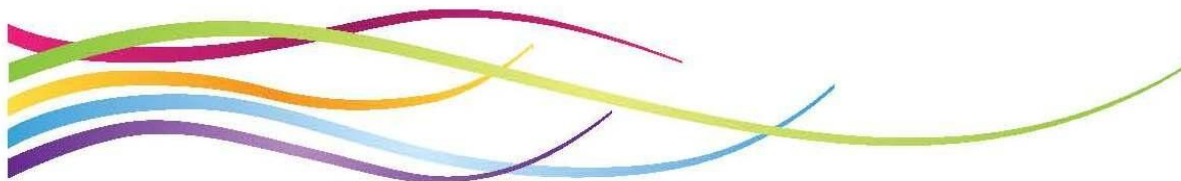
ANNUAL & REPORT accounts

2013/2014



The future of your healthcare

Our Values



We *treat* people how we would like to be treated

- We listen to our patients and to our colleagues, we always treat them with dignity and we respect their views and opinions
- We are always polite, honest and friendly
- We are here to help and we make sure that our patients and colleagues feel valued



We *do* what we say we are going to do

- When we talk to patients and their relatives we are clear about what is happening
- When we talk to colleagues we are clear about what is expected.
- We make the time to care
- If we cannot do something, we will explain why



We *focus* on what matters most

- We talk to patients, the public and colleagues about what matters most to them and we do not assume that we know best.
- We do not put off making difficult decisions if they are the right decisions
- We use money and resources responsibly



We are *passionate* and creative in our work

- We encourage and value other people's ideas
- We seek inventive solutions to problems
- We recognise people's achievements and celebrate success



We are *one team* and we are best when we work together

- We are professional at all times
- We set common goals and we take responsibility for our part in achieving them
- We give clear feedback and make sure that we communicate with one another effectively

Contents

Welcome from the chairman.....	5
Welcome from the chief executive.....	7
Our Trust Board.....	9
About us	11
Our values and the NHS Constitution	12
Our year in numbers	13
Our year at a glance.....	14
Our priorities in 2013/14	25
Quality and performance – how did we do?.....	26
Delivering our Quality Commitment.....	29
Improving the emergency process.....	37
Improving theatre productivity.....	40
Improving outpatients.....	41
Improving the estate	43
Improving IM&T	45
Developing Listening into Action.....	46
Developing our specialised services	48
Developing medical education.....	52
Developing research	53
Valuing people – valuing our staff	57
Valuing people – valuing our patients	67
Sustainability.....	74
Our priorities in 2014/15	83
Operating and Financial Review	85
Foreword to the Summary Financial Statements	94
Summary Financial Statements	95
Annual Governance Statement.....	106
Committee Attendance	115
Independent Auditors Statement.....	117
Glossary of Terms.....	117
Feedback.....	120

Intentionally left blank

Welcome from the chairman

MARK WIGHTMAN TO WRITE

Continued....

Richard Kilner, Acting Chairman

Welcome from the chief executive

MARK WIGHTMAN TO WRITE

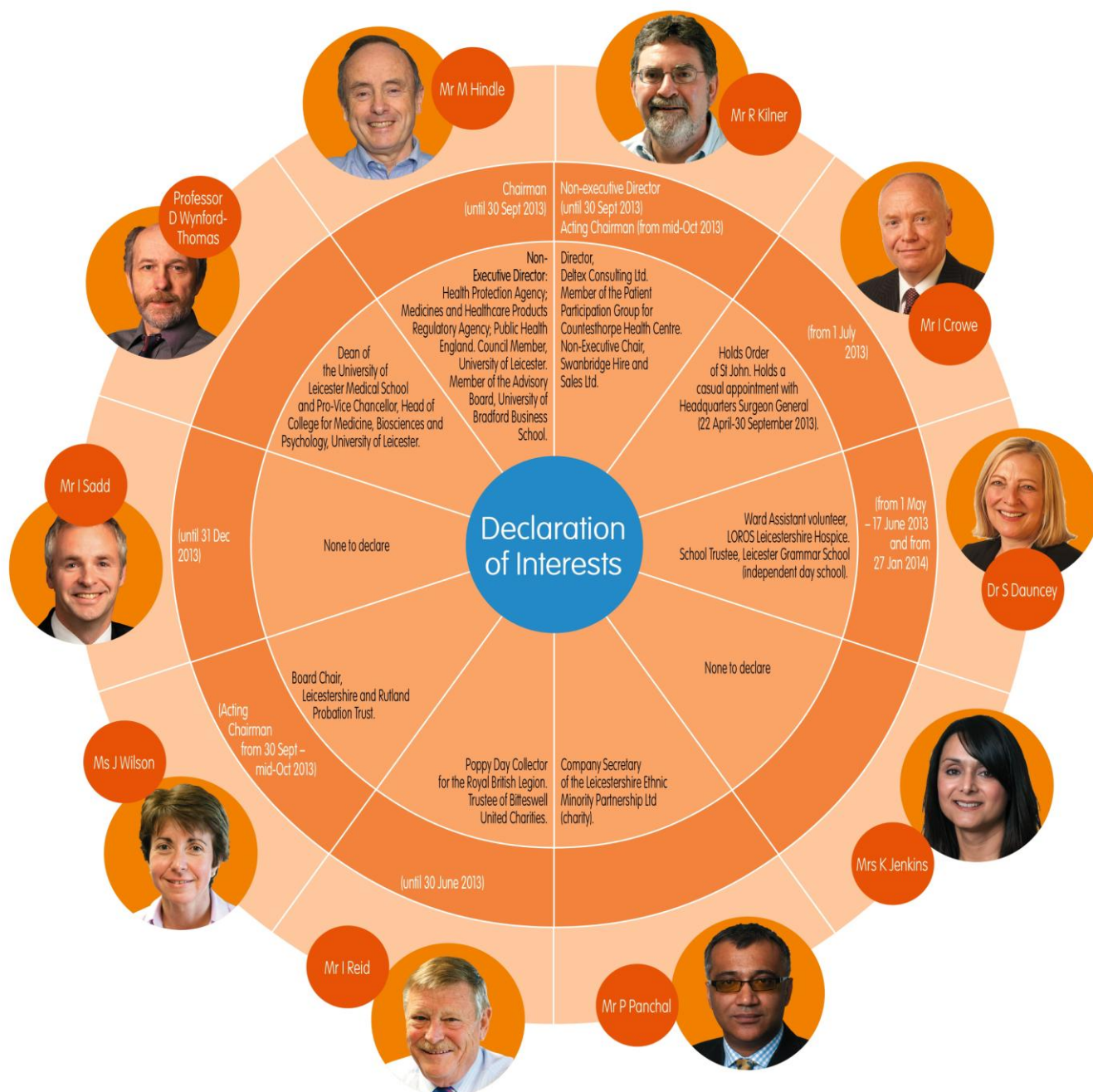
Continued...

A handwritten signature in black ink, appearing to read 'John Adler', with a stylized, flowing script.

John Adler, Chief Executive

Our Trust Board

Non-executive Directors



Trust Board meetings

Our Trust Board meetings are held in public and details of dates are on our public website. The meetings move between our three hospital sites, and both staff and members of the public are welcome to attend the public session of each meeting. We held our Annual Public Meeting on Thursday 19 September 2013 at 'The Big Shed' on Freeman's Common in Leicester presenting our 2012/13 annual report and accounts and answering questions from the public. There was also a health and wellbeing fair for members of the public.

Our Trust Board

Executive Directors



Openness and accountability

We have adopted the NHS Executive's code of conduct and accountability, and incorporated them into our corporate governance policies (Trust's Standing Orders, Standing Financial Instructions and Scheme of Delegation, and Code of Business Conduct for Staff).

About us

Our patients are the most important thing to us and we are constantly striving to improve the care they receive, through looking at the ways we work, ensuring our staff are highly trained and encouraging research which allows us to offer our patients the latest technologies, techniques and medicines – and attract and retain our enviable team of more than 10,000 highly skilled staff.

We are one of the biggest and busiest NHS Trusts in the country, serving the one million residents of Leicester, Leicestershire and Rutland – and increasingly specialist services over a much wider area. Our nationally and internationally-renowned specialist treatment and services in cardio-respiratory diseases, cancer and renal disorders reach a further two to three million patients from the rest of the country.

Spread over the General, Glenfield and Royal Infirmary hospitals, we also have our very own Children's Hospital and work closely with partners at the University of Leicester and De Montfort University providing world-class teaching to nurture and develop the next generation of doctors, nurses and other healthcare professionals, many of whom go on to spend their working lives with us.

We continue to work with many different organisations throughout the world to push the boundaries of research and new surgical procedures for the benefit of our patients. Areas of world-renowned expertise include diabetes, genetics, cancer and cardio-respiratory diseases. We are now home to three NIHR (National Institute of Health Research) Biomedical Research Units and during the year we carried out more than 800 clinical trials, involving thousands of our patients who are among the first to try the latest medicines and techniques.

Our heart centre at the Glenfield hospital continues to lead the way in developing new and innovative research and techniques, such as surgery with a Robotic Arm, TAVI (Trans-Catheter Aortic Valve Insertion) and the use of the suture less valve in heart surgery. It has also become one of the world's busiest ECMO (extra corporeal membrane oxygenation) centres and the only hospital in the UK to provide ECMO therapy for both adults and children.

We have one of the best vascular services nationally, with more patients surviving longer after following an aneurysm repair (to fix a life threatening bulge in a blood vessel). And we are proud to continue to have some of the lowest rates of hospital-acquired infections, such as C.Difficile and MRSA, in the country.

Our purpose is to provide 'Caring at its best' and our staff have helped us create a set of values that embody who we are and what we're here to do. They are:

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

Our patients are at the heart of all we do and we believe that 'Caring at its Best' is not just about the treatments and services we provide, but about giving our patients the best possible experience. That's why we're proud to be part of the NHS and we're proud to be Leicester's Hospitals.

Our values and the NHS Constitution

We created our values with staff over two years ago and made sure that they were in line with, and supported, the [NHS Constitution](#), which was put in place by the Government on 1 April 2010.

The NHS Constitution establishes the principles and values of the NHS in England. It sets out rights to which patients, public and staff are entitled, and pledges which the NHS is committed to achieve, together with responsibilities which the public, patients and staff owe to one another to ensure that the NHS operates fairly and effectively. All NHS bodies and private and third sector providers supplying NHS services are required by law to take account of this Constitution in their decisions and actions.

The Constitution will be renewed every ten years, with the involvement of the public, patients and staff. It is accompanied by the [Handbook to the NHS Constitution](#) that is renewed at least every three years, setting out current guidance on the rights, pledges, duties and responsibilities established by the Constitution. These requirements for renewal are legally binding. They guarantee that the principles and values which underpin the NHS are subject to regular review and recommitment; and that any government which seeks to alter the principles or values of the NHS, or the rights, pledges, duties and responsibilities set out in this Constitution, will have to engage in a full and transparent debate with the public, patients and staff.

In March 2012 the NHS Constitution was updated and strengthened in a new commitment to support whistle blowing and tackle poor patient care. Then on 26 March 2013 as part of the Government's response to the Francis Enquiry into the events at the Mid Staffordshire NHS Trust, the Government strengthened the Constitution by including an expectation that staff will raise concerns and that their employers will support them. All NHS organisations will have 'whistle blowing' policies and procedures which allow staff to raise concerns about issues that are in the public interest without the risk of suffering at work – for example, victimisation or losing the chance to be promoted.

In March 2014 the Expert Advisory Group to the NHS Constitution (a group of clinicians, patient representatives' voluntary sector representatives' and others from the health field, including frontline staff) wrote to the Minister of State for Care and Reform with their feedback following a request from the Minister on how the NHS Constitution might be strengthened. The Expert Advisory Group suggested: *To be of real practical use, the Constitution needs much greater visibility and ownership across the health world. It should be the framework for the values and behaviours expected and against which those delivering NHS-funded services are recruited, trained, managed and held to account. Effort is needed to track whether and to what extent the rights and commitments in the Constitution are delivered in practice. Significant levers of accountability – such as the NHS Outcomes Framework, the Department of Health's mandate to NHS England and the CQC's new fundamental standards – must reinforce and be aligned with the Constitution.* You can read their report and recommendations [here](#).

Here at Leicester's Hospitals we will always endeavour to make sure that we live up to the pledges set out in the Constitution. We will ensure that we 'live our values' and create an environment where those who do not can be challenged to ensure that we provide better care.

Our year in numbers

We have **967** beds at the Royal Infirmary, **416** beds at the Glenfield and **408** at the General

Last year we spent **£474.1m** on wages for our **10,166** staff; that is 59 per cent of our total budget

We earned **£770.4m** and spent **£809.9m**, leaving us with a deficit of **£39.7m**

We have **7,957 females** and **2,209 men** working for our Trust

We spent **£73.6m** on drugs for our patients

Between 1 April 2013 and 31 March 2014 we treated **151,600** patients were treated in our emergency department and eye casualty; **22,400** patients had elective operations; and **85,200** patients had a day case procedure

We admitted **80,100** patients in an emergency

Last year **288,700** patients had a new outpatient appointment and **566,000** patients had follow-up outpatient appointments

Our **445 midwives** delivered **10,400 babies** born in our maternity units; that's **28** babies every day

We spent **£14.3m** on research and development

We have **1,028** volunteers working across our hospitals

We volunteers made **20,906** buggy journey's helping **34,506** patients get around our hospitals

Our year at a glance

April 2013

Fracture clinic opens

A new Fracture Liaison Service devised to speed up the diagnosis of osteoporosis opened at the rheumatology department at the Royal.

The referral service, set up by Dr Peter Sheldon, consultant rheumatologist and his team at Leicester's hospitals, works with the Royal's Fracture Clinic and local GPs to ensure that patients are offered a specialist scan to measure bone density.

Since November 2012, the Fracture Clinic has been identifying patients over the age of 40 who have been treated for a fragility fracture of the forearm, a break that occurs when the bones are weak.

National appointment

Anne de Bono, consultant occupational physician and head of the Occupational Health

Service at our hospitals has been elected Chair of the national NHS Health at Work Network Board from April 2013.

The Network consists of NHS occupational health services from across England and aims to influence national policy and contribute to a robust evidence base for the speciality, collaboratively working to promote best clinical and business practice of health and work services to all NHS staff.

Leicester's Hospitals pledges its support to Speak Out Safely campaign

We pledged our support to the principles set out in the Nursing Times Speak Out Safely campaign.

We already actively encourage any member of our staff to raise genuine concerns they might have about patient safety or quality of care through our own internal campaign, but were proud to also add our support to the Nursing Times and their national campaign.

We understand how important it is that staff feel safe and supported to raise concerns in an honest and transparent environment, and that they feel protected when they have come forward.

We want all of our staff to know it is safe for them to speak up when they feel something is wrong.

We will continue to encourage staff to raise their concerns with their line manager, or another member of our management team or through our anonymous 3636 concerns hotline.

We know our staff are often best placed to identify where care may be falling below the standard our patients deserve. They can ensure concerns are addressed so that we continue to deliver high quality and safe care to our patients as part of our pledge to deliver caring at its best.

Reports show Glenfield has one of lowest child heart death rates in the country

Report confirm that Glenfield Hospital has one of the lowest mortality rates for children's heart operations in the country

Two independent reports, one by Professor Brian Jarman, from Imperial College London, and, more recently, the National Institute for Cardiovascular Outcomes Research (NICOR) show the East Midlands Congenital Heart Centre at Glenfield Hospital has one of the lowest mortality rates in England. The NICOR data released on Friday 12 April 2013 does not show a safety problem in any of the 10 centres for the period 2009 to 2012.

May 2013

Dementia champions

To support National Dementia Awareness Week (19 - 26 May), Leicester's Hospitals launched the Dementia Champion Network, a new initiative to support our patients with dementia and their carers when admitted to hospital.

More than 100 staff, volunteers and members attended the launch in ward 36 meaningful activities day room to find out more about becoming a Dementia Champion and to support a change in cultural attitudes and practices across our hospitals.

Making the right decision

A new guide to tackle the difficult subject of care and treatment towards the end of life was launched during Dying Matters Awareness Week (13 - 19 May) across Leicester, Leicestershire and Rutland. The Deciding Right guide was created by the three local clinical commissioning groups together with Leicester's Hospitals, LOROS, GPs and community health services.

Deciding Right aims to help patients think about what care they may want to receive in the future should they become seriously ill, disabled or unable to make decisions for themselves.

Top healthcare award

Two of our dedicated staff were short listed for a BMJ Group Improving Health Award 2013. The awards showcase the best of UK healthcare.

The 'Low risk chest pain management pathway' was shortlisted in the Emergency Medicine Team of the Year category.

Also in the running for an award this year is our 'Education to Improve Outcomes in Acute Kidney Injury' programme short-listed for an Excellence in Healthcare Education award.

Lord Mayor of Leicester opens new stroke rehabilitation unit

The Lord Mayor of Leicester, Councillor Abdul Osman, will be officially opening the newly refurbished stroke rehabilitation unit at Leicester General Hospital.

The Lord Mayor's Appeal has successfully raised more than £70,000 to support the work of Leicester's Hospitals' Stroke service, a multi-disciplinary team supporting stroke patients from admission through to their discharge back into the community. All of the funds raised have been earmarked for specialist equipment, training and items to improve the patient experience.

Top of the POPS

An innovative University of Leicester research project that enables health professionals to assess, prioritise and treat acutely ill children has been shortlisted for a Patient Safety Award.

The Paediatric Observation Priority Score (POPS) has been shortlisted in the in the Patient Safety in Paediatrics category. The Patient Safety Awards 2013 will recognise and reward work which has significantly improved the safety of patients.

Dr Damian Roland, who works in our emergency department (ED), from the University of Leicester's Department of Cardiovascular Sciences is leading the research on POPS – a checklist which saves time by immediately scoring (between 0-16) mildly ill children on a mixture of physiological, behavioural and risk identifiers, has already been awarded a Da Vinci Health Technology Award.

Using the POPS checklist helps to identify children's illnesses and treatment options as quickly as possible, also resulting in fewer hospital treatment referrals and overall reducing unnecessary diagnoses.

June 2013

Parents' comfort

New-look accommodation for parents of children being cared for in intensive care at the Royal Infirmary was officially opened.

The £34,000 project funded by Heart Link Children's Charity has created three multi-function rooms that will serve as bedrooms for parents needing to stay overnight near their poorly children and living areas for those parents needing a quiet space during the day. Each room features a sofa bed, television, desk and bold landscape wall art.

Research is on the rise

Clinical research is on the rise in the NHS, and we are helping to spearhead the trend – according to a new league table published in June.

More than half of the 390 NHS trusts across the country increased the number of clinical research studies done in their hospital last year, contributing to the drive for better treatments for all NHS patients. Leicester's Hospitals increased their number of studies from 246 in 2011/12 to 283 in 2012/13.

The new league table, published by the National Institute for Health Research (NIHR) Clinical Research Network, shows the number of studies done by each NHS Trust in 2012 to 2013, and the number of patients who volunteered to take part in clinical research.

Clinical research is a vital part of the work of the NHS, and provides evidence about 'what works' so that treatments for patients can be improved. Research has also show that patients do better in hospitals and surgeries that do research – even if they don't actually take part in a study themselves.

Scientists find potential genetic drivers behind male heart disease risk

University of Leicester scientists working in our hospitals made a further important step forward in their research into the association between the Y chromosome and risk of coronary artery disease.

The team, from the university's Department of Cardiovascular Sciences and Department of Health Sciences, had already identified the risk of coronary artery disease in men who carry a particular type of the Y chromosome (haplogroup I) is 50 per cent greater.

Coronary artery disease is the name given to the narrowing of blood vessels delivering blood to the heart, meaning that not enough oxygen can reach it.

Their research paper, published in the journal *Arteriosclerosis, Thrombosis, and Vascular Biology* identifies the possible genes of the Y chromosome which could be responsible for its association with coronary artery disease.

This can lead to angina symptoms, such as constriction of the chest, and heart attacks.

Coronary artery disease, also known as coronary heart disease, is responsible for almost 80,000 deaths each year – more than 200 people every single day – according to figures from the British Heart Foundation, who funded the study.

Decision made to suspend heart review

The Secretary of State rejected the proposal to reconfigure children's heart services, which would have moved our specialist children's heart services away from Glenfield.

MP Jeremy Hunt also suspended the review, which was designed to create a national network of surgical centres which were safe and sustainable. Now our East Midlands Congenital Heart Centre – along with our colleagues in the other trusts and NHS England – will work together to make that a reality using the right evidence, common sense and always with what's best for patients at the forefront of our minds. Many thousands of people supported our centre, including members of Heart Link, Keep the Beat, local MPs and councillors, the LINKs and local media.

Talented surgeon saves children's lives in India

One of our surgeons teamed up with the charity Healing Little Hearts to perform free paediatric cardiac surgery on six children in Pune, India.

Glenfield Hospital's Dr Simone Speggorin worked with the charity to provide heart check-ups to more than 600 children in June to detect heart murmurs, severe chest pains, fever and abnormal heart rhythm. Around 60 of the children were diagnosed with a malformation of the heart.

Requiring immediate attention, they were treated at the Aditya Birla Memorial Hospital, based in Pune, India by Dr Speggorin, a congenital cardiothoracic surgeon from Leicester's Hospitals.

The project is set to continue with regular visits to the hospital.

July 2013

Give the gift of life

Leicester's Hospitals organ donation team took part in the national annual campaign to encourage people to give the gift of life.

There are currently 281 people in Leicester and Leicestershire waiting for an organ.

The generosity of donors and their families enables more than 3,000 people in the UK every year to take on a new lease of life.

Our team provide a 24/7 on call provision for the whole of the Midlands.

This means that as and when a potential donor is identified they attend the hospital, liaise with the critical care or A&E staff and, when appropriate, speak to families about organ donation.

Live on air

In anticipation of the birth of the Royal Baby, we welcomed BBC Radio 5 Live and their presenter Richard Bacon for the finale of their Bump Club series – following families through their experience of pregnancy and birth.

The Show started at 6.30am and continued through until 11.30pm to showcase a whole day and night at the Royal's maternity unit. Richard and the crew visited the delivery suite, wards, ante-natal clinic and neonates, interviewed expectant mums and dads as well as our midwives as they started and ended their shifts.

Our special GEMS help chemo patients

Our chemotherapy patients received a comfort boost thanks to a local charity, which raised amazing £13,700 for three electronically controlled therapy chairs for patients on chemotherapy.

GEMS created by kind-hearted Sally and Peter Anderson of Kibworth in 2012, was created using the initials of four very special friends of the couple who all had cancer at a similar time; two of the four have sadly since passed away.

Due to the advancement of treatments, many patients need to be seated for even longer periods and the chairs can be fully controlled by the user for optimum comfort as well as reducing the risk of bedsores. They are also fully height adjustable so staff will have less risk of injury.

Sally and Peter, who decided to raise funds to make the chemotherapy suite at the Leicester Royal Infirmary more comfortable for users, have already provided new window blinds to improve the environment.

Emotional return to neonatal unit for brothers after 28 years

Two brothers, born prematurely who spent the first months of their lives in our neonatal unit at the Royal Infirmary's Kensington Building returned in July in memory of their late mother.

Amar Sall, 28 and younger brother Shaam, 24 were fulfilling their mother's final wish that any money that was left in her bank account would be donated to the unit to help other premature babies to get the best start in life.

Their mother, Manjit had a serious heart condition and had been advised that giving birth could be fatal. Amar was born 13 weeks premature, spending the first six to nine months of his life in hospital due to loss of blood, weakness and breathing problems. As he grew up he continued to suffer with minor health complications as well as having learning difficulties.

Shaam was born 10 weeks early and in 2011 was diagnosed with a rare heart condition, which needed an operation called an ablation.

The brothers were given a tour of the recently renovated £9 million state-of-the art unit, recently relocated the second floor of the Kensington Building, as well as the original space on the fifth floor of the same building where they both spent time as tiny babies more than 25 years ago.

August 2013

Starlight brings sunshine to children's wards

In August we welcomed the Starlight Children's Foundation who staged an interactive performance of Sleeping Beauty in the children's ward at the Royal Infirmary.

Every year, Starlight provides entertainment and distraction to more than half a million poorly children and the Starlight summer panto gives thousands of poorly children the chance to shout 'He's behind you!' from the safety of the hospital ward.

The pantomime offers a pleasant distraction for the children and their families staying in hospital, and is something for our long-term patients to really look forward to. Our team organises various charity events in the hospital, and Starlight are one of the charities that have visited the children.

Leicester eye specialist wins national award

An eye specialist based at the Leicester Royal scooped a national award after receiving outstanding praise from his patients.

Dr Theo Empeslidis, consultant ophthalmologist, was selected as the winner of the 'Clinical Service of the Year' award over dozens of eye specialists nominated from across the country for the Macular Society's Awards for Excellence.

The judges recognised Dr Empeslidis for his exemplary patient care and leadership of his team. They also noted his interest in research and commitment to visiting local Macular Society support groups. The 'Clinical Service of the Year' is an award for medical staff, teams or services which provide diagnosis or treatment for macular disease, demonstrating exceptionally good practice in the care of people with central vision loss.

Age-related macular degeneration (AMD) affects the central vision and is the most common cause of sight loss in the UK. Of the 500,000 people with the condition in the country, 6,730 are estimated to live in Leicestershire.

There are two main types of age-related macular degeneration described as 'wet' and 'dry'. The current treatment for 'wet' macular degeneration involves an injection into the eye to stop the development of abnormal blood vessels and stabilise vision.

He was presented with his award at the Macular Society's Annual London Conference on 28 September.

£1 million makeover for our restaurants

We unveiled our new-look restaurants following a £1 million refurbishment at the Leicester Royal, Leicester General and Glenfield hospitals.

Interserve, who run the three restaurants, completely revamped the facilities to provide a wider range of quality food choices and to help improve the visitor and patient experience within our hospitals.

The refurbishment took eight weeks. Each restaurant now offers a new food facility called LEat Street, offering a choice of food styles, including traditional British food, noodles and Asian-inspired dishes, American and Tex-Mex and Chipiri – offering Halal piri piri chicken and healthy options including soups and salads. There is also a choice of high-street coffee brands.

September 2013

Caring at its best

A glitzy awards ceremony celebrated Leicester's Hospitals inspirational staff.

Five hundred staff, volunteers and supporters attended our Caring at its best Awards 2013 at The Athena in Leicester.

The coveted awards, launched in 2011 and supported by Age UK, recognise staff and volunteers from Leicester's Hospitals for their fantastic commitment to providing 'Caring at its best'.

New chief nurse

We welcomed new chief nurse Rachel Overfield to our organisation in September.

Rachel was previously chief nurse at Sandwell and West Birmingham Hospitals NHS Trust, where she was instrumental in achieving a 70 per cent reduction in hospital acquired pressure damage and 60 per cent reduction in hospital falls, as well as improving end of life care and patient satisfaction scores.

Rachel also spent 12 years at Worcestershire Acute Hospitals NHS Trust where she was promoted through the ranks to director of nursing.

Leicester's Clinical Trials Unit

Our research units dedicated to high quality clinical trials has been awarded the 'gold standard' set by UK's Clinical Research Collaboration.

Leicester's Clinical Trials Unit, a partnership between Leicester's Hospitals and the University of Leicester, was awarded the UK's Clinical Research Collaboration (UKCRC) Full Registration in October. Running high quality trials which meet regulatory and governance requirements is a complex process and depends on expert design, conduct and analysis. CTUs are specialist units set up with a specific remit to bring together the expertise needed to undertake a clinical trial, including clinicians, statisticians, IT programmers and trial managers.

Leicester leads two groundbreaking trials into treatments for asbestos-related cancer

One of our lung cancer specialists is leading national and international studies into potential treatments for mesothelioma; a form of lung cancer strongly linked with exposure to asbestos.

Mesothelioma most commonly starts in the inner lining of the chest wall causing it to thicken and reduce lung capacity, which in turn puts a strain on other organs including the heart.

Since the 1960s, it has been known that the disease can be triggered by the inhalation of asbestos fibres.

Despite the UK's ban on asbestos issued in 1985, the number of deaths caused by the disease has grown each year from 153 in 1968 to 2,321 in 2009 – the highest incidence in the world.

This number is set to continue to rise sharply over the next 20 years, with a peak coming in 2020.

Dean Fennell, Professor of Thoracic Medical Oncology at Leicester's Hospitals and University of Leicester is leading two studies which aim to test new potential treatments which could improve survival and quality of life for mesothelioma patients.

The first will look at a drug called ganetespib which may shrink tumours. The second global trial could potentially reduce the need for repeated chemotherapy treatment by killing cancer stem cells remaining following front-line therapy.

Leicester's Hospitals appointed as local branch of the NIHR Clinical Research Network

In September, we were named the local branch for The NIHR Clinical Research Network – the clinical research delivery arm of the NHS. It provides funding to hospitals and surgeries to pay for research nurses, scans, x-rays and other costs associated with carrying out clinical research in the NHS.

The network helps to increase the opportunities for patients from the East Midlands to take part in clinical research, ensures that studies are carried out efficiently, and supports the Government's Strategy for UK Life Sciences by helping companies to carry out vital clinical research into potential life-saving new treatments and improved ways to diagnose illnesses in the NHS.

The appointment follows a rigorous selection process to identify the NHS Trusts/Foundation Trusts to run its 15 local branches across England. The process was open to all NHS Trusts and Foundation Trusts in the region.

As the chosen trust for the East Midlands, we will be awarded a five-year contract from the Department of Health through the NIHR and we will take responsibility for distributing £23 million of funding of funding per year to support clinical research across the whole area.

October 2013

Online cardiac rehab

Leicester's Hospitals' Cardiac Rehabilitation team was shortlisted in the Cardiovascular Service category of the Nursing Times Awards 2013.

Activate Your Heart is a self-management tool for cardiac patients and is the first online cardiac rehabilitation programme in the UK.

Cardiac rehabilitation is recognised as one of the most effective interventions to help individuals with coronary heart disease achieve a full and active life. Activate Your Heart offers an effective and alternative approach to cardiac rehabilitation. It allows patients to keep a record of their exercises, monitor their weight, stress and create their own goals.

Built into the web-based programme are a range of educational resources such as videos, diagrams, audio tracks and quizzes. These provide advice on making lifestyle changes and reducing risk factors for coronary heart disease.

Physiotherapist leads the way with new technique to ease chronic back pain

One of our physiotherapists was shortlisted for a top innovation award for his pioneering strategy to manage chronic back pain.

Chris Newton based at the Royal Infirmary, was chosen as a finalist in the 'Innovator of the Year' in the East Midlands Leadership Academy Recognition Awards 2013 for his leadership in the implementation of a new strategy to manage patients suffering from persistent or chronic lower back pain disorders.

Chris championed the use of 'Classification Based - Cognitive Functional Therapy' (CB-CFT) in Leicester after he was trained in this technique in 2010, an approach developed and taught by Professor Peter

O'Sullivan at Curtin University in Australia. Since being trained, Chris has also started to disseminate this work with physiotherapy colleagues at Leicester's Hospitals.

Lower back pain is now ranked the number one cause of disability across in the UK, and globally according to the recent Global Burden of Disease study (The Lancet, 2012).

Chris's nomination was one of 119 that have been considered by a panel of judges for the awards.

The NHS Leadership Recognition Awards celebrate leaders at all levels and across all professions who have ultimately improved people's health, the public's experience of the NHS and those leaders others are truly proud to work alongside.

Leicester event helps locals worried about cancer in the family

People concerned about a family history of cancer met with experts to advise on preventing or delaying the disease, at an event organised by the University of Leicester's Genetics Education Networking for Innovation and Excellence (GENIE) held its fourth Lifestyle and Cancer Awareness Workshop on Saturday, October 12.

The event, organised by GENIE's Supporting Families with Cancer team focuses on preventing cancer through diet and drugs and lifestyle advice and support.

Sessions were led by clinical specialists and researchers from our hospitals where people were given the opportunities to ask questions, share views and find out more about preventing or delaying the onset of inherited cancer.

November 2013

National award win

Leicester's Hospitals '5 Critical Safety Actions' handover team scooped a top award at the Health Service Journal (HSJ) Awards 2013.

Nominated in the 'Enhancing Care by Sharing Data and Information' category, Leicester's Hospitals has been working in partnership with Nervecentre Software to develop mobile phone technology to give clinical staff 24/7 access to real-time status updates on patients.

The competition was extremely high with more than 1,000 entries and 139 unique organisations making the shortlist.

Pioneering heart operation performed for the first time in Leicester

In a UK first, experts from Glenfield Hospital repaired a dysfunctional heart valve by inserting a tiny implant measuring just 23mm in size.

The pioneering system gives surgeons improved control of the valve throughout the keyhole procedure, enabling increased precision and the ability to reposition or retrieve the valve, even after insertion if necessary.

The Lotus™ Valve System was used in a TAVI (Trans catheter aortic valve implants) procedure to treat aortic stenosis in November 2013. It is less invasive than open-heart surgery and does not require general anaesthetic, meaning the patient is fully conscious throughout.

Aortic stenosis is a life-threatening condition where thickening and stiffening in the heart valve prevents it from opening and closing as it should. It affects approximately three percent of the population over the age of 65 and five percent of people older than 75.

Multiple specialities, including our cardiology team, cardiac surgeons, radiology, nurses and anaesthetic support, worked closely together to successfully carry out this procedure.

Olympic hero opened new £2 million diabetes centre in Leicester

Five-time Olympic gold medallist – and diabetes sufferer – Sir Steve Redgrave officially opened the new Leicester Diabetes Centre.

The Leicester Diabetes Centre is an alliance between Leicester's Hospitals, the University of Leicester, the local community and primary care and is located at the General.

The multi-million pound facility is one of the largest diabetes centres in Europe and is set to improve the lives of people with diabetes, their families and their carers. It brings together our existing expertise in clinical research together with the world-class academic expertise of the University to tackle diabetes.

Diabetes is an increasing problem in society, necessitating investment into diabetes research to ensure that patients receive the best possible treatment. The new centre will provide a designated clinical research space to make this possible.

The focus is to improve outcomes and the health of people with diabetes and to stop those at high risk of type 2 diabetes developing it.

Over the last five years, the existing centre has published more than 300 original research publications and attracted more than £30 million of new funding for research to Leicester.

A bespoke exercise laboratory, designed to determine which physical activities are best suited for patients with diabetes, will be available. The Centre is also committed to training healthcare professionals to provide greater support to patients at risk and with diabetes.

One of the most significant investments on the site is the National Institute for Health Research (NIHR) Leicester-Loughborough Diet, Lifestyle and Physical Activity Biomedical Research Unit, which will look into how people with diabetes can manage their lifestyle and a clinical trials unit to continue to explore innovative treatments.

Clinical director appointed

Professor David Rowbotham was appointed clinical director of NIHR CRN: East Midlands. The NIHR Clinical Research Network is the clinical research delivery arm of the NHS, and last year was responsible for helping more than 630,000 patients to take part in research studies that contribute towards improving treatments for the future.

As Clinical Director, Professor Rowbotham will be responsible for boosting the level of clinical engagement in research across the patch, ensuring that studies are carried out efficiently, maximizing the opportunities for patients to participate in a study that could benefit them and distributing the £23m of funding that the East Midlands will receive each year during the five year contract we've been awarded from the Department of Health through the NIHR.

New cutting edge scanners

We began an extensive programme to replace diagnostic imaging technology across Leicester's Hospital's three sites. Eleven new CT (Computerised Tomography) and MRI (Magnetic Resonance Imaging) scanners are being replaced in total, making it the largest single installation programme for a trust in the UK.

CT and MRI scanners both play a crucial role in diagnosing and monitoring various medical conditions. The CT scanners use x-rays to produce images to show structures inside the body including the internal organs, blood vessels, bones and tumours. An MRI scan, which uses powerful magnets and radio waves to produce images, can be used to examine almost any part of the body, including the brain and spinal cord, bones and joints, breasts, heart and blood vessels and internal organs, such as the liver, womb or prostate gland.

December 2013

Baby Loss appeal

We launched the Leicester Baby Loss Appeal – a sensitive fundraising campaign to raise £100,000 for a new bereavement delivery suite for parents to deliver their stillborn baby.

The suite will include vital gases, en suite wet room, nursery and courtyard away from the hustle and bustle of the main delivery area at the General's existing Sahara Room originally funded by Local MP Keith Vaz and his wife Maria in 1994 in memory of their daughter Sahara, discovered stillborn following a routine scan.

Christmas cheer

Nurses at Leicester's Hospitals organised a magical Christmas party for children with cancer, who are faced with spending Christmas day in hospital this year.

For the past few years, three nurses from the Children and Young People's unit (ward 27) at the Royal have organised a Christmas party for the current and past children who have spent time on the unit, to meet up and celebrate the festive season – and this year was no different.

The get together saw more than 50 children and their families celebrate Christmas, giving them the chance to forget about their discomfort or pain for an afternoon.

‘Gaming’ training tools

Two doctors have received more than £20,000 to develop a new ‘video game’ training technique to improve the decision making skills in foundation doctors.

The funding has been awarded by the Health Education England (HEE) Inspire Improvement Project, part of the HEE Better Training Better Care (BTBC) programme.

Consultant colorectal surgeon, John Jameson and specialist registrar, Muhammad Imran Aslam and their team have been selected from more than 200 applicants to join eight other trainee-led teams from across the UK to develop new training techniques, ranging from smartphone ‘apps’ to virtual training. ‘Serious Gaming’ will provide a virtual environment for junior doctors to practice decision-making in different clinical situations.

January 2014

Inspectors welcomed

We welcomed the Care Quality Commission for their inspection 13 – 16 January. More than 40 inspectors visited every area of our hospitals. The inspections look at whether our services are safe, effective, caring, and responsive to people’s needs.

Leukaemia breakthrough

University of Leicester researchers deploy ‘precision medicine’ to successfully target advanced form of leukaemia with skin cancer drug.

A team of scientists from the University of Leicester has demonstrated a novel treatment for Hairy Cell Leukaemia (HCL), a rare type of blood cancer, using a drug administered to combat skin cancer. The study shows the treatment, which can be taken orally, cleared the malignant cells from the patient’s blood and led to a complete clinical recovery in a number of days.

The study was led by the University of Leicester and involved treatment of a patient at the Royal Infirmary.

Specialist clinical pharmacist recognised for innovation

Anusha Patel was awarded second prize in the Best Service Improvement Project category of a leadership awards for her pioneering medication review system which aims to reduce falls among elderly patients.

The East Midlands Leadership Academy’s Emerging Leaders Awards prize was given for her ‘ReMedi’ project which aims to provide a holistic patient-centred medication review for patients over the age of 60 years who are on long-term medications.

ReMedi has so far shown great benefits such as a reduction in the risk of falls, assurance that individual needs are fully considered, ensuring medication prescribed is fit for purpose and increased patient and community involvement in their care.

Rising star

An innovative paediatric doctor from Leicester has been named on the top 25 list of Health Service Journal (HSJ) Rising Stars list.

The accolade was awarded to Dr Damian Roland, previously a NIHR research fellow and now a senior registrar in paediatric emergency medicine at Leicester’s Hospitals and University of Leicester, who was also named as one of 50 leading medics, policy makers and healthcare managers on the [HSJ Top Innovators](#) list in November 2013.

HSJ Rising Stars aims to celebrate the healthcare leaders of tomorrow and influencers of today.

February 2014

Bereavement room

A new bereavement room was officially opened on level 1, Kensington for women who receive sad news during their pregnancy.

Stillbirth and neonatal death charity, Leicester & Leicestershire SANDS kindly sponsored the new bereavement room.

Japanese ECMO visit Glenfield Hospital

We welcomed members of the Japanese Society of Respiratory Care Medicine (JSRCM), the Japanese Society of Intensive Care Medicine (JSICM) and government officials to see how Extra Corporeal Membrane Oxygenation (ECMO) is provided at Glenfield.

Glenfield houses one of the most experienced ECMO centres in Europe and its director Giles Peek is one of three global specialist advisers working with JSRCM and JSICM, which was founded in 1974, to help improve practice and expertise in Japan.

ECMO uses a machine to oxygenate the blood outside the body providing support for the lungs in the intensive care unit. This treatment reduces the toxic effects of ventilation, giving the lungs a chance to rest and recover.

Glenfield's ECMO experts have treated over 160 patients in the last year, making it their busiest year ever. This exceeded their previous record of 110 ECMO patients seen in 2008.

Leicester cardiologist selected for prestigious trip to South Africa

Professor Anthony Gershlick, consultant cardiologist and Professor of interventional cardiology has been invited by the South African Interventional Cardiac Society to spend a two-month teaching sabbatical based in Groote Schuur Hospital in Cape Town, South Africa.

Based at Glenfield, Professor Gershlick is the fourth International cardiologist to be selected by the South African Cardiac Society to spend two months touring South Africa, teaching and lecturing junior doctors in the field of cardiology. Professor Gershlick will also be passing on tips and tricks to improve outcomes in patients undergoing coronary artery stenting through case demonstration and hands on procedures.

Many junior doctors and consultants in South Africa do not get the opportunity to attend overseas training due to logistic and financial restrictions.

March 2014

Make a change

Our staff joined thousands of NHS staff across the country to pledge to improve patient experience, care standards and clinical outcomes to bring about a cultural change in our hospitals.

In only its second year, Change Day has already captured the attention of not only staff at Leicester's Hospitals, but the whole NHS workforce to become a 'social movement'.

Our Change Day roadshow toured Leicester's hospitals and more than 250 staff, visitors and patients visited the roadshows and we received 72 fantastic new pledges as a result!

Quality report

The Care Quality Commission (CQC) released their Quality Report following their inspection of Leicester's Hospitals in January 2014.

The Chief Inspector of Hospitals for the CQC, Professor Sir Mike Richards, said: "We found that the University Hospitals of Leicester NHS Trust was providing services that were safe, effective, responsive, caring and well-led. Staff we spoke to were positive, and patients we spoke to were positive about the care that they had received at the trust."

The inspection regime is based around five key questions; Are services safe, effective, caring, responsive and well led?

We were rated as 'good' in three out of five questions and 'requires improvement' in two, equating to an overall rating of 'requires improvement'.

Leicester mums to benefit from maternity funding

We received £161,547 to improve the environment and equipment in its maternity units. This is part of a £10million government drive to improve maternity care for women and babies in the UK.

Allocated to 63 Trusts across the country, the money will help to improve places where women are cared for before, during and after birth. The funding will also provide women with more choice over where they give birth.

We decided to use our funding to create a new bereavement room and refurbish two existing bereavement rooms at the General Hospital and Royal Infirmary. Bereavement rooms are important in caring for women who are told they have lost their babies during their pregnancy.

Elaine Broughton, acting head of midwifery for Leicester's Hospitals, said: "It is really important that we have peaceful and homely rooms for women and their families who go through the terrible experience of losing their baby. This funding will help us provide private, comfortable rooms at both the Royal and the General."

Our priorities in 2013/14

We identified a range of priorities for 2013/14 which were designed to take forward the key elements of the Strategic Direction that was developed in autumn 2012. These are:

1. Delivering our **Quality Commitment** = save more lives, reduce avoidable harm, improve patient experience
2. Improving the **emergency process**
3. Improving **theatre productivity** = fewer cancellations, fewer delays.
4. Improving **outpatients** = fewer cancellations, fewer patients who do not attend, (DNAs)
5. Improving the **estate** = a series of schemes to bring immediate benefits as well as well as to take forward medium term reconfiguration
6. Improving **IM&T** = priority schemes to support clinical service delivery
7. Developing **Listening into Action** = better engagement with staff, leading to better support for colleagues and clear leadership standards.
8. Developing our **specialised services** = for example, vascular, adult cardiac, children's cardiac, renal.
9. Developing **medical education** = CEC improvements at the Royal Infirmary, better engagement with trainees, considering the shape of future medical workforce
10. Developing **research** = strengthening 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).

Most of the major things that what we focussed on to improve how we deliver our services came under the banner of the **Improvement and Innovation Framework**, which replaced our Transformation Plan.

Our plans to become an NHS Foundation Trust

We remain committed to becoming a safe, sustainable, productive, high performing NHS Foundation Trust.

In order to proceed with our foundation trust application we will need to secure a "Good" or "Outstanding" rating from the Chief Inspector of Hospitals. We were one of the first trust's to be inspected under radical changes introduced by the Care Quality Commission, which are designed to provide a much more detailed picture of care in hospitals than ever before.

Whilst the Care Quality Commission concluded that we provide services that are safe, effective, responsive, caring and well-led, we know that there are some areas for improvement.

Our two year plan for 2014 - 2016 sets out how we intend to make these improvements and become a safe, productive, high performing and financially sustainable organisation.

Quality and performance – how did we do?

We are monitored by the NHS Trust Development Authority against a range of targets and thresholds. For 2013/14 these were set out in 'Delivering High Quality Care for Patients': the accountability Framework for NHS Trust Boards.

We provide our Trust Board with a monthly quality and performance report summarising quality, operational, finance and human resources performance. This report can be found in the trust board papers on our website www.leicestershospitals.nhs.uk

Performance Against 2013/14 National Targets							
Performance Indicator			Target 2013/14	YTD 2013/14	2012/13	2011/12	2010/11
Access to A&E	A&E	Total time in A&E	95%	88.4%	91.9%	93.9%	96.1%
Infection Control	MRSA		0	1	2	8	12
	Clostridium Difficile		67	66	94	108	200
Access 18 week wait	RTT waiting times	Admitted	90%	76.7%	91.3%	84.0%	92.3%
	RTT waiting times	Non-admitted	95%	93.9%	97%	96.0%	97.2%
	RTT incomplete	92% in 18 weeks	92%	92.1%	92.6%	Not applicable	Not applicable
	RTT delivery	In all specialties	0	14	2	Not applicable	Not applicable
	Diagnostic Test	Waiting times	<1%	1.9%	0.5%	Not applicable	Not applicable
Access Cancer	Cancer:	2 week wait from referral to date first seen - all cancers	93%	94.7% (Apr 13- Feb 14)	93.4%	94.0%	93.4%
	Cancer:	2 week wait from referral to date first seen - symptomatic breast patients	93%	94.0% (Apr 13- Feb 14)	94.5%	95.9%	95.9%
	All cancers:	31 day wait from diagnosis to first treatment	96%	98.1% (Apr 13- Feb 14)	97.4%	97.4%	97.0%
	All cancers:	31 day wait for second or subsequent treatment - surgery	94%	95.8% (Apr 13- Feb 14)	95.8%	94.5%	95.2%
	All cancers:	31 day wait for second or subsequent treatment - anti cancer drug treatments	98%	100% (Apr 13- Feb 14)	100%	99.9%	100%
	All cancers:	31 day wait for second or subsequent cancer treatment - radiotherapy treatments	94%	98.1% (Apr 13- Feb 14)	98.5%	99%	99.5%
	All cancers:	62 day wait for first treatment from urgent GP referral	85%	86.2% (Apr 13- Feb 14)	83.5%	83.8%	96.4%
	All cancers:	62 day wait for first treatment from consultant screening service referral	90%	96.1% (Apr 13- Feb 14)	94.5%	93.8%	91.6%

4-hour performance

In 2013/14 we set a target to treat at least 95% of patients in our Emergency Department (ED) within four hours by implementing a number of jointly agreed actions with our local commissioners. Our actual performance was 88.4%.

Performance against the 4hr wait is subject to regular detailed reporting at our Trust Board. It is well recognised that the current size of our Emergency Department is too small for the number of patients who attend and as a result a significant scheme for expanding the Emergency Department has been developed. In addition, we are reviewing the number of beds required for emergency admissions with an aim to increase in 2014/15.

Working with our healthcare partners, a 'single front door' process was introduced in July 2013 to guide patients to the most appropriate care from the moment they arrive in the Emergency Department or Urgent Care Centre at the Royal Infirmary.

Executives across the healthcare community meet on a weekly basis to work on sustainable solutions to will improve performance, patient experience and staff satisfaction.

Additional resources have been allocated across the emergency pathway to ensure any delays are addressed. Measures have been put in place to ensure patients who unfortunately remain in our ED for longer than four hours receive appropriate care including prevention of pressure ulcers through the use of aides. There is a suite of ED quality metrics monitored weekly.

Healthcare-associated infections

We have again reduced our cases of methicillin resistant staphylococcus aureus (MRSA) bacteraemia and clostridium difficile infection (CDIFF), and this year we achieved our lowest rates ever with only one avoidable MRSA bloodstream isolate; this contrasts with 161 cases in 2001 and 66 cases of CDiff, one case lower than our trajectory of 67 (hospitals are given a target figure beyond which they are not expected to exceed. For MRSA bacteraemia this was 0 cases and for CDIFF this was 67 cases).

We also now screen all of our both our elective and non-elective patients for MRSA, achieving our 100 per cent target.

Referral to treatment (RTT) – 18 weeks

NHS Trusts are required to ensure:

- 90 per cent of admitted patients are treated within 18 weeks. Admitted pathways are those that end in an admission to hospital (either inpatient or day case) for treatment;
- 95 per cent of non-admitted patients start consultant-led treatment within 18 weeks of referral. Non-admitted pathways are those that end in treatment that did not require admission to hospital or where no treatment is required;
- 92 per cent incomplete within 18 weeks: this is proportion of all patients waiting for treatment at any time.

During the year we have been unable to consistently deliver performance against the admitted and non-admitted targets. In autumn 2013 we invited the NHS Intensive Support Team to provide advice on our plans to recover the standard. Our plans have now been agreed with local CCGs (Clinical Commissioning Groups), which include performing additional outpatient and elective work during 2014/15 to reduce waiting times in the four specialities who are the most challenged; ophthalmology, ENT, orthopaedics and general surgery. We will regain compliance against the three performance indicators in 2014 -15.

Cancer waits

During the year we achieved all eight of the national waiting time targets for our cancer patients.

The plans implemented during 2013/14 to improve cancer performance, in particular the delivery of the 62-day referral-to-treatment standard for patients on a cancer pathway, have been delivered. This means that patients are being diagnosed and treated more quickly.

The trust level 62-day performance (target 85%) from referral to first treatment remains above national average. The transformation has been achieved against a national trend of increasing difficulty with the target. We continue to work internally and with the CCGs to improve the care of our cancer patients. These include:

- improving the booking process for first appointments and reducing the waiting times;
- reducing waiting times for diagnostics and follow up appointments.

We have appointed a lead cancer clinician and senior manager to lead on the performance of the 62-day wait target for cancer treatment. A weekly cancer action board has been in operation since June 2013, which focuses its attention on reducing delays, removing blockages and holding tumour site leads to account for delivery. Performance is above the agreed trajectory, and represents a significant achievement. It shows the benefit of strong clinical leadership and a clear accountability framework.

Cancelled operations

We have been unable to reduce the number of operations cancelled on the day during the year. This is a poor experience for patients and is not a good use of our resources. The primary reason for the cancellations is lack of beds on the day of admission, which is a result of the increased emergency admissions reflected in the emergency department (ED) performance. During 2014/15 we aim to significantly reduce the level of cancellations by protecting elective beds from emergency admissions, increasing the bed base and improving the scheduling of operations.

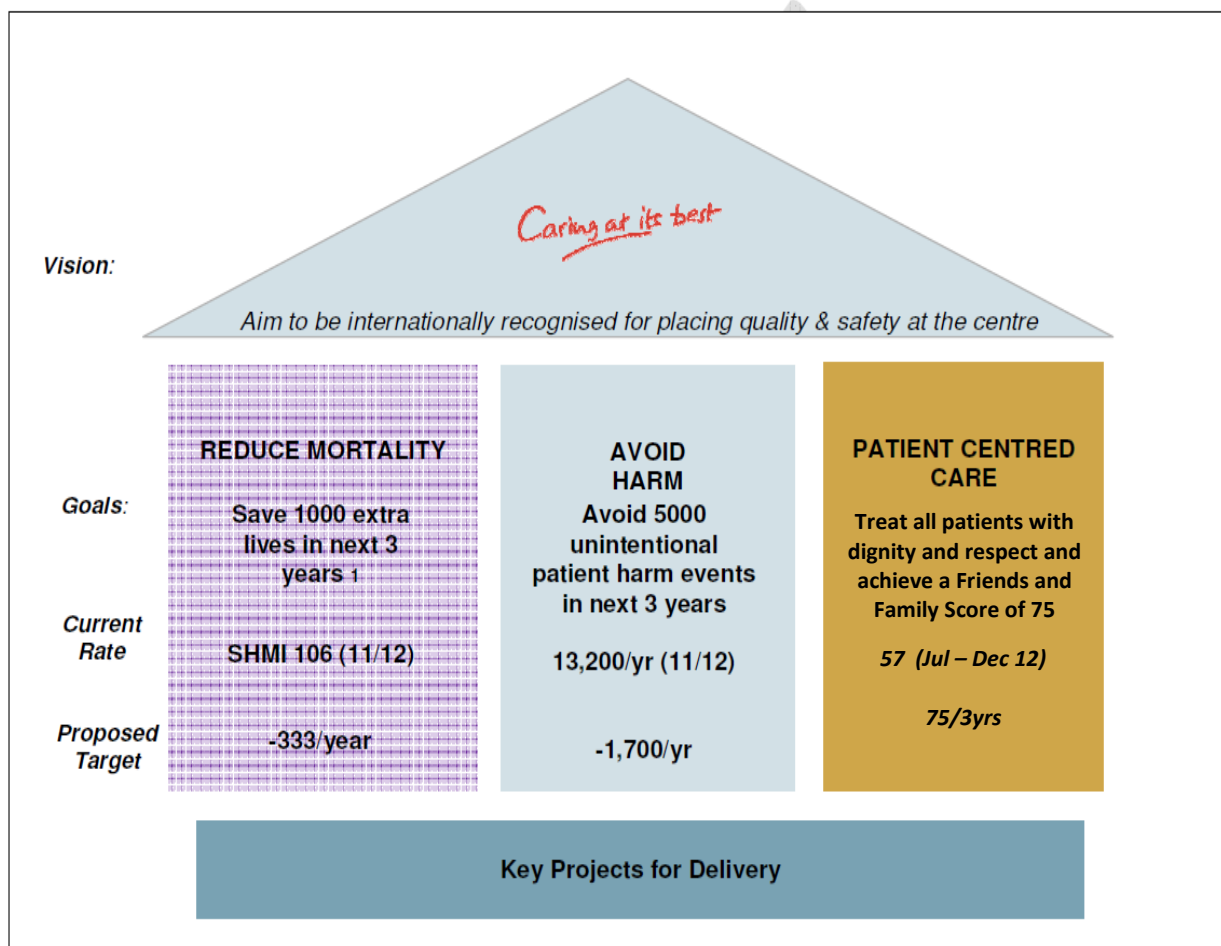
Delivering our Quality Commitment

Save more lives

Reduce avoidable harm

Improve patient experience

Our Quality Commitment is a three-year programme approved by our Trust Board in December 2012. Three overarching goals were identified – to reduce mortality, avoid harm and patient-centred care as depicted below.



This chart shows the work streams and targets agreed as priorities for 2013

	SAVING LIVES	REDUCE HARM	PATIENT CENTRED CARE
2013 priorities	Out of hours (weekends and nights) Respiratory pathway	Falls Ward round review	Elderly and dementia care Discharge processes and communication
HOW MEASURED	SHMI	Safety Thermometer Datix Incidents Ward Rounds	Friends and Family Test Patient Survey (using NPS questions)

We have made good progress with at least one of the work streams in each of the goals and there have also been some early positive results in respect of the respiratory pathway and falls reduction work streams.

Due to timescales involved in setting up processes and identifying staff, it is likely that most of the work streams will need to be continued into 2014/15.

Reducing avoidable harm

The **Critical Safety Actions** programme embeds safety processes across all our clinical business units to ensure systematic, consistent and high quality care.

The primary objective for the programme is to see a reduction in avoidable mortality and morbidity across the organisation and an improvement in organisational safety culture.

The safety actions for 2014/15

1. Improving clinical handover
2. Relentless attention to Early Warning Score (EWS). Early warning scores rate individual patients' risk of serious deterioration. The system is derived from four psychological readings and observing patients' levels of consciousness.
3. Acting on results
4. Senior review, wards rounds and notation.

During this year it was agreed that sepsis should be included as another critical safety action to improve the care and outcome of all patients with sepsis within our hospitals. This will be achieved by improving recognition and immediate management of septic patients.

The target is to see a reduction in serious untoward incidents (SUIs) attributable to these key areas as part of the local CQUIN (Commissioning for Quality and Innovation) programme for the trust.

This year we have seen a 25 per cent reduction in SUIs against 2012/13, and a 50 per cent reduction in the two years of the Critical Safety Actions programme.

Improved outcomes during the year

- All of our doctors and nurses have started using a new electronic handover system that interfaces with the H@N task allocation system for handing over of outstanding work. This work won the HSJ 2013 award in the category '*Enhancing Care by the Sharing of Information and Data*';
- In adherence with Royal College guidance we have introduced a ward round safety checklist and new continuation paper to improve and standardise ward documentation across the trust;
- There is now a daily follow-up radiology review (DFR) process in place in the Emergency Department (ED). This ensures that all radiology reports are followed up and reviewed for those patients that have been discharged home from the ED;
- Each speciality has an agreed documented process for managing diagnostic testing procedures to improve the consistency of action on results across specialties;
- We are now using an early warning scoring system in our neonatal service, for use in delivery suites, post natal wards and special care beds. This ensures that we identify any new babies that become unwell and manage their treatment them earlier.

For the forthcoming year, sepsis has been agreed as a CQUIN indicator for the trust with the other four priorities being added to the Quality Commitment for the work to continue.

Lower mortality and managing risk

Risk management within our hospitals has continued to evolve with increased emphasis on providing effective processes that meet national standards. During the year we moved from a 'divisional structure' to clinical management groups (CMGs). As a result risks are now managed more effectively at a local level and risk management is embedded within the day-to-day work.

A risk management policy has been developed to provide the framework for risk management processes with responsibility for the management of local risks delegated to clinical/corporate directors and CMG general managers/corporate directorate managers. Risks are recorded on our risk register allowing risks to be captured at every level of the organisation and subsequently providing a dynamic risk profile to aid decision-making. A strengthened risk reporting process has been established to provide greater accountability for risk within the trust and to ensure a better line of sight for risks from 'ward to board'. All high and extreme risks are reported to the executive team on a monthly basis and to the trust board on a quarterly basis to identify common risk themes that may have strategic significance in relation to the achievement of trust objectives. The executive team hold the CMG and corporate teams to account for the effective management of their local risks.

Increased emphasis has been placed on ensuring that risk treatments are regularly monitored and reviewed to ensure actions are completed within specified deadlines. Reviews are performed by local boards and also by the executive team. 'Closing the loop' on these actions has seen a reduction in the number of long-term risks recorded on our risk register.

To ensure the continued development of our managers in relation to risk management, risk awareness training events continue to be scheduled on a monthly basis. Bespoke risk training is also held in relation to general risk assessment, risk register management and risk register administration.

Key strategic risks for 2013/14 built on those already in place for 2012/13.

Prevalent strategic risk themes during 2013/14

- Failure to achieve financial sustainability;
- Failure to transform the emergency care system;
- Inability to recruit, retain, develop and motivate staff;
- Ineffective organisational transformation;
- Ineffective strategic planning and response to external influences;
- Failure to maintain productive and effective relationships;
- Failure to achieve and sustain quality standards;
- Failure to achieve and sustain high standards of operational performance;
- Inadequate reconfiguration of buildings and services;
- Loss of business continuity;
- Failure to exploit the potential of IM&T;
- Failure to enhance education and training culture.

A challenging cost improvement programme (CIP) during the year was underpinned by risk analysis to ensure that patient safety and quality of care were not adversely affected by savings. CIP risks were identified and analysed at local level with confirm or challenge from the

corporate teams. Key performance indicators were developed to enable potential adverse effects on patient safety and quality of patient care to be regularly measured, monitored and reported.

Internal audit review

There are currently two outstanding actions yet to be completed from previous internal audit reviews and these will be addressed as part of an action plan scheduled for the second quarter of 2014.

Compliance with National Health Service Litigation Authority (NHS LA) Risk Management Standards (ARMS) and Clinical Negligence Scheme for Trusts (CNST) Maternity Standards

We are a member of the NHS LA risk-pooling scheme and to ensure continued membership we have previously undertaken regular assessments to comply with ARMS and CNST maternity standards. In March 2014 the Women's and Children's CMG successfully achieved compliance at level 3 of the CNST maternity standards – making us one of only 20 hospitals achieving the highest level of compliance for maternity services.

The NHS LA has recently carried out a review of the standards and assessments process and as a result from April 2014 onwards there will not be any further assessments against ARMS or CNST standards and consequently no levels 1, 2 or 3 awarded. Instead there will be increased emphasis on a 'Safety Learning Service' to include a range of resources to support scheme members in learning from claims and making changes in practice to reduce litigation and the harm associated with those claims.

Central Alerting System (CAS)

The Central Alerting System (CAS) is a web-based cascading system for issuing patient safety alerts, important public health messages and other critical safety information and guidance to the NHS and other healthcare providers. The aim of the CAS process is to improve patient safety by recommending actions in response to national incident trends.

We have made excellent progress in improving the rates of compliance for completing recommended actions within specified deadlines for CAS alerts. From 1 January 2013 to 31 December 2013 we achieved 99 per cent compliance with deadlines: our highest rate yet. Further details of compliance in comparison to 2012 can be found in the tables below.

Safety Alert Statistics 1 January 2013 - 31 December 2013					
Issuer	No of alerts issued	Alerts distributed within UHL	No with completion deadline within reporting period	Actions completed in deadline	% Completion Rate
MHRA	89	45 (51%)	99	99	100%
NPSA	2	1 (50%)	1	0	0%
DHEF	67	67 (100%)	55	54	98%
Total	158	67 (42%)	155	153	99%

Safety Alert Statistics | January 2012 - 31 December 2012

Issuer	No of alerts issued	Alerts distributed within UHL	No with completion deadline within reporting period	Actions completed in deadline	% Completion Rate
MHRA	84	47 (56%)	86	84	98%
NPSA	1	1	3	2	67%
DHEF	2	2	8	8	100%
Total	87	50 (57%)	97	94	97%

From 1 April 2014 our risk management team is implementing an electronic process to streamline the way in which alerts are handled to reduce the associated administrative burden.

Looking ahead....priorities for 2014/15

- Continue to develop risk management processes within the hospitals to ensure that all types of risk are identified and effectively managed;
- Continue to develop our internal web (intranet) risk management web page to provide a risk management resource for all our staff;
- Perform a training needs analysis to identify staff groups requiring specific levels of risk management training;
- Development of e-learning risk management training packages making it easier for staff to access the required training;
- Implement the electronic CAS process and monitor effectiveness through audit/review of CAS processes at a local level to provide assurance of effective management of alerts.

Safeguarding adults and children

Safeguarding people from harm and abuse is integral to the care people receive within our hospitals. We recognise that people who use hospital services can be vulnerable and some may have experienced harm. We continue to work to raise awareness and put in place safety measures to protect people.

The safeguarding service continues to support our frontline staff, and following a restructure we introduced a Safeguarding Assurance Committee, to oversee and seek assurance that our services meet and exceed the minimum standards for good safeguarding practice. During the year we expanded the remit of our safeguarding team, so that the service has oversight of mental health care and domestic abuse services. Through this work we have been able to raise awareness about new services to support people vulnerable to radicalisation, domestic abuse and mental health illness.

In the past year we have seen an increase in the number of adult safeguarding cases reported to the service and we have been involved in a continued high-level of complex child protection cases. Some of these cases have been considered through serious case and domestic homicide reviews, which offer opportunity for very detailed inter-agency scrutiny. Whilst these reviews have not highlighted any significant deficits in our practice, it has given us the opportunity to reflect and further improve aspects of our services.

Scrutiny of the services we offer to safeguard people is carried out by external agencies through inspection by the Care Quality Commission and Clinical Commissioning Groups. Both agencies have confirmed that we are compliant with all key safety indicators.

For 2014/15, the safeguarding service has developed a work plan to determine the key pieces of development. This will include further work to raise awareness of domestic abuse, supporting the NHS strategic priority to raise awareness of radicalisation and increasing team capacity to provide increased frontline support to staff on safeguarding issues.

Heart failure specialist service

The heart failure specialist service was developed to enable timely access to specialist care for this group of patients. National and local data has shown that heart failure patients experience improved outcomes if cared for by a specialist during their stay. Hospital readmissions are reduced; there is improved continuity with community services and an enhanced understanding of managing their condition – which all leads to an improvement in care.

Rapid access heart failure clinics have been set up to provide urgent patient assessments. This service provides an alternative to emergency admission. Patients and referrers have been very positive about the experience of using this service. The heart failure rehabilitation service has seen a significant increase in referrals during the year and it continues to provide patients with the knowledge and tools to promote health and wellbeing for the longer term.

Advance care planning has improved for this patient group. We have seen specialist input from the palliative care team on the wards and in the newly established advanced illness clinic, as well as during weekly multi-disciplinary team meetings. This is a prime example of services working together to improve the quality of care received by patients and their families.

Through education, the specialist team has endeavoured to share knowledge and best practice across a wide forum of health care professionals involved in the care of heart failure patients.

Infectious diseases and HIV services

Professor Karl Nicholson retired in 2013 after 25 years with the speciality and Dr Wiselka has been appointed chairman of the Infectious Disease and Tropical Medicine SAC. The inpatient Infectious Diseases unit continues in its role as a regional referral centre for HIV, multi-drug resistant tuberculosis and patients with other infectious conditions and acts as a base for expertise across the trust.

An OPAT (outpatient antimicrobial therapy) service is being developed following a successful pilot programme allowing patients to be treated at home, demonstrating a saving of more than 2,000 bed days. Professor Nicholson's replacement will be a full-time NHS post to support OPAT and Infectious Disease services.

Adult HIV services are now provided by specialist commissioning and the trust has successfully reconfigured adult HIV care into one service managed by infectious diseases within the Emergency and Specialty Medicine Clinical Management Group. This is now one of the largest adult HIV centres in the country with more than 1,200 patients on treatment achieving viral load suppression rates more than 95 per cent. This has provided some challenges and exciting opportunities for our Infectious Disease services as our outpatient clinics are developed.

As hepatitis C moves into a new era of highly effective treatments, the Infectious Disease specialist nurse-led hepatitis treatment liver clinics have seen increases the number of patients successfully treated.

Making Every Contact Count (MECC)

Making Every Contact Count (MECC) provides a framework for our staff to deliver health promotion messages to patients, regardless of their reason for a visit to our hospitals. It encourages staff to 'ask, advise and act' on health issues such as smoking, alcohol use, exercise and healthy eating.

Both the STOP Smoking Service and Alcohol Liaison team have delivered training in making every contact count to staff, making them aware of the services available to patients in making fundamental lifestyle changes which impact on health.

STOP Smoking Service

Giving up smoking is one of the fundamental health improvement activities run by our specialist STOP Smoking Service. The team has brought the service to staff through many promotional events, including stands within our hospitals for the annual 'Stoptober' national event, as well as No Smoking Day. We also took part in the Leicester Hospitals NHS Change Day Pledge roadshow and the annual staff benefits fairs, which were particularly successful, with staff signing up to clinics and taking away lots of information.

The team began recording patients who smoke onto the Patient Centre database, which is now taking place in various wards at Glenfield. Patients who smoke are also identified on wards 8 and 16 at the Royal Infirmary. Once this information is collected it is inputted onto the database by the Stop Smoking Service team. Recording of this information has helped tremendously with the implementation of the bedside service at Glenfield.

During the year, the team delivered MECC training to around 2,000 front line staff.

Alcohol Liaison team

Our Alcohol Liaison team now has four nurses and continues to cover all three of our hospitals. During the year, the team set a number of priorities:

- *Improve the team profile:* the team increased the number of posters in departments and wards around our hospitals and made use of the information boxes available on the internal intranet, INsite;
- *Increase referrals* – using MECC, the team worked with the STOP Smoking Service to target specific wards and educate staff on how to 'ask, advise and act' on any lifestyle issues that may be of concern to specific patients. This proved successful, but remains an ongoing piece of work;
- *Increase training* – The team was involved in the mandatory training programme for the Emergency Medicine CBU/ as well as a range of formal training sessions, including healthcare assistant study days;
- *Improve accessibility to the service* – the team's working day has been extended, with staff now available from 8am until 6.30pm Monday to Friday and 8am – 4pm at weekends. This was made possible through funding provided via the MECC CQUIN. The team has also developed a database to allow staff to input information more quickly and analyse data more efficiently.

Healthy eating

We have been working with our colleagues at Leicestershire Partnership NHS Trust to deliver the healthy eating and physical element of MECC. Our staff now ensure that each patient has an opportunity talk about their individual needs and to find out what is available locally for them.

Patients are receiving information to enable them to make healthier lifestyle choices leading to the kinds of long-term change which mean better health and wellbeing.

Hospital 24/7

Hospital 24/7 is an integrated approach to out of hours care at all three of our hospitals through a phased approach on acute medical, surgical and cancer wards. This new way of working has been supported by the implementation of an IT solution for workload delegation called NerveCentre. We started the project in August 2012 and implemented at the Glenfield in Feb 2013, the General Hospital in April 2013 and the Royal Infirmary over a phased period between August and December 2013.

Since beginning the project we have seen a number of benefits realised for patients, staff and our processes. We have enhanced patient safety by introducing a system that allows staff to prioritise care for acutely sick patients through improved clinical handover and the implementation of a traffic light system, which ensures the patient is seen according to their condition. This new process avoids delays in care as the right skilled person for the appropriate care can be immediately contacted and attend to the patient according to priority of need.

We have seen a reduction in the numbers of clinical incidences with an improved communication system which lets senior doctors know exactly what is happening and the priority of each patient.

The system allows staff to see a complete record of tasks that have been completed, when and by whom. This significantly reduces clinical risk by eradicating any possibility of tasks being missed by supporting timely and appropriate care.

Doctors training records are now electronic which gives them the ability to see a summary of the work they have performed. This means that the hospital will be able demonstrate the level of training opportunities and show that the junior doctor has achieved a full range of competencies.

Key performance indicators have shown

- Doctors have been notified of patients with a EWS (Early Warning Score) of 4 or above immediately, and have responded within 30 minutes for 95 per cent of the time. This means that patients who are deteriorating are being seen and treated quicker;
- A minimum of 22 per cent of out of hours tasks are completed by non medical staff out of hours, which means that the medical staff are concentrating on tasks appropriate for their skill level, and non medical tasks are being completed quicker by the most appropriate member of staff;
- A reduction in clinical incidents in the out of hour's period improving patient safety.

The new way of working advocates a multidisciplinary approach to handover night and day. This will be enhanced by an electronic handover being implemented using the same software (NerveCentre), which is important to support continuously improving handing patients over from shift to shift.

The process and system are now fully operational and managed by the Out Reach Lead. In the coming year continuous improvements will be made to enhance and develop the work. This will include the integration with electronic handover, review of the work allocation out of hours, development on requesting results, adding apps to the iPhones for educational purposes, and exploring additional safety initiatives.

Improving the emergency process

This year our Emergency Department (ED) has seen more patients than ever. It was designed for about 115,000 patients a year and in 2013/14 we saw over 150,000. So, not only have we started to develop a scheme to tackle this by investing in a new ED, which is likely to cost about £40m, but we have also changed the way we do things during the year to cope with the larger numbers of more complex patients we are seeing.

In July, and working jointly with the local Clinical Commissioning Groups (CCGs) and the Urgent Care Centre (next door to the current ED entrance), we created a one entrance for patients using both Adults' ED and the Urgent Care Centre. Aimed at reducing waiting times, adult patients who arrive on foot are now triaged by a nurse to make sure they receive their treatment in the most appropriate place for their condition. This could be in ED, with their GP, a local pharmacist or at the Urgent Care Centre, which operates 24 hours a day, 7 days a week. If the patient's condition is deemed appropriate to be seen by their GP, they will have an appointment made for them at their own practice within 24 hours. If they are not registered with a GP, they will be registered with a practice close to where they live.

We know that there has never been more choice for patients and this can be confusing. Instead of expecting patients to decide what is 'urgent' and what is an 'emergency', we have made it easier by directing all walk-in patients through one new single front door located in the Urgent Care Centre.

By creating a 'single front door', something that already works well in other NHS trusts, it has allowed us to guide patients through to the most appropriate care, which has released pressure in ED allowing our staff to deal with medical emergencies. This change has also seen an improvement in patient experience.

Developing integrated, quality services for frail older people

Building on the success of the emergency frailty unit (for frail older patients staying for under 24 hours), we developed the acute frailty unit (for stays of up to 48 hours). Working with the LPT (Leicestershire Partnership Trust) we are in the process of appointing new staff to deliver a comprehensive geriatric assessment in all of the community hospitals of Leicester, Leicestershire and Rutland. This consolidates the existing vertically integrated care pathway for frail older people with urgent care needs and fits well with our plans for the urgent care floor and our commissioners' plans to further develop community geriatric services in the future.

Over the next few years, geriatric medicine will enhance horizontally integrated services within our hospitals through development in the FOPAL service, reaching into novel areas such as surgery, oncology and psychiatry. Geriatric medicine will expand its academic base to deliver education training and innovation that will support the health economy in the management of frail older people in the years ahead.

Avoiding 5000 harm events by 2016 – Falls

By adopting initiatives such as cohorting patients in dedicated fall-risk bays, the older people's team has achieved an impressive drop in the number of falls observed in Datix reports and in the Safety Thermometer audit.

Emergency Department improvements

We have continued to improve our emergency department and respond to comments from patients and visitors to the department. In particular, we have worked on plans to create an emergency floor concept at the Royal Infirmary site which will address the future demands and challenges faced by the service.

The overwhelming themes that come through are about the efficient service and the friendly staff. Of the 137 patients that made comments about friendly staff, 102 were extremely likely to recommend our service to their friends and family.

Work carried out during the year includes:

- Increased the number of consultants;
- Increased the number of nurses;
- Extensive building works to increase resus bays to eight beds from five;
- Design and development of emergency floor undertaken;
- Development and training of international recruits;
- Good feedback from the GMC (General Medical Council) and deanery;
- Funding secured for development of the model to roll out to nursing staff.
- Our patient survey reports 618 positive responses and 46 negative responses. Only 13 patients commented about long waits (these are our discharged-home patients).

Assessment Units

Our assessment units have undergone a review and have had their bed base (number of beds) increased. A new process has been piloted over the year where acute medical consultants discuss GP referrals to ED. Other improvements include:

- improvement in coding and data quality of patient information;
- a dedicated seminar room;
- a dedicated geriatric lead on the Acute Frailty Unit.

Integrated stroke services and delivering care closer to home

Our stroke department now provides a service caring for people with a stroke from the time they enter our Emergency Department, through their hospital stay to providing care and therapy for them at home.

The stroke team will assess patients in the Emergency Department on a 24/7 basis, arrange initial investigations, take them to the acute stroke unit and then onto further rehabilitation either in the stroke rehabilitation units or in their own home. The Early Supported Discharge Service is now being rolled out to all stroke patients across Leicester and Leicestershire. This allows many patients to leave hospital earlier than usual to continue therapy in their own home.

If a patient is seen in the Emergency Department and has recovered from their stroke, instead of being admitted to the hospital for investigations they are given an appointment to be seen the next day or within a few days in the TIA clinic. This one-stop clinic operates 365 days a year and enables patients to have all their investigations undertaken and results reviewed all on the same day. Essential treatment required to help prevent further strokes is then provided for patients in the clinic.

Safety/joined up emergency care

During the past year our biochemistry and critical care outreach services have developed a trust-wide acute kidney injury (AKI) alert system.

Studies suggest that as many as one in five people admitted to hospital as an emergency suffer from AKI and it has a significant impact on patient outcomes and NHS resources.

The 2009 *Adding Insult to Injury* report from the National Confidential Enquiry into Patient Outcomes and Death (NCEPOD) found that only around 50 per cent of AKI patients received good care and identified significant delays in the recognition of AKI.

Nephrologists have worked closely with the biochemistry service to develop electronic flagging of patients with confirmed AKI wherever they are admitted within our hospitals so that they can be managed optimally with the advice of a nephrology consultant if necessary.

New fracture liaison service

A new Fracture Liaison Service devised to speed up the diagnosis of osteoporosis opened at the rheumatology department at the Royal Infirmary.

The referral service, set up by Dr Peter Sheldon, consultant rheumatologist and his team at Leicester's hospitals, works with the Royal's Fracture Clinic and local GPs to ensure that patients are offered a specialist scan to measure bone density. A total of 880 patients have been seen within the pilot service and we will be reviewing this in 2014 to potentially expand it into a permanent service.

Infliximab in the community has proved to be a successful pilot that has released full day-case slots and there are plans to expand the number of places to 30 in 2014 as patients are keen to enrol on the programme.

A DAWN system of monitoring DMARD and biological therapy drugs has been introduced to improve safety and quality of care. Once fully established this should improve patient centred healthcare.

The young adult service for rheumatology is now set up and has just started offering joint rheumatology/renal clinic appointments.

In 2014/15 we aim to recruit a consultant post to join the rheumatology department, particularly to work on establishing an early inflammatory arthritis pathway which meets recognised best practice.

Improving theatre productivity

Fewer cancellations, fewer delays

We have been unable to reduce the number of operations cancelled on the day during the year. This is a poor experience for patients and is not a good use of our resources.

The primary reason for the cancellations is lack of beds on the day of admission, which is a result of the increased emergency admissions reflected in the emergency department (ED) performance.

During 2014/15 we aim to significantly reduce the level of cancellations by protecting elective beds from emergency admissions, increasing the bed base and improving the scheduling of operations.

Improving outpatients

Fewer cancellations, fewer patients who do not attend (DNAs)

Patients, who do not attend (DNA) their booked appointments without informing the hospital, mean that the hospital has wasted an appointment slot and the appointment could have been used to see other patients earlier. To tackle this, we have implemented texting patients to remind them to attend their appointments and this has had a positive effect. In 2012 the DNA rate was 7.4 per cent but for the same period in 2013 this reduced to 6.6 per cent, equating to approximately 500 less DNAs per month. This is better for patients and is a real efficiency for our hospitals.

At the moment approximately 85 per cent of our clinics are covered by the texting service, with more than 50 per cent of patients receiving text reminders for their appointments, the plan is to increase this further, but it is dependent on patients providing their mobile phone numbers whenever they attend the hospital.

Care closer to home for haemodialysis patients

The number of home haemodialysis patients has increased throughout the year so that we now have 80 patients able to dialyse at a time and frequency of their choice. We are planning to build on this progress in 2014/15 by adding at least a further 20 patients to the home dialysis programme.

We are redeveloping and increasing our dialysis capacity starting with the units in Northamptonshire. During 2013/14 we have identified a commercial partner to develop two new dialysis units in Northamptonshire to provide up-to-date modern facilities for patients. The new units are planned to open towards the end of 2014/15.

Developing services for neurology patients closer to home

We have recently started a nurse-led community service and we are now able to offer patients appointments in a clinic setting closer to home, which includes community clinics, GP practices, community hospitals and home visits where necessary. Our service offers appointments to all patients living with Parkinson's disease (with or without dementia) Progressive Supranuclear Palsy and Multiply System Atrophy. The clinics offer practical advice on drug and disease management, education for patient's families and the wider community and support for the patient and their family.

We have also managed to secure funding for a fifth and sixth consultant to help ensure we meet demand on the service, and we have recruited a neurophysiologist to help deliver a comprehensive neurophysiology department.

Over the next two years we will develop an epilepsy nurse-led community service which will also include community and GP clinics. We are also working towards a seven-day ambulatory 'first fit' service.

Dermatology care closer to home

We have started working on a bid for the Alliance contract that will see our dermatology department managing all dermatology care throughout Leicestershire. The vision is to offer all

Leicester, Leicestershire and Rutland patients a choice which includes integrated care pathways for routine elective care. Ultimately we hope to provide more care for patients closer to their home, with specialist nurses providing more post-diagnosis care.

The skin cancer service recently passed an external peer review, which highlighted three serious concerns which are/ have been addressed. The review has given us the opportunity to review the skin cancer service and increase the CNS team and going forward into next year, we aim to create one-stop sessions to speed up diagnosis and subsequently treatment for patients with suspected skin cancer. As part of our trust-wide initiative, skin cancer will be one of the first tumour sites to move to directly booked urgent (two-week wait) referrals. We aim to deliver these urgent appointments within seven days.

Improving care for children

Over the past year we have been in negotiation with our colleagues at Peterborough regarding the provision of Paediatric Surgery for their children. We have had a long established working relationship with them with one of our surgeons providing outpatient services over there, which then evolved to include some day case operating sessions in Peterborough.

As a result one of the Peterborough surgeons retiring we have worked with them to have a joint Consultant Appointment, which will see a Consultant working there 50 per cent of the time, and 50 per cent here in Leicester. This is an additional appointment and will run alongside the existing agreement. Essentially all Paediatric General Surgery for patients under the care of Peterborough Hospital will be cared for by one of our consultants.

This is a model we would like to roll out further and we have already established links with Lincoln Hospital, Kettering, Nuneaton, and Warwick and we are looking to expand these links at those sites in the future and to extend to other sites if possible. This maintains the ethos of treatment locally using the expertise of Tertiary Centres.

On the medical front, we have successfully expanded our Consultant paediatrician numbers covering the Children's Assessment Unit and now offer a much broader range of options for General Practitioners, including telephone advice and rapid access appointments as an alternative to hospital admission. This is continually being developed and will move towards a 16 hour a day service at some point.

Improving the estate

Immediate benefits and medium term reconfiguration

A *Strategic Plan for Leicester, Leicestershire and Rutland Health and Care* sets out the direction for the models of health, care and support services that will need to be in place in five years time across Leicester, Leicestershire and Rutland.

The sustainable future strategy is underpinned by robust contract and financial models which will support the delivery of the right care in the right place; focusing on the best outcomes for our patients.

As part of this work, we have updated our clinical strategy to complement that of our LLR partners and address the diverse needs of the populations we serve.

The strategy focuses on:

- quality care for all – patient safety, improve outcomes and patient experience
- our Quality Commitment to *Save Lives, Reduce Harm, Patient-centred care*
- seven-day a week consultant delivered services
- optimising clinical service adjacencies to reduce avoidable deaths in our hospitals
- reducing the amount of time patients avoidably spend in hospital
- care closer to home through better and more integration with community services
- providing high quality services in a financially affordable and sustainable way.

Over the last twelve months, the capital planning and delivery team is working on the outline business case for the emergency department (ED) to create an emergency floor concept on the Royal Infirmary that will address the future demands and challenges faced by the service to provide:

- increased capacity for emergency services
- a centre of excellence
- an improved environment and experience for users.

Other areas of improvement

- An outline business case is also being developed for the proposed move of vascular services to Glenfield; bringing it together with cardiology/cardiothoracic surgical services and support vascular services as a centre of excellence.
- A surgical triage facility at the Royal Infirmary that enables a streamlined patient assessment process by introducing senior clinical decision-makers at the beginning of the patient journey.
- Reconfiguration of endoscopy facilities at the Royal Infirmary providing enhanced patient privacy and dignity and improved infection prevention.
- Improved ventilation for patients in the Osborne building, at the Royal Infirmary.

Making improvements to our delivery suites

This year we have invested £2.9m to make improvements to our maternity units to improve the experience of women and their partners, as well as the working environment for our staff.

By the end of the project we will have created four extra delivery rooms to improve capacity (two on each site), three additional high dependency care spaces; 13 additional ward beds; four-bedded birth centre at the General and relocation of the birth centre at the Royal Infirmary, co-located to delivery suite; created a maternity assessment centre situated away from labour wards on both sites; refurbished ward 1 at the Royal Infirmary to facilitate efficiencies in Gynaecology Assessment Unit; created additional bathroom facilities for the majority of delivery rooms at the Royal Infirmary and refurbished and upgraded the maternity theatres at both sites. The birth centre at the General, “the meadow birth centre”, has two new birthing pools and active birth rooms, which were finished in March 2014 and are already being very well used by the women.

Although the scheme is not complete (it will be finished by Summer 2014), we have already received very positive feedback from women, their partners and staff on the new areas.

We also received £246,000 of funding from the government as part of their fund to improve choice for women and improve their experience of maternity care. The new areas will have reclining armchairs for our delivery rooms as well as a selection for our maternity wards at both the Royal and the General. These will allow partners the opportunity to stay and be comfortable. The rest of the funding will improve our two current pool rooms and add two new birthing pools allowing more women to use water during their labour.

Improving IM&T

Priority schemes to support clinical service delivery

It has been an exciting year for the Information and Management Technology team (IM&T), which has completed the first full year in partnership with IBM. This includes introducing several key systems to support patient care through the trust without any hitches. We have also strengthened our commitment to effective communication with our primary care partners.

We made significant investment, with the support of external funding from NHS England, in improving our mobile computing infrastructure. This has included significant improvements in the security and performance of our equipment as well as investing in mobile solutions, such as the mobile clinical handover tool, to enable clinical staff to have information when and where they need it. This is the start of an exciting revolution with mobile computing to be placed at the heart of the technical innovation strategy. This is just the start and we expect to be doing much more in 2014/15 to build on this.

As part of the transition to becoming a digital, paper-free hospital we have begun several key projects. This includes the electronic patient record and electronic document and records management. These will change how we record new information about our patient's care, how we access the information held within our existing 495 million sheets of paper and how patients will be able to view and interact with their information. These are significant projects and will be completed in 2016.

We have had a successful year in terms of external appraisal of our products and plans. We are one of the very few NHS organisations to have achieved the international ISO 27001 accreditation for the security of our services and information within our hospitals. We also received the Heath Services Journal award for '*Enhancing Care by Sharing Data and Information*' and we received additional inward investment from NHS England of £4m to accelerate our mobile clinical IT programme.

Developing Listening into Action

Better engagement with staff, leading to better support for colleagues and clear leadership standards

Introducing 'Listening into Action' (LiA) has been an exciting journey to mobilise and engage staff for better patient care. We launched LiA in March 2013 to give our staff the power to transform our hospitals to deliver 'Caring at its best'.



LiA creates a culture for frontline staff to lead and develop services, whilst ensuring that services are patient-centred, safe and efficient. It builds strong foundations through:

- senior leaders connecting the right people around all our major challenges;
- providing service teams with the opportunity to collaborate and share ideas;
- listening to frontline staff so that they get on and deliver actions which will benefit patients and staff;
- fostering a sense of collective ownership by the teams to deliver results.

Frontline staff and those who help them are supported to work differently, in a way that links to outcomes they care about, makes them feel valued, and gives them 'permission to act'. To date 23 pioneering teams have adopted LiA at a local level within wards and departments and 11 trust-wide schemes have used LiA to make significant changes.

- **Seamless Out of Hours services:** TTO (medicines to take home) turnaround has improved to less than 60 minutes on all our sites (50 per cent within 30 minutes) avoiding discharge delays;
- **Equipment fit for the job:** 46 per cent improvement in the use of infusion pumps and 20 per cent reduction in equipment being hoarded by ward / department staff;
- **Reducing paperwork and processes:** reduced day case documents from 14 to one;
- **Car parking and travelling:** by March 2014 75 per cent of bike shed locks were replaced at the Royal Infirmary. We also introduced an 80 per cent reduction in prices for patient/visitors using Welford Road NCP car park;
- **IM&T:** 30 per cent drop in complaints related to IM&T;
- **Right staffing:** more than 200 overseas nurses recruited for 2014 and counting...

Listening to our staff

A healthy organisation starts with a Pulse Check...Pulse Check surveys are a way of finding out how staff feel about working for us and asking their views on the services we provide.

At the start of our LiA journey back in March 2013 we conducted an organisation-wide Pulse Check, which was then repeated in January 2014. The results showed an upward trend in positive responses, and a positive position when compared to other LiA organisations nationally.

Following the Listening Events, Pioneering Teams and Enabling Our People Schemes were chosen. Pioneering teams are clinically-led teams, departments, pathways, wards or functions who want to pioneer adoption of Listening into Action (LiA) to engage and mobilise all the right people - across the usual boundaries - around their own specific challenges, and drive forward those changes together. The Enabling Our People (EoP) Schemes are teams, departments, pathways or corporate functions who have been nominated to help address specific issues raised by staff.

Pioneering teams have also completed a team-based Pulse Check during the 'listening' phase of their change initiative and repeated this at the end of their 'action' phase. Like the organisational responses, we found that the teams responded much more positively following the action phase.

Sustaining the spread of LiA

Although there are many examples of the positive impact of LiA, we recognise that there is still a lot of work to do in 2014/ 15.

Listening into Action repeat Pulse Check		March 2013	January 2014	Comparison
Q1	I feel happy and supported working in my team/department/service	50.05%	49.82%	-0.23%
Q2	Our organisational culture encourages me to contribute to changes that affect my team/department/service	28.46%	42.61%	+14.15%
Q3	Managers and leaders seek my views about how we can improve our services	27.07%	40.08%	+13.0%
Q4	Day-to-day issues and frustrations that get in our way are quickly identified and resolved	12.44%	25.59%	+13.15%
Q5	I feel that our organisation communicates clearly with staff about its priorities and goals	28.25%	46.42%	+18.17%
Q6	I believe we are providing high quality services to our patients/service users	30.09%	53.73%	+23.64%
Q7	I feel valued for the contribution I make and the work I do	17.3%	43.1%	+25.8%
*Q8	I would recommend our Trust to my family and friends	-	46.19%	-
Q9	I understand how my role contributes to the wider organisational vision	41.28%	72.36%	+31.08%
Q10	Communication between senior management and staff is effective	16.64%	36.24%	+19.6%
Q11	I feel that the quality and safety of patient care is our organisation's top priority	-	52.85%	-
Q12	I feel able to prioritise patient care over other work	-	48.71%	-
Q13	Our organisational structures and processes support and enable me to do my job well	-	33.92%	-
Q14	Our work environment, facilities and systems enable me to do my job well	-	32.39%	-
Q15	This organisation supports me to develop and grow in my role	-	36.77%	-

*Please note that Q8 was changed in the repeat survey and therefore cannot be compared with survey one. In addition, questions 11-15 were new additions to the survey.

Developing our specialised services

Our specialised services are expanding to meet the growing needs of our patients and the wider area

East Midlands Congenital Heart (EMCHC) Service

During 2013/14 the East Midlands Congenital Heart (EMCHC) service has worked hard to ensure that the service specification standards of the new Congenital Heart Disease review will be met. A revised business plan is currently being finalised redefining the estates, facilities and staffing requirements to deliver a future proof congenital cardiac service for the population of the East Midlands.

The surgical service continues to build on its success in carrying out the full range of congenital cardiac procedures and this year has successfully provided surgery for congenitally corrected transposition of the great arteries for the first time. We have introduced state of the art head light and video camera technology in our operating theatre and used both for internal training and sharing of practice via The Cardiothoracic Surgery Network (CTS NET). **Watch one of the videos [here](#).**

Individual successes within the surgical team include Mr Giles Peek featuring in the Sunday Times “Top 100 Doctors” list and Mr Attilio Lotto being appointed as the Regional Training Programme Director for Cardio-Thoracic Surgery. In November 2013 the service was delighted to appoint Mr Simone Speggorin as its newest substantive consultant surgeon.

We are extremely proud that the service has continued innovation in interventional catheter treatments. The Team, led by Drs Abdul Duke and Demetris Taliotis are now doing Percutaneous Pulmonary Valve Implantation (PPVI) independently and are in the process of introducing the new generation (Sapien ST) valve. Over the last 12 months the Team have successfully introduced procedures for stenting patent ductus arteriosus and ventricular outflow tracts. These innovations have been supported by internationally renowned experts including Dr Mike Mullen (The Heart Hospital, London), Dr Jo de Giovanni (Birmingham Children’s Hospital) and Dr Shakeel Qureshi (Evelina Children’s Hospital).

The Adult Congenital Cardiac Team has continued to expand its presence in hospitals within the East Midlands, now providing out-patient clinics that patients can access locally, in Kettering, Derby, Nottingham, Mansfield and Lincoln. Dr Simon MacDonald has recently been appointed as the second substantive ACHD consultant and brings expertise from several major centres in the UK. Simon has a particular interest in Research.

The EMCHC nursing team continues to grow in strength and expertise. Two senior nurses, Jo Wright and Claire Bostock, have recently completed the first stage of their advanced practice training and were successfully appointed to substantive Advanced Nurse Practitioner posts in Paediatric Intensive Care (PICU) in April 2014. Their input has noticeably improved the continuity and quality of care on PICU. The quality of nursing care in all areas is reflected in consistently high results in nursing metrics and success in projects carried out through the Releasing Time to Care initiative. Nurse recruitment remains an ongoing challenge, but new initiatives this year have included international recruitment, presence at national recruitment events and approaches to universities in the region offering opportunities for specialised training/education and placements.

The EMCHC team were delighted to have been awarded an overall “Good” for its services and “Outstanding” in the category of “Caring” by the Care Quality Commission Inspection Team.

The comments in the report reflect the philosophy of the service; inclusion of families in all aspects of care, and providing a professional but friendly service.

Members of the EMCHC team continue to raise the profile of the unit through representation on national forums and working groups including

- Congenital Heart Services - Clinical Reference Group (CRG) Mr Giles Peek
- National Standards Group - Dr Frances Bu'Lock
- British Congenital Cardiac Association Council – Elizabeth Aryeetey
- Paediatric Intensive Care Society Managers – Carmel Hunt

The EMCHC network events continue on a quarterly basis and the educational aspect of these has been very well received and evaluated by referring centres, hosting the events. The forthcoming May meeting is being held for the first time by the services in Lincoln.

ECMO

The Extra Corporeal Membrane Oxygenation (ECMO) service for neonates and infants up to the age of six months is a now well-established service and has just completed its fifteenth successful year. This advanced treatment has included lung protective ventilation, HFOV, partial liquid ventilation, inhaled nitric oxide, prone positioning and ECMO.

The Heart Link ECMO Centre at Glenfield Hospital has been providing advanced respiratory support to patients of all ages since 1989, and we have treated over 1,900 patients in that time, and we have developed a national network of referring hospitals. The Leicester ECMO programme was established in 1989 and has grown over the past 25 years to become the busiest ECMO programme in the UK to date.

CESAR was a collaboration between 109 UK Intensive Care Units. Of the 180 patients randomised during the CESAR trial, one fifth of those randomised to receive ECMO were treated with advanced respiratory management in our unit. The excellent survival of these patients (83 per cent) has been used as the central argument in the establishment of advanced respiratory care units / designated ECMO centres. Our experience and the CESAR trial network, on which this is based, is therefore the benchmark for advanced respiratory care/ designation of adult ECMO centres in the UK. Co-operation and collaboration has continued between the neonatal and paediatric units at The Freeman Hospital in Newcastle and Great Ormond Street Hospital in London. In addition to this, we have established close relationships with Birmingham Children's Hospital and Alder Hey Children's Hospital in Liverpool; who are now surge centres.

Due to the increase in demand for respiratory ECMO, we have seen the successful designation and integration of four additional adult ECMO respiratory centres in the UK. The UK national adult ECMO network comprises of our own Glenfield Hospital, the Royal Brompton Hospital and Guys & St Thomas' Hospital in London, Papworth Hospital in Cambridge and Wythenshawe Hospital in Manchester. The designation process for Scotland will occur at a later date. In the meantime, all Scottish patients will continue to be referred to the Glenfield. We also continue to work in close collaboration with the Sick Children's Hospital in Yorkhill, Glasgow and the Karolinska Hospital in Sweden.

We have continued to provide a conventional transport retrieval service for our national network and we have established a mobile ECMO retrieval service. The team reviews the patient in the referring hospital, performs the cannulation and then establishes the patient safely on ECMO before transferring the stabilised patient back to our unit at the Glenfield.

Activity during 2013/14:

Group	Respiratory	Cardiac
Neonatal	50	13
Paediatric	17	15
Adult	71	2

We also transferred six neonatal/ paediatric patients to other designated ECMO centres during this financial year for ongoing care and management.

The ECMO service creates an environment for staff to grasp opportunities to advance their skills, knowledge and expertise in leadership, research, specialist and advanced nurse practice. All staff participate in clinical supervision and reflective practice, engage in different resources to keep abreast of nursing / medical professional issues.

The ECMO Specialist Training Course is held three times a year and the permanent ECMO team train and support staff from all over the UK and around the world. All team members mentor, educate and support ECMO students throughout their period of preceptorship.

Reducing delays for cancer patients

We have appointed a lead cancer clinician and senior manager to lead on the performance of the 62-day wait target for cancer treatment. A weekly cancer action board began meeting in June 2013 to focus on reducing delays, removing any blockages in the patient's care journey and holding tumour site leads to account for achieving the target.

Our results are now above the agreed improvement– this illustrates the benefit of strong clinical leadership and a clear accountability framework.

Older people and dementia care

We appointed meaningful activities facilitators in September 2013 to provide additional support for people with dementia within our hospitals. These activities are designed to support physical, sensory and psychological wellbeing and help to gain deeper understanding of the person behind the dementia.

Working with the Alzheimer's Society, we implemented three carer's support programmes for new carers of people with dementia. We have secured further funding for four more programmes in 2014/15.

Elective Care Bundle

We have been working on a new health Alliance, formed to provide Community Elective Care services in Leicester, Leicestershire and Rutland (LLR). The Alliance has been formed by us, Leicestershire Partnership NHS Trust, LLR Provider Company Limited, East Leicestershire and Rutland Clinical Commissioning Group (CCG) and West Leicestershire CCG who took over from Derbyshire Community Health Services NHS Trust (DCHS) which has provided the Elective Care services in LLR for the last three years. We were appointed the contract which officially started on 1 April 2014.

The Alliance now provides services including outpatient appointments, outpatient treatment, day case surgery, radiology and community paediatric services across Leicester, Leicestershire and Rutland community hospitals. The partnership will make best use of clinical resources and offer flexible, elective and diagnostic services ensuring wider patient choice.

There will be a six month 'stabilisation period' to ensure the service is running efficiently, followed by a period of 'transformational' change from January 2015 onwards, where the Alliance will look at ways to improve the service for the public. LLR NHS Partners will work with a Clinical Reference Group and a Patient & Public Partnership Group to design and deliver new care pathways, focussing on integration, and encouraging better ways of working between organisations.

Just over three hundred members of staff have TUPE'd (Transfer of Undertakings [Protection of Employment]) to the Alliance, and will initially be employed by us and will continue to provide these services across the nine community hospital sites.

Increasing our transplant service

To further improve our specialist services, we have expanded the transplant programme with two additional consultant surgeons. This has led to an increase of around 25 per cent in the number of transplants carried out in 2013/14. This means that more patients are able to benefit from a transplant in their local centre and receive all the benefits of ceasing long-term dialysis. We plan to further increase the number of transplants carried out in 2014/15.

Developing medical education

Improvements to our Clinical Education Centre at the Royal Infirmary, better engagement with trainees and considering the shape of our future medical workforce

Development is underway to convert the old Odames Ward at Royal Infirmary into a new, state of the art, library and learning space. All of our staff will have access to the latest information supported by a team of library professionals. Staff will be able to enhance their learning experience while working in our hospitals.

We have established an organisation-wide committee to improve engagement and improve the working lives of our junior doctors. Our Doctors In Training committee represents all specialties and all grades of junior doctors. The committee meets every other month and is currently working on improving communication and patient safety within our hospitals. A Listening in Action (LiA) event took place in December 2013 specifically for junior doctors and a number of areas for improvement were identified.

Developing the medical workforce

Medical trainers are supported to encourage excellence in our training. We work with the Leicester Education and Training Council (LETC) over the number and types of training posts we have and help us to explore and support the development of innovative workforce solutions to support patient care through education and training.

Enhance non-training medical posts to improve support and education and training quality, which will ultimately enhance the recruitment and retention of our medical staff. We have now set up an '*Education to improve patient safety group*', supporting innovative education and patient safety projects with the University of Leicester; we also ran a successful '*education to improve patient safety*' symposium.

Developing research

Strengthening 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)

Our prestigious Biomedical Research Units (BRUs) continued to perform well as shown in the annual report submissions feedback from the NIHR. The Respiratory BRU was formally opened in September of 2013. The other new unit, Lifestyle, Diet and Nutrition BRU, is part of the internationally-renowned Leicester Diabetes Centre and was formally opened in November 2013.

It was announced in November 2013 that Leicester will also house a prestigious Cancer Research UK Centre as part of a national £100 million investment by Cancer Research UK (CRUK) to help train a new generation of cancer researchers and get new treatments and diagnostics to cancer patients sooner. The Leicester Centre is a partnership with the University of Leicester, the local Hope Against Cancer charity and the Medical Research Council Toxicology Unit at the university. The centre is based across the university and the Royal Infirmary and funding will be provided from April 2014.

We reached our annual target for recruitment of patients to national studies by the end of January 2014. The target is set by NIHR (National Institute of Health Research) and underlines our commitment to the NHS research agenda, particularly in view of the reduction in Comprehensive Local Research Network funding for the year.

We are one of 15 NHS trusts chosen to host the new NIHR Clinical Research Networks (CRN). This follows on from hosting the previous Leicestershire, Northamptonshire and Rutland Comprehensive Local Research Network. The new CRN will cover the whole of the East Midlands region and will be responsible for a budget in excess of £20m. The East Midlands Local Clinical Research Network covers the same geographical area as the East Midlands Academic Health Sciences Network in which we continues to play an important role.

We are set to play a leading role in the East Midlands Collaborations for Leadership in Applied Health Research and Care (CLAHRC) which came into being at the start of 2014. The East Midlands CLAHRC is the next phase in the CLAHRC programme developing on the previous successful first phase Leicestershire, Northamptonshire and Rutland and Trent CLAHRCs. The East Midlands CLAHRC will be hosted by Nottinghamshire Healthcare NHS Trust, but many of the themes and management will be Leicester-based.

NIHR Biomedical Research Unit: Diabetes Centre of Excellence

The team at the Leicester Diabetes Centre has been busy in the last 12 months, along with the official launch of the new centre in November 2013 by Sir Steve Redgrave who praised the work being carried out at the centre.

He said he was 'blown away' by the quality of what he had seen, adding that placing academic research alongside the work of clinicians would bring real benefits to patients.

Speaking of the time he was diagnosed with Type 2 diabetes 16 years ago, he said he felt devastated that he might not be able to achieve his ambitions. But the education he received about the condition helped him to adjust his lifestyle and achieve another record fifth gold medal.

“Having researchers and forward-thinking specialists in one area- that is why this centre is so important.”

The Leicester diabetes centre team have been producing high quality, high impact publications; notably a Lancet paper by Dr Tom Yates: *An increase of just 2,000 steps a day cuts cardiovascular disease risk by 8 per cent in those with a high risk of type 2 diabetes.*

A large international study of people with impaired glucose tolerance (IGT; a precursor to diabetes) has found that every additional 2,000 steps taken a day over one year roughly equivalent to 20 minutes a day of moderately-paced walking reduces the risk of cardiovascular events such as heart attack and stroke by 8 per cent.

“People with IGT have a greatly increased risk of cardiovascular disease”, explains study leader Dr Thomas Yates from the University of Leicester in the UK in *The Lancet*. “While several studies have suggested that physical activity is beneficially linked to health in those with IGT, this is the first study to specifically quantify the extent to which change in walking behaviour can modify the risk of heart disease, stroke, and cardiovascular-related deaths.”*

IGT affects about 7.9 per cent of the adult population (344 million people worldwide), and this number is projected to increase to 472 million (8.4 per cent) by 2030.

Another of our researchers, Dr João Viana, working in chronic kidney disease also had a strong publication that was well received internationally. Walking exercise is safe from an immunological perspective and has anti-inflammatory effects in patients with predialysis chronic kidney disease (CKD), according to new data from João Viana and colleagues. They suggest that these patients should be encouraged to take part in regular exercise as this will promote a healthy, more-active lifestyle that might have cardiovascular benefits.

The Leicester Diabetes Centre team was also shortlisted in the HSJ 2013 awards for clinical research. On being shortlisted, Tim Skelton, manager of the Leicester Diabetes Centre, said: “This nomination highlights our unique way of doing things, a way that provides close integration of research, innovation, postgraduate education, service transformation and delivery. Our diabetic patients receive the very best treatment and can be confident that their care is based on the most up to date knowledge.”

NIHR Leicester Cardiovascular Biomedical Research Unit

The Leicester Cardiovascular Biomedical Research Unit (LCBRU) aims to improve the diagnosis, prognosis and treatment of cardiovascular diseases. The unit’s research is focused around two themes: genetics and biomarkers and novel cardiovascular interventions. During 2013/14, LCBRU has been involved in more than 80 studies contributing to the body of evidence regarding new drugs and devices for use in cardiovascular medicine, and has published almost 90 peer reviewed journal articles, including publications in the *Lancet*, *Nature* and *New England Journal of Medicine*.

The diastolic heart failure study (DHF) continues to make good progress, having recruited 138/200 patients, while the RESCAN study demonstrated that surveillance scanning for small abdominal aortic aneurysms (AAA) at up to five years maintains a low rate of AAA rupture and was published in *JAMA (The Journal of the American Medical Association)*. This study will enable screening programmes to operate more cost efficiently and is likely to change clinical practice.

The genetics and vascular health check study (GENVASC), which is being run in GP practices across Leicester City and West Leicester, capitalises on the unique opportunity provided by the health check programme and has recruited more than 5,000 patients in an extremely time and

cost effective manner. This longitudinal study aims to determine whether the addition of genetic data improves risk outcome in patients.

The novel interventions theme continues to run a portfolio of studies, including a multi-national observational study of stent thrombosis (PRESTIGE), in which the UK is the leading recruitment centre. The INTERACT2 trial has provided evidence that intensive blood pressure-lowering within six hours of the onset of acute intra-cerebral haemorrhage is safe and is associated with significantly better functional outcome at three months. The current revision to US stroke guidelines was delayed pending the publication of this study in the prestigious *New England Journal of Medicine*, further demonstrating our commitment to providing world-leading, practice-changing research.

We are heavily committed to involving the public in our research and we are particularly proud of the patient-led research into spontaneous coronary artery dissection (SCAD) that recently received funding from the British Heart Foundation.

National Centre for Sports and Exercise Medicine

The National Sports and Exercise Medicine Centre in the East Midlands (SEMC-EM) is on track to open in early 2015. It is planned as an Olympic legacy project and will combine facilities for performance medicine, sports injuries as well as a focus on exercise as treatment in long term conditions.

There will be clinical research and teaching facilities alongside the clinical facilities. The building at Loughborough University campus has already been completed and is being kitted out with the help of a large catalyst grant from the Higher Education Funding Council awarded to Loughborough University. Leicester's Hospitals is one of the six NHS and University stakeholders, and we have taken responsibility for several areas including the clinical governance and radiology. Most of this year has been taken up by developing the governance arrangements of this shared venture, but hopefully these are now nearing completion and we can look forward to the opening of this unique facility next year.

Hope Against Cancer

During 2013/14, The Hope Clinical Trials Unit continued to build on its opening year's success. We have seen an increase in capacity to conduct research as the unit's reputation has increased. Predominantly the work has been NIHR portfolio studies and global commercial trial activity relating to different stages of drug development: usually Phase I, Phase II or Phase III.

As well as attracting patients from the immediate vicinity, we have drawn patients from various areas of the country. To date 1,947 patients have attended the unit for either treatment or review. While the majority of patients attend on a daycase basis, this has now extended to overnight stays for some when there is a requirement for more intense monitoring.

Dedicated clinics run for two specific genetics trials, and we have recently introduced a third for a haematology study. Since February, we have diverted 85 patients from a haematology outpatient clinic to attend a combined standard and research appointment in the unit. This has improved capacity in outpatients as well as providing improved consulting time for clinicians.

Recruitment into cancer trials at our hospitals has increased for its sixth successive year (now 7 per cent). The maximum number of trials open throughout the course of the year was 103. While some trials have remained difficult to recruit to, others have over-recruited. This includes a trial that has been reported in the press as '*wiping out cancer symptoms overnight*'.

Two doctors have conducted their own research projects over recent months on the unit which has provided a more efficient way of seeing and treating their patients as well as them being able to process samples in the immediate vicinity. Two nurses have been asked to sit on nurse advisory boards for the research studies that they are conducting – a tremendous accolade.

Our educational programme continues to develop: we have both medical and nursing student placements on the unit and promote a teaching programme that is open to all working within the Cancer Centre.

We receive very positive feedback from all our patients (and visitors) and we are about to complete a survey to ensure that we are meeting the needs of both patients and carers alike.

Valuing people – valuing our staff

Our staff

	2013/14	2012/13	2011/12	2010/11	2009/10
Medical and Dental	1,570	1,551	1,496	1,477	1,496
Administration and Estates	1,982	1,924	1,953	2,054	2,104
Healthcare Assistants and other support staff	2,016	1,832	2,033	2,117	2,284
Registered Nursing and Midwifery	3,499	3,375	3,338	3,301	3,261
Scientific, Therapeutic and Technical	1,099	1,179	1,208	1,222	1,278

Please note that some staff (approx 60) were reclassified from healthcare scientists (STT) to support staff. This was part of the Modernising Scientific Careers recoding exercise.

Recruiting more nursing staff

Last year we made a commitment to get more frontline ward staff into our hospitals and onto our wards. Following a review we identified that we had over 400 nursing vacancies. Our Chief Nurse, Rachel Overfield, made it one of her top priorities when she joined us and since then, we have been actively recruiting trained nurses who want to work in theatre, emergency medicine, our intensive care units, cardiac and respiratory, trauma and orthopaedics, surgery, as well as those who want to care for children, cancer patients and those with renal disease.

We are not the only hospital trust in the country trying to recruit nurses; there is a lot of competition out there to get the best nurses. We already have close a relationship with DeMontfort University and it is important for us that the nurses who train with us choose to stay with us. But we have also needed to look further afield, and like many other Trust's, we have been trying to tempt nurses from other areas of the country and overseas from places like Ireland, Italy, Greece, Portugal and Madrid for nurses interested in working in with us.

So far we have recruited 200 nurses from overseas, and during 2014/15 we will continue with our recruitment campaign, ensuring that we have enough of the right staff to care for our patients.

When they join us they begin an induction programme that lasts for a minimum of four weeks, but could stretch to three months. The induction programme consists of our classroom based learning to understand the NHS, our organisation and our policies and procedures as well as adapting to cultural differences. Then they move onto the wards and carry out specially designed training to get them used to NHS practices and protocols. Initially they are not expected to take care of patients on their own, and work with the full supervision of qualified nurses.

NHS staff survey

We collect staff views and experiences of working for us through the annual National Staff Survey and LiA Pulse Check to help improve the working lives of staff and the quality of care we provide. This analysis of results helps to identify if we are making sustainable change and to

identify areas for improvement. We have recently reviewed our results in the 2013 National NHS Staff Survey and the recent LiA Pulse Check results.

This year all staff were given the opportunity to complete the National Staff Survey and local questions were introduced for the first time. The results described below are based on the CQC sample (379 responses from 850 sampled). After seeing some large improvements last year, the CQC reported only one statistically significant change in 2013 – the completion of equality and diversity training.

One of the key measures is overall staff engagement and our results slightly increased from 3.66 in 2012 to 3.68 in 2013. It is disappointing that we slipped from average to below average when compared to other similar trusts.

In general we received positive results in relation to staff appraisal and education, training and learning and less positive results in relation to the observation of and reporting of incidents and accidents. There were also less positive results in relation to job satisfaction and motivation.

In contrast the results from local questions and the LiA Pulse Check portrayed a more positive picture. More staff now receive information from chief executive cascades and almost 70 per cent of staff believe colleagues and managers exemplify our values. There have been significant improvements in LiA Pulse Check results since the first survey in 2013 particularly in relation to improvements in the provision of high quality services, recognition of staff contribution and role clarity.

Actions to address concerns will continue to be driven through our Organisational Development Plan which is currently being refreshed. We have set out key actions to continue to build on staff and team experiences including team building development sessions for newly formed leadership teams and piloting new multi-professional development programmes such as 'Leading Across Boundaries'.

During 2014/15 we will be running 'listening events' in every ward and clinical department and will focus on improving mechanisms for raising staff concerns/incidents placing emphasis on building resilience into the organisation.

Reducing staff absence

Our staff are our most valuable resource. Our approach to reduce sickness absence in the last year goes hand in hand with promoting staff wellbeing. We have seen a small reduction in the annual cumulative sickness absence from 3.4 per cent in January 2013 to 3.3 per cent in January 2014. We were awarded a gold accreditation by the Department of Health in their Sports and Physical Activity Challenge in recognition of the comprehensive wellbeing programme offered to our staff.

We have improved our reporting of sickness absence and reasons through the use of an in-hours sickness monitoring and reporting system (SMART) to monitor the completion of 'return to work' discussions and ensure compliance with our sickness absence policy.

In February 2013, we looked at our promoting wellbeing and management of sickness absence policy and procedure, and it now further clarifies our approach to managing sickness absence, employee and management responsibilities and provides further guidance in supporting staff with long-term or chronic underlying health conditions.

We have spent time looking at ways to keep our staff well, and a number of projects have helped us to reduce sickness due to work-related stress. This work includes developing emotional resilience and self-care at work. Clinical management group management teams and

our human resources department (HR) have also continued to work closely with line managers to ensure appropriate support for staff and good management of their sickness absence.

Our Health and Wellbeing Steering Group was formed in the latter half of 2013 to ensure a strategic focus based on the five High Impact Changes that apply to every NHS organisation. Our key priorities over the next year are stress management and training which will be underpinned by our commitment to the Public Health Responsibility Deal (PHRD). To date, we have signed up to three PHRD pledges: *Chronic Conditions Guide*, *Occupational Health Standards* and *Physical Activity in the Workplace*.

And the staff tell us we are doing well: in the National Staff Attitude and Opinion Survey we rated above average for health, wellbeing and safety at work. We will continue to monitor the National Staff Survey and local staff polling results to identify any issues, either at a local level or across the organisation.

During 2014/15 we plan to make a further PHRD pledge by reporting on the *Health and Wellbeing of Employees* in annual reports and / or on our website, and will publish our sickness absence rates and organisational approach to its management.

We launched emotional resilience workshops in 2013, which have proved popular and beneficial – the format of the workshops will now be reviewed to meet demand.

Learning and development

Meeting the needs of our patients, through delivering safe, high quality care is dependent on having the right workforce capacity and capability, in the right place, with the right education, skills and behaviours.

To guide the development of our staff, we use a range of tools including the NHS Knowledge and Skills Framework (KSF) and National Occupational Standards and Competencies. These are designed to ensure that all staff have clear expectations of the skills, knowledge and behaviours they need to demonstrate in their role and have development plans to support them in acquiring these.

We are committed to providing learning and development opportunities for all staff. Our internal education teams coordinate a wide range of courses working together with Health Education East Midlands, East Midlands Leadership Academy, further education colleges, higher education institutions and private training providers.

Our 2013 national staff survey results show that one of our top ranking findings– in the best 20per cent of acute trusts – relates to ‘*staff receiving relevant training, learning or development in the last 12 months*’.

We assess the quality of internal/external learning, education and development offered through a number of different ways for example understanding the impact on the individual’s own development. We also capture and promote (both internally and externally) powerful personal stories where learning, education and development interventions have been especially effective in demonstrating the ‘so what’ difference from exposure to development.

Throughout the year we hosted a number of events to celebrate achievements and learning and to showcase projects and service developments implemented by learners who have attended development programmes in order to inspire others to make positive changes and encourage the transfer the learning.

Core training

We have focused on statutory and mandatory training during 2013/14 as this is critical to ensuring that staff are safe at work and are providing safe, high quality patient-centred care. We have identified training that is absolutely essential and reflects the national Core Skills Training Framework (Skills for Health 2013). We re-designed statutory and mandatory training programmes in an e-learning format (where appropriate) to improve access and ensure the training we provide is high quality and educationally relevant. We have also increased capacity to deliver classroom-based training in core clinical areas including basic life support.

We set – and achieved – a minimum target of 75 per cent staff to complete statutory and mandatory training across all core programme areas by 31 March 2014.

Organisational Development (including medical engagement)

Quality is not just about numbers; it is important that we embed a common culture of openness, transparency, candour and compassionate care which puts the patient at the heart of everything we do. Culture can be defined as *'the values, beliefs and attitudes an organisation and its employees share about the way we do things around here'*.

We have embedded a set of core values and behaviours to enable us to place quality and safety at the heart of our hospitals and fulfil our purpose to provide 'Caring at its best'.



Leadership qualities and behaviours

Leadership qualities and behaviours that support our vision will enable us to consistently demonstrate leadership excellence and deliver safe high quality patient-centred health care. Leadership qualities and behaviours are aligned to our values and have been developed following extensive consultation with staff and leaders from across our organisation.

Leadership Qualities and Behaviours

Leadership excellence in delivering safe high quality patient-centred health care

<p>We treat people how we would like to be treated</p> 	<p>Live our Values in our actions every day</p> <p>Set clear expectations</p> <p>Show empathy and respect</p> <p>Trust and empower</p>
<p>We do what we say we are going to do</p> 	<p>Be responsive and accountable</p> <p>Communicate and feed back</p> <p>Be transparent and honest</p> <p>Support and develop</p>
<p>We focus on what matters most</p> 	<p>Be patient centred</p> <p>Plan effectively for the short and longer term</p> <p>Use resources effectively and efficiently</p>
<p>We are one team and we are best when we work together</p> 	<p>Be visible, available and accessible</p> <p>Listen to and act on the voice of the front line</p> <p>Build and maintain relationships and working partnerships</p>
<p>We are passionate and creative in our work</p> 	<p>Support innovation and creativity</p> <p>Recognise and celebrate success</p>

One team shared values

Approved by John Adler, Chief Executive, 1/8/2013

To facilitate the required level of organisational change from the 2012 national staff survey, we set out an ambitious organisational development (OD) plan comprising of six work streams with clear alignment to our strategic direction:

- live our values
- improve two-way engagement
- strengthen leadership

- enhance workplace learning
- improve external relationships and workplace partnerships
- encourage creativity and innovation.

The plan has been reviewed by our external auditors and findings confirm strong implementation with actions evolving to ensure the direction and emphasis of the OD plan is meeting the needs of the organisation.

Medical engagement

Since November 2012, we have provided a three-day leadership programme for heads of service and consultants aspiring to leadership positions. Workshops are framed within the concept of task-orientated thinking. To date 67 senior medical colleagues have accessed the programme and – as a direct result of the feedback from medical colleagues – an additional follow-up day has been commissioned. The aim of day will be to review successes and obstacles and deepen understanding of the theory and application of Task Orientated® thinking. Further negotiation and managing performance skills will be practiced using real-life situations.

In partnership with Health Education East Midlands (HEEM), during December 2013, we piloted a successful one-day programme for mentors trained to use the 'Egan skilled Helper' model, to refresh their skills and for those new to/or interested in mentoring and buddying to gain insight into the Egan Model for mentoring. Fourteen consultants attended the workshop and further buddying and an additional mentoring programme are currently being developed with HEEM.

Practical half-day financial workshops were held in 2013 targeting consultants and doctors in training to provide hands-on assistance to examine their own patient-level information and costing systems (PLICS) data. The workshop also covered an overview of NHS finance, coding, business cases and general budgeting. Approximately 200 consultants have attended the workshops to date and an additional workshop was held for doctors in training in July 2013, with 54 participants (including those training outside of our hospitals). Further workshops are planned for 2014 targeting medical staff.

We have established a 'UHL Clinical Senate' to provide a sense check for current proposals and help develop strategy. The senate has been elected from across the consultant body and is specifically targeted at consultants who are not currently in trust management positions.

'LiA Code Breakers' are looking at ways to improve the accuracy and depth of recording and coding of co-morbidities and a full-day course 'preparing for your first consultant job' was held in February for senior registrars to prepare for consultant interviews.

Occupational health support

Our Occupational Health Service recognises the importance of ensuring staff health and wellbeing because this underpins improvements in staff engagement which in turn secure better care for patients (*Boorman Review 2009*).

We aim to help staff improve their general health, ensure that they are able to attend work, avoid work-related ill health and assist in managing stress and developing emotional resilience.

The service achieved SEQOHS (Safe Effective Quality Occupational Health Service) accreditation in 2012 – the national quality benchmark for OH. Accreditation demonstrates that our staff are receiving occupational health care of the highest quality meeting recognised

national standards, including Department of Health, Faculty of Occupational Medicine and the Royal College of Physicians.

We have demonstrated our role in assisting in rehabilitation and return to work in staff with chronic health conditions. A paper demonstrating our work with healthcare workers following a diagnosis of breast cancer is to be published shortly.

Dr Anne de Bono, Head of Service for Occupational Health, was elected chairman of the national Health and Work Network in April 2013. This two-year post promotes and represents NHS occupational health services across England, assisting in the development of best common practice and working towards greater collaboration between occupational health services, including the potential to deliver national contracts.

We aim to foster regional collaboration in 2014/15 and to ensure that we meet NHS Employers' profile of the ideal occupational health service in the NHS (*Your Occupational Health Service. NHS Employers December 2013*).

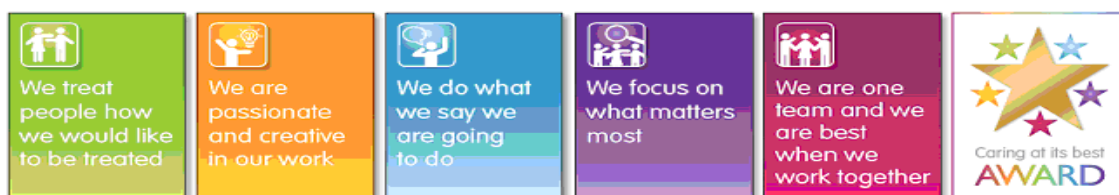
Valuing our staff – reward and recognition

We recognise that our staff are the most valuable resource we have and are key to the delivery of high quality services for the benefit of the population of Leicestershire, Leicester and Rutland.

The vast majority of our staff are on national NHS pay, terms and conditions which include a comprehensive set of employment policies and procedures.

This year we used two 'Listening Events' to shape and develop a reward and recognition strategy designed to support the motivation, recruitment and retention of a high quality workforce. This is built around six key themes: pay and reward, benefits, learning and development, health and wellbeing. Together these form our 'employer brand' which is underpinned by our values. A cornerstone of this strategy is the formal celebration of staff achievements.

Our 'Caring at its Best' Awards Ceremony recognises individual staff and teams who epitomise our values and directly or indirectly enhance quality of patient care. Colleagues, patients and visitors make nominations and all those who have been winners and highly commended throughout the year are invited to the ceremony when overall winners are announced together with a winner for the category 'volunteer of the year'.



Our learning and development awards recognise staff who have invested time and energy in their personal development to enhance the experience of patients and carers. At our 2014 annual event more than 140 learners were presented with certificates for successfully completing vocational, skills for life or leadership / management qualifications. A number of special achievement awards were also presented by members of the trust board.

Attracting and retaining staff – our staff benefits scheme

We introduced more highly popular 'salary maxing' salary exchange schemes to further aid employee retention. These included a salary maxing car scheme providing a brand new car, with around 200 people signing up in the first year alone. The Take IT Home provided the latest computing technology to our staff. The salary maxing benefits portal allows staff to consolidate all their benefits and savings in an easy to use way.

The first ever staff benefits fair was held during March at each of the main sites attracting around 1,100 employees. The fair offered employees the opportunity to visit a wide variety of stalls including 'the full range of salary maxing' offerings, staff accommodation, payroll, pensions, training and development, travel, wellbeing at work, AMICA staff counselling, occupational health, STOP smoking service and the staff Lotto.

We also launched our salary maxing benefits pages on our internet pages attracting enquiries from prospective employees about the benefits of working with us.

Our 'salary maxing car scheme' was Highly Commended in the prestigious 'Pay and Benefits Awards 2014' in the best Salary Sacrifice category.

Health and safety

We have now integrated health and safety, local security management and manual handling under one management umbrella. Health and Safety Services gives us a platform for delivering key elements of the patient and staff safety agenda under a much more robust system.

Key achievements so far include:

- integration of the three services
- cost efficient management of the patient surfaces management contract
- completion of the innovative manual handling work on the care of the bariatric deceased
- a reduction in RIDDOR reportable workplace injuries compared to last year
- conflict resolution training (CRT) for staff – there was a 500per cent increase in staff completing the various courses compared to 2012/13
- manual handling training compliance rose to 74per cent– an increase of 15per cent on last year
- introducing the health and safety e-learning course from 1 April 2014.

During 2014/15 our Health and Safety Service will carry out an organisation-wide training risk analysis to ensure that all CRT training programmes target the right staff at the right time with bespoke programmes specific to job roles. We also be recruiting a qualified conflict resolution trainer to deliver our CRT training plan and introduce our new induction programme featuring revised manual handling training courses.

Other plans for 2014/15 include:

- complete the integration of the health and safety role with that of local security management to give greater resilience to both areas
- two members to complete the local security management specialist training from NHS Protect to support the HS/LSMS role
- a trust-wide security audit

- to develop and add roles to the current service
- better service for bariatric patients.

Equality and diversity

We continue to declare legal compliance with the Public Sector Equality Duty supported by a range of activities and processes. In 2013/14 we hosted a conference for staff on health issues for people who are gay, lesbian, bisexual and transgender.

We have seen an increase in use of the interpreting service, improved access for patients with a learning disability to our specialist nursing service and developed an e-learning hate crime training package for staff working in emergency areas and services. In addition we are meeting all of our external requirements via the Quality Schedule and the Learning Disability Self Assessment Framework.

Mainstreaming equality has been the main focus for this year: our equality manager conducted a review of how equality is managed within our clinical areas. The review found that across all areas there is genuine commitment to the principles of fairness, equality of access for patients, carers and visitors as well as equal of opportunity for staff. There is also a good understanding of how to access the various services that are in place to make sure those patients with additional needs are well cared for and not disadvantaged. These include meeting the religious, spiritual, dietary and communication needs of patients.

Key findings from our Workforce Report 2012/2013

Our workforce data was published in January. Broadly ethnic, disability, gender, sexual orientation and age representation has remained the same and is representative of our local population. We have seen a small increase in the number of female medical consultants, and an improvement in the numbers of staff declaring their sexual orientation and disability status. Further work needs to be undertaken in 2014/15 – but the results provide assurance that our human resources (HR) processes do not appear to discriminate against our staff from protected groups.

Our priorities for 2014/15

- Look at career progression for our black and minority ethnic (BME) staff at band 7
- Adopt best practice data collection and reporting for patients and staff
- Conduct a review of our grievances and disciplinary data
- Pilot a women's network
- Monitor patient access to the most commonly used care pathways and experience by protected characteristic
- Ensure equality due regard is built in to all service development and improvement

Building on our relationships with GPs

This year we have continued to build on improving our relationships with GPs and the clinical commissioning groups (CCGs) and to strengthen our communication links. We provide a monthly GP newsletter to update primary care on developments within our hospitals, offer educational sessions to GP staff using through their protected learning times (PLT), practical

sessions and clinical guidance. We maintain a website for healthcare professionals to access key information and provide a GP referrer's guide to explain the services available in our hospitals.

The GP hotline is very popular and we have introduced advice and guidance through choose and book (CAB) to further support GPs. The service has been well received and we hope to attract funding to continue to expand the services we offer to GPs.

Our inaugural GP and consultant conference focused on leading change. In addition we have run regular meetings for CCG lay-members to discuss health issues with directors including the chief executive.

Valuing people – valuing our patients

Patient experience

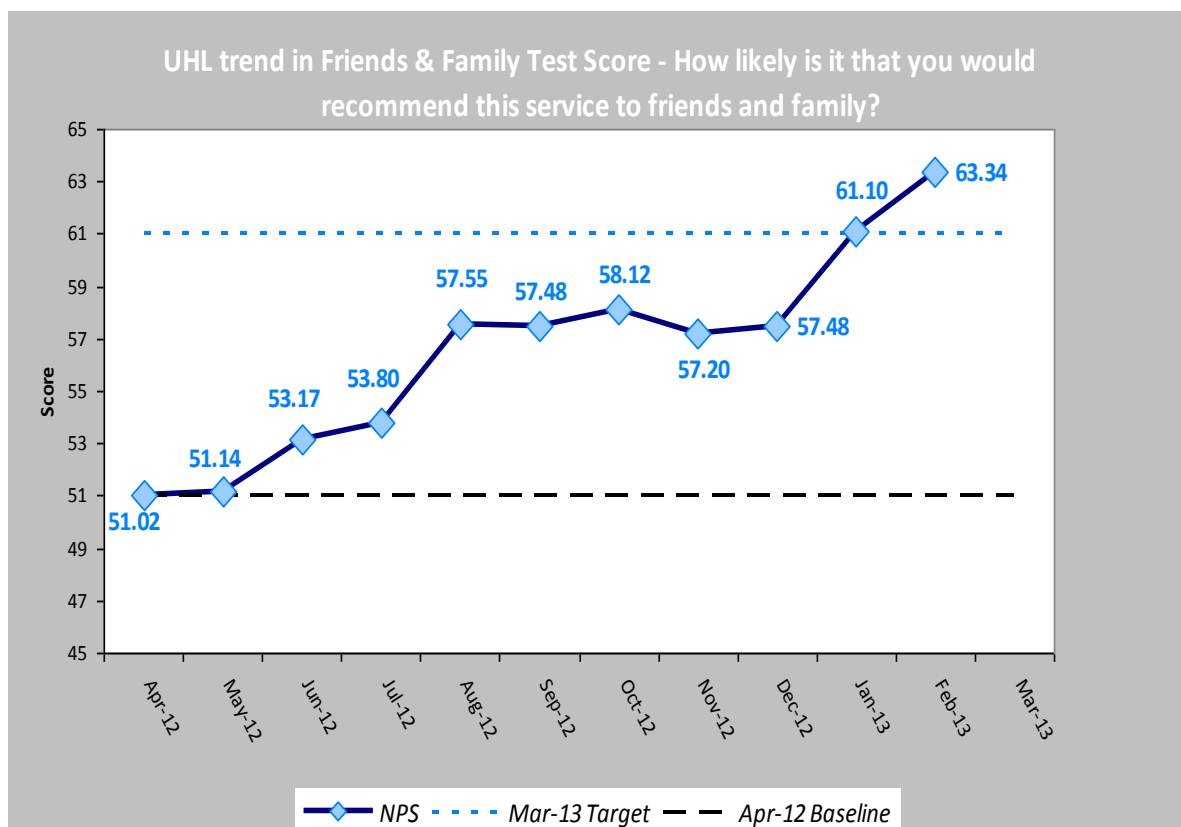
We continue to offer patient experience surveys to all patients, families and carers, so they can provide feedback on the care they have received across all services. The survey continues to ask the nationally set friends and family test question: *‘how likely are you to recommend our ward/unit to friend and family if they needed similar care or treatment?’* Extremely likely, likely, neither likely not unlikely, unlikely, extremely unlikely and don’t know.

The friends and family test results are available for each ward and department and feedback is reviewed by the clinical teams, and acted upon appropriately. The friends and family test can be collected using various methods including paper surveys, touch screens, hand held devices, QR scanning, texting, emails and through our website.

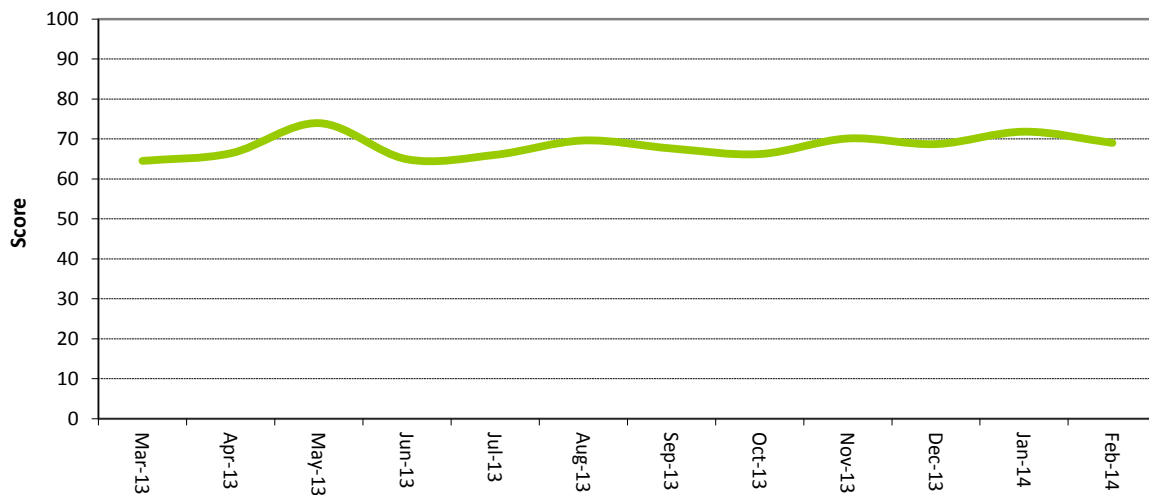
We began a 12-month trial, texting patients who have attended the endoscopy unit at Glenfield and the fracture clinic at the Royal Infirmary. Patients are asked if they would like to take part in the trial and provide their mobile number to a member of staff, who sends the friends and family test to their mobile phone, where they have the option to send free text comments. So far there has been an overall 54per cent success rate.

We have been offering the test in Gujarati, Punjabi and Polish as part of a trial on three wards. The results and comments are then translated into English and used to develop the service.

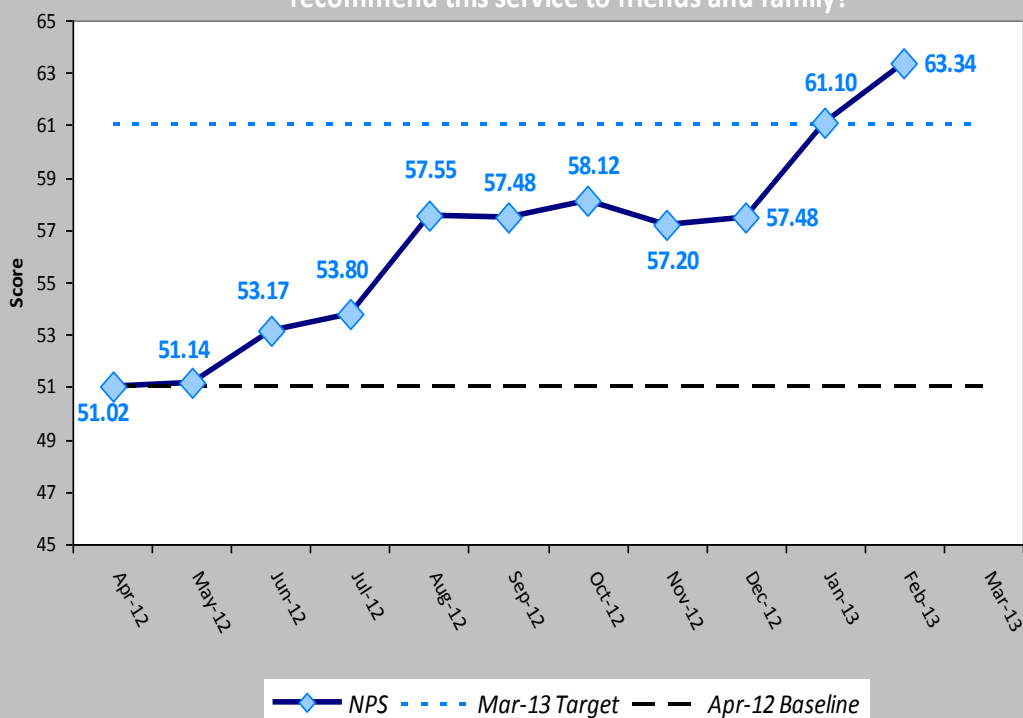
There has been year-on-year improvement in our test scores as detailed in the charts below.



Inpatient - Friends and Family Test Score



UHL trend in Friends & Family Test Score - How likely is it that you would recommend this service to friends and family?



Message to Matron

Message to Matron cards are available at the entrance to most clinical areas and give patients, relatives, carers and visitors the opportunity to 'tell us what they think'. The cards include space for comments to be given about any aspect of the service and allow the public to leave their name and number so the matron can contact them to provide further information. Matrons are able to act immediately on any issues and concerns.

Similar schemes such as 'Postcard to Leicester' in outpatients and 'you help us learn' in maternity continues to be used.

Volunteer surveys

Throughout the year our volunteers carry out surveys within the trust. Volunteers make the patients feel at ease and give the volunteers very useful feedback. This year they have completed surveys on:

- call bells and the length of time it takes for them to be answered and patients being informed about them
- involved in care to discover if our patients feel they are involved in the care and decisions made about them and an
- older people's survey, to discover what matters most to older people when they come into hospital.

Trust board stories

Monthly trust board meetings are open to the public in the afternoon, where the patient experience team present a monthly patient story. This can be about a good experience or an experience where improvements could be made. The stories can be presented by a patient in person or through video and audio recordings, and give us valuable feedback which can help to develop services.

Privacy and dignity

The patient experience team conduct a three-monthly privacy and dignity walk round, along with a manager linked to Interserve (our provider of estates services) and a senior nurse from the areas visited. The team ensure that the clinical areas allow patients to maintain their privacy and dignity while in hospital by checking wards to ensure that patients from both sexes have access to the appropriate bathroom facilities and that there is appropriate signage in the clinical areas. Any areas that are not compliant are addressed and appropriate changes are made.

Carer's post

Following discussion with carers at a forum, we introduced a new role in February 2014. The carers' advice/support and liaison worker works on eleven wards at the Royal Infirmary, identifying and supporting carers while the person they care for is in hospital ensuring that they are given the right information and involvement in the care planning and discharge planning of the person they care for.

She has been able to support a number of carers and signpost them to appropriate services to support them when the person they care for is discharged home.

Improving experience for patients and staff

We held three training days for medical and nursing staff in October 2013 focusing on ways to improve communication and the experience patients get while in our hospitals. It gave a greater understanding of different communication types and how we can adapt our communication methods. The training days were well received by staff, who went away armed with new ideas to develop the services that are offered.

Discharge experience

Multidisciplinary board rounds have been introduced daily in all medical wards at the Royal Infirmary and Ward 2 at the General monitored through daily conference calls which includes members of integrated discharge team, social care and pharmacy.

To improve communication with patients we now provide leaflets called 'Leaving hospital' and 'Now you are getting better' to help them plan.

To ensure privacy and dignity standards are met for all patients, outdoor clothes are now available for patients to go to a discharge lounge (if they do not have their own in hospital).

Involving our members and the wider public

This year we have been improving and refining the ways in which we talk and work with our members, patients and the wider public. We have recruited several new patient advisors – we now have 16 – who provide a lay perspective across the organisation on many boards, committees and projects. When we reorganised our management structure to create seven clinical management groups (CMGs), we allocated at least two patient advisors to each CMG. All CMGs have a named lead responsible for coordinating patient and public involvement (PPI) activity in their area.

Our public membership has now grown to more than 14,500 people. Members are invited to a range of engagement opportunities, as well as our monthly medical talks (now '*Leicester's Marvellous Medicine*'). Over the year the number of our younger members has also increased, with many joining as a first step to volunteering with our hospitals.

In November 2013 the popular Prospective Governors group was consulted on the general direction of meetings over the coming years. The focus of the meetings will be on engagement between our public members and the trust board, with the agenda being set by our members and us.

The involvement of patients has become fundamental to the management of our new Listening in to Action (LiA) projects and each of the 12 new 'pioneering teams' includes a patient representative who participates in the running and development of the project. The patient representatives on these project groups have been drawn from our patient advisors, members of Healthwatch and also members of our Prospective Governors group.

In December 2013 our chief nurse held a successful listening event in which patients were invited to share their experience of care at our hospitals. More than 50 people took part in this event and despite the fact that some experiences were not positive, the event was well evaluated by both participants and our staff. The format will be used again for an event later in 2014.

Older People's Champions network

We have an active Older People's Champions network made up of staff from a range of backgrounds and specialties who have volunteered to support older people within the clinical setting to promote excellence in practice and a responsive individualised service.

Champions can be identified by patients, their family and carers by their Older People's Champion badge. To date, more than 1,700 members of staff have been trained to become an Older People's Champions.

To support September's Older People's Month, an Older People's Champions celebration event took place entitled 'Listening to Older People' and focused on patient experience feedback from older people and their carers.

More than 100 staff and volunteers attended the event to learn more about what matters most to older people in hospital as well as sharing ideas in how we can make a difference in practice.

External agencies including Age UK, Alzheimer's Society and Older Peoples Engagement Network supported the day.

There were key speakers from consultants, volunteer services, education and practice development, patient experience and health care assistants. A carer also shared her story of how the Carers Support and Information Programme (CrISP) which we support, in partnership with the Alzheimer's Society, has helped her in caring for her mother.

Three workshops were run throughout the day to promote dementia champions, the patient profile and Parkinson's disease.

At the end staff were asked what they would do in their areas to improve the experience for older people in our hospitals, the main theme was to listen more to older people.

Meaningful activities

Meaningful Activities Facilitators were appointed in September 2013 to provide additional support for people with dementia. Activities supporting physical, sensory and psychological wellbeing help to gain deeper understanding of the person behind the dementia.

With the Alzheimer's Society, we have implemented three 'Carers Support Programmes' for new carers of people with dementia. Further funding has now been secured for four more programmes to continue in 2014/15.

Providing spiritual and religious care

Our chaplaincy aims to provide high quality, safe and compassionate spiritual and religious care in a cost effective way. We provide patient-centred care to enhance the experience of patients and bereaved families.

Over the year our chaplains and chaplaincy volunteers made more than 14,000 visits to patients. This is an invaluable part of our commitment to deliver 'caring at its best' to patients and their relatives' right up to the end of life. Chaplains support those who face emotional distress arising from questions concerning life, death, meaning and purpose – questions that can be acutely highlighted by illness and suffering. We ensure that a chaplain is available day and night for when patients or families ask to see a chaplain urgently (especially around the time of death).

We provide multi-faith chapels and prayer facilities on each site, for the use of patients, visitors and staff. The chaplains, who are from various faiths, also help patients continue to perform their religious rituals while they are in hospital.

The chaplaincy is not only for 'religious' people. On many occasions people with no faith find comfort and strength from talking to someone who is a part of the healthcare team, but not involved in their immediate care on the ward. Often patients want to talk about how their illness is affecting them and their family.

Volunteering

We have been running our volunteer service for 12 years and have around 800 active volunteers at any time. Some are involved in volunteering as a route to a future career or further education, some to 'give back' and others because of where they are in their life: so we have a constant throughput of people and we are always recruiting to our volunteering team. There are more than 100 different volunteering opportunities across our hospitals. Our

volunteers are as diverse as the community we serve and each require individual support and management.

The profile of volunteers is much higher than in previous years and the range of activities that they are involved in is increasing. Volunteer roles are carefully selected and monitored to make sure that they fit within the acceptable standards for volunteer involvement.

This year we have been working towards the Quality Mark Investing in Volunteers to reinforce and recognise our commitment to volunteers. The assessment process requires standards to be met in nine different areas: these range from a promise to commit adequate resources to support volunteers and to offer clear recognition for volunteer involvement to having clear recruitment and training policies and procedures to ensure the safety and wellbeing of volunteers and the patients they support.

We have already completed the first stage of the assessment – the provision of paper evidence and statistics – and the assessment stage commences in May. Stage two involves a visit by an assessor who will speak with volunteers and staff and observe volunteers ‘in action’ to establish whether or not we are following our good practice guidelines.

Achieving this Quality Mark will represent a huge leap forward for our service in recognising the contribution that volunteers make towards patient care. This not only impacts on the importance that is placed on the extra support that volunteers can give to patients and their families but also on the value of our individual volunteers. Each volunteer is unique in their motivation and involvement as a volunteer – they all bring something special to the role.



Sustainability

We are fully committed to supporting and implementing sustainability across a wide and diverse range of services and procurement initiatives and this was reinforced by the presentation of a sustainability plan to the our trust board in May 2013. The plan outlined the main requirements to implement the plan.

We are a key member of the Leicester Leicestershire and Rutland FM Energy and Sustainability group which has been established by NHS Horizons and Interserve to provide technical and statutory compliance guidance in support our sustainability strategy. NHS Horizons and Interserve also ran a series of events promoting sustainability, leading up to the NHS Sustainability Day on the 27 March and beyond.

NHS Horizons have started the process for gathering data for the 2014 ERIC (Estates Return Information Collection) return and are on course to meet the mid-June 2014 deadline for submitting the return.

Energy and Sustainability Projects

Heating and Power There are two schemes to install new and improved combined heat and power (CHP) units at the Royal Infirmary and Glenfield that will reduce carbon emissions by a total of 4,707 tonnes.

Description	2009/ 2010	2010/ 2011	2011/ 2012	2012/ 2013	2013/ 2014	Annual Change		Overall change 2009-2014	
Gas usage (KWh)	93,697,272	96,694,476	85,673,210	86,601,762	83,164,032	-3,437,730	-4.14%	-10,533,240	-11.24%
Electricity Usage (KWh)	36,426, 819	39,489,130	42,535,080	46,390,022	48,522,097	2,132,075	4.39%	12,095,278	33.20%
Totals (KWh)	130,124,091	136,183,606	28,208,289	132,991,784	131,686,129	-1,305,655	-0.10%	1,562,038	1.20%
Costs (£)	£5,136,734	£5,282,765	£6,479,603	£7,223,638	£7,995,022	771,384	9.65%	2,858,288	55.64%
CO2 Emissions (Tonnes)	36,910	39,236	38,881	41,334	40,724	-610	1.48%	3,814	10.33%
CO2 Emissions (CRC Cost)	N/A	N/A	£376,571	£404,539	£400,777	-3,762	-0.94%	N/A	N/A

Refurbishment of our restaurants: During refurbishments we looked for sustainable elements and introduced:

- recyclable wooden furniture and fittings
- recyclable wooden cutlery and recyclable takeaway packaging.

Minor works / refurbishment projects: Lighting upgrades have introduced low energy LED technology at the General and Glenfield hospitals.

At the Royal Infirmary the emergency department (ED) flooring and theatre recovery projects have both received a very good BREEM rating for sustainable building and development. BREEM sets the standard for best practice in sustainable building design, construction and operation and has become one of the most comprehensive and widely recognised measures of a building's environmental performance.

Reduce chemical usage: Interserve has introduced microfibre cleaning technology. This new method of cleaning all clinical and non-clinical areas has reduced chemical usage across our hospitals.

Waste disposal and recycling: Our waste management committee has proposed a Waste Awareness week in July 2014. Reducing waste at source, using materials from sustainable sources and recycling are key initiatives for the group.

Travel management

Our Travel Plan was approved by the board in December 2013 and incorporates a range of environmental initiatives.

Discussions have and continue to take place with Leicester City Council and Leicestershire County Council with regards to park and ride opportunities. We are also working with the councils to establish a travel portal. This will provide information on all modes of transport.

Alternative staff travel – including cycling and walking initiatives – is being actively promoted and the new Leicestershire car share scheme has been launched. We have always been part of the Leicestershire Car Share scheme, but this scheme has been re-launched with a new website. Our staff can choose to share with other staff alone or with people outside of Leicester's Hospitals.

Patient information and liaison service (PILS)

Feedback from our patients, their relatives and carers is a valuable opportunity for us to review our services and make improvements. We encourage dialogue with staff, giving an opportunity for immediate action and resolution. To further support our patients, the Patient Information and Liaison Service (PILS) provides information and advice on how concerns can be managed. They are contactable via a free phone telephone number, email, website, in writing or in person.

Activity through the PILS continues to increase, which is a reflection in part of the ease in reporting concerns, as well as the increased profile for complaints management and issues of patient safety within the media.

We have also seen a significant increase in formal complaints received and investigated in 2013/14 from the previous year.

PILS Activity	2013/14	2012/13	2011/12	2010/11
Verbal complaints	1390	1054	1152	1289
Formal complaints	2057	1549	1723	1531
Concerns	346	343	66	-
Request for information	203	292	434	356
Total	3996	3238	3375	3176

Complaints

We endeavour to respond as quickly as possible to all issues raised, with a standard for 95 per cent compliance within the agreed 10, 25 and 45 working day performance targets. The table below identifies, by clinical management group (CMG) and speciality, how we managed during the year. Clearly we could have done better and by re-organising the team and working closer with the CMGs, we endeavour to see an improvement over the coming year.

The CMGs have been requested to scrutinise their complaints response performance and ensure that statements from clinicians and final responses letters are provided within the required timescales. Improved compliance with complaints performance will be monitored through the CMG Quality and Safety Board meetings and poor performance escalated to the Executive Quality Board.

An improvement trajectory of >90% compliance for 10, 25 and 45 day complaints was set for all CMGs to achieve by May 2014, but due to an increase of activity across the service this has not been met. Performance to date for quarter 1 2014/15 has shown an improvement.

10 and 25 day Performance – 1 April 2013 to 31 March 2014

	10 day				25 day			
	Number received	No. replied within 10 days	No. replied over 10 days	% replied within 10 days	Number received	No. replied within 25 days	No. replied over 25 days	% replied within 25 days
Emergency Care	37	34	3	92%	91	78	13	86%
Specialty Medicine	31	24	7	77%	112	84	28	75%
Cardiac, Renal, Respiratory	22	18	4	82%	50	42	8	84%
Respiratory and Thoracic					4	4	0	100%
Imaging & Medical Physics	21	20	1	95%	9	9	0	100%
Professional Services	8	8	0	100%	11	10	1	91%
Cancer, Haematology, Urology, Gastroenterology and Surgery (CHUGS)	39	33	6	85%	98	84	14	86%
Renal, Respiratory and Cardiac (RRC)	11	9	2	82%	50	34	16	68%
Emergency and Specialist Medicine	37	27	10	73%	134	89	45	66%
Intensive Care, Theatres, Anaesthesia, Pain Management, Sleep (ITAPS)	3	3	0	100%	10	9	1	90%
Musculoskeletal and Specialist Surgery	133	128	5	96%	105	92	13	88%

	10 day				25 day			
	Number received	No. replied within 10 days	No. replied over 10 days	% replied within 10 days	Number received	No. replied within 25 days	No. replied over 25 days	% replied within 25 days
Clinical Support and Imaging	23	22	1	96%	33	26	7	79%
Women's and Children's	9	8	1	89%	106	94	12	89%
Corporate and Legal Affairs	1	0	1	0%	0			
Trust Medical Director	1	0	1	0%	0			
Finance and Procurement	3	1	2	33%	1	0	1	0%
Human Resources	2	2	0	100%	0			
Interserve	33	26	7	79%	5	4	1	80%
NHS Horizons	13	11	2	85%	11	9	2	82%
Nursing	2	2	0	100%	8	6	2	75%
Operations Directorate	1	1	0	100%	4	2	2	50%
Pathology	3	1	2	33%	1	1	0	100%
Specialist Surgery	157	156	1	99%	79	75	4	95%
GI Medicine, Surgery, Urology	58	56	2	97%	121	102	19	84%
Cancer, Haematology, Oncology	10	9	1	90%	20	20	0	100%
Musculoskeletal	23	23	0	100%	73	69	4	95%
Intensive Care/Theatres/Anaesthesia/Pain Management/Sleep	3	3	0	100%	12	12	0	100%
Women's	22	22	0	100%	81	77	4	95%
Children's	0				29	25	4	86%
Totals:	706	647	59	92%	1258	1057	201	84%

45 day performance | April 2013 - Feb 2014

The final data will not be available until June

	Number received	No. replied within 45 days	No. replied over 45 days	% replied within 45 days
Emergency Care	9	6	3	67%
Specialty Medicine	5	4	1	80%
Cardiac, Renal, Respiratory	3	3	0	100%
CMG - Cancer, Haematology, Urology, Gastroenterology and Surgery (CHUGS)	6	4	2	67%
CMG - Renal, Respiratory and Cardiac (RRC)	1	0	1	0%
CMG - Emergency and Specialist Medicine	7	5	2	71%
CMG - Clinical Support and Imaging	1	1	0	100%
CMG - Women's and Children's	2	2	0	100%
Specialist Surgery	1	1	0	100%
GI Medicine, Surgery, Urology	8	7	1	88%
Cancer, Haematology, Oncology	2	2	0	100%
Musculoskeletal	3	3	0	100%
Women's	4	4	0	100%
Children's	3	3	0	100%
Totals:	55	45	10	82%

Freedom of information

The Freedom of Information (FOI) Act was passed on 30 November 2000, and the full Act came into force on 1 January 2005. The Act applies to all public authorities including us. The purpose of the Act is to allow anyone, no matter who they are, to ask whether information on a particular subject is held by us and to ask to see that information. The Act sets out exemptions from that right, covering any information that may not have to be released.

In 2013/14, we received **500** Freedom of Information requests and/ or requests for environmental information, compared to 370 in 2012/13 (a 26% rise in requests).

We responded to 96% of these requests within the statutory 20 working-day deadline in 2013/14. Many of these requests contained multiple individual questions, with information needing to be obtained from more than one clinical or corporate area of our organisation – the table below shows the number of times that different areas had to provide information during the year to respond to all of the individual questions within those 500 FOI requests.

Some information (such as patient information leaflets and Trust-wide policies) is already publicly available on our FOI publication scheme – you can find this on our external website in the Freedom of Information section.

Freedom of Information/Environmental Information Regulation requests received between 1 April 2013 and 31 March 2014, split by Clinical Management Group (CMG)**/Corporate Directorate

Area	Number of times asked to provide FOI data in 2013/14	Approx % of overall 2013/14 FOI activity
Finance and Procurement	95	19%
Human Resources	84	16.8%
Corporate Nursing	53	10.6%
Women's and Children's CMG	41	8.2%
Clinical Supporting and Imaging CMG	39	7.8%
Emergency and Specialist Medicine CMG	37	7.4%
Strategy	36	7.2%
Operations	34	6.8%
Cancer, Haematology, Urology, Gastroenterology and Surgery CMG	31	6.2%
NHS Horizons (facilities management issues)	29	5.8%
Information, Management and Technology	29	5.8%
Corporate Medical	27	5.4%
Musculoskeletal and Specialist Surgery CMG	21	4.2%
Corporate and Legal Affairs	19	3.8%

Freedom of Information/Environmental Information Regulation requests received between 1 April 2013 and 31 March 2014, split by Clinical Management Group (CMG)/Corporate Directorate**

Area	Number of times asked to provide FOI data in 2013/14	Approx % of overall 2013/14 FOI activity
Renal, Respiratory and Cardiac CMG	18	3.6%
Critical Care, Theatres, Anaesthesia and Pain Management CMG	11	2.2%
Marketing and Communications	4	0.8%
Research and Development	1	0.2%

Many of the requests involve multiple clinical areas/corporate teams, so the numbers shown above are higher than the total number of 500 FOI requests received in 2013/14.

*** Clinical Management Groups were formed in November 2013, replacing our clinical divisions. In the table above, requests have been allocated to whichever CMG now covers that particular service.*

Information governance

Protecting patient privacy continues to be one of our key objectives and has been supported by a range of new activities to ensure that risks arising from the management of personal data are managed to the highest standards.

With changes across the NHS impacting on our services there needs to be a drive to protecting patient's privacy. Sharing information remains an important part of the way in which the NHS operates as whole but we can only provide information where there is a clear legal basis. A new project to secure sharing of information has been introduced and will deliver improvements during 2014/15.

Our performance with all compliance targets continues to improve during this year. We achieved a related objective to train all staff to understand information rights. Our privacy strategy is now focused on making the most of the technologies and services that allow information to be managed to the greatest benefit of the public.

Information Governance incidents

Category		
1	Loss of inadequately protected electronic equipment, devices or equipment from secured NHS premises	2
2	Loss of inadequately protected electronic equipment, devices or equipment from outside secured NHS premises	2
3	Insecure disposal of inadequately protected electronic equipment, devices or paper documents	2
4	Unauthorised disclosure	4
5	Other	0

Emergency planning

This year has seen big changes in how we as an organisation and the NHS operate. The emergency planning team has been working with our new facilities and IT providers as well as local NHS organisations to ensure continued resilience in local NHS services.

The team hosted a placement student from De Montfort University's Master's programme who worked on ensuring that we could identify the risks of failure in our supply chain, and what suppliers had in place to continue providing goods to our hospitals. As a result of their work the supplies team now has a plan for responding to supplier failures.

The rest of the team has focused on the development of the new major incident plan and local business continuity plans for all service areas. More staff have now been trained in what to do when an incident occurs and recent minor incidents have shown that staff are using their training. The team has also redeveloped the trust control room where duty managers operate. This gives the team, senior manager and director's on-call access to the latest information.

In November we took part in an NHS England regional exercise that saw Leicestershire respond to a fictitious train crash with chemicals involved. We responded well with a positive outcome from the exercise, but there are undoubtedly a few areas of improvements that we are working hard to resolve.

During 2014/15 the team working on hospital evacuation, pandemic flu, internal incidents, chemical, biological, radiological and nuclear (CBRN) incidents and developing local and trust-wide exercise of the major incident plan.

Procurement and supplies

The Department of Health published procurement guidance '*Better Procurement, Better Value, Better Care*' in August 2013 followed by an e-procurement strategy in February 2014. Both documents have a focus on improved data, collaboration and improving procurement skills.

Our procurement strategy encompasses the areas of priority over the next three years to meet the Department of Health requirements and ensure that we achieve sustainable efficiencies. This Strategy 2014 -2017 has been developed in line with our strategic objectives and the recent Department of Health procurement guidance.

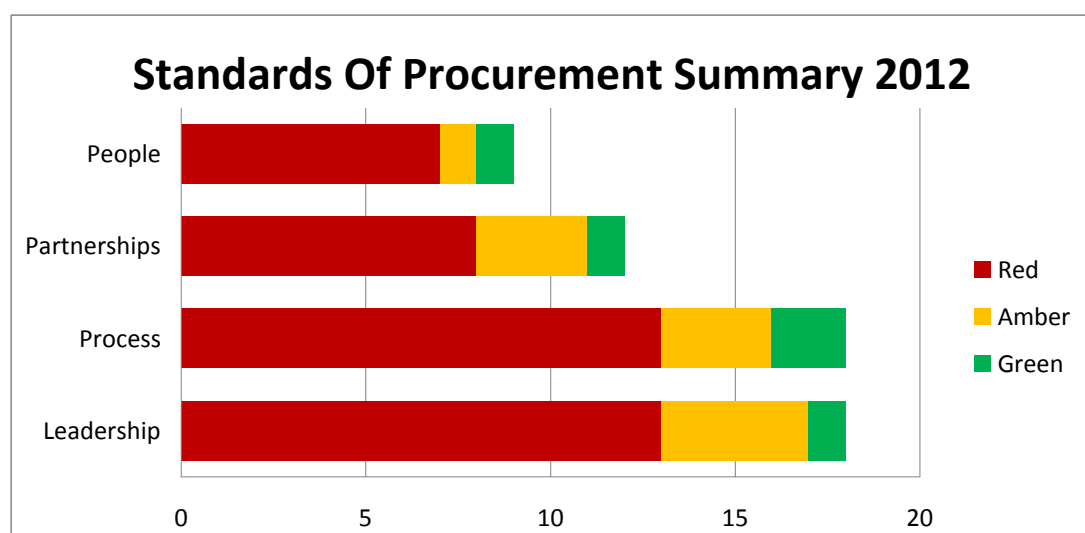
The Department of Health required a non-executive director procurement sponsor to be the point of contact with the National Procurement Development Team. Acting Chairman, Richard Kilner, volunteered to take up this role and will be involved in the procurement summit due to take place in 2014.

Our achievements during the year:

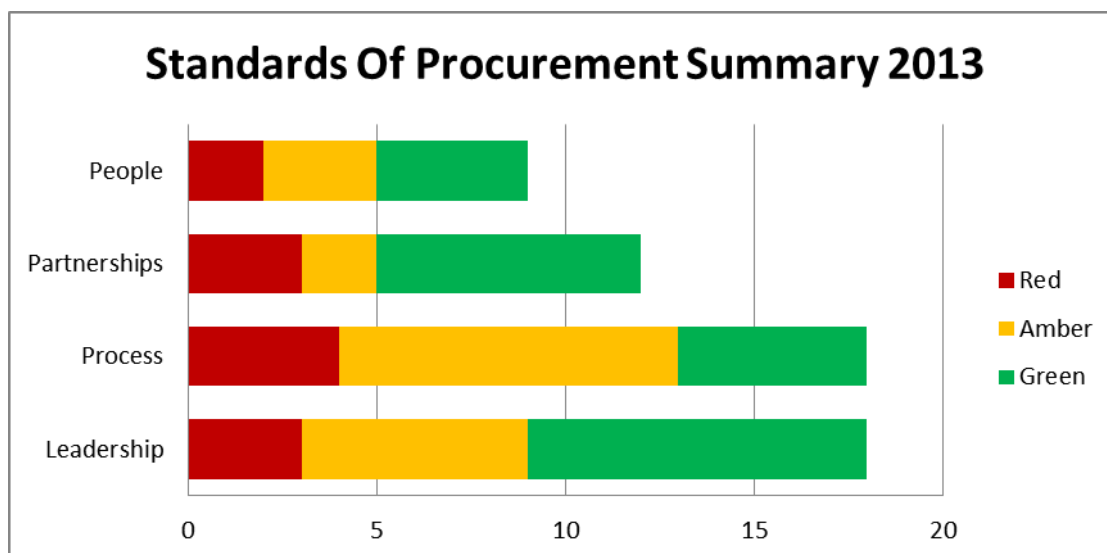
- We made £6m of procurement savings;
- The data about products and prices on the Catalogue was poor and out of date, our first step was to carry out a data cleansing exercise in order to understand the product usage and ordering patterns;
- We have increased the number of products at contracted prices available to the Trust on catalogue from 22,000 to 79,300 product lines;
- Catalogue orders have since increased from 21 per cent to 64 per cent (in January 2014);
- Richard Kilner appointed as the non-executive procurement sponsor;

- We identified who our critical suppliers are and put a business continuity plan in place;
- We have improved buying practise across the Trust by ensuring that all orders have a purchase order. This means we have moved away from processing invoices without purchase orders;
- We have ensured that all non-contracted products ordered, do have e-class codes in order to meet the NHS Standard for quality requirements;
- Staff across the Trust can buy certain approved products from the NHS Supply Chain catalogue. We have made sure that only the products that have been clinically evaluated and ensure value for money are available to Staff to order from our approved products list;
- We reviewed our stock management systems and made recommendations for a transformation of the system which moves to minimum stock holding; manages stock throughout the Trust; reduces clinical time lost in acquisition of products and supports patient level costing. A detailed business case was approved by the Trust Board in July 2013 and is now with NHS Trust Development Authority for final approval;
- We created and introduced a webpage on our intranet, INsite, for Procurement and Supplies which provides a point of communication with a range of materials about the policy, procedures and training material for procurement and stock management;
- We are member of the North of England NHS Commercial Procurement Collaborative (NoECPC) procurement hub allowing access to a greater number of collaborative procurement opportunities which means the Trust can benefit from contracts and savings already negotiated;

In November 2012 we carried out the following baseline assessment:



The assessment carried out in 2013 shows a notable improvement with the following results:



Our priorities for 2014/15

- Progress the procurement standards to achieve Green status in the majority of areas, whilst recognising that some standards may always remain red due to current arrangements and capacity for example having the Procurement Lead at Board level and advertising all procurement opportunities over £10k;
 - Introduce a stock management solution, including restructuring the supplies and receipts & distribution areas to transform the internal supply chain and stock management flow;
 - Achieve £5m of procurement savings;
 - Report procurement progress to the trust board on a quarterly basis;
 - Have a better understanding of all our contracts for non-pay expenditure and to ensure compliance to our Procurement Strategy by introducing a trust wide contracts database;
 - Improve data and introduce GSI level coding which is a standard bar code requirement for all products used by the NHS in the future. The GSI bar code data can automatically identify the product or service and its location at any point in the supply chain.
 - Continue to improve engagement with clinical staff in the role of procurement.
-

Our priorities for 2014/ 15

In November 2012 we set out our plans in our Strategic Direction. Over the last few months we have been working to update our plans in line with our 2 and 5 year strategies.

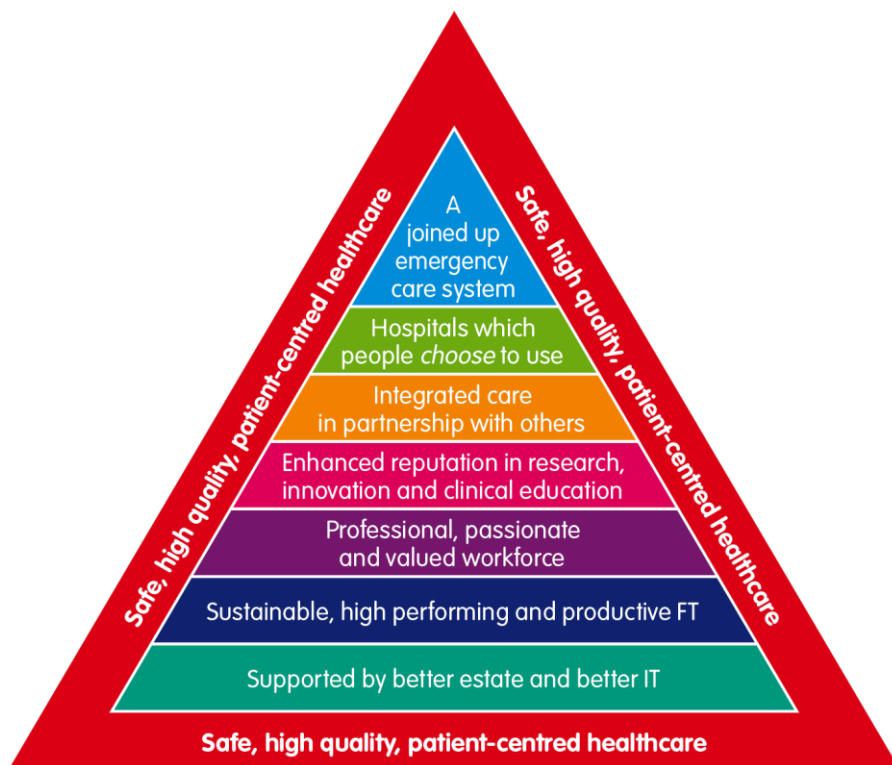
Delivering Caring at its Best pulls together all the major things we are doing to take us to our vision of Caring at its Best and how these plans will take shape over the next couple of years, the specific things that we will be looking to achieve within this in 2014/15.

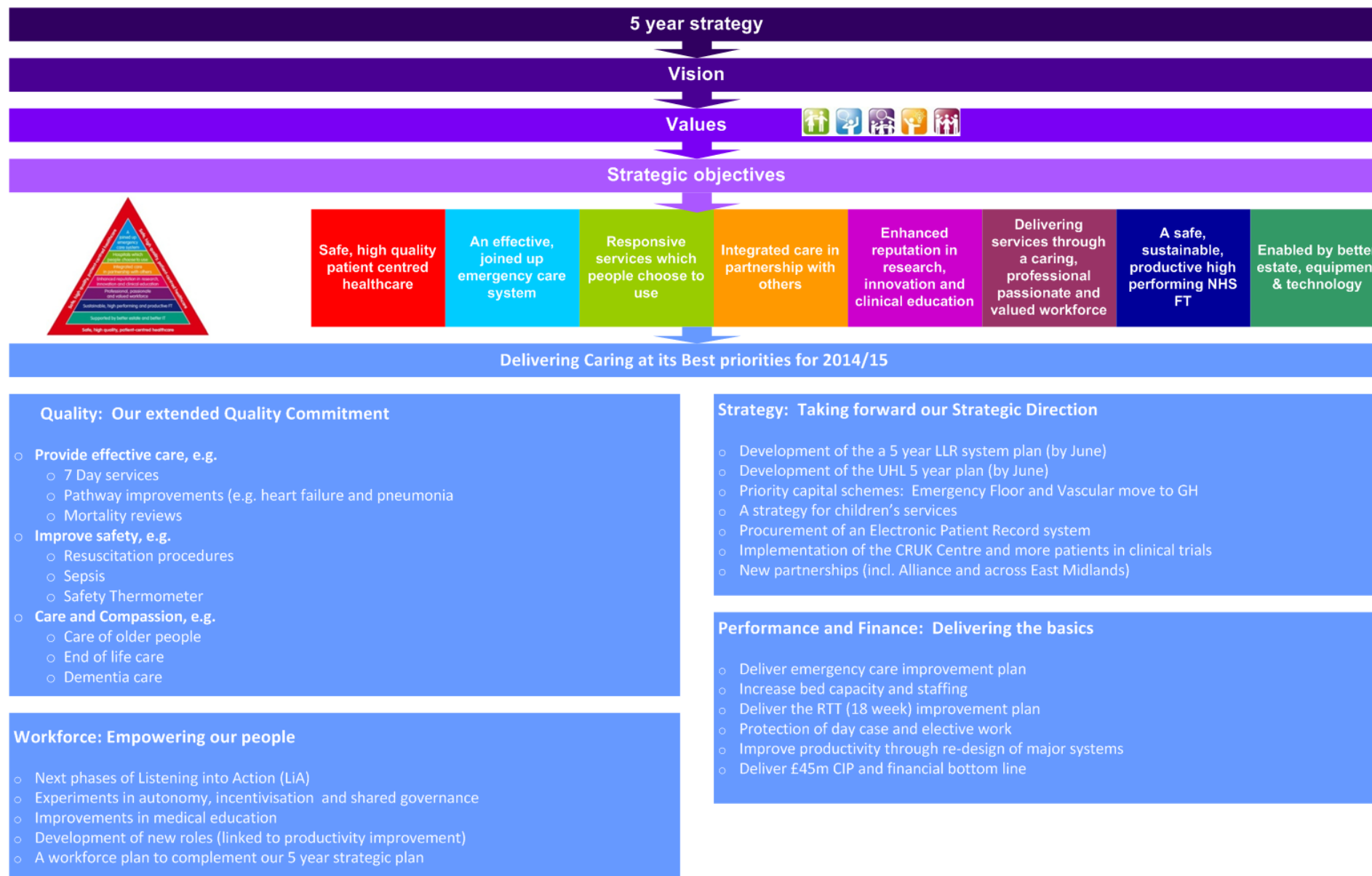
Delivering Caring at its Best (DCAB) includes a whole range of programmes, from the Quality Commitment to our reconfiguration plans, from our IM&T Strategy to Listening into Action. Because it is so complicated, it's very important to be able to see the whole picture.

You will recognise this triangle from the original Strategic Direction, which we have recently been updated, but it keeps the same goals that we set out in the Strategic Direction at the end of 2012. Encompassing our strategic objectives is our aim to deliver 'Safe, high quality, patient-centred care' which is our main purpose.

DCAB is a whole range of programmes, which we have sorted into four categories: Quality Commitment, Performance and Finance, Strategy and Workforce.

The chart over the page details our priorities for the coming year and how they will help us achieve our vision of Delivering Caring at its Best.





Operating and financial review

2013/14 was a challenging year both operationally and financially and we reported a deficit for the first time since our organisation was formed in 2000.

We provide hospital and community based healthcare services to patients across Leicester, Leicestershire and Rutland and specialist services to patients throughout the UK.

As such, our main sources of income are derived from Clinical Commissioning Groups, NHS England, and education and training levies. We are actively engaged with key stakeholders to implement NHS policy to improve health services in the local area through a range of formal and informal partnerships.

Financial review for the year ended 31 March 2014

We have not met all of our financial and performance duties for 2013/14:

- **Balancing the books** - delivery of an income and expenditure deficit of £39.7m.
- **Managing cash** - undershot the revised External Financing Limit by £1.3 million, which is permissible.
- **Investment in buildings, equipment and technology** - invested £36.6 million in capital developments.

Performance against our Financial Plan

We delivered a £39.7m deficit for the year against a planned surplus of £3.7m. Our Annual Operating Plan (the Plan) included income of £745.3m (excluding the impact of donated assets) and expenditure of £741.6m. The principal drivers for the deficit are:

- non-receipt of £15m strategic transitional support;
- £5.3m less non-recurrent transformation funding from commissioners;
- £14.3m relating to in year operating cost pressures and a deliberate investment in nurse staffing to sustain quality of care and patient safety standards; and
- contractual penalties and deductions of £5.2m including a £3.4m increase in MRET deductions.

The final year end position showed the following (excluding the impact of donated assets):

- Total income £770.4m actual; £25.1m over plan.
- Total expenditure £809.9m actual; £68.3m over plan.
- Capital expenditure £36.6m against a revised capital resource limit of £36.6m
- Closing cash balance £515k against a revised target of £500k.

Overview of financial performance

Our challenging financial year was driven by the requirement to deliver a £40.4m (5.5per cent) CIP programme set against the backdrop of the following:

- An opening underlying deficit of £12.5m;
- The net tariff deflator of £2.9m;
- A reduction in teaching and training income of £3m;
- Inflation of just under 2per cent, totalling £13m across pay and non-pay;
- We have managed a higher than planned level of activity in 2013-14 resulting in increased costs, particularly around emergency activity;

In addition the following assumptions were made within the Plan:

- Planned income was stated net of £8m of marginal rate emergency threshold (MRET) deduction and readmission penalties;
- No allowance was made for any performance related fines or performance penalties;
- Service development costs of £10.6m were included. Key priorities included increases in nurse staffing (acuity and supervisory) and investment in services to support emergency patient flow. We did not assume any additional transformational support to fund these schemes.

At the 2013/14 planning stage there were concerns by ourselves and our commissioners regarding the monthly financial performance during the previous year, and our poor access performance, particularly against the 4-hour A&E target.

In order to address this risk and give a greater degree of certainty around delivery of the Plan, our Trust Board determined that strategic transitional support of £15m was required from commissioners to assure delivery of the Plan.

We made a request for transitional funding of £15m in May 2013 to the Local Area Team of NHS England, the NHS Trust Development Authority and CCGs. This was intended to address the risks to the delivery of the Plan and fund the start of strategic site reconfiguration projects designed to address the long-term financial and clinical sustainability of our services. In making this bid, we implicitly acknowledged that site and service reconfiguration is essential to ensure long term financial and clinical sustainability.

There was a difference of view between ourselves and our commissioners as to whether the 2013/14 contracting agreement was understood to have addressed our underlying deficit. It is our contention that this was not the case, hence the need for the bid for transitional support.

In September the issue was referred back to us and CCGs for local resolution, but by that stage the CCGs did not have unallocated resources and were unable to fund the transitional support. In December 2013 we identified a forecast I&E deficit of £39.8m and this is the deficit that has been achieved at the year end.

Balance Sheet

Cash

We initially planned to maintain our cash holdings at £17.3m at the end of March 2014, and this plan resulted in a negative External Financing Limit (EFL) of £1.4m which meant that we would be generating slightly more cash than was necessary to fund our spending.

Due to our deteriorating financial performance and overspending across the year we experienced significant cash flow restrictions from quarter two onwards. This led to poor performance against the Better Payment Practice Code (BPPC) as demonstrated in the summary financial statements.

We were not in a position to apply for longer term financing given the timescales and lack of certainty concerning its granting. Equally, temporary borrowing would have been repayable by the 31st March 2014 and this would not have solved the year end liquidity problem.

The Trust Board was made aware of operational difficulties with cash flow during the first half of 2013/14 and approved a number of measures for the management of cash balances to the year-end, including: the limiting of payment runs; earlier in-month receipts of SLA cash; re-profiling of non-essential capital expenditure; improved accounts receivable performance; and other working capital

adjustments. These measures provided sufficient flexibility to cover payments in the latter part of 2013/14 without prejudicing our liquidity.

The NHS Trust Development Authority (NTDA) reset our External Financing Limit (EFL) from minus £1.4m to £20.7m. This enabled us to reduce our year-end cash balance to £515k and maximise the number of creditor payments that we were able to make whilst still achieving the EFL.

Non-current assets

Total non-current assets have increased by £10.5m as a result of total purchased and donated additions of £37.4m plus completion of assets under construction of £4.3m less depreciation and amortisation of £31.2m.

Debtors

Our debtors have increased by £7.8m mainly due to an increase in year-end invoicing for winter pressure and performance income.

Creditors

Our creditors have increased by £36.1m since the last year end mainly due to the deferral of £5.2m of income due to changes in how we are paid for maternity care; £7.5m due to an increase in capital creditors following increased expenditure late in the year; and a general increase in invoices that were not paid due to the low levels of cash at the year end.

Taxpayer's equity

This represents the methods of funding the assets and liabilities of the Trust. The main balance is Public Dividend Capital and this increased by £4.8m in the year as we received additional funding for the following schemes:

- £2.4m Safer Hospitals Technology Fund
- £0.1m Improving Maternity Care Settings
- £0.6m Nursing Technology Fund
- £1.8m Energy Efficiency Schemes

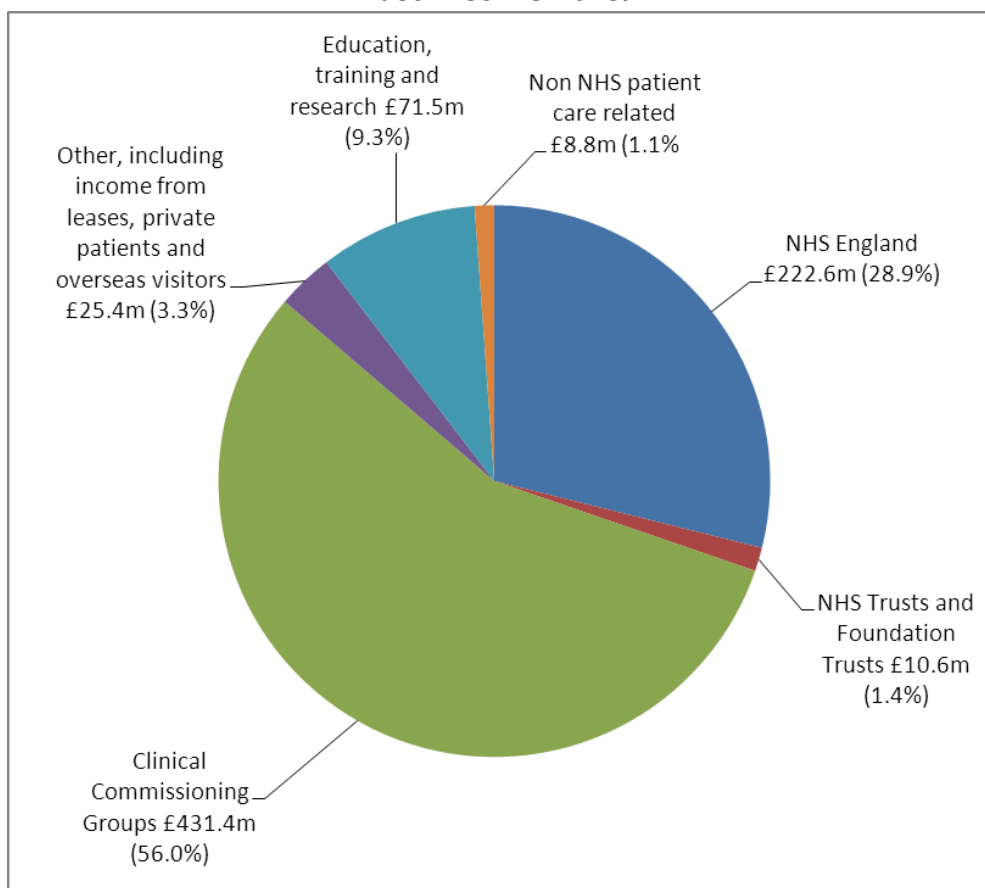
The value of our retained earnings reserve reduced by £39.5m as a result of our financial deficit of £39.7m less £141,000 relating to the value of donated asset receipts (net of donated asset depreciation). This figure is removed from the final retained deficit figure in accordance with Department of Health Accounting guidance. This removes the effect on our financial performance of no longer having a donated asset reserve and ensures that performance can be measured consistently.

Key Financial Indicators

Our income 2013/14

The chart below details the £770.4m of income (excluding donated assets) we received. This is a £12.7m (1.7per cent) increase from the £757.7m received in 2012/13.

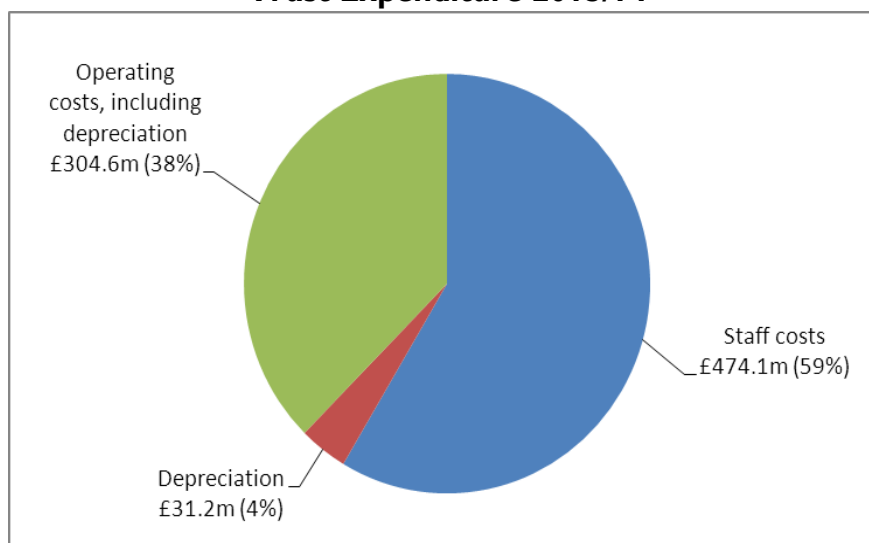
Trust Income 2013/14



What we spent 2013/14

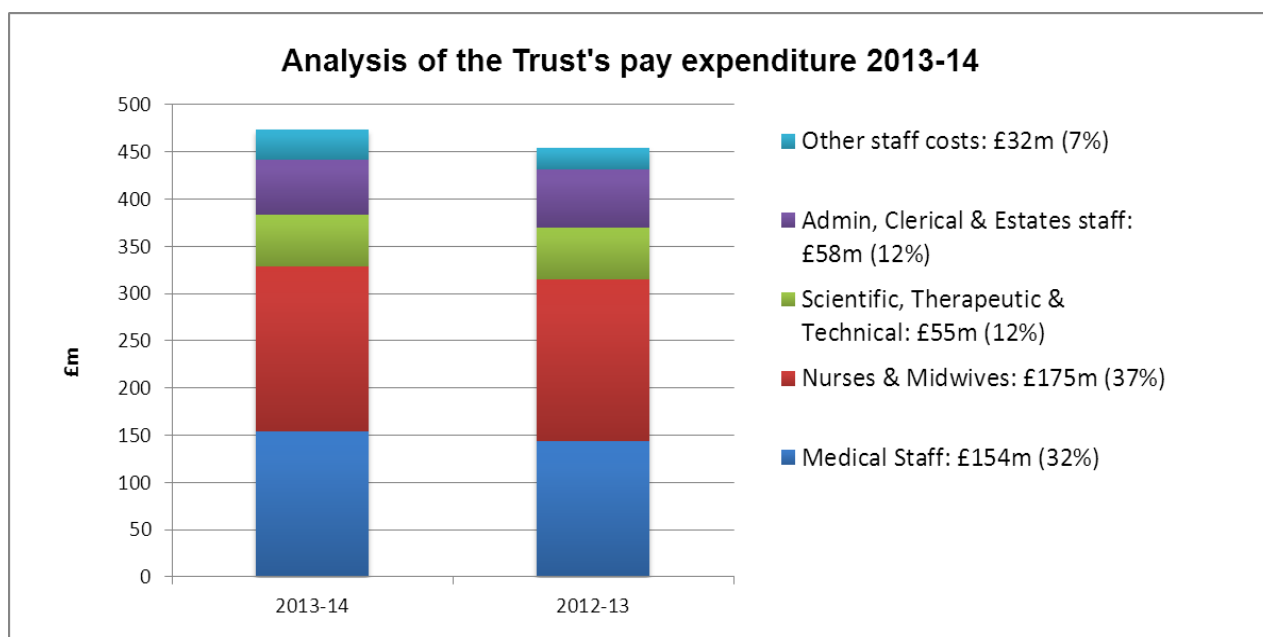
The chart below details the £809.9m total we spent during 2013/14. This is a £52.3m (6.9per cent) increase from the £757.6m incurred in 2012-13.

Trust Expenditure 2013/14



Pay expenditure by staff group 2013/14

The chart below shows we spent £474.1m on pay for 2013/14, which is a £19m (4.3per cent) increase over the 2012/13 total of £455.1m.



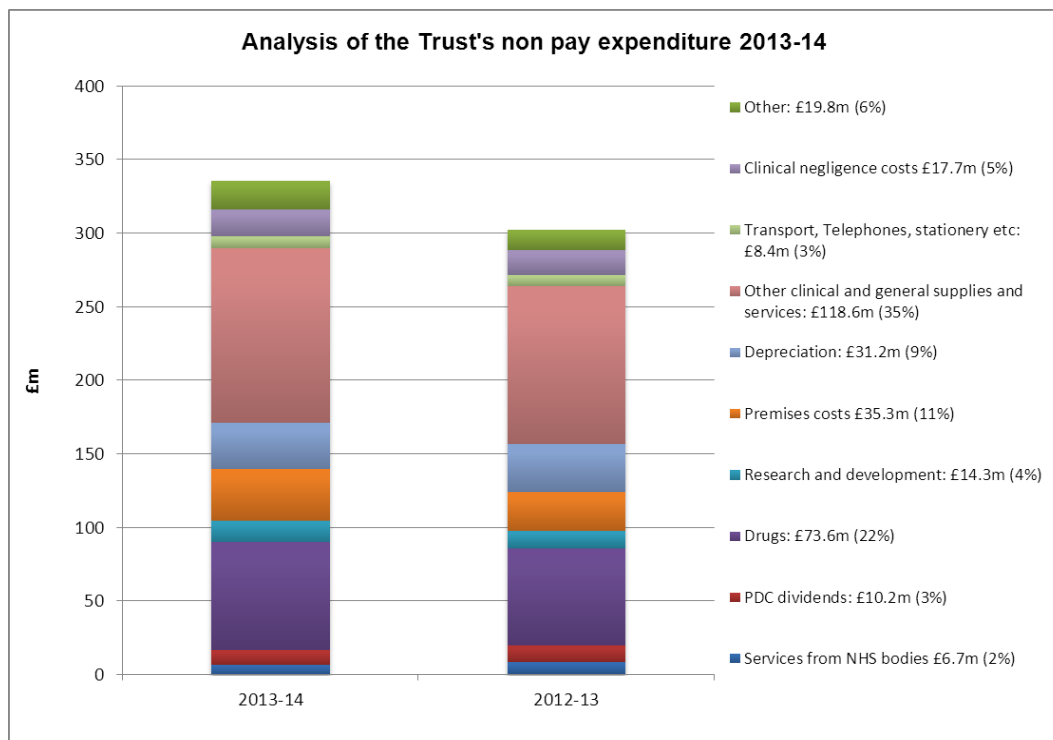
The main factors contributing to the increase in pay expenditure are:

- £4.6m due to a 1 per cent pay award for all staff on 1st April 2013;
- £2.0m incremental drift;
- £3.4m relating to the net increase in staff numbers; and
- other movements including a higher average skill mix of staff due to the movement of staff to both Interserve (Estates and Facilities services) and IBM (Information Technology services).

Non-pay expenditure 2013/14

The chart overleaf shows our non-pay operating expenditure for 2013/14, which was £335.8m, a £33.2m (11.0 per cent) increase over the 2012/13 total of £302.6m. This increase is due to a number of factors including the following increases:

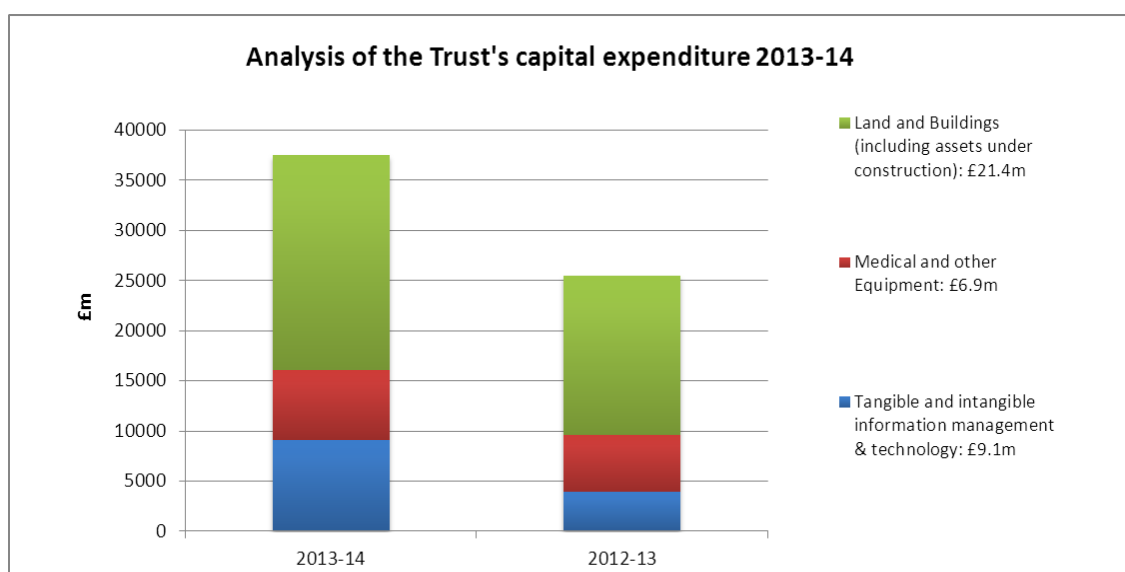
- £10.8m increase in clinical supplies and services costs due to an annual inflationary increase plus additional costs associated with increased patient care activity, with more than 4,000 additional day cases and over 2,500 additional emergency and elective inpatients;
- £8.9m increase in premises costs including the movement of £4.3m from pay to non-pay in relation to the Interserve contract; £3.5m due to the cost of the IBM outsourcing contract and £0.9m due to utility and business rate increases;
- £7.9m increase in drugs costs predominantly due to investment in NICE as well as excluded drugs and devices; and
- £6.1m increase in other expenditure.



Capital expenditure 2013/14

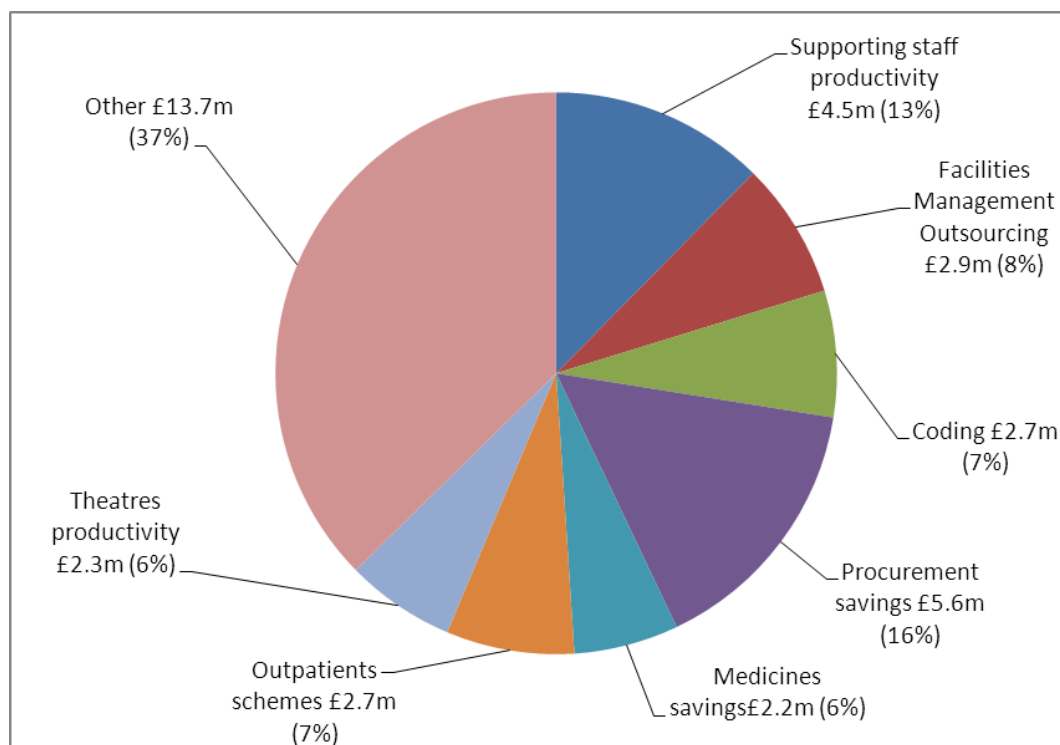
The chart below shows our capital expenditure (excluding adjustments for donated assets) for 2013/14 which was £37.4m, a £12.0m (47.6per cent) increase over the 2012/13 total of £25.4m. This increase is due to the following material items of expenditure:

- £3.15m for the initial works and planning towards the major ED development;
- £2.36m for the phased reconfiguration of maternity areas at the General and Royal Infirmary;
- £1.67m for the creation of new theatre admissions and assessment area at the Royal Infirmary;
- £0.60m for new ventilation systems for cancer wards in the Osborne building to reduce infections; and
- £1.91m for new CHP units funded by the Department of Health to generate green energy.



Our efficiency programme 2013/14

We delivered £36.6m of our £37.7m cost improvement programme during the year. The major components of the delivery of the programme are outlined in the chart below. These were delivered as part of our focus on productivity whilst maintaining high quality patient services.



Managing Risk

We operate within the regulatory framework determined by the Department of Health. Comprehensive risk management is monitored through the Trust Board's assurance framework, which regularly reviews all key risks and action plans. These plans cover clinical as well as corporate and business risks.

As in 2012/13, we will continue to manage key risks linked to management and control of infection, the patient experience, delivery of national waiting time targets, and delivery of financial balance.

The Trust Board continually reviews, and takes steps to develop, contingency plans to address emergencies should they arise. Health and social services partners in the Leicester, Leicestershire and Rutland health economy are jointly committed to the Better Care Together strategic change programme. The Better Care Together programme is designed to address the necessary changes in clinical pathways and service configuration so as to deliver a clinically and financially sustainable health and social care services for the Leicester, Leicestershire and Rutland health economy.

A major factor in our long term planning is our Integrated Business Planning (IBP) approach, which is underpinned by service specific strategies; investment/disinvestment decisions and annual phasing of delivery. The IBP process brings together a number of factors including:

- Trust objectives;
- Contractual requirements;
- Operational targets;
- Activity and capacity planning;
- Cost Improvement plans;
- Workforce planning;
- Budgets and establishments;

- Capital plans;
- Risk assessments and risk mitigation plans.

The culmination of this process will be the Strategic Outline Case (SOC) and production of a 5-year plan by June 2014 which joins up a number of key planning elements within the Trust.

Future Challenges

Financial planning

We have submitted the final version of our two year plan to the NTDA. The key details relating to the plan for 2014/15 are as follows:

- Planned I&E deficit of £40.7m;
- A major CIP plan of £45m;
- A capital expenditure plan of £63.3m, including the Emergency Floor development and the vascular services move;
- Permanent PDC funding of £78m to fund the deficit plan and part fund the capital programme;
- An external Financing Limit (EFL) of £28.6m including a requirement to receive temporary borrowing of £28m in the first half of the year until the permanent funding is received;
- A Financial Risk Rating (FRR) of 4 (calculated in accordance with the NTDA planning submission guidelines).

Although, as at the end of April 2014, we had not formally signed contracts with our main commissioners it is not anticipated that there will be any material changes to the level of income that is assumed within the planned deficit of £40.7m.

We have agreed with the NTDA that a financial recovery plan will be produced by the end of Quarter 1 for us to achieve a recurrent balanced financial position within three years. This will be linked to our 5-year plan and Service Strategy to be submitted to the NTDA by the end of the first quarter.

The financial recovery plan will be considered in the wider context of the Leicester, Leicestershire and Rutland health economy position. The quantum of our 2013/14 deficit and the increase in the in-year deficit has given significant cause for concern, both for ourselves and for the local health economy. 2013/14 will be the first year that the local health economy has not delivered a balanced financial position.

The overall financial plan and resulting deficit position is driven by our activity and income assumptions, workforce implications and the Cost Improvement Programme (CIP). We have a clear process for delivering against these areas, and to ensure a realistic monthly profile of income and expenditure. Income will be regularly discussed during weekly meetings with CCGs.

Cash management

The financial plan for 2014/15 forecasts that we will require both temporary borrowing and permanent financing as follows:

- £28m temporary borrowing from April to clear the outstanding creditor payments and to fund the deficit plan until permanent financing is received mid-year; and
- £78m permanent revenue financing to fund the £40.7m deficit plan for the full year; cover the outstanding creditors brought forward at the start of the year; and provide funding for the capital programme and primarily the Emergency Floor project.

We will improve our performance against the Better Payment Practice Code (BPPC) in 2014/15 as a result of the financing outlined above. The financing solutions will give us sufficient cash to aim to settle invoices within the 30-day payment terms during 2014/15.

Sufficient liquidity therefore will exist, or can be made available, to support the operations of the Trust in the coming twelve months from the date of annual accounts.

Efficiency programme for 2014/15

In 2014/15, we have set a challenging efficiency target of £45m. Delivery of our CIP is challenging for 2014/15 and processes have been put in place to give assurance over the schemes and their quality impact. These include weekly CIP performance Board, monthly integrated performance management meetings and the engagement of external consultancy support. Each scheme will be quality and risk assessed and there will be regular reporting to the Executive Team, Finance and Performance Committee and Trust Board.

This target reflects the minimum 4 per cent (£30m) required through the national tariff (Payment By Results) plus an additional amount to reduce our underlying financial deficit. The key themes, as in previous years, centre on:

- Procurement - buying goods and services;
- reducing agency pay costs;
- improvement in our theatre efficiency; and
- reducing outpatient cancellations and non-attenders (DNAs).

Capital programme

We are continuing to invest in our buildings and equipment across the Trust. We have a major capital agenda across the medium term from 2014/15, including the Emergency Floor project and the reconfiguration scheme, both of which will start in 2014/15. The capital programme is being split between operational and strategic capital. Operational capital includes back log maintenance and equipment; Strategic capital is linked to our long term plan and the SOC.

The capital programme for 2014/15 involves up to £63m of investment. Major plans include:

- £2.8m to improve theatre facilities at the Royal Infirmary;
- £11m to start developing a new expanded Emergency Department;
- £4m to start developing vascular services at Glenfield; and
- £3.3m to implement an Electronic Document and Records Management (EDRM) system across the Trust.

In addition we are investing over £42m on replacing medical equipment, improving buildings and developing IT systems.

Foreword to the Summary Financial Statements

University Hospitals of Leicester NHS Trust

These accounts for the year ended 31 March 2014 have been prepared by the University Hospitals of Leicester NHS Trust under section 98 (2) of the National Health Service Act 1977 (as amended by section 24 (2), schedule 2 of the National Health Service and Community Care Act 1990) in the form which the Secretary of State has, with the approval of the Treasury, directed.

The University Hospitals of Leicester NHS Trust was formed on 1st April 2000 following the merger of Leicester Royal Infirmary, Leicester General Hospital and Glenfield Hospital.

The accounts for 2013-14 have been prepared under International Financial Reporting Standards (IFRS), which have been effective for the NHS from 1st April 2009.

These accounts comprise a summarised version of the Trust's annual accounts. A copy of the full financial statements for the Trust and its Charitable Funds can be obtained on request from:

Director of Finance

Trust Headquarters

Level 3

Balmoral Building

Leicester Royal Infirmary

Infirmary Square

LE1 5WW

0116 258 8557

Summary Financial Statements

Statement of Comprehensive Income for year ended 31 March 2014

	2013-14	2012-13
	£000s	£000s
Gross employee benefits	(474,090)	(455,142)
Other operating costs	(325,181)	(290,721)
Revenue from patient care activities	675,045	649,145
Other Operating revenue	95,348	109,520
Operating surplus/(deficit)	(28,878)	12,802
Investment revenue	66	77
Other gains and (losses)	(51)	0
Finance costs	(263)	(612)
Surplus/(deficit) for the financial year	(29,126)	12,267
Public dividend capital dividends payable	(10,388)	(11,090)
Retained surplus/(deficit) for the year	(39,514)	1,177
Total Comprehensive Income for the year	(39,514)	1,177
Financial performance for the year		
Retained surplus/(deficit) for the year	(39,514)	1,177
Adjustments in respect of donated gov't grant asset reserve elimination	(141)	(1,086)
Adjusted retained surplus/(deficit)	(39,655)	91

Total Comprehensive Income of (£39,514) includes £141,000 relating to the receipt of donated assets (net of donated asset depreciation). This figure is removed from the final retained surplus/ (deficit) figure in accordance with Department of Health Accounting guidance. This removes the effect on the Trust's financial performance of no longer having a donated asset or government granted asset reserve and ensures that performance can be measured consistently.

Statement of Financial Position as at 31 March 2014

	31 March 2014	31 March 2013
	£000s	£000s
Non-current assets:		
Property, plant and equipment	362,465	354,658
Intangible assets	8,019	5,308
Trade and other receivables	3,123	3,155
Total non-current assets	373,607	363,121

Current assets:		
Inventories	13,937	13,064
Trade and other receivables	49,892	45,689
Cash and cash equivalents	515	19,986
Total current assets	64,344	78,739
Non-current assets held for sale	0	0
Total current assets	64,344	78,739
Total assets	437,492	441,860

Current liabilities		
Trade and other payables	(109,135)	(76,594)
Provisions	(1,585)	(1,906)
Borrowings	(6,590)	(2,727)
Total current liabilities	(117,310)	(81,227)
Net current liabilities	(52,966)	(2,488)
Total non-current assets less net current liabilities	320,641	360,633

Non-current liabilities		
Provisions	(2,070)	(2,406)
Borrowings	(5,890)	(10,906)
Total non-current liabilities	(7,960)	(13,312)
Total Assets Employed:	312,681	347,321

FINANCED BY:		
TAXPAYERS' EQUITY		
Public Dividend Capital	282,625	277,733
Retained earnings	(34,542)	4,960
Revaluation reserve	64,598	64,628
Total Taxpayers' Equity:	312,681	347,321

Statement of Cash Flows for the Year Ended 31 March 2014

	2013-14	2012-13
	£000s	£000s
Cash Flows from Operating Activities		
Operating Surplus/(Deficit)	(28,878)	12,802
Depreciation and Amortisation	31,245	32,097
Donated Assets received credited to revenue but non-cash	(765)	(1,617)
Interest Paid	(468)	(540)
Dividend paid	(10,232)	(10,030)
(Increase)/Decrease in Inventories	(873)	(802)
(Increase)/Decrease in Trade and Other Receivables	(4,211)	(18,283)
(Increase)/Decrease in Other Current Assets	40	0
Increase/(Decrease) in Trade and Other Payables	24,835	11,289
Provisions Utilised	(1,229)	(667)
Increase/(Decrease) in Provisions	458	2,069
Net Cash Inflow/(Outflow) from Operating Activities	10,573	26,318
CASH FLOWS FROM INVESTING ACTIVITIES		
Interest Received	66	77
(Payments) for Property, Plant and Equipment	(26,342)	(18,838)
(Payments) for Intangible Assets	(3,503)	(1,938)
Net Cash Inflow/(Outflow) from Investing Activities	(29,779)	(20,699)
NET CASH INFLOW/(OUTFLOW) BEFORE FINANCING	(19,206)	5,619
CASH FLOWS FROM FINANCING ACTIVITIES		
Public Dividend Capital Received	5,269	246
Public Dividend Capital Repaid	(377)	0
Capital Element of Payments in Respect of Finance Leases and On-SoFP PFI and LIFT	(5,157)	(4,248)
Net Cash Inflow/(Outflow) from Financing Activities	(265)	(4,002)
NET INCREASE/(DECREASE) IN CASH AND CASH EQUIVALENTS	(19,471)	1,617
Cash and Cash Equivalents (and Bank Overdraft) at Beginning of the Period	19,986	18,369
Cash and Cash Equivalents (and Bank Overdraft) at year end	515	19,986

Better Payment Practice Code - Measure of Compliance

The CBI prompt payment code requires trade creditors to be paid within 30 days of the receipt of goods or a valid invoice. The Trust's compliance with this policy is shown below:

	£000s	Number
Non-NHS Payables		
Total non-NHS trade invoices paid in the year	396,204	128,364
Total non-NHS trade invoices paid within target	271,621	59,150
Percentage of non-NHS trade invoices paid within target	68.56%	46.08%
NHS Payables	£000s	Number
Total NHS trade invoices paid in the year	163,108	4,654
Total NHS trade invoices paid within target	133,356	2,549
Percentage of NHS trade invoices paid within target	81.76%	54.77%

Audit Fees

Our external auditor for statutory audit and services during 2013/14 was KPMG LLP. The Audit Commission appointed KPMG LLP as our external auditors in 2000. The total value of payments to KPMG for statutory audit services in 2013/14 was £209,000.

Pension liabilities

University Hospitals of Leicester NHS Trust is a member of the NHS Pensions Scheme. Information regarding how the Trust accounts for its pension liabilities is reported at note 10 of the Trust's Annual Accounts.

Statement of Directors

Each Director has stated, through their response to the Trust's representation letter, that, as far as they are aware, there is no relevant audit information of which the NHS body's auditors are unaware and that they have taken all the steps that they ought to take as a director in order to make themselves aware of any relevant audit information and to establish that the NHS body's auditors are aware of that information.

Salary and Pension entitlements of senior managers - Salary

Name and Title	Salary (bands of £5,000) £000	Expense payments (taxable) total to nearest £100 £00	Performance pay and bonuses (bands of £5,000) £000	Long term performance pay and bonuses (bands of £5,000) £000	All pension- related benefits (bands of £2,500) £000	Other remuneration (bands of £5,000) £000	TOTAL (bands of £5,000) £000
R Kilner, Chairman (from 1 Oct 2013); Non-Executive Director (until 30 Sept 2013)	10-15	3	0	0	0	0	15-20
J Adler, Chief Executive	175-180	199	0	0	22.5-25.0	0	220-225
R Mitchell, Chief Operating Officer (from 10 Jul 2013)	100-105	0	0	0	12.5-15.0	0	115-120
A Seddon, Director of Finance and Procurement	140-145	11	0	0	17.5-20.0	0	160-165
R Overfield, Chief Nurse (from 9 Sept 2013)	75-80	0	0	0	10.0-12.5	0	90-95
K Harris, Medical Director	40-45	7	0	0	0	165-170	200-205
P Hollinshead, Interim Director of Financial Strategy (from 20 Jan 2014)	60-65	0	0	0	0	0	60-65
K Shields, Director of Strategy (from 4 Nov 2013)	50-55	0	0	0	7.0-7.5	0	55-60
K Bradley, Director of Human Resources	125-130	45	0	0	17.0-17.5	0	145-150
S Ward, Director of Corporate & Legal Affairs	105-110	19	0	0	14.0-14.5	0	120-125
M Wightman, Director of Communications	100-105	23	0	0	14.0-14.5	0	120-125
N Brunskill, Director of Research and Development (from 22 Jun 2013)	10-15	0	0	0	0	65-70	75-80
D Wynford-Thomas, Non-Executive Director	5-10	2	0	0	0	0	5-10
Colonel (retired) I Crowe, Non-Executive Director (from 1 Jul 2013)	0-5	20	0	0	0	0	5-10
Dr S Dauncey, Non-Executive Director (from 1 May 2013)	0-5	0	0	0	0	0	0-5
J E Wilson, Non-Executive Director	5-10	8	0	0	0	0	5-10
P Panchal, Non-Executive Director	5-10	12	0	0	0	0	5-10
K Jenkins, Non-Executive Director	5-10	5	0	0	0	0	5-10
Mr I Sadd, Non-Executive Director (from 1 Oct 2013 until 31 Dec 2013)	0-5	0	0	0	0	0	0-5
I Reid, Non-Executive Director (until 30 Sept 2013)	0-5	1	0	0	0	0	0-5
M Hindle, Chairman (until 30 Sept 2013)	10-15	31	0	0	2.0-2.5	0	15-20
S Hinchliffe, Chief Operating Officer (until 30 Jun 2013)	20-25	7	0	0	2.5-3.0	0	25-30
Prof D Rowbotham, Director of Research & Development (until 22 Jun 2013)	5-10	0	0	0	0	170-175	175-180

Salary and Pension entitlements of senior managers – Salary 2012/13

Name and Title	Salary (bands of £5,000) £000	Expense payments (taxable) total to nearest £100 £00	Performance pay and bonuses (bands of £5,000) £000	Long term performance pay and bonuses (bands of £5,000) £000	All pension- related benefits (bands of £2,500) £000	Other remuneration (bands of £5,000) £000	TOTAL (bands of £5,000) £000
R Kilner, Chairman (from 1 Oct 2013); Non-Executive Director (until 30 Sept 2013)	5-10	0	0	0	0	0	5-10
J Adler, Chief Executive	40-45	18	0	0	5.5-6.0	0	45-50
A Seddon, Director of Finance and Procurement	135-140	4	0	0	17.5-20.0	0	155-160
K Harris, Medical Director	40-45	0	0	0	0	165-170	210-215
K Bradley, Director of Human Resources	120-125	38	0	0	15.0-17.5	0	145-150
S Ward, Director of Corporate & Legal Affairs	100-105	41	0	0	12.5-15.0	0	120-125
M Wightman, Director of Communications	95-100	40	0	0	12.5-15.0	0	115-120
D Wynford-Thomas, Non-Executive Director	5-10	2	0	0	0	0	5-10
J E Wilson, Non-Executive Director	5-10	7	0	0	0	0	5-10
P Panchal, Non-Executive Director	5-10	11	0	0	0	0	5-10
K Jenkins, Non-Executive Director	5-10	9	0	0	0	0	5-10
I Reid, Non-Executive Director (until 30 Sept 2013)	5-10	12	0	0	0	0	5-10
M Hindle, Chairman (until 30 Sept 2013)	20-25	26	0	0	0	0	25-30
M Lowe-Lauri, Chief Executive (until 31 Aug 2012)	190-195	29	0	0	10.0-12.5	0	200-205
S Hinchliffe, Chief Operating Officer (until 30 Jun 2013)	160-165	50	0	0	20.0-22.5	0	190-195
Prof D Rowbotham, Director of Research & Development (until 22 Jun 2013)	20-25	0	0	0	0	200-205	220-225
A Tierney, Director of Strategy (until 30 Apr 2013)	105-110	4	0	0	17.5-20.0	0	125-130
D Tracy, Non-Executive Director (until 31 May 2013)	5-10	16	0	0	0	0	5-10

Dr K Harris, D Rowbotham and N Brunskill's salaries have been split according to the time allocated for managerial activities.

The remuneration for Peter Hollinshead, interim Director of Finance, was paid to the trading company Brandhill Financial Services. This is a commercial rate covering all away from home expenses, business overheads and VAT. As a result of the payments being made to a trading company the Trust did not incur any additional costs (such as tax, national insurance and pension payments). The liability for making such payments rests with the trading company, Brandhill Financial Services.

Salary and Pension entitlements of senior managers - Pension Benefits

Name and title	Real increase in pension at age 60 (bands of £2500) £000	Real increases in lump sum at age 60 at 31 March 2014 (bands of £2500) £000	Total accrued pension at age 60 at 31 March 2014 (bands of £5000) £000	Lump sum at age 60 related to accrued pension at 31 March 2014 (bands of £5000) £000	Cash Equiv' Transfer Value at 31 March 2014 £000	Cash Equiv' Transfer Value at 31 March 2013 £000	Real Increase in Cash Equiv' Transfer Value £000	Employers Contribution to Stakeholder Pension £000
J Adler , Chief Executive	2.5 - 5.0	12.5 - 15.0	55 - 60	170 - 175	1,104	972	110	0
R Mitchell , Chief Operating Officer (from 10 July 2013)	2.5 - 5.0	12.5 - 15.0	15 - 20	50 - 55	190	110	57	0
A Seddon , Director of Finance and Procurement	0.0 - 2.5	5.0 - 7.5	20 - 25	60 - 65	410	358	45	0
R Overfield , Chief Nurse (from 9 September 2013)	2.5 - 5.0	10.0 - 12.5	50 - 55	150 - 155	895	729	84	0
S Hinchliffe , Chief Operating Officer (until 30 June 2013)	(0.0 - 2.5)	(0.0 - 2.5)	60 - 65	180 - 185	1,175	1,135	4	0
K Bradley , Director of Human Resources	2.5 - 5.0	7.5 - 10.0	40 - 45	120 - 125	740	652	74	0
S Ward , Director of Corporate & Legal Affairs	0.0 - 2.5	5.0 - 7.5	40 - 45	120 - 125	779	702	62	0
M Wightman , Director of Communications	2.5 - 5.0	7.5 - 10.0	20 - 25	70 - 75	376	311	58	0
K Shields , Director of Strategy (from 4 November 2013)	0.0 - 2.5	2.5 - 5.0	35 - 40	110 - 115	607	521	30	0

As Non-Executive members, including the Chairman, do not receive pensionable remuneration there will be no entries in respect of pensions for Non-Executive members.

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme, or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior

capacity to which the disclosure applies. The CETV figures, and from 2004-05 the other pension details, include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Exit Packages

2013/14								
Exit package cost band (including any special payment element)	*Number of compulsory redundancies	Cost of Compulsory redundancies	Number of other departures agreed	Cost of Other Departures agreed	Total Number of exit packages	Total cost of exit packages	Number of Departures Where Special Payments have been made	Cost of Special Payment Element Included in exit packages
	Number	£'s	Number	Number	Number	£'s	Number	£'s
Less than £10,000	0	0	0	0	0	0	0	0
£10,000-£25,000	2	44,652	0	2	2	44,652	0	0
£25,001-£50,000	1	47,087	0	1	1	47,087	0	0
£50,001-£100,000	1	90,252	0	1	1	90,252	0	0
£100,001 - £150,000	0	0	0	0	0	0	0	0
£150,001 - £200,000	0	0	0	0	0	0	0	0
>£200,000	0	0	0	0	0	0	0	0
Totals	4	181,991	0	4	4	181,991	0	0

2012-13								
Exit package cost band (including any special payment element)	*Number of compulsory redundancies	Cost of compulsory redundancies	Number of other departures agreed	Cost of other departures agreed	Total number of exit packages	Total cost of exit packages	Number of departures where special payments have been made	Cost of special payment element included in exit packages
	Number	£'s	Number	Number	Number	£'s	Number	£'s
Less than £10,000	0	0	0	0	0	0	0	0
£10,000-£25,000	0	0	0	0	0	0	0	0
£25,001-£50,000	1	26,771	0	0	1	26,771	0	0
£50,001-£100,000	0	0	0	0	0	0	0	0
£100,001 - £150,000	0	0	0	0	0	0	0	0
£150,001 - £200,000	0	0	0	0	0	0	0	0
>£200,000	0	0	0	0	0	0	0	0
Totals	1	26,771	0	0	1	26,771	0	0

Redundancy and other departure costs have been paid in accordance with the provisions of the NHS Scheme. Exit costs in this note are accounted for in full in the year of departure. Where the NHS Trust has agreed early retirements, the additional costs are met by the Trust and not by the NHS pension's scheme. Ill-health retirement costs are met by the NHS pension's scheme and are not included in the table.

This disclosure reports the number and value of exit packages taken by staff leaving in the year.

Off payroll payments

For all off-payroll engagements as of 31 March 2014, for more than £220 per day and that last longer than six months:

	Number
Number of existing engagements as of 31 March 2014	2
<i>Of which, the number that have existed:</i>	
for less than one year at the time of reporting	1
for between one and two years at the time of reporting	1
for between 2 and 3 years at the time of reporting	0
for between 3 and 4 years at the time of reporting	0
for 4 or more years at the time of reporting	0

All existing off-payroll engagements have been subject to a risk based assessment and assurance has been sought as to whether the individual is paying the right amount of tax.

For all new off-payroll engagements between 1 April 2013 and 31 March 2014, for more than £220 per day and that last longer than six months:

	Number
Number of new engagements, or those that reached six months in duration, between 1 April 2013 and 31 March 2014	2
Number of new engagements which include contractual clauses giving the University Hospitals of Leicester NHS Trust the right to request assurance in relation to income tax and National Insurance obligations	2
Number for whom assurance has been requested	2

<i>Of which:</i>	
assurance has been received	0
assurance has not been received	2
engagements terminated as a result of assurance not being received	0
Number of off-payroll engagements of board members, and/or senior officers with significant financial responsibility, during the year	1
Number of individuals that have been deemed “board members, and/or senior officers with significant financial responsibility” during the financial year. This figure includes both off-payroll and on-payroll engagements	9

Pay multiples

Reporting bodies are required to disclose the relationship between the remuneration of the highest-paid director in their organisation and the median remuneration of the organisation’s workforce.

The banded remuneration of the highest paid director in the University Hospitals of Leicester NHS Trust in the financial year 2013/14 was £175k - £180k (2012-13: £170k - £175k). This was 6.9 times (7.2 times in 2012-13) the median remuneration of the workforce, which was in the banding £25k - £30k (2012-13: £20k - £25k).

There was a 1 per cent pay increase for all staff groups on the 1st April 2013 which added £4.6m to the overall pay costs. A further £2.0m was added due to the impact of incremental drift and a net increase in staff added an additional £3.4m.

In 2013/14, 20 employees received remuneration in excess of the highest-paid director (22 employees in 2012-13). Remuneration across the Trust ranged from £1k - £310k (2012-13 £1k - £270k).

Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind as well as severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions.

Annual Governance Statement

Scope of Responsibility

As Accountable Officer, I have responsibility for maintaining a sound system of internal control that supports adherence to the Trust's policies and achievement of its aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the NHS Trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the NHS Trust Accountable Officer Memorandum.

The Governance Framework of the Organisation

Trust Board Composition and Membership

The Trust Board comprises 13 members: a Chairman, seven Non-Executive Directors and five Executive Directors. There have been a number of changes in the composition of the Board during 2013/14. Mr Martin Hindle stood down as Trust Chairman on 30 September 2013. One of the Trust's Non-Executive Directors, Mr Richard Kilner was appointed by the Trust Board to serve as Acting Chairman pending the appointment of a substantive Chairman by the NHS Trust Development Authority and continues to serve in this capacity. Until such time as the post is filled substantively, a post of Non-Executive Director remains open.

Col. (Retd) Ian Crowe joined the Board as a Non-Executive Director on 1 July 2013 and Dr Sarah Dauncey resumed her position as a Non-Executive Director on 27 January 2014, having earlier served in this capacity between 1 May and 17 June 2013. Messrs Ian Reid and Ian Sadd stood down as Non-Executive Directors on 30 June and 31 December 2013, respectively.

Mr Richard Mitchell joined the Trust as Chief Operating Officer on 1 July 2013 and Ms Rachel Overfield commenced her role as Chief Nurse on 9 September 2013.

The Board is supported in its work by the Director of Human Resources, Director of Marketing and Communications, Director of Corporate and Legal Affairs and Director of Strategy. Ms Kate Shields joined the Trust as Director of Strategy on 4 November 2013.

Performance Management Reporting Framework

To ensure that the Board is aware to a sufficient degree of granularity of what is happening in the hospitals, a comprehensive quality and performance report is reviewed at each monthly public Board meeting.

The monthly report:

- is structured across several domains: quality and patient safety; patient experience; operational performance; human resources; facilities management; information management and technology service delivery; and financial performance;
- includes information on the Trust's performance against the NHS Trust Development Authority outcome and quality governance measures;
- includes performance indicators rated red, amber or green;
- includes data quality indicators, measured against six key data quality components to assist the Board in gaining assurance;
- is complemented by commentaries from the accountable Executive Directors identifying key issues to the Board and, where necessary, corrective actions to bring performance back on track.

Importantly, the quality and performance report includes information on 'never events' and the Trust Board receive information on follow-up action.

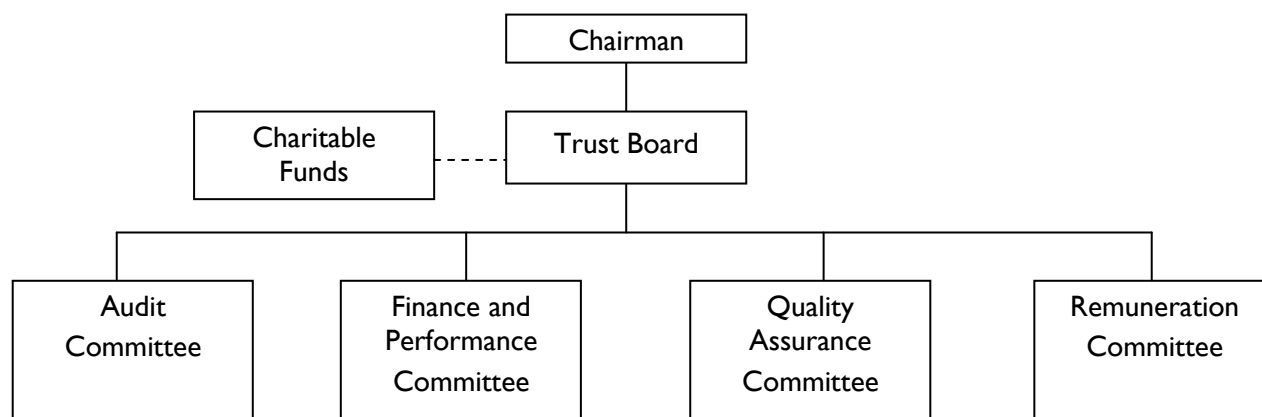
This formal Board performance management reporting framework is accompanied by a series of measures to achieve a more interactive style of governance, moving beyond paper reporting. Examples include:

- patient stories, which are presented in public at each Board meeting quarter. These shine a light on individual experiences of care provided by the Trust and act as a catalyst for improvement; and
- Board members undertake patient safety walkabouts regularly.

These arrangements allow Board members to help model the Trust's values through direct engagement, as well as ensuring that Board members take back to the boardroom an enriched understanding of the lived reality for staff, public and patients.

Committee Structure

The Trust has operated a well-established committee structure to strengthen its focus on quality governance, finance and performance, and risk management. The structure has been designed to provide effective governance over, and challenge to, the Trust's patient care and other business activities. The committees carry out detailed work of assurance on behalf of the Board. A diagram illustrating the Board committee structure is set out below.



All of the Board committees are chaired by a Non-Executive Director and comprise a mixture of both Non-Executive and Executive Directors within their memberships. The exceptions to this are the Audit Committee and the Remuneration Committee, which (in accordance with NHS guidance) comprise Non-Executive Directors exclusively.

The Audit Committee is established under powers delegated by the Trust Board with approved terms of reference that are aligned with the NHS Audit Committee Handbook. The Committee consists of three Non-Executive Directors, has met on five occasions throughout the 2013/14 financial year and has discharged its responsibilities for scrutinising the risks and controls which affect all aspects of the organisation's business. The Audit Committee receives a report at each of its meetings from the External Auditor, Internal Audit and the Local Counter-Fraud Specialist, the latter providing the Committee with an assurance on the Trust's work programme to deter fraud.

The Finance and Performance Committee meets monthly and oversees the effective management of the Trust's financial resources and operational performance across a range of measures. The Quality Assurance Committee also meets monthly and seeks assurances

that there are effective arrangements in place for monitoring and continually improving the quality of healthcare provided to patients.

The Minutes of each meeting of the Board's committees are submitted to the next available Board meeting for consideration. Recommendations made by the Committees to the Trust Board are clearly identified in a cover sheet accompanying the submission of the Minutes to the Board; and the Chairman of each Committee personally presents the Minutes at the Board meeting and highlights material issues arising from the work of the Committee to Board members. In particular, the Chairs provide feedback to the Trust Board on their committees' scrutiny of that month's quality and performance report, thereby complementing the commentaries of the Executive Directors.

Attendance at Board and committee Meetings

The attendance of the Chairman, individual Non-Executive Directors, Executive Directors and Corporate Directors at Board and committee meetings during 2013/14 is set out in an appendix to this Statement. The table reflects instances of attendances for either the whole or part of the meeting, and applies to formal members and/or regular attenders as detailed in the terms of reference for each committee.

Board Effectiveness

On joining the Board, Non-Executive Directors are given background information describing the Trust and its activities. A full induction programme is arranged.

The Board recognises the importance of effectively gauging its own performance so that it can draw conclusions about its strengths and weaknesses, and take steps to improve. The Board therefore undergoes regular assessment using third party external advisers to ensure that it is:

- operating at maximum efficiency and effectiveness;
- adding value; and
- providing a yardstick by which it can both prioritise its activities for the future and measure itself.

During 2013/14, the Trust Board commissioned The Foresight Partnership to undertake a review of Board effectiveness. The review will culminate with the Trust Board agreeing an updated Board development programme during quarter 1, 2014/15. Board members have received feedback from Foresight on their individual 360 degree reviews.

Outside of its formal meetings, the Board has held development sessions throughout 2013/14. Amongst the topics considered were quality governance; the development of the Trust's 2 year operational plan 2014/15 – 2015/16; refreshing the Trust's quality and safety commitment; and stakeholder engagement.

The Trust Chairman set objectives for the Chief Executive and Non-Executive Directors for 2013/14. In turn, the Chief Executive set objectives for the Executive Directors and Corporate Directors in relation to the delivery of the Annual Plan for 2013/14. Performance against objectives is reviewed formally on an annual basis by the Chairman and Chief Executive, respectively.

Corporate Governance

In managing the affairs of the Trust, the Trust Board is committed to achieving high standards of integrity, ethics and professionalism across all areas of activity. As a

fundamental part of this commitment, the Board supports the highest standards of corporate governance within the statutory framework.

The Trust has in place a suite of corporate governance policies which are reviewed annually and updated as required. These include standing orders, standing financial instructions, a scheme of delegation, policy on fraud and code of business conduct.

The Trust Board subscribes to the HM Treasury/Cabinet Office Corporate Governance Code, the NHS Code of Conduct and Code of Accountability and has adopted the Nolan Principles, 'the seven principles of public life'. The Trust Board has adopted a Code of Conduct : "Standards for NHS Board members and members of Clinical Commissioning Group governing bodies in the NHS in England" (Professional Standards Authority : November 2012).

Risk Assessment

The Trust operates a risk management process which enables the identification and control of risks at both a strategic and operational level. Central to this is the Trust's Risk Assessment Policy which sets out details of the risk assessment methodology used across the Trust. This methodology enables a suitable, trained and competent member of staff to identify and quantify risks in their respective area and to decide what action, if any, needs to be taken to reduce or eliminate risks. All risk assessments must be scored and recorded in line with the procedure set out in the Risk Assessment Policy. Completed risk assessments are held at Clinical Management Group and Corporate Directorate level and when they give rise to a significant residual risk must be linked to the Trust's risk register.

A common risk-scoring matrix is used by the Trust to quantify and prioritise risks identified through the risk assessment procedure. It is based on the frequency or likelihood of the harm combined with the possible severity or impact of that harm. The arrangement determines at what level in the organisation a risk should be managed and who needs to be assured management arrangements are in place.

The Trust recognises the importance of robust information governance. During 2013/14, the Director of Finance and Business Services led on information governance issues as the Trust's Senior Information Risk Owner, supported by a Privacy Manager. The Director of Corporate and Legal Affairs has assumed the role of Senior Information Risk Owner from 24 April 2014. The Medical Director continued as the Trust's Caldicott Guardian during 2013/14.

The Trust took further actions during 2013/14 to secure improvement in its information governance arrangements. A Privacy and Information Governance Board monitors and oversees compliance with information governance requirements. The Trust has fully supported the former NHS Midlands and East Strategic Health Authority's information governance awareness campaign to promote secure handling of personal data ('NHS Confidential').

All NHS Trusts are required annually to undertake an information governance self-assessment using the NHS Information Governance Toolkit. This contains 45 standards of good practice. Our overall percentage score for 2013/14 was 83%, compared to 82% in 2012/13. This score is deemed to be a 'satisfactory – minimum level 2' standard across all of the information governance standards.

There were no serious untoward incidents involving lapses of data security which were required to be reported to the Information Commissioner's Office in 2013/14. In respect of other personal data related incidents experienced during 2013/14, the Trust has undertaken investigations to ensure that the root causes are properly understood and addressed; in

addition, patients have been contacted to inform them of the lapses and to provide them with assurance about the actions taken by the Trust to prevent recurrence.

The Risk and Control Framework

The Trust's Board-approved Risk Management Strategy describes an organisation-wide approach to risk management supported by effective and efficient systems and processes. The Strategy clearly describes the Trust's approach to risk management and the roles and responsibilities of the Trust Board, management and all staff.

Key strategic risks are documented in the Trust's Board Assurance Framework. Each strategic risk is assigned to an Executive Director as the risk owner and the Executive Team and Trust Board review the Framework on a monthly basis to identify and review the Trust's principal objectives, clinical, financial and generic. Key risks to the achievement of these objectives, controls in place and assurance sources, along with any gaps in assurance, are identified and reviewed.

The Trust's Annual Operational Plan 2014/15 responds to and addresses the strategic risks facing the Trust. The current Board Assurance Framework is being updated to reflect risks in the 2014/15 Plan and will continue to be reviewed at regular intervals by both the Executive Team and Trust Board.

During January 2014, the Care Quality Commission (CQC) inspected the Trust's hospitals to judge the quality of care. The overall ratings for the Glenfield Hospital and St Mary's Birth Centre, Melton Mowbray were 'good'; the overall ratings for the Leicester Royal Infirmary and Leicester General Hospital were 'requires improvement'. Overall, the CQC assigned a rating of 'requires improvement' to the Trust, while concluding that the Trust was providing services that were safe, effective, responsive, caring and well-led.

The Trust Board has approved a formal action plan to address the findings of the CQC: progress against this plan will be monitored by the Quality Assurance Committee on behalf of the Trust Board during 2014/15.

Annual Quality Account

The Trust Board is required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended) to prepare Quality Accounts for each financial year. The Department of Health has issued guidance to NHS Trusts on the form and content of annual Quality Accounts which incorporates the above-mentioned legal guidance.

The Director of Clinical Quality, on behalf of the Chief Nurse co-ordinates the preparation of the Trust's Annual Quality Account. This is reviewed in draft form by the Trust's Quality Assurance Committee, ahead of its eventual submission to the Trust Board for final review and adoption. In reviewing the draft Quality Account 2013/14, the Quality Assurance Committee has noted the Trust's internal controls and standards which underpin the Statement of Directors' responsibilities in respect of the Quality Account – which Statement is to be reviewed and signed by the Chairman and Chief Executive on behalf of the Board on 26 June 2014.

Review of the Effectiveness of Risk Management and Internal Control

As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the Internal Auditors, Clinical Audit and the Executive Managers

and clinical leads within the Trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the content of the draft Quality Account 2013/14 and other performance information available to me. My review is also informed by comments made by the External Auditors in their management letter and other reports. I have been advised on the implications of the results of my review of the effectiveness of the system of internal control by the Board, the Audit Committee, Finance and Performance Committee and Quality Assurance Committee. During 2013/14, each of these bodies has been involved in a series of processes that, individually and collectively, has contributed to the review of the effectiveness of the system of internal control.

In the draft Head of Internal Audit Opinion 2013/14, the Head of Internal Audit notes that Internal Audit's work (to date) has identified low, medium and two high risk rated findings. Based on the work completed, the Head of Internal Audit believes that there is some risk that management's objectives may not be fully achieved and that improvements are required in those areas to enhance the adequacy and/or effectiveness of governance, risk management and control.

As Accountable Officer, I accept this view and note in particular that two of the (eight) reviews carried out by Internal Audit during 2013/14 have resulted in high-risk rated reports, namely, Estates and Facilities Management and Bank and Agency Usage. In each case, the Trust has agreed action plans to meet Internal Audit's recommendations and to strengthen internal control.

In the case of the Estates and Facilities Management review, the Trust has taken action to address the high risk findings of Internal Audit as follows:

- (a) the Trust has formalised performance monitoring mechanisms with NHS Horizons;
- (b) the Trust has retained appropriate facilities management expertise to provide the appropriate level of independent challenge around the service level agreements with Interserve (the Trust's facilities management provider); and
- (c) the respective roles and responsibilities of the Trust and NHS Horizons in all areas of the contract have been clarified.

In respect of the Bank and Agency review, the Trust has taken action to demonstrate appropriate authorisation for bank and agency usage; to ensure that reasons for requests are documented in sufficient detail; and to report on trends in reasons for requests.

Internal Audit also re-raised one high risk issue relating to a review of Business Continuity on IT Disaster Recovery. In this case, the Chief Information Officer has provided assurance to the Audit Committee (on 15 April 2014) on the planned completion of business impact assessments for all areas of the Trust which are part of critical activities; and the development of business recovery plans for the failure of key third party suppliers.

The Head of Internal Audit's Opinion 2013/14 (which, using the terminology set out in the Department of Health guidance to Heads of Internal Audit, equates to "significant assurance") has taken into account the relative materiality of these areas and management's progress in respect of addressing control weaknesses.

Using its Board Assurance Framework, which it reviews at each of its monthly public meetings, the Trust Board has also identified actions to mitigate other risks in 2014/15 in relation to:

- (a) failure to transform the emergency care system;
- (b) inability to recruit, retain, develop and motivate staff;
- (c) ineffective organisational transformation;
- (d) ineffective strategic planning and response to external influences;
- (e) failure to maintain productive and effective relationships;

- (f) failure to achieve and sustain quality standards;
- (g) failure to achieve and sustain high standards of operational performance;
- (h) inadequate reconfiguration of buildings and services;
- (i) loss of business continuity;
- (j) failure to exploit the potential of information management and technology;
- (k) failure to enhance education and training culture.

It is important to note that, during 2013/14, Internal Audit did not carry out specific work on the matters identified at (a) and (b) above, nor on the subject of patient experience/satisfaction. Instead, the Trust Board received management assurances on each of these matters at each of its monthly public Board meetings via the quality and performance report, a separate report on emergency care performance and the Board Assurance Framework. In addition, during 2013/14 the Quality Assurance Committee received reports at regular intervals from the Chief Nurse and Director of Nursing on patient experience/satisfaction.

Any changes in the current or target risk scores are highlighted to the Trust Board, and the Board also reviews and seeks assurances on the management actions in place to mitigate the identified risks.

Significant Issues

In respect of performance in 2013/14 against the key financial duties, the Trust:

- (a) failed to deliver its planned surplus, did not meet its breakeven duty and incurred a deficit of £39.8m;
- (b) achieved the External Financing Limit (£20.2m against a target of £20.7m), noting that the limit was adjusted in year by the Department of Health at the request of the Trust;
- (c) achieved the (revised) Capital Resource Limit of £36.7m.

At its meeting on 27 March 2014, the Trust Board assessed the 'going concern' position of the Trust in the light of performance in 2013/14. In making this assessment, the Board received advice from the Executive Directors about the future prospects of the Trust (for a minimum of twelve months), driven by the historical financial position of the organisation and knowledge of the challenges faced by the Trust.

The assessment covered:

- (i) an overview of the 2013/14 financial year;
- (ii) the Trust's financial plan for 2014/15;
- (iii) consideration of each of the following issues in order to determine the appropriateness of the Trust preparing its accounts as a going concern:
 - ability to generate an operating surplus
 - statutory break-even duty
 - cash flow impact on net current assets and meeting liabilities as they fall due;
 - use and/or breach of borrowing facilities;
 - adverse operating conditions;
 - loss of key management positions;
 - compliance with statutory requirements;
 - pending or on-going legal action;
 - potential changes in legislation or government policy;
 - other liabilities.

The following risks to the ongoing concern assessment were also considered by the Trust Board:

- (1) failure to receive permanent financing;
- (2) failure to deliver the planned deficit in 2014/15;
- (3) failure to manage working capital.

Having undertaken a robust assessment, the Trust Board concluded that the Trust should prepare its financial statements for 2013/14 on a going concern basis and accepted that steps would be taken to ensure that this remained the case for at least 12 months from the date of the preparation of the annual accounts.

In reaching this decision, the Trust Board noted in particular that provisional agreement had been reached with the NHS Trust Development Authority that the Trust would produce a financial recovery plan by the end of quarter 1 2014/15 with the aim of returning to a recurrent balanced financial position within three years. The financial recovery plan will form an integral component of the Trust's five-year plan, due to be submitted to the NHS Trust Development Authority by 20 June 2014. This will in turn be derived from the Leicester, Leicestershire and Rutland health and social care system's five year strategy which is required to be produced to the same timescale.

Emergency Care

The Trust failed to meet the A&E 4-hour standard in 2013/14. As a member of the Leicester, Leicestershire and Rutland Urgent Care Working Group, the Trust is committed to working with its partners to improve performance against this standard in 2014/15, and has approved an action plan which includes components relating to:

- (a) demand management
- (b) patient flow within A&E
- (c) hospital bed flow
- (d) delayed transfers of care.

During 2014/15, the Trust Board shall continue to monitor performance against the A&E 4 hour standard at each of its monthly public Board meetings.

In addition to the issues identified above, further work will be undertaken in 2014/15 to review and strengthen the Trust's governance, risk management and internal control systems, policies and procedures. This work will contribute to the Trust's aim of submitting its application for authorisation as an NHS Foundation Trust.

I am of the opinion that the implementation of the actions described above will strengthen the Trust's system of internal control in 2014/15 and beyond.

My review confirms that the Trust has a generally sound system of internal control that supports the achievement of its policies, aims and objectives.

Signed.....

Chief Executive (on behalf of the Trust Board)

Date

Committee attendance 2013/14

Name	Trust Board maximum - 14	Audit Committee maximum - 5	Finance and Performance Committee maximum - 12	Quality Assurance Committee maximum - 11	Remuneration Committee maximum - 9
Martin Hindle – Chairman (1)	7	N/A	N/A	N/A	4
Richard Kilner – Acting Chairman (2)	14	2	12	N/A	8
Ian Crowe – Non-Executive Director (3)	9	1	9	N/A	7
Sarah Dauncey – Non-Executive Director (4)	4		N/A	1	2
Kiran Jenkins – Non-Executive Director	13	5	N/A	1	8
Prakash Panchal – Non-Executive Director (5)	12	2	2	7	8
Ian Reid – Non-Executive Director (6)	4	2	3	N/A	2
Ian Sadd – Non-Executive Director (7)	2	1	1	N/A	1
Jane Wilson – Non-Executive Director	13	N/A	10	10	7
David Wynford-Thomas – Non-Executive Director	8	N/A	N/A	8	4
John Adler – Chief Executive	13	N/A	10	7	N/A
Kate Bradley – Director of Human Resources	13	N/A	N/A	1	N/A
Kevin Harris – Medical Director	13	N/A	4	8	N/A
Suzanne Hinchliffe – Chief Nurse/Deputy Chief Executive (8)	2	N/A	5	N/A	N/A
Peter Hollinshead – Interim Director of Financial Strategy (9)	3	N/A	3	N/A	N/A
Richard Mitchell – Chief Operating Officer (10)	10	N/A	8	N/A	N/A
Rachel Overfield – Chief Nurse (11)	7	N/A	N/A	4	N/A
Carole Ribbins – Acting Chief Nurse (12)	4	N/A	N/A	3	N/A
Andrew Seddon – Director of Finance and Business Services	11	N/A	9	N/A	N/A
Kate Shields – Director of Strategy (13)	5	N/A	N/A	N/A	N/A
Jez Tozer – Interim Director of Operations (14)	2	N/A	2	N/A	N/A
Stephen Ward – Director of Corporate and Legal Affairs	14	N/A	N/A	N/A	N/A
Mark Wightman – Director of Marketing and Communications	13	N/A	N/A	N/A	N/A

Notes:-

- (1) Trust Chairman until 30 September 2013
- (2) Acting Trust Chairman from mid-October 2013 (stepped down from Audit Committee at that point)
- (3) Non-Executive Director from 1 July 2013. Audit Committee member from 30 January 2014
- (4) Non-Executive Director from 1 May 2013 – 17 June 2013 and then from 27 January 2014
- (5) Audit Committee member from September 2013. Finance and Performance Committee member from August 2013 – end October 2013
- (6) Non-Executive Director until 30 June 2013
- (7) Non-Executive Director from October 2013 until 31 December 2013
- (8) Left the Trust on 19 May 2013
- (9) Interim Director of Financial Strategy from 20 January 2014
- (10) Chief Operating Officer from 10 July 2013
- (11) Chief Nurse from 9 September 2013
- (12) Acting Chief Nurse May – September 2013
- (13) Director of Strategy from November 2013
- (14) Interim Director of Operations from October 2012 – 7 June 2013

**Independent auditor's statement to the Board of
Directors of the University Hospitals of Leicester
NHS Trust**

Glossary of terms

Admission the point at which a person begins an episode of care, e.g. arriving at an inpatient ward.

Acute Care is specific care for diseases or illnesses that progress quickly, feature severe symptoms and have a brief duration.

Care Plan a plan is a written plan that describes the care and support staff will give a service user. Service users should be fully involved in developing and agreeing the care plan, sign it and keep a copy.

Care Quality Commission the organisation that make sure hospitals, care homes, dental and GP surgeries, and all other care services in England provide people with safe, effective, compassionate and high-quality care, and we encourage them to make improvements.

CCG (Clinical Commissioning Group) Clinical commissioning groups (CCGs) are NHS organisations set up by the Health and Social Care Act 2012 to organise the delivery of NHS services in England.

Clinical Governance is a framework that ensures that NHS organisations monitor and improve the quality of services provided and that they are accountable for the care they provide.

Clinical Negligence Scheme for Trust (CNST) is a scheme for assessing a Trust's arrangements to minimise clinical risk for service users and staff. Trusts need to pay 'insurance' which can offset the costs of legal claims against the Trust. Achieving CNST Levels (1, 2 or 3) shows the Trust's success in minimising clinical risk and reduces the premium that the Trust must pay.

Clinician is a person who provides direct care to a patient such as a doctor, nurse, therapist, pharmacist, psychologist etc).

Commissioning is the process of identifying a community's social and/or health care needs and finding services to meet them.

Community Care aims to provide health and social care services in the community to enable people live as independently as possible in their own homes or in other accommodation in the community.

Co-morbidity is the presence of two or more disorders at the same time. For example, a person with depression may also have diabetes.

Diagnosis is identifying an illness or problem by its symptoms and signs.

Discharge is the point at which a person formally leaves services. On discharge from hospital the multidisciplinary team and the service user will develop a care plan (see Care plan).

Emergency Admission when a patient admitted to hospital at short notice because of clinical need or because alternative care is not available.

Emergency Department is a hospital department that assesses and treats people with serious and life-threatening injuries and those in need of emergency treatment. Also sometimes called A&E (Accident & Emergency)

Foundation Trusts are a type of NHS hospital run by local managers, staff and members of the public, which are tailored to the needs of the local population.

General Practitioner (GP) is a family doctor, usually patient's first point of contact with the health service.

Health Care Assistants (can also be referred to as Health Care Support Workers) are non-qualified nursing staff who carry out assigned tasks involving direct care in support of a registered/qualified nurse. There are two grades of Health Care Assistants, A and B grade. A grades would expect to be more closely supervised, while B grades may regularly work without supervision for all or most of their shift, or lead on A grade.

Human Resources is a department found in most organisations that works to recruit staff, assist in their development (e.g. providing training) and ensure that staff work in good conditions.

Information Management and Technology (IM&T) refers to the use of information held by the Trust, in particular computerised information and the department that manages those services.

Intermediate Care Services are services that promote independence, prevent hospital admission and/or enable early discharge. Intermediate care typically provides community-based alternatives to traditional hospital care.

Liverpool Care Pathway is a care pathway used in the UK covering palliative care options for patients in the final days or hours of life. It has been developed to help doctors and nurses provide quality end-of-life care.

Multidisciplinary denotes an approach to care that involves more than one discipline. Typically this will mean that doctors, nurses, psychologists and occupational therapists are involved.

NICE is the National Institute for Health and Clinical Excellence, an the independent organisation responsible for providing national guidance on the promotion of good health and the prevention and treatment of ill health.

Non-executive Director is a member of the Trust Board. They act a two way representative. They bring the experiences, views and wishes of the community and patients to the Trust Board. They also represent the interests of the NHS organisation to the Community.

Out of Hours (OOH) is the provision of GP services when your local surgery is closed, usually during the night, at weekends and Bank Holidays.

Palliative care is an area of healthcare that focuses on relieving and preventing the suffering of patients.

Peri-natal mortality is the number of stillbirths and deaths in the first week of life per 1,000 live births, after 24 weeks gestation.

Primary Care is the care will receive when you first come into contact with health services about a problem. These include family health services provided by GPs, dentists, pharmacists, opticians, and others such as community nurses, physiotherapists and some social workers.

Risk assessment identifies aspects of a service which could lead to injury to a patient or staff member and/or to financial loss for an individual or Trust.

Secondary care is specialist care, usually provided in hospital, after a referral from a GP or health professional. Mental Health Services are included in secondary care (see also tertiary care).

Serious Untoward Incidents (SUI) is a to describe a serious incident or event which led, or may have led, to the harm of patients or staff. Members of staff who were not involved in the incident investigate these and the lessons learned from each incident are used to improve care in the future.

Stakeholders are a range of people and organisations that are affected by or have an interest in, the services offered by an organisation.

Tertiary Care is when a hospital consultant decides that more specialist care is needed. Mental Health Services are included in this (see also Secondary care).

TTO (To-take-out) are medicines supplied by the hospital pharmacy for patients to take with them when they are discharged (see discharge) from hospital.

Triage a system which sorts medical cases in order of urgency to determine how quickly patients receive treatment.

Walk-in-Centre (WiC) an NHS medical centre patients can attend without an appointment.

Whistle blowing is the act of informing a relevant person in an organisation of instances or services in which patients are at risk.

Please help us to improve the way we share information with people

We would like your views on the presentation of our annual report and accounts.

We would be very grateful if you could answer the questions below and send your response to us by 31 December 2014.

The answers you give will help us to ensure we present, not only the annual report, but other information in a way people find useful.

1 The information we give:

- a. Have we missed anything out? Please tell us any area you would like to see covered.

.....

.....

.....

.....

.....

- b. Is there any category you think we should leave out?

.....

.....

.....

.....

.....

2 Were there any areas of the annual report which you found most useful, please feel free to list and explain why

.....

.....

.....

.....

.....

3 What do you expect to achieve from reading this annual report? Please tick

	Gain a broad understanding	Gain a detailed understanding
The Trust and its achievements		
The Trust's performance against targets		

The Trust's plans for the future		
The Trust's financial position		

4 Do you have another comments or suggestions about our annual report or any of our other publications?

.....

.....

.....

.....

.....

If you would like to be notified when the 2014/15 annual report is available? If so, please give your email address

.....

Completed questionnaires can be sent to:

Communications Team, University Hospitals of Leicester NHS Trust, Medical Illustration, Level 2 Windsor Building, Leicester, LE1 5WW

BACK PAGE

Published by the University Hospitals of Leicester NHS Trust

June 2014

(TO BE TRANSLATED)

This is the University Hospitals of Leicester NHS Trust's annual report for 2013/14.

If you would like this information translated please contact our Service Equality Manager on 0116 258 4382.

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT BY TRUST BOARD COMMITTEE TO TRUST BOARD

DATE OF TRUST BOARD MEETING: 31 July 2014

COMMITTEE: Finance and Performance Committee

CHAIRMAN: Mr R Kilner, Non-Executive Director

DATE OF COMMITTEE MEETING: 25 June 2014

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

None

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

- Minute 67/14/1 – positive development in the CHUGGS CMG;
- Minute 67/14/3 – risks around abortive expenditure if the Emergency Floor business case was not approved;
- Minute 67/14/6 – E-Rostering – need for appropriate engagement with medical staff;
- Minute 68/14/1 – issues re. Delayed Transfers of Care;
- Minute 68/14/1 – clinical risks for long waiting RTT patients, and
- Minute 68/14/3 – clinical risk in relation to backlog of outpatient letters.

DATE OF NEXT COMMITTEE MEETING: 30 July 2014

**Mr R Kilner – Acting Trust Chairman and Finance and Performance Committee Chair
25 July 2014**

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

**MINUTES OF A MEETING OF THE FINANCE AND PERFORMANCE COMMITTEE, HELD ON
WEDNESDAY 25 JUNE 2014 AT 8.30AM IN THE SEMINAR ROOMS A AND B, CLINICAL
EDUCATION CENTRE, LEICESTER GENERAL HOSPITAL**

Present:

Mr R Kilner – Acting Chairman (Committee Chair)
Mr J Adler – Chief Executive (excluding Minutes 67/14/7 – 68/14/3)
Colonel (Retired) I Crowe – Non-Executive Director
Mr P Hollinshead – Interim Director of Financial Strategy
Mr R Mitchell – Chief Operating Officer
Mr G Smith – Patient Adviser (non-voting member)
Ms J Wilson – Non-Executive Director

In Attendance:

Mr M Allen – Director, Ernst Young (for Minute 69/14/1)
Mr J Clarke – Chief Information Officer (for Minute 67/14/5)
Ms C Ellwood – Acting Chief Pharmacist (for Minute 67/14/5)
Ms J Fawcus – CMG Manager, CHUGGS (for Minute 67/14/1)
Mr P Gowdridge – Head of Strategic Finance (for Minute 67/14/8)
Mrs H Majeed – Trust Administrator
Ms D Mitchell – Interim Director for the Alliance (for Minute 67/14/8)
Ms S Mitchelson – Electronic Rostering Project Lead (for Minute 67/14/6)
Mr M Natrass – CMG Deputy Manager, CHUGGS (for Minute 67/14/1)
Mr S Sheppard – Deputy Director of Finance
Ms K Shields – Director of Strategy (until and including Minute 67/14/4)
Ms A Smith – Assistant Director of Procurement and Supply (for Minute 67/14/7)

RESOLVED ITEMS

ACTION

64/14 APOLOGIES

No apologies for absence were received.

65/14 MINUTES

Resolved – that the Minutes of the 28 May 2014 Finance and Performance Committee meeting (paper A) be confirmed as a correct record.

66/14 MATTERS ARISING PROGRESS REPORT

The Committee Chairman confirmed that the matters arising report provided at paper B detailed the status of all outstanding matters arising. Members received updated information in respect of the following items:-

- (a) Minute 56/14/1(A) of 28 May 2014 – it was noted that the action relating to the fractured neck of femur performance had now been scheduled for the QAC meeting in July 2014;
- (b) Minute 56/14/1(B) of 28 May 2014 – the Chief Operating Officer advised that consideration was being given to outsourcing activity from ENT and possibly General Surgery but further options were also being explored. Item to be removed from the progress log;
- (c) Minute 56/14/2 (A) of 28 May 2014 – the Director of Strategy advised that a Public and Patient Involvement (PPI) Group had been established in respect of UHL's 5 year plan to take forward PPI engagement. Item to be removed from the progress log;

TA

TA

- | | | |
|--|--|--------------------|
| (d) | Minute 58/14/1 of 28 May 2014 – the Chief Operating Officer confirmed that there had been positive improvement in respect of the cancelled operations performance and this needed to be maintained. The target for percentage of patients cancelled who were offered another date within 28 days of the cancellation needed to improve. Item to be removed from the progress log; | TA |
| (e) | Minute 45/14/1(C) of 23 April 2014 – the Director of Strategy was requested to liaise with the Medical Director to ensure that the work he was undertaking in respect of how CMGs assured themselves that key requirements for effective team working were met by all their services was appropriately linked with the framework. An update on this matter would be provided to the F&P in September 2014; | MD/DS |
| (f) | Minute 17/14/1(B) of 26 February 2014 – the Interim Director of Financial Strategy advised that the Capital Group had now been established and any capital works relating to the MES II contract would be coordinated through this Group. Item to be removed from the progress log, and | TA |
| (g) | Minute 7/14/3 of 29 January 2014 – item to be removed from the progress log. | TA |
| <u>Resolved</u> – that the matters arising report and any associated actions above, be noted. | | NAMED LEADS |

67/14 STRATEGIC MATTERS

67/14/1 Cancer, Haematology, Urology, Gastroenterology and General Surgery (CHUGGS) CMG Presentation

The General Manager and Deputy General Manager attended the meeting from the CHUGGS Clinical Management Group (CMG) to present paper C providing a summary of the CMG's financial and operational performance. Introductions took place. The CMG was congratulated for the outcome of the bone marrow transplant review. During the presentation, Finance and Performance Committee members particularly noted:-

- (a) a number of achievements in the CMG in the last six months including the implementation of a bowel screening programme in gastroenterology, robotic surgery programme in Urology, good patient outcomes in pelvic floor service, significant improvement in general surgery cancer performance, reconfiguration of the Chemotherapy Suite, approval for Intensity-Modulated Radiation Treatment (IMRT) and extended opening hours for daycase in the haematology service;
- (b) quality and safety performance – improvements made to the FFT score, however there were some 'hot spot' areas, a successful patient listening event in the Urology service had taken place, infection prevention was embedded with excellent clinical engagement;
- (c) only one risk featured on the risk register with a risk score of 15 or above - Radiotherapy Staffing (inadequate staffing levels) – this issue would be resolved once the IMRT business case was in place;
- (d) financial performance – month 2 (£24,000 deficit compared to plan) with a year to date deficit of £45,000. The CMG was expecting to break-even when the final cut figures were available. The key risk was agency nursing spend, and
- (e) a brief discussion on proposed strategic changes in 2014-15 and key commitments for the next 12 months.

Following the presentation, Committee members raised the following comments and questions:-

- (1) Ms J Wilson, Non-Executive Director and Quality Assurance Committee (QAC) Chair queried the actions taken by the CMG to offset the high agency nursing spend – in response, it was noted that the CMG had approximately 30 nursing vacancies and although international nurses had been recruited, they were supernumerary for a limited period of time. The CMG had identified that a significant number of agency

nurses were being used out of hours and weekends, therefore controls had been put in place and all agency requests were now authorised only by the CMG Head of Nursing. Therefore, it was expected that the agency spend would reduce in July 2014, however a material difference would be noticed only by August 2014;

- (2) responding to a query from Colonel (Retired) I Crowe, Non-Executive Director, the CMG Manager confirmed that from her perspective the CMG was working well. However, she highlighted some data warehouse issues, estates (old infrastructure) issues and the number of meetings that the CMGs were required to attend;
- (3) responding to a comment from the Chief Executive regarding CMGs involvement to drive the Trust's strategy, the CMG Manager suggested that it would be helpful for CMGs to be more involved with the Executive Team and be an integral part in developing strategies etc, and
- (4) it was noted that a service review of general surgery would be undertaken as it was currently a loss making specialty.

Further to the departure of CMG colleagues, the Chief Operating Officer advised that the number of meetings that CMGs were required to attend was being reviewed and would be addressed. In respect of the CMG performance management sessions, the management panel had been content with the performance of some CMGs and had offered not to meet with them, however, the CMGs had insisted that they preferred interaction with the management team.

Resolved – that the presentation on the CHUGGS CMG's operational and financial performance be received and noted.

67/14/2

5 Year Planning Submission

Paper D had been withdrawn and the Director of Strategy provided a verbal update instead. She advised that the Trust's five year (2014-2019) Integrated Business Plan was ambitious but an achievable plan. It would move the Trust from its current position to that of an efficient and effective healthcare provider working in partnership with local organisations as well as other hospital Trusts across the Midlands. The Executive Summary of UHL's five year plan would be presented to the public section of the Trust Board on 26 June 2014.

Resolved – that the verbal update on the progress re. UHL's 5 Year Planning Submission be received and noted.

67/14/3

NHS Trust Development Authority (NTDA) Briefing Note re. Emergency Floor

Paper E detailed the information provided to the NTDA regarding expenditure/funding of the Emergency floor. The following key points were highlighted:-

- (a) the Trust was committing capital expenditure (£7.8m) for the enabling works in advance of funding and approval of business case, and
- (b) abortive expenditure might result if the business case was not approved.

In discussion, Ms J Wilson, Non-Executive Director noted that the level of risk was "low" and suggested that in order to maintain an audit trail, the reasons for the low risk should be documented, as appropriate. Colonel (Retired) I Crowe, Non-Executive Director expressed concern that the expenditure was reaching the treasury limit and noted the potential risk if the costs exceeded the limit. In response, the Deputy Director of Finance advised that planned costs vs. forecast costs for each scheme would be reviewed by the Capital Group and any issues would be appropriately escalated.

Resolved – that the information provided to the NTDA regarding expenditure/funding of the Emergency floor be received and noted.

67/14/4	<p><u>Development of Robotic Surgery Programme and Purchase of Da Vinci Robot</u></p> <p>It was noted that the Trust Board at its meeting on 29 May 2014 considered a brief report on the introduction of a robotic surgery programme at UHL. It was approved in principle subject to a sub-group of the Board giving further consideration of the case. Paper F provided an update confirming the decision of the sub-group to proceed with a 7 year lease option of a re-conditioned machine. The Finance and Performance Committee noted, supported and commended the development of the robotic surgery programme at UHL. In discussion on the governance aspects, the Director of Strategy was requested to provide assurance that oversight in respect of quality and safety of this programme would be monitored through the CMG's dashboard/ Robotic Programme Board.</p> <p><u>Resolved</u> – that (A) the development of robotic surgery programme and purchase of Da Vinci robot be noted, and</p> <p>(B) the Director of Strategy to provide assurance that oversight in respect of quality and safety of the robotic surgery programme would be monitored through the CMG's dashboard/Robotic Programme Board.</p>	DS
67/14/5	<p><u>Report by the Acting Chief Pharmacist and the Chief Information Officer</u></p> <p><u>Resolved</u> – that this Minute be classed as confidential and taken in private accordingly, on the grounds that public consideration at this stage could be prejudicial to the effective conduct of public affairs.</p>	
67/14/6	<p><u>E-Rostering Update Report (including resolution of report functionality issues)</u></p> <p>Ms S Mitchelson, E-Rostering Project Lead attended to presented paper H, an update on E-Rostering roll-out. She reported that the roll-out to nursing staff had gone well, however the roll-out to medical staff had been delayed as the job plans of all medical staff were not yet available. 'RosterPerform' was a management reporting dashboard, this software extracted data from the HealthRoster system to produce information on key performance indicators.</p> <p>Further to a brief discussion, the Chief Operating Officer undertook to liaise with the Deputy Medical Director and confirm to the E-Rostering Project Lead regarding the timescales for the medical job plans to be available on the electronic job planning system. He also undertook to liaise with the CMG Directors and confirm which specialities would be the early "adopters" of the E-Rostering system for medical staff. The Chief Executive advised that the job planning policy needed to be approved by the LNC and this was expected to be completed imminently. The Committee Chair noted the need for a Board-sub committee to receive assurance that the medical productivity plan was "on track", in response the Chief Operating Officer undertook to ensure that the percentage of job plans completed and 'live' on the Trust's approved electronic job planning system were included in monthly CIP reports to the Finance and Performance Committee.</p> <p>The Deputy Director of Finance was the new Chair of the E-Rostering Board who advised that he chaired the first meeting recently and noted significant enthusiasm and input from nurses. The challenge now was to resolve the IT issues and refine the KPIs. In respect of medical job plans, he highlighted that a number of electronic systems were currently being used.</p> <p><u>Resolved</u> – that (A) the contents of paper H be received and noted, and</p> <p>(B) the Chief Operating Officer be requested to:-</p> <ul style="list-style-type: none"> • liaise with the Deputy Medical Director and confirm to the E-Rostering Project Lead regarding the timescales for the medical job plans to be available on the electronic job planning system; 	<p>COO</p> <p>COO</p> <p>COO</p> <p>COO</p>

- liaise with the CMG Directors and confirm which specialities would be the early “adopters” of the E-Rostering system for medical staff, and
- ensure that the percentage of job plans completed and ‘live’ on the Trust’s approved electronic job planning system were included in monthly CIP reports to the Finance and Performance Committee.

67/14/7

UHL Procurement and Supplies Dashboard

Ms A Smith, Assistant Director of Procurement and Supply attended to provide the Committee with an update on the Procurement Strategy implementation progress and the DoH National Procurement Efficiency Programme updates and recommendations (paper I refers). Members noted that Ms A Smith would be leaving UHL at the end of August 2014.

The Department of Health had launched a Procurement Efficiency Programme led by Dr D Poulter, Under Secretary for Health. Further details of the programme were announced at a NHS Procurement Leaders Conference on 11 June 2014. The DoH was working with the top 30 suppliers to understand how efficiencies could be made. Mr R Kilner was the Non-Executive Procurement sponsor. A core list of 1000 products would be introduced and Non FTs (especially those who were in deficit) would be first to take on the core list. It would be mandatory and no agreements should be entered into that Trusts cannot exit from. The efficiency team would ask Trusts for their prices via the portal and would guarantee the best price. There would be an Academy for Procurement Excellence (APEX) set up with 80% available via e-learning. In response to a query on the standard of the core list of 1000 products, it was noted that feedback on the standard would be provided through the National Clinical Procurement Group.

The DoH had launched procurement transparency guidance. The recommendations for Trusts and how UHL would comply was listed in the table in section 3.1 of paper I. In respect of the DoH’s recommendation ‘To ensure that all contract opportunities with a contract value over £25,000 are advertised on Contracts Finder’, the Assistant Director of Procurement and Supply recommended that the tender threshold be raised to allow for more quotations and easy engagement with Small or Medium Enterprises (SMEs) and local businesses.

In respect of the DoH’s recommendation ‘To publish details of total supplier spend each month on their websites and take preparatory steps to publish line-level pricing information’, it was noted that the Trust had rated itself ‘red’ as the Trust did not currently publish this information and the procurement system did not have the capability currently to publish line level pricing.

The recommended procurement dashboard was launched by the DoH procurement efficiency programme in November 2013 with an aim of gathering and measuring the same information across Trusts and improving performance in key areas. Appendix 1 provided the dashboard template. UHL was liaising with other Trusts in respect of populating the dashboard.

Appendix 2 provided a progress report on the Trust’s procurement performance against NHS Procurement Standards. In respect of the Procurement strategy action plan, the Interim Director of Financial Strategy undertook to follow-up with the Medical Director regarding the need for a Clinical Sponsor for the ‘Supplier Representative Policy’. The NTDA had approved the stock management system outline business case and work was now in progress in respect of the sign-off of the full business case. Work was underway to reduce the non-catalogue spend and the catalogue would also be rolled out to products used by the Alliance.

IDFS

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

(B) the Interim Director of Financial Strategy to follow-up with the Medical Director

IDFS

regarding the need for a Clinical Sponsor for the 'Supplier Representative Policy'.

67/14/8

Financial and Operational Reporting Mechanism for the Elective Care Alliance

Ms D Mitchell, Interim Director of the Alliance and Mr P Gowdridge, Head of Strategic Finance attended to present paper J, a report on the due diligence issues identified prior to the Alliance contract sign off which went 'live' from 1 April 2014. The report also set out the financial and governance arrangements in place.

It was noted that some payroll issues arose prior to the due diligence process which were being resolved. There were no compliance issues for the Alliance in the CQC inspection report.

The order and expenditure approval limits that had been set with the Alliance staff were listed in section 4.1 of paper J. The Interim Director of Financial Strategy requested that the delegated order and expenditure approval limits for Alliance staff be notified to the Audit Committee. Further to the substantive appointment of the Director of the Alliance, the delegated approval limits would need to be re-considered, as appropriate.

DDF

DDF

Current risks were being managed for RTT, income and expenditure in relation to the block contract arrangements for the first six months and non-recurrent funding above tariff for 2014-15. In terms of governance arrangements, it was noted that regular reports from the Alliance would be presented to the Executive Performance Board and the Finance and Performance Committee.

IDA

The Interim Director of Financial Strategy requested that discussion be held with the Head of Planning and Business Development in respect of any opportunity that Asterol might be able to offer to the Alliance. It was suggested that consideration be given to transfer to UHL of capital assets (in terms of equipment) that were used by the Alliance given that the cost of the depreciation of the assets was paid by UHL.

IDA

IDFS

In response to a query regarding whether the Alliance was on the audit of governance arrangements programme scheduled for 2014-15, the Head of Strategic Finance provided assurance that meetings had been scheduled with Internal Auditors in order to be included in the audit programme.

The Chief Operating Officer requested the Interim Director of the Alliance to liaise with the Clinical Director, ESM in respect of a query raised at the Executive Performance Board meeting on 24 June 2014 in relation to the turnaround time of typing letters.

IDA

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

(B) delegated order and expenditure approval limits for Alliance staff be notified to the Audit Committee;

DDF

(C) further to the substantive appointment of the Director of the Alliance, the delegated approval limits be re-considered, as appropriate;

DDF

(D) the Interim Director of the Alliance to present regular reports on the Alliance contract to the Executive Performance Board and Finance and Performance Committee;

IDA

IDA

(E) the Interim Director of the Alliance to liaise with the Head of Planning and Business Development in respect of any opportunity that Asterol might be able to offer to the Alliance;

(F) the Interim Director of Financial Strategy to give consideration to the transfer to UHL of capital assets (in terms of equipment) that were used by the Alliance given that the cost of the depreciation of the assets is paid by UHL, and

IDFS

(G) the Interim Director of the Alliance to liaise with the CMG Director, ESM in respect of an issue raised at the EPB meeting on 25 June 2014 re. typing of letters.

68/14 PERFORMANCE

68/14/1 Month 2 Quality, Finance and Performance Report

Paper K provided an overview of UHL's quality, patient experience, operational targets, HR and financial performance against national, regional and local indicators for the month ending 31 May 2014 and a high level overview of the Divisional Heatmap report. The Chief Operating Officer reported on the following aspects of UHL's operational performance:-

Diagnostic test waiting times – on target for the second consecutive month;

Cancelled Operations – % of short notice cancellations in May 2014 was achieved at 0.8%. The number of patients breaching the 28 day rebook standard in May 2014 (UHL and Alliance) was 3 with 96.1%;

RTT admitted and non-admitted – Trust level compliant non admitted performance was expected in August 2014 and trust level compliant admitted performance was expected in November 2014. Responding to a query from the Committee Chair, the Chief Operating Officer advised that work was underway for additional in house activity, mostly out of hours and weekends and consideration was being given to provision of additional capacity through local independent sector providers in order to progress earlier compliance and recovery of the admitted standard. Responding to a query from Ms J Wilson, Non-Executive Director in respect of RTT patients, the Chief Operating Officer undertook to include an update in the Q&P report on how clinical risks for long waiting patients was being managed. In response to a query from the Committee Chair regarding a letter from the East Leicestershire CCG re. the running of "ghost clinics", the Chief Operating Officer briefed members on the current booking practices.

COO

2 week wait cancer target – non compliant for April 2014. Work was in progress to ensure additional capacity was in place to bring performance back on-track;

Delay Transfers of Care (DTC) – the methodology of calculating DTC percentage had been amended in the report to align to the methodology in the NTDA guidance notes. This had generally increased the % of DTCs and there was not one month in the last year where the threshold of 3.5% was achieved. The Committee Chair queried the scope to charge local authorities for the delays in patient transfers once the period of acute care had been completed, in response the Interim Director of Financial Strategy agreed to review the position within the context of the overall contract;

Choose and Book – slot availability performance for May 2014 was 26%, a deteriorated position from April 2014;

Stroke TIA – the percentage of high risk suspected TIAs receiving relevant investigations and treatment within 24 hours of referral for May 2014 was 58.8% against a national target of 60.0%, and

Ambulance Turnaround times – further to a request, the Chief Operating Officer agreed to include this indicator on the performance dashboard/heat map.

COO

Resolved – that (A) the month 2 Quality, Finance and Performance report (paper K) and the subsequent discussion be received and noted, and

(B) the Chief Operating Officer be requested to include the following items in future iterations of the Q&P report:-

- how clinical risk for long waiting RTT patients was being managed, and
- ambulance turnaround times.

COO

68/14/2 Progress Report on Referral to Treatment (RTT) Improvement Plan

Resolved – that an update on the RTT improvement plan was discussed under Minute 68/14/1 above.

68/14/3 Clinic Letter Update

Further to Minute 58/14/3 of 28 May 2014, the Chief Operating Officer presented paper M, updating the Committee on progress with reducing the backlog of outpatient clinical letters which was also presented to the Executive Performance Board on 24 June 2014. CMGs had been asked to review and confirm their specialty level plans to the Chief Operating Officer by 30 June 2014 for achieving the four internal standards listed under section 2 of paper M.

COO

It was noted that for those areas not using Dictate IT and using WinScribe on its own, the system reporting was not available to generate the reports on how many outpatient letters were over ten days and therefore this had to be calculated manually. The Non-Executive Directors of the Committee expressed concern over the increasing backlog and noted the need for a turnaround plan. The Chief Operating Officer undertook to present the Specialty level action plans including a trajectory for improvement to the Executive Team in July 2014.

Resolved – that (A) the progress report on reducing the backlog of clinical letters be received and noted, and

(B) the Specialty level action plans including a trajectory for improvement in respect of the outpatient letters waiting to be typed be presented to ET in July 2014.

COO

69/14 **FINANCE**

69/14/1 2014-15 Cost Improvement Programme

Mr A Allen, Director, Ernst Young attended for this item. Further to Minute 57/14/1 of 28 May 2014, the Chief Operating Officer introduced paper N, advising that the current value of schemes on the CIP tracker was £41.94m and the risk adjusted total was £31.19m (against the target of £45m). The table on page 2 showed the risk-adjusted value of schemes by CMG as at 13 June 2014. A full list of current CIP schemes which included the current RAG rating and estimated FYE value was detailed in appendix 1. The Committee particularly noted the following actions being progressed with a view to increasing the value of the 2014-15 programme (as set out in section 4 of paper N):-

- (1) focussed work within the CMG management teams supported by the embedded EY resources. The contract with EY would come to an end in July 2014, discussion was on-going re. the support required going forward;
- (2) work to identify and drive additional savings through a number of Trust-wide schemes;
- (3) short term measures to reduce run-rate expenditure/tighter controls ;
- (4) plans to reduce headcount – all managers had been asked to review their establishments and identify posts which could be safely dis-established. To guide this process CMGs and Corporate Directorates were set a target of 2%. Although Corporate Directorates had identified some workforce reductions, the CMGs had found this challenging. A buddy system was now being rolled out whereby Executive Directors would provide additional support to CMGs, to review their plans and identify any additional measures, and
- (5) service reviews in loss-making specialties – positive feedback had been received

from Vascular Services and Trauma and Orthopaedics in respect of the service reviews that had been undertaken.

Mr M Allen highlighted that the delivery of actual savings in months 1 and 2 was in line with the forecast. He advised that there was a wide reaching programme of work underway to close the gap against the £45m in-year savings target and he remained confident that it was possible to do so. A paper was tabled which detailed the outpatient key performance indicators for the ENT service.

Responding to queries on how workforce savings were going to be achieved, Mr M Allen highlighted the following points:-

- (a) clinical workforce – nursing and medical staff costs at UHL were higher in comparison to peer organisations. There was a need for length of stay to be decreased and day case rates to be increased and work was underway to map this in detail, and
- (b) the need for reducing the cost of posts by reducing banding and introducing posts with skill mix changes.

In further discussion on this issue, the Committee Chair requested that an update on the 5 year workforce plan figures, workforce implications through current CIP schemes and workforce savings identified through the workforce review be presented to the Finance and Performance Committee in July 2014.

IDFS

Resolved – that (A) the 2014-15 CIP update be received and noted, and

(B) an update on the 5 year workforce plan figures, workforce implications through current CIP schemes and workforce savings identified through the workforce review be presented to the Finance and Performance Committee in July 2014.

IDFS

69/14/2 Report from the Interim Director of Financial Strategy

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

69/14/3 Cash Flow/Treasury Management/Working Capital Strategy

Resolved – due to time constraints, this item be deferred to the Finance and Performance Committee in July 2014.

TA

69/14/4 Reference Costs

Resolved – due to time constraints, this item be deferred to the Finance and Performance Committee in July 2014.

TA

70/14 SCRUTINY AND INFORMATION

70/14/1 Clinical Management Group (CMG) Performance Management Meetings

Resolved – that the action notes arising from the May 2014 CMG Performance Management meetings (paper Q) be received and noted.

70/14/2 Executive Performance Board

Resolved – that the notes of the 27 May 2014 Executive Performance Board meeting (paper R) be received and noted.

70/14/3 Quality Assurance Committee (QAC)

Resolved – that the 28 May 2014 QAC Minutes (paper S) be received and noted.

71/14 ITEMS FOR DISCUSSION AT THE NEXT FINANCE AND PERFORMANCE COMMITTEE

Paper T provided a draft agenda for the 30 July 2014 meeting and it was agreed that the agenda would be further discussed at the F&P agenda pre-meet.

Resolved – that the items for consideration at the Finance and Performance Committee meeting on 30 July 2014 (paper T) be noted.

72/14 ANY OTHER BUSINESS

Resolved – that there were no items of any other business raised.

73/14 ITEMS TO BE HIGHLIGHTED TO THE TRUST BOARD

Resolved – that the following issues be highlighted verbally to the Trust Board meeting on 26 June 2014:-

- Minute 67/14/1 – positive development in the CHUGGS CMG;
- Minute 67/14/3 – risks around abortive expenditure if the Emergency Floor business case was not approved;
- Discussion under Minute 67/14/5;
- Minute 67/14/6 – E-Rostering – need for appropriate engagement with medical staff;
- Minute 68/14/1 – issues re. Delayed Transfers of Care;
- Minute 68/14/1 – clinical risks for long waiting RTT patients;
- Minute 68/14/3 – clinical risk in relation to backlog of outpatient letters, and
- Discussion under Minute 69/14/2.

74/14 DATE OF NEXT MEETING

Resolved – that the next Finance and Performance Committee be held on Wednesday 30 July 2014 from 8.30am – 11.30am in Seminar Rooms A and B in the Clinical Education Centre at Leicester General Hospital.

The meeting closed at 11:36am

Hina Majeed, Trust Administrator

Attendance Record 2014-15

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
R Kilner (Chair)	3	3	100%	P Hollinshead	3	3	100%
J Adler	3	3	100%	G Smith *	3	3	100%
I Crowe	3	2	66%	J Wilson	3	3	100%
R Mitchell	3	3	100%				

* non-voting members

University Hospitals of Leicester NHS Trust

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT BY TRUST BOARD COMMITTEE TO TRUST BOARD

DATE OF TRUST BOARD MEETING: 31 July 2014

COMMITTEE: Quality Assurance Committee

CHAIRMAN: Ms J Wilson, Non-Executive Director

DATE OF COMMITTEE MEETING: 25 June 2014

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

- Annual Reports from EQB Sub-Committees, specifically the Health and Safety Annual Report (Minute 40/14/8).

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

- SUI Report (Minute 44/14/1);
- Patient Safety Report (Minute 44/14/7), and
- Quality Accounts (Minute 45/14/2).

DATE OF NEXT COMMITTEE MEETING: 30 July 2014

**Ms J Wilson
25 July 2014**

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

**MINUTES OF A MEETING OF THE QUALITY ASSURANCE COMMITTEE HELD ON WEDNESDAY
25 JUNE 2014 AT 12 NOON IN SEMINAR ROOMS A AND B, CLINICAL EDUCATION CENTRE,
LEICESTER GENERAL HOSPITAL**

Present:

Ms J Wilson – Non-Executive Director (Chair)
Mr J Adler – Chief Executive
Dr S Dauncey – Non-Executive Director
Ms C O'Brien – Chief Nurse and Quality Officer, East Leicestershire CCG (non-voting member)
Ms R Overfield – Chief Nurse
Mr P Panchal – Non-Executive Director
Professor D Wynford-Thomas – Non-Executive Director and Dean of the University of Leicester Medical School (excluding Minute 40/14)

In Attendance:

Mrs G Belton – Trust Administrator
Ms D Brookes – Acting Senior Midwife (for Minute 44/14/1)
Mrs R Broughton – Head of Outcomes and Effectiveness
Mr C Carr – Head of Improvement Performance (for Minute 44/14/3)
Dr B Collett – Associate Medical Director (Clinical Effectiveness)
Miss M Durbridge – Director of Safety and Risk
Ms C Ellwood – Acting Chief Pharmacist (for Minute 44/14/4)
Dr A McGregor – Consultant Pathologist (for Minute 44/14/2)
Dr N Moore – Clinical Director, RRC (for Minute 44/14/5)
Dr H Qureshi – Consultant, Haematology and Blood Transfusion – for Minute 44/14/2
Mrs C Ribbins – Director of Nursing
Mr I Scudamore – CMG Director, Women's and Children's (for Minute 44/14/6)

RECOMMENDED ITEMS

ACTION

40/14 ANNUAL REPORTS FROM THE EQB SUB-COMMITTEES

The Chief Nurse highlighted to Committee members the number of workstreams (forming individual Committees) which sat below and reported into the Executive Quality Board, which then reported up to the Quality Assurance Committee. Historically, some of these Committees had produced an annual report, and these were submitted to QAC today for noting and the provision of assurance. Those Committees which were newly established would be providing an annual report for receipt in June 2015.

Recommended – that this information be noted.

40/14/1 New Interventional Procedures Authorising Committee Annual Report

Paper 'P' detailed the Annual Report from the New Interventional Procedures Authorising Committee (NIPAG). Members noted the contents of the report, noting that the most significant challenge for staff lay in understanding what was meant by a 'new interventional procedure' and under what circumstances a formal notification to the Committee was required. Note was made of the planned communication to assist staff in this respect.

Particular discussion took place regarding benchmarking the number of new procedures in comparison to other Trusts (benchmarking data was available and UHL was in line with other similar Trusts nationally) and also regarding the authorisation level of the Committee (i.e. whether a procedure had to be approved by NIPAG to be utilised within the Trust). It was noted that whilst NIPAG did authorise procedures, it was not an executive body and new procedures could be utilised without authorisation from NIPAG. It was therefore agreed to submit the Terms of Reference for NIPAG to a future meeting

TA

of the EQB in order that this issue could be explored in further detail. Recognition was also made of the difficulties in administratively managing the increasing number of applications made to the Committee, which would be reviewed at the end of the budget setting process.

Recommended – that (A) the contents of this report be received and noted, and (B) the Terms of Reference for NIPAG be submitted to a future EQB meeting in order to fully ascertain the position regarding the Committee’s level of authorisation.

TA

40/14/2 Mortality Review Committee

Paper Q detailed the UHL Mortality Review Committee Annual Report, as presented by the Head of Outcomes and Effectiveness.

The Chair noted the thoroughness of the report, and the fact that the Committee could take significant assurance from the rigour of this work. In response to a query raised as to whether this had been cross-checked with the Associate Medical Director who had been leading an Internal Governance Group established in response to a particular issue, it was confirmed that it had. Discussion also took place regarding the visibility of an individual’s outcome data, and it was noted that ultimately (when the relevant IT systems were in place) this would form part of an individual’s appraisal. Mortality data was currently monitored at specialty level. It was noted that the LLR Review Action Plan would be submitted to the next EQB meeting on 2 July 2014, and would be discussed at the Trust Board, which could then confirm whether it wished to delegate its on-going review to QAC.

Recommended – that (A) the contents of this report be received and noted, (B) the LLR Review Action Plan be submitted to the next EQB meeting on 2 July 2014, and

TA

(C) the LLR Review Action Plan be discussed at the Trust Board, which could then confirm whether it wished to delegate its on-going review to QAC.

TA

40/14/3 Thrombosis Committee Annual Report

Paper R detailed the Annual Report from the Thrombosis Committee, as presented by the Head of Outcomes and Effectiveness. Note was made of a particular issue in relation to the VTE risk assessment which had been highlighted by the Trust’s auditors. Also noted was the intensive manual work required in relation to thrombosis in respect of which IT support was required. In discussion, the Thrombosis Committee was requested to give consideration to reporting avoidable hospital-acquired VTEs as incidents (as per the process utilised for avoidable pressure ulcers).

Recommended – that (A) the contents of this report be received and noted, and (B) the Thrombosis Committee be requested to give consideration to reporting avoidable hospital-acquired VTEs as incidents (as per the process utilised for avoidable pressure ulcers)

HOE

40/14/4 Clinical Audit Annual Report

Members received and noted the contents of paper ‘S’, which detailed the Clinical Audit Annual Report, and commended the format and appearance of the report. Note was made of the challenge that lay in ensuring that audit was viewed as a cycle of continuous quality improvement.

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

40/14/5 Patient Experience Annual Report

Paper T detailed the Patient Experience Annual Report, as presented by the Director of Nursing, noting the significant work undertaken over the past year and the improvements implemented particularly by Emergency and Specialist Medicine, Women's and Children's and MSK.

Particular discussion took place regarding the fact that the ethnic breakdown of respondents to patient experience surveys did not correlate with the ethnic population the Trust served, albeit noting that with FFT, the Trust was not to take action to influence this in any way and for that reason, the view was expressed against setting a target around this.

Members noted the significant work undertaken over the past year and expressed their congratulations to Ms H Leatham, Head of Nursing and her team in this respect.

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

40/14/6 Safeguarding Committee Annual Report

Paper 'U' detailed the annual report from the Safeguarding Committee, as presented by the Director of Nursing. Members considered the report to contain a good use of case examples, and noted the increasing complexities of the safeguarding agenda over the past 12 months. Particular discussion took place regarding the delivery of Prevent training as referenced within the report, and noted the need for awareness of the relevant issues.

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

40/14/7 Organ and Tissue Donation Committee Annual Report

The Director of Nursing presented paper 'V', which detailed the annual report of the Organ and Tissue Donation Committee. Members noted the changes over the last twelve months and specific issues regarding consent and conversion rates. Specific discussion took place regarding the need for the Chief Nurse, in consultation with the Director of Corporate and Legal Affairs, to seek clarity and agree a way forward in terms of determining an appropriate Chair for the Organ and Tissue Donation Committee when Mr Panchal, NED and current Chair, left the Trust at the end of September 2014. The Committee noted their thanks to Dr J Thompson, Clinical Lead for organ donation.

Recommended - that (A) the contents of this report be received and noted, and

(B) the Chief Nurse, in consultation with the Director of Corporate and Legal Affairs, seek clarity and agree a way forward in terms of determining an appropriate Chair for the Organ and Tissue Donation Committee when Mr Panchal, NED and current Chair, left the Trust at the end of September 2014.

CN/
DCLA

40/14/8 Health and Safety Annual Report

Members discussed the contents of the Health and Safety Annual Report, noting their congratulations to Mr N Howlett and his team for their achievements over the past year. Particular note was made of the 20% reduction in RIDDOR reportable days lost. QAC recommended the contents of this report onto the Trust Board for formal receipt and noting, as per statutory requirements.

Recommended – that the contents of this report be recommended onto the Trust Board for formal receipt and noting, as per statutory requirements.

40/14/9 Resuscitation Committee Annual Report

Members received and noted the contents of the Resuscitation Committee Annual Report, noting that they were unable to take full assurance from the report in light of a number of outstanding questions requiring resolution currently. In conclusion, it was agreed that the Chief Nurse would discuss the current lack of assurance with the Medical Director and the Medical Director would be requested to submit the workplan and KPIs for the Resuscitation Committee to the QAC meeting in August 2014.

CN

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

MD/TA

(B) the Chief Nurse be requested to discuss the current lack of assurance with the Medical Director and

(C) the Medical Director be requested to submit the workplan and KPIs for the Resuscitation Committee to the QAC meeting

CN

40/14/10 Infection Prevention Assurance Committee Annual Report

MD/TA

This report was currently unavailable, and would be submitted for receipt at the next QAC meeting in July 2014.

DDIPAC

Recommended – that this item be withdrawn from today's agenda, and be submitted for consideration at the next QAC meeting in July 2014.

DDIPAC

40/14/11 Medicine Optimisation Committee Annual Report

Paper Z detailed the annual report for the Medicines Optimisation Committee, noting that this also acted as the oversight committee for EPMA governance. A New Medicines Optimisation Framework was due for release on 31 July 2014, so it had not yet been possible to plan the work programme for the subsequent year. Particular discussion took place regarding an increase in workload with the requirement of extra reporting, and on-going discussions regarding how this could be supported. In discussion it was agreed that this report should be utilised as the 'standard' to which future Annual Reports from EQB sub-committees should be produced.

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

(B) this annual report be utilised as the 'standard' to which future Annual Reports from EQB sub-committees should be produced.

40/11/12 Point of Care Testing Committee

Members received and noted the report from the Point of Care Testing Committee, noting particularly issues associated with kit and calibration.

DCQ/TA

Recommended – that this report be received and noted.

ACTION

RESOLVED ITEMS

41/14 APOLOGIES

Apologies for absence were received from Mr M Caple, Patient Adviser, Dr K Harris, Medical Director and Mrs S Hotson, Director of Clinical Quality.

Mr Panchal, Non-Executive Director queried deputising arrangements when Patient Advisers could not attend meetings, and it was agreed that he would discuss this matter outwith the meeting with the Director of Marketing and Communications.

PP

42/14 MINUTES

Resolved – that the Minutes of the meeting held on 28 May 2014 (papers A and A1) be confirmed as a correct record.

43/14 MATTERS ARISING REPORT

Members received and noted the contents of paper 'B', noting that those actions now reported as complete (level 5) would be removed from future iterations of this report. Members specifically reported on progress in respect of the following actions:-

- | | | |
|-----|---|------------------------------|
| | | TA |
| (a) | Minute reference 32/14(a) – members noted that the RTT report had been presented at the Finance and Performance Committee meeting held that morning and had not featured any information regarding an update on the safety implications and clinical quality risk assessments as requested for receipt at the EQB and QAC meetings. The Chair noted that she would raise this issue with the Chief Executive. The Committee requested to receive this information in writing on a routine basis at the Committee, and particularly requested that the Medical Director and Chief Operating Officer produced such a report for the QAC meeting in July 2014; | Chair
MD/COO |
| (b) | Minute reference 33/14/1(b) regarding an update on the Quality Commitment KPIs being included within the Quality Schedule reports to the Clinical Quality Review Group – Ms O'Brien, Chief Nurse and Quality Officer, East Leicestershire CCG noted that she had not seen this report, but it was possibly not due for receipt as yet. The Director of Safety and Risk undertook to send the relevant information to Commissioners in the absence of the Director of Clinical Quality due to leave; | DSR |
| (c) | Minute reference 33/14/3 regarding the proposed future format of the Quality and Performance report) – this remained work in progress. It was expected that the draft revised Q & P report would be available for submission to the QAC meeting in July 2014; | CN |
| (d) | Minute reference 33/14/5 regarding the submission of regular monitoring reports in respect of the Alliance contract to EQB – it was agreed that the Director of Safety and Risk would establish when the first of such reports would be received and the frequency of their submission to the EQB thereafter; | DSR |
| (e) | Minute reference 33/14/6 regarding the circulation of a report outside the meeting regarding the PMO set up and process for undertaking quality impact assessments of CIP schemes – it was agreed that the Chief Nurse's name should be added to those listed as 'Leads' for progression of this issue. It was agreed that the QAC Chair and Chief Nurse would discuss outwith the meeting a means by which QAC could receive feedback of the completed quality impact assessment of CIP schemes. It was also agreed that the Chief Nurse would submit the completed proforma templates (re the quality impact assessment of CIP schemes) to the August 2014 QAC meeting. | TA
QAC Chair / CN |
| (f) | Minute reference 34/14/5 (regarding a completed root cause analysis report and consolidated action plan relating to two Ophthalmology SUIs being presented to QAC when available) – it was noted that one of the root cause analysis reports had now been signed off and would be available for submission to the next QAC meeting in July 2014; | DSR/TA |
| (g) | Minute reference 34/14/8b (regarding the identification of health and safety key performance indicators to be included within the quality and performance report) – the Director of Safety and Risk noted that 5 specific KPIs to be monitored in 2014/15 had been agreed at the last Health and Safety Committee, and she undertook to confirm the specific KPIs agreed at the next QAC meeting; | DSR/TA |
| (h) | Minute reference 22/14/1 (regarding the progression outwith the meeting of estates issues in respect of training venues) – it was agreed to seek an update on progress from the Chief Executive; | CE |
| (i) | Minute reference 4/14/2 (regarding review of the inpatient survey document at the Patient Experience Group) – the Director of Nursing was requested to include on the action log a date by which this action would be achieved. In further discussion, it was agreed that details regarding the in-patient survey should be circulated to the Trust Board, as per the process for details regarding the out-patient survey. | DN |

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

TA/All

44/14 SAFETY

44/14/1 SUI Report – Women’s and Children’s CMG

Ms D Brookes, Acting Senior Midwife, attended to present paper ‘C’, which detailed the root cause analysis report and resulting action plan developed following an SUI involving a retained vaginal swab, in respect of which the Committee sought assurance as to the follow-up actions undertaken. Ms Brookes explained the actions undertaken as a result of this SUI (as also described within accompanying paper C).

Particular discussion took place in respect of the following points:

- (a) whether there had been feedback to the patient’s GP –it was confirmed that there had been feedback;
- (b) noted that a similar incident had occurred three years ago, and challenged the learning from the original incident;
- (c) the fact that Community Midwifery care was absent from this report, and queried the opportunity to re-visit this aspect;
- (d) a query was raised as to whether it was within the Trust’s remit to be able to consider GP practice within the investigation of an SUI (where relevant) – Ms O’Brien noted that her team were able to facilitate a statement from the GP and if a specific concern was raised, they could escalate this appropriately in order that a decision could be taken as to whether an independent review was required. The Director of Safety and Risk noted that GPs were invited in to discuss incidents, however they struggled, on occasion, to provide the Trust with the information within the timescale required;
- (e) noted the future arrangements planned whereby a review of all SUIs would be chaired by a clinical member of the Executive or their deputy;
- (f) a query as to the audit arrangements in place – it was noted that this would be reviewed at the EQB and escalated to QAC as appropriate;
- (g) queried whether any staffing issues had been a factor in this incident – they had not, and
- (h) the Committee confirmed the assurance they had received from the internally focussed action, noting the opportunities to take a wider system view.

CN

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

(B) to review aspects relating to audit at the EQB, escalating to QAC as appropriate.

CN

44/14/2 Report from Consultant Cytopathologist

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

44/14/3 Report from the Head of Performance Improvement

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

44/14/4 Report from the Chief Pharmacist

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

44/14/5 Report from the Medical Director

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

44/14/6 Review of 2012 Trent Neonatal Survey Report

Mr I Scudamore, Clinical Director of Women's and Children's Services, attended to present paper 'H', which detailed the results of the 2012 Trent Neonatal Survey report for the Trust, including raised rates (within the expected range) of Hypoxic Ischaemic Encephalopathy (HIE) for 2012 and 2013. Whilst nothing specific had been identified on further investigation of relevant cases, a number of themes had been identified, in respect of which an action plan had been developed, with all actions expected to have been completed within the next six weeks. HIE had also been added to the maternity dashboard and would be monitored accordingly.

Particular discussion took place regarding the following points:

- (a) the sustainability of the actions implemented – these were considered to be sustainable;
- (b) the particular actions now being implemented, including the development and implementation of an education package, the mandatory training and assessments re CTGs and the appointment of two new locum consultants. Also discussed was the planned visit to the NHS Trust in Sheffield with the aim of sharing practice, and the Committee suggested that this was a reciprocal visit, and it was agreed that a reciprocal visit would be arranged with this action being incorporated into the action plan;
- (c) the lengthy discussion that had taken place at the Clinical Quality Review Group regarding this matter in view of the need for enhance alignment given the similar themes that had been identified through SUIs three years ago and the assurance now taken from the work being under by Dr Currie, Consultant Neonatologist, and
- (d) general discussion took place regarding the need for all reports submitted to the Committee to feature a fully completed front sheet – it was agreed that the Trust Administrator would re-iterate this requirement to all authors submitting reports to future QAC meetings (issuing them with a template to utilise for this purpose).

CD

TA

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

(B) the visit to Sheffield be a reciprocal visit (with this action being incorporated into the action plan), and

CD

(C) the Trust Administrator be requested to re-iterate the requirement to complete a front sheet to all authors submitting reports to future QAC meetings (issuing them with a template to utilise for this purpose).

TA

44/14/7 Patient Safety Report

The Director of Safety and Risk presented paper 'I', which detailed the monthly update report in respect of patient safety, and included specific information regarding the following: the quarterly Patient Safety report, 3636 Staff Concerns Report line, Doctors in Training representation at EQB, SUIs reported and closed in May 2014, CAS performance and 45 Day RCA performance. She particularly highlighted the increase in written complaints, particularly regarding cancellations and waiting times. QAC were particularly asked to note EQB's approval to invite a Doctor in Training representative to sit on the EQB, to note the lessons learnt and actions of the completed RCA reports to reduce further incidents and to note that the EQB had approved the closure of the NPSA Right Patient, Right Blood Alert as listed in point 6.7 subject to careful monitoring of the agreed action plan by the Transfusion Committee. Also discussed was the increase in NPSA alerts, and the challenging deadlines associated with these.

Specific discussion took place regarding the following points:

- (a) the usefulness of seeing the detail regarding denominators in future iterations of the Patient Safety report – it was agreed that this would be included;
- (b) the importance of the triangulation of patient feedback, for further discussion at the Patient Experience Group meeting due to be held the following day;
- (c) a request made of the Director of Safety and Risk to circulate further information regarding ethnicity (page 16 of the Quarterly Patient Safety report refers);
- (d) the intention to receive at a future QAC meeting the root cause analysis report and action plan in relation to the SUI in ED when available, and
- (e) the outcome of the recent ED Risk Review meeting – it was agreed that the out-puts of the ED Risk Review meeting should be reviewed at the Trust Board (noting that the EQB would maintain oversight of this work).

DSR

DSR

DSR/TA

CN/TA

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

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

- include details regarding denominators in future iterations of the Patient Safety report;
- circulate further information regarding ethnicity (page 16 of the quarterly Patient Safety report refers), and
- submit the root cause analysis report and associated action plan in relation to the SUI in ED to a future meeting of QAC (when available), and

DSR

(C) to review the out-puts of the ED Risk Review meeting at the Trust Board (noting that EQB would maintain oversight of this work).

CN/TA

45/14 **QUALITY**

45/14/1 Risk Summit

The Chief Executive verbally briefed members of a discussion held at the Quality Surveillance Group regarding a Risk Summit, noting that the Trust had not had any formal involvement in such.

Resolved – that this verbal information be noted.

45/14/2 Quality Accounts

In the absence of the Director of Clinical Quality, the Chief Nurse presented paper 'J', which detailed the final draft of the Quality Account, which would be submitted to the Trust Board on the following day for formal approval. It was noted that the Auditor's Opinion had now been received and would be tabled at the Trust Board. Members commended the Director of Clinical Quality on the production of this document, and agreed that it would be useful to have photocopies of the document available for attendees at the Trust's Annual Public Meeting. The success in facilitating engagement with a wider group of stakeholders was also noted.

DCQ/DM
C

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

45/14/3 CQC Action Plan

In the absence of the Director of Clinical Quality, the Chief Nurse presented paper 'K', which detailed progress against the CQC action plan. She noted that some of the timescales had slipped, and that these would be reviewed on a line-by-line basis at the next EQB meeting. Note was made of the significant number of actions that had been completed or were on track. Particular concern was expressed regarding the action outlined in point 7a, and the Chief Nurse noted her intention to discuss with the Chief Operating Officer the fact that the Discharge Lounge was not under the responsibility of

a Matron or a Head of Nursing.

CN

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

(B) the Chief Nurse be requested to discuss with the Chief Operating Officer the fact that the Discharge Lounge was not under the responsibility of a Matron or Head of Nursing.

CN

45/14/4 Month 2 – Quality and Performance Update

The Chief Nurse presented paper 'L', which detailed an overview of UHL quality and safety, patient experience, operational and finance performance against national and local indicators for the month of May 2014. The Chief Nurse noted that the format of this report was currently being revised, and that future iterations of this report should be in the updated format.

Particular discussion took place regarding a specific same sex breach that had been discussed recently with Commissioners, and the dip in performance against the cancer two-week wait. In respect of the exception report detailed in appendix 4 (regarding Cancer Performance in April 2014) the Chief Nurse and Medical Director were requested to discuss the clinical implications of this matter further at the next QAC meeting in July 2014.

CN/MD

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

(B) the Chief Nurse and Medical Director be requested to discuss the clinical implications (in respect of the 2 week cancer wait exception report) further at the next QAC meeting in July 2014.

CN/MD

46/14 **ITEMS FOR THE ATTENTION OF QAC**

46/14/1 EQB Meeting of 4 June 2014 – Items for the attention of QAC

The Associate Medical Director (Acting Chair of the EQB meeting held on 4 June 2014) briefly noted the points of discussion at the 4 June 2014 EQB meeting (paper M refers).

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

47/14 **MINUTES FOR INFORMATION**

47/14/1 Finance and Performance Committee

Resolved – that the public Minutes of the Finance and Performance Committee meeting held on 28 May 2014 (paper N refers) be received and noted.

47/14/2 Executive Performance Board

Resolved – that the action notes of the Executive Performance Board meeting held on 27 May 2014 (paper O refers) be received and noted.

48/14 **ANY OTHER BUSINESS**

Resolved – that there were no further items of business.

49/14 **IDENTIFICATION OF ANY KEY ISSUES FOR THE ATTENTION OF THE TRUST BOARD**

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

- Health and Safety Annual Report (Minute 40/14/8);
- SUI Report (Minute 44/14/1);
- Report from the Head of Performance and Improvement (Minute 44/14/3);
- Report from the Acting Chief Pharmacist (Minute 44/14/4);
- Report from the Medical Director (Minute 44/14/5);
- Patient Safety Report (Minute 44/14/7), and
- Quality Accounts (Minute 45/14/2).

50/14 DATE OF NEXT MEETING

Resolved – that the next meeting of the Quality Assurance Committee be held on Wednesday 30 July 2014 from 12.30pm until 3.30pm in the Seminar Rooms A and 1B, Clinical Education Centre, Leicester General Hospital.

The meeting closed at 4.13pm.

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

<i>Name</i>	<i>Possible</i>	<i>Actual</i>	<i>% attendance</i>	<i>Name</i>	<i>Possible</i>	<i>Actual</i>	<i>% attendance</i>
<i>J Adler</i>	3	2	67	<i>R Overfield</i>	3	2	67
<i>M Caple*</i>	3	1	33	<i>P Panchal</i>	3	2	67
<i>S Dauncey</i>	3	2	67	<i>J Wilson (Chair)</i>	3	3	100
<i>K Harris</i>	3	2	67	<i>D Wynford-Thomas</i>	3	1	33
<i>K Jenkins</i>	1	0	0				
<i>C O'Brien – East Leicestershire/Rutland CCG*</i>	3	2	67				

- * non-voting members

Gil Belton
Trust Administrator

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

Trust Board Bulletin – 31 July 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:-

- **Quarterly update on sealings** – Lead contact point Mr S Ward, Director of Corporate and Legal Affairs (0116 258 8615) – **paper 1**, and
- **Quarter 1 progress against the 2014-15 Annual Operating Plan** – Lead contact point Ms K Shields, Director of Strategy (0116 258 8566) – **paper 2**.

It is intended that these papers will not be discussed at the formal Trust Board meeting on 31 July 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.

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT TO: TRUST BOARD

DATE: 31 JULY 2014

REPORT BY: DIRECTOR OF CORPORATE AND LEGAL AFFAIRS

SUBJECT: SEALING OF DOCUMENTS

1. The Trust's Standing Orders (Standing Order 12) set out the approved arrangements for custody of the Trust's seal and the sealing of documents.
2. Appended to this report is a table setting out details of the Trust sealings for the 2014-15 financial year to date (by quarter).
3. The Trust Board is invited to receive and note this information.
4. Reports on Trust sealings will continue to be submitted to the Trust Board on a quarterly basis.

Stephen Ward
Director of Corporate and Legal Affairs

List of Trust Sealings for Quarter 1, 2014/15

Date of Sealing	Nature of Document	Date of Authority and Minute Reference	Sealed by	Remarks
18/06/14	Lease of Property at Leicester General Hospital to Lloyds Pharmacy Ltd	Trust Board – 27/3/14 Minute 77/14	Acting Chairman/ Assistant Director – Head of Legal Services	Handed to Adrian Middleton, NHS Horizons on 19.6.14.
18/06/14	Lease of Property at Leicester Royal Infirmary to Lloyds Pharmacy Ltd.	Trust Board – 27/3/14 Minute 77/14	Acting Chairman/ Assistant Director – Head of Legal Services	Handed to Adrian Middleton, NHS Horizons on 19.6.14.
18/6/14	Lease of Property at Leicester Glenfield Hospital to Lloyds Pharmacy Ltd.	Trust Board – 27/3/14 Minute 77/14	Acting Chairman/ Assistant Director – Head of Legal Services	Handed to Adrian Middleton, NHS Horizons on 19.6.14.
07/07/14	Additional Party Deed relating to a Deed of Trust between Atlantic Data Limited and various NHS Trusts in respect of online Disclosure Applications for Criminal Records Bureau checks.	Trust Board – 26/6/ 14	Acting Chairman/ Assistant Director – Head of Legal Services	Original handed to Peter Rogers, HR.

To:	Trust Board		Trust Board Bulletin – paper 2						
From:	Kate Shields – Director of Strategy								
Date:	31 July 2014								
CQC regulation:									
Title:	Quarter one review of Annual Operational Plan 2014/15								
Author/Responsible Director: Kate Caston									
Purpose of the Report: Provide a summary of the 2014/2015 Annual Operational Plan (AOP) against Quarter one (Q1) including a brief summary and direction of travel, revisiting any assumptions made in the plan and check for current validity. This report should be considered alongside the detailed quarterly and monthly quality, R&D, OD and performance reports presented to Trust Board. The aim of this report is not to repeat any of this information Highlight areas of exception against the strategic objectives Provide the Trust Board with a forward looking horizon scan to note any areas of interest.									
The Report is provided to the Board for: <table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">Decision</td> <td style="width: 50%; text-align: center;">X</td> </tr> <tr> <td>Assurance</td> <td></td> </tr> <tr> <td>Endorsement</td> <td></td> </tr> </table>				Decision	X	Assurance		Endorsement	
Decision	X								
Assurance									
Endorsement									
Summary / Key Points:									
Recommendations: The Trust Board are asked to receive the report									
Previously considered at another corporate UHL Committee?									
Board Assurance Framework:		Performance KPIs year to date:							
Resource Implications (eg Financial, HR):									
Assurance Implications:									
Patient and Public Involvement (PPI) Implications:									
Stakeholder Engagement Implications:									
Equality Impact:									
Information exempt from Disclosure:									
Requirement for further review?									

Quarter one review of Annual Operational Plan 2014/15

PURPOSE

1. The purpose of this paper is to:
 - Provide a summary of the 2014/2015 Annual Operational Plan (AOP) against Quarter one (Q1) including a brief summary and direction of travel, revisiting any assumptions made in the plan and check for current validity. This report should be considered alongside the detailed quarterly and monthly quality, R&D, OD and performance reports presented to Trust Board. The aim of this report is not to repeat any of this information
 - Highlight areas of exception against the strategic objectives

BACKGROUND

2. The Trust submitted a two year Operational Plan to the NHS Trust Development Agency (NTDA) on 4th April.
3. The NTDA continue to work closely with the Trust to review progress against our two-year Operational Plan at specific key milestones during 2014/15, including checking on progress against remaining residual areas of non-compliance within the planning checklists. The NTDA highlighted the importance of on-going active engagement with clinical staff, patients, public and health partners regarding the development, implementation, board level monitoring and review of our two year operational plan.
4. The Trust's five year Integrated Business Plan (IBP) built on the foundations of the two year plan and was submitted to the NTDA on 20th June 2014.

PROGRESS AGAINST THE AOP FOR Q1

5. Reviewing the strategic objectives they can be placed in three common themes;
 - Effectively lead and manage service provision in line with defined standards whilst delivering our financial plan and improving productivity
 - Build effective strategic partnerships to support delivery of safe and sustainable core and specialised services
 - Prepare strong foundations for forthcoming, large scale transformation – including improvement activities at scale and pace and early enabling capital schemes
6. Progress against each theme is;

Effectively lead and manage service provision in line with defined standards whilst delivering our financial plan and improving productivity

Delivering our Care Quality Commission (CQC) action plan

7. The CQC action plan is presented to the Quality Assurance Committee and the Executive Quality Board on a monthly basis. It has also been subject to challenge at the Executive Quality Board on the 2nd July and subsequently updated where updates are available. Further detailed discussion will take place at the Executive Quality Board on the 6th August. The NTDA and CQC have asked for regular updates against the plan and the Director of Clinical Quality has met with representatives from both agencies to provide an update

Ensuring robust financial control and delivering on our financial plan

8. The Trust is reporting (as at month 2):
 - A deficit at the end of May 2014 of £8.8m, which is £0.2m adverse to the planned deficit of £8.6m
 - The Trust is still forecasting delivery of the year-end financial plan of a deficit of £40.7m

Better Care Together (BCT) Strategy

9. The Trust is actively engaged in the Better Care Together governance structure, from an operational to strategic level with John Adler as the Chair of the Strategy Delivery Group, Kate Shields is a member of the Leicester, Leicestershire & Rutland (LLR) Strategy Delivery Group and Simon Sheppard is a member of the finance sub-group.
10. Better Care Together plans are to be co-created in partnership with LLR partners and a work plan is being developed by the LLR BCT Strategy Delivery Group to be considered by the BCT Programme Board at the end of August 2014.

Build effective strategic partnerships to support delivery of safe and sustainable core and specialised services

Effective partnerships with primary care and Leicestershire Partnership Trust (LPT)

11. There is active engagement and leadership of the LLR Elective Care Alliance. LLR Urgent Care and Planned Care work streams are in partnership with local GPs
12. A joint project has been established to test the concept of early transfer of sub-acute care to a community hospitals setting or home in partnership with LPT. The impact of this is reflected in University Hospitals of Leicester, LPTs the LLR BCT 5 year plans.

13. There is mutual accountability for the delivery of shared objectives and these are reflected in the LLR BCT 5 year directional plan.
14. Between June and September 2014 respective plans need to be reconciled and developed in a greater level of detail to support operational delivery.

Regional partnerships

15. The Trust is actively engaging with partners with a view to:
 - establishing a Leicestershire Northamptonshire and Rutland partnership for the specialised service infrastructure with Northampton General Hospital and Kettering General Hospital
 - establishing a provider collaboration across the East Midlands as a whole
 - Developing an engagement strategy for the delivery of the long term vision for and East Midlands network for both acute and specialised services
 - The Trust is to appoint a Head of External Partnership Development to progress with the above.

Specialised Services specifications

16. The Clinical Management group (CMG's) are addressing Specialised Service derogation plans and a follow up meeting was held recently to identify progress to date. This progress will be monitored via the Contracts Team as part of their interface with CMG Managers and Service Managers.

Network relationships with partners

17. The LLR BCT plan was submitted on 20 June to NHS England and the NTDA. The plan is directional and outlines the broad direction of travel. Detailed delivery plans to be discussed and agreed between June and September 2014.
18. A work plan is being developed by the LLR BCT Strategy Delivery Group to be considered by the BCT Programme Board at the end of August 2014.

Effective partnerships with primary care

19. The Elective Care Alliance was established with agreed terms of reference for the Leadership Board and other sub groups thereby allowing structured engagement and partnership working with local GPs through the LLR Provider Company Limited. Joint business plan under development.
20. Between June and September the Alliance Business Plan and the Trust's plans need to be reconciled and developed in a greater level of detail to support operational delivery.

Service Line Management

21. Each of the Trusts 49 Service Lines will undertake (over the next 24 months) a service review methodology. This will become a key component for preparing CMG's for Service Line Management. The review brings together service line resource requirements and key outcomes against which they are measured.

Prepare strong foundations for forthcoming, large scale transformation – including improvement activities at scale and pace and early enabling capital schemes

22. Enabling Capital Schemes (in construction – on programme)
 - ITU Interim programme LRI – completion Aug 2014
 - Endoscopy reconfiguration GH – Complete
 - Modular Wards LRI - ground works commenced, off site construction ward are in progress - completion Sept 2014.
 - Diabetes outpatients – completion Oct 2014
 - Office Accommodation (Oliver ward, St Marks & St Lukes) – Sept 2014

Business Cases

23. The Vascular Surgery business case has been approved by the Capital Monitoring and Investment Committee. It is scheduled for presentation to the Finance and Performance Committee, and Trust Board.
24. The Full Business Case is due in November 2014 with an estimated start date of March 2015.

QUARTER ONE PERFORMANCE AGAINST OBJECTIVES

25. There are no exceptions to report
26. To note against objective: Completing a robust strategic case for change for consideration by the NTDA which will provide the framework for estate reconfiguration in years 3-7. The NTDA have confirmed requirement for a Strategic Outline Case is superseded by the development of the 5 year Integrated Business Plan, Long Term Financial Management, Estates Strategy and Clinical Strategy. This objective will therefore be removed.

RECOMMENDATION

27. The Trust Board is asked to receive the report

Operational Plan Objective to be achieved in Q1	Achieved by	RAG RATING Q1
OVERARCHING STRATEGIC OBJECTIVE: RESPONSIVE SERVICES WHICH PEOPLE CHOOSE TO USE (CORE SERVICES)		
Objective 2: Ensure there is sufficient capacity is in place to deliver core targets including elective, ED, cancer waiting time standards and cancelled operations	Implementing stage 2 (3 beds) of phased ICU capacity increase at LRI to meet elective and emergency demand thereby reducing cancellations and reducing the risk of LLR patients going out of county.	Green (In construction – on programme)
Objective 3: To optimise both the opportunities for integration and the use of physical assets across the health and social care economy, ensuring care is provided in appropriate cost effective settings, reducing duplication and eliminating waste in the system	Subject to contract, the Trust will work with local partners in implementing a novel Alliance Contract for the LLR elective care bundle. The current service will transfer over on an 'as-is' basis on 1 April, 2014. A period of stabilisation will follow. In 2015-2016 it is envisaged that the Alliance will move forward significant shifts in elective service provision to lower acuity, lower cost settings closer to home.	Green (Post contract sign off work programme is on track to deliver against plans)
OVERARCHING STRATEGIC OBJECTIVE: RESPONSIVE SERVICES WHICH PEOPLE CHOOSE TO USE (SPECIALISED SERVICES)		
Objective 2: Ensure there is sufficient capacity is in place to deliver core targets including elective, ED, cancer waiting time standards and reduced cancelled operations	Implementing stage 2 (3 beds) and 3 of phased ICU capacity increase at LRI to meet elective and emergency demand thereby reducing cancellations and reducing the risk of LLR patients going out of county.	Green (In construction – on programme)
OVERARCHING STRATEGIC OBJECTIVE: INTEGRATED CARE IN PARTNERSHIP WITH OTHERS (SECONDARY AND SPECIALISED SERVICES)		
Objective 1: To deliver high quality, citizen centred, integrated care pathways,	Fostering integration and developing strong relationships by actively engaging in shaping	Amber

APPENDIX 1

Operational Plan Objective to be achieved in Q1	Achieved by	RAG RATING Q1
delivered in the appropriate place and at the appropriate time by the appropriate person, supported by staff/citizens, resulting in a reduction in the time spent avoidably in hospital	and testing the Better Care Fund plans for implementation in 2015/2016 in collaboration with our partners. These will be underpinned by robust KPI's. The plans being developed focus on four key strands: Prevention, Long Term Condition management, Crisis Response (within 2 hours) in the community, Discharge and re-ablement.	Local approach to the Better Care Fund discussed at the BCF Chief Officer meeting on the 9 th July 2014
	Implementing with our local partners a fundamentally redesigned pathway for diabetes patients (Diabetes Super 7) in April 2014. This will see a fundamental shift of most diabetes care into primary care or the home but with appropriate access to an acute services as/when required for complex cases and/or unstable diabetes.	<p>Amber</p> <p>Super 7 Transformation Project – Left Shift of Diabetes Patients</p> <p>Two main issues outstanding relating to the coding of antenatal diabetic clinics and a difference of opinion with regard to the level of activity for transfer to the community setting. CCGs in their latest proposal remain optimistic regarding transfer volumes and this is inconsistent with analysis undertaken by the Diabetic Team.</p> <p>The Trust is reviewing patient numbers and has revised the costing by £200k. A revised proposal was issued to CCGs on 14th May 2014. The financial variance between respective proposals ranges from £200k to £1m. The Trust awaits a response to 14th May 2014 letter</p> <p>There also remains an issue with regard to funding for the seven nurses employed by the Trust. This matter is also being discussed as part of the current negotiation</p>

Operational Plan Objective to be achieved in Q1	Achieved by	RAG RATING Q1
OVERARCHING STRATEGIC OBJECTIVE: DELIVERING SERVICES THROUGH A PROFESSIONAL, PASSIONATE AND VALUED WORKFORCE		
Objective 1: Build capacity and capability by ensuring that our staff have the right tools, training and support to deliver care, and are supported to develop and progress.	Embedding the Listening into Action methodology and approach in to the organisation, spreading it as a mechanism for making staff led improvements. We will train key clinical leads to enable the facilitation of 'Listening Events' within all ward and clinical department areas and to support staff led improvement	Green Nursing into Action launches at the end of July 2014. Listening Into Action (LiA) update against each of the 5 LiA work streams: Classic LiA, Thematic LiA, Enabling LiA, Management of Change LiA and Nursing into Action standing agenda items at the EWB.
Objective 2: To improve the utilisation of current our workforce and where necessary build new capacity and capability to support short and medium service plans as a Trust and local economy.	Refreshing our three year workforce plan as above Identify and map key shifts in staffing numbers and skill mix required. Contribute towards the development of the LLR workforce plan. Utilise the output to inform commissioning plans via the LETC and LETB. Review progress and compliance with safe staffing ratios twice a year at Board	Green Refreshed Workforce Plan to be submitted to the NTDA – end September 2014 Forecast future years activity (years 1 and 2), the capacity required to deliver it – including the workforce requirements – end October 2014
	The appraisal process to enhance quality, experience and align with pay progression with the aim that 100% of staff are responsible for having an appraisal that is valuable, productive and provides positive feedback	Amber In April 2013, NHS Employers announced that: <i>"Incremental pay progression for all pay points will be conditional upon individuals demonstrating that they have the requisite knowledge skills and competencies for their role and that they have demonstrated the required level of performance and delivery"</i> . The Trust is currently seeking the views of staff in relation to proposals for determining how

Operational Plan Objective to be achieved in Q1	Achieved by	RAG RATING Q1
		increments are awarded. The closing date for responses to the survey is the 28 th July 2014 after which responses will be collated and used in discussions to finalise the Trust's Pay Progression Policy
Objective 3: To improve staff survey results in those areas that have materially slipped and to maintain or improve all remaining areas by xx	The Friends and Family Test for NHS Staff from the 1 April. We will ask two satisfaction questions (would you recommend the Trust as a place to work? Would you recommend the Trust as a place to be treated? We will compare/contrast to the above and agree a plan for improvement	Green Improvements in Friends and Family Test Scores (Staff and Patients) reported to both the Executive Workforce Board and Trust Board Staff will have the opportunity to respond to two questions between April to June 2014; July to September 2014; and January to March 2015. The EWB will review and monitor engagement of staff with new Friends and Family Test for Staff test at Quarter 1, 2 and 4
OVERARCHING STRATEGIC OBJECTIVE: A SAFE, SUSTAINABLE, PRODUCTIVE, HIGH PERFORMING NHS FOUNDATION TRUST		
Objective 1: As a key partner in the LLR health and care economy we will maximise value for the citizens of Leicester, Leicestershire and Rutland (LLR) by improving the health and wellbeing outcomes that matter to them, their families and carers in a way that enhances the quality of care at the same time as reducing cost to within allocated resources by restructuring the provision of safe, high quality services into the most	Implementing our two year operational plan with a view to our focus in 2014/2015 being on delivering performance today whilst laying down strong foundations for the future and 2015/2016 focusing on driving forward our strategic agenda. Once the LLR five year strategy is complete by June 2014, the Trust will retrospectively reconcile our two year plans with the five	Amber Reconciliation activities for June – September 2014 include: <ul style="list-style-type: none"> Reconciling the LTFM with the local health economy (LHE) model - both financial and activity Finalisation of an LTFM review outlining the process for development of assumptions for later iterations of LTFM

APPENDIX 1

Operational Plan Objective to be achieved in Q1	Achieved by	RAG RATING Q1
efficient and effective settings		
Objective 2: To deliver high quality, citizen centred, integrated care pathways, delivered in the appropriate place and at the appropriate time by the appropriate person, supported by staff/citizens, resulting in a reduction in the time spent avoidably in hospital by 30%	Implement the 'Sustainable Future' 3-7 Year Strategy Programme with the CMGs building on the work done to date. This will bring together all aspects of our future plans including service strategies, reconfiguration etc. This framework will support the iterative development of the Trust's sustainability plan for years 3-7 (operational plan for years 1-2) to ultimately be signed off by Trust Board on 20 June 2014	Green Development of Business Cases on schedule
Objective 4: To optimise both the opportunities for integration and the use of physical assets across the health and social care economy, ensuring care is provided in appropriate cost effective settings, reducing duplication and eliminating waste in the system	Developing and implementing a financial strategy to support our recovery plan and achieve financial balance by no later than the end of 2016/2017	Amber The LTFM (and associated IBP Finance Chapter) shows the Trust projecting to return to financial break even in the 2019-20 financial year which is year 6 of the plan
	Completing a robust strategic case for change for consideration by the TDA which will provide the framework for estate reconfiguration in years 3-7.	Green NTDA confirmed requirement for a SOC superseded by the development of the 5 year Integrated Business Plan / LTFM/ Estates Strategy / Clinical Strategy
OVERARCHING STRATEGIC OBJECTIVE: ENABLED BY BETTER ESTATE, EQUIPMENT AND TECHNOLOGY		
Objective 1: To deliver high quality, patient centred, care pathways, delivered	Securing TDA approval and delivering the Emergency Floor Business Case. This will	Green Full Business Case by November 2014

APPENDIX 1

Operational Plan Objective to be achieved in Q1	Achieved by	RAG RATING Q1
in the appropriate place and at the appropriate time by the appropriate person, supported by staff/citizens, resulting in a reduction in the time spent avoidably in hospital by 30%	involve significant enabling works including: demolition of the Langham building in October 2014, the development of a modular ward block and out patients accommodation, re-provision of the urgent care centre in clinics 1 and 2 and refurbishment of space previously housing a Linac in the building. It is expected that the Full Business Case will be considered and approved by Trust Board and the NTDA by September 2014. The construction timetable will extend to winter 2015 for the Emergency Floor and summer 2016 for the new assessment centre.	
Objective 2: To optimise the use of physical assets, ensuring care is provided in appropriate cost effective settings, reducing duplication and eliminating waste in the system	Developing the Vascular OBC which is scheduled for completion by June 2014 and for consideration at Trust Board followed by NTDA consideration in July 2014.	Green Vascular Outline Business Case presented at the 15 th July 2014 ET meeting. To be presented at the 30 th July 2014 F&P meeting and 31 st July 2014 TB meeting
	Implementing Electronic Document Record Management (EDRM) system. The pilot studies in 2 areas (genetics and MSK) which are underway are to be completed and reviewed. Based on the results a plan for roll out will be developed.	Green EPR Full Business Case by October 2014
Objective 3: To improve the utilisation of our workforce and the development of	Optimise the productivity and quality opportunity created through technology	Green We have been also been awarded £622,000 as part

APPENDIX 1

Operational Plan Objective to be achieved in Q1	Achieved by	RAG RATING Q1
new capacity and capabilities in the technology we use	enabled nurse led agile working	of the Nursing Technology Fund, which has been launched in response to the Government's commitment to reduce the burden of bureaucracy on nurses. This funding will enable us to purchase iPad mini's, iPhones and charging cabinets, giving staff faster access to patient records via the Nerve Centre Mobile Application. This technology will enable all nursing staff (3,000 registered nurses and 2,000 HCAs) to record all patients' vital signs and patients will be able to use designated electronic devices to enable contemporary feedback and also use for education in preparation for discharge. Julia Ball, Assistant Director of Nursing is leading on this exciting project.
	Securing robust plans for the replacement of critical medical equipment (LINACs) and the potential feasibility and business case for PETCT and robotics	Green DaVinci robot agreed through Trust Board in May 2014 for CHUGS and W&C. Robot arrived on site on 26 th June 2014. Staff training is currently taking place.

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT BY TRUST BOARD COMMITTEE TO TRUST BOARD

DATE OF TRUST BOARD MEETING: 31 July 2014

COMMITTEE: Charitable Funds Committee

CHAIRMAN: Mr P Panchal, Non-Executive Director

DATE OF COMMITTEE MEETING: 9 June 2014

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

All items recommended, as the meeting was inquorate.

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

None

DATE OF NEXT COMMITTEE MEETING: 15 September 2014

**Mr P Panchal – Non-Executive Director
25 July 2014**

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

**MINUTES OF AN INQUORATE* MEETING OF THE CHARITABLE FUNDS COMMITTEE HELD ON MONDAY
9 JUNE 2014 AT 10.30AM IN TEACHING ROOM 1, CLINICAL EDUCATION CENTRE,
LEICESTER ROYAL INFIRMARY**

** all items are therefore recommended*

Present: Mr P Panchal – Non-Executive Director (Chair)
Ms C Ribbins – Acting Chief Nurse

In Attendance: Professor N Brunskill – Director of Research & Development (for Minute 29/14)
M T Diggle – Head of Fundraising
Mr N Sone – Charity Finance Lead
Ms H Stokes – Senior Trust Administrator
Mr S Ward – Director of Corporate and Legal Affairs
Mr M Wightman – Director of Marketing and Communications

RECOMMENDED ITEMS

ACTION

25/14 APOLOGIES FOR ABSENCE

Apologies for absence were received from Ms K Jenkins, Non-Executive Director, Mr P Hollinshead, Interim Director of Financial Strategy, and Ms R Overfield, Chief Nurse.

26/14 MINUTES

Recommended – that the Minutes of the 14 April 2014 Charitable Funds Committee meeting be confirmed as a correct record.

27/14 MATTERS ARISING FROM THE MINUTES

Members reviewed the matters arising report at paper B, which covered both the immediately preceding and historic Charitable Funds Committee meetings. Specific discussion took place in respect of the following items:-

(a) Minute 14/14(i) – as appropriate confirmation had now been received from the Women's and Children's CMG, application 4836 could therefore be signed off;

(b) Minute 14/14(ii) – the Charitable Funds Committee Chair agreed to send contacts for Leicester Community Groups to the Director of Marketing and Communications outside the meeting;

**CFC
CHAIR**

(c) Minute 15/14 – the scope for potential future wi-fi provision by Interserve would be pursued outside the meeting;

CN

(d) Minute 16/14(iv) – the Acting Chief Nurse advised that following a review of potential alternatives, hotboards had been retained as the most appropriate option within application 4892, which was now being progressed accordingly;

(e) Minute 17/14(i) – it was agreed that horizon scanning was more within the remit of the Strategy team than the charitable appeals team;;

(f) Minute 7/14 of 3 February 2014 – the Acting Chief Nurse outlined progress on the meaningful activities coordinator business case, which would be brought back to the Charitable Funds Committee once finalised. The Charitable Funds Committee Chair noted his view that these posts should be funded from exchequer monies in the longer term, with charitable funding as short-term pump-priming only;

(g) Minute 47/13 of 13 September 2013 – to allow the Committee to understand what further training might be required, it was agreed to seek a 1-page briefing from the

HoF

Women's and Children's CMG confirming the training already available to midwifery staff when dealing with patients experiencing miscarriage;

(h) Minute 48/13 of 13 September 2013 – this had been actioned so could be removed from the Charitable Funds Committee log;

STA

(i) Minute 32/13 of 17 May 2013 – discussion with the Service Equality Manager had confirmed that equality and diversity training was mandatory for all staff. By September 2014, the Charitable Funds Committee Chair asked the Head of Fundraising to consider developing a position statement more generally on the issue of requests for charitable funding for training – such a statement would provide clarity to the CFC on how to evaluate such charitable applications, and

HoF

(j) Minute 2/13 of 18 January 2013 – it was clarified that the approved funds had now been drawn down for application 3747. Given the time delay involved, the Charitable Funds Committee Chair asked that an “appropriate” time period be identified in which applicants should draw down the funds approved by the Charitable Funds Committee (potentially 6 months), after which period applicants would need to reapply to the Committee for funding. This proposal would be discussed further at the next Charitable Funds Committee.

CFL

Recommended – that the discussion above and any associated actions, be noted and progressed by the appropriate lead.

28/14 UPDATE FROM THE CHARITABLE FUNDS INVESTMENT MANAGERS

It was noted that the charitable funds investment managers (Cazenove) had not been able to attend the meeting today. It was agreed to arrange an additional meeting to be held before September 2014 (but after the small subgroup meeting to discuss spending plans more generally) with Cazenove, to discuss their charitable funds investment managers' report.

CFL

Recommended – that an additional Charitable Funds Committee meeting be held before September 2014 to discuss the charitable funds investment managers' report with Cazenove representatives, following the subgroup discussions on wider spending plans.

CFL/
IDFS

29/14 LEICESTER LIFE STUDY BRIEFING

Professor N Brunskill, UHL Director of Research & Development, attended to introduce paper D and brief members on UHL's proposed strategic partnership involvement in the Life Study (aiming to study the factors driving child development). UHL had been invited to establish a Life birth centre in Leicester and it was anticipated that the study would involve approximately 50% of UHL's annual birth cohort.

The Director of Research & Development outlined proposals to convert the former LGH social club into the life centre – although UCL would support staffing costs, the capital cost was yet to be funded, hence the approach to the Charitable Funds Committee.

In discussion on paper D (and noting their in principle support for the initiative) Charitable Funds Committee members:-

- (a) queried potential links to developmental work by the University of Leicester, and potential funding opportunities from that source. In response, the Director of Research & Development noted his view that significant investment from that source was unlikely;
- (b) queried whether any other potential sources of income had been explored, as the Charitable Funds Committee would be able to make a more informed decision if it was aware of other potential contributions, including any possible public health funding;
- (c) discussed the scope for a potential capital appeal focused on the Life centre, and the input that might be available from UHL's Charitable Appeals Team in terms of

identifying and approaching grant-making Trusts etc for donations. The Head of Fundraising would meet with the Director of Research and Development outside the meeting, to discuss this further;	HoF
(d) noted a specific query from the Committee Chair as to whether the facility needed to be on the LGH site, and what the scope might be to explore use of Community-based facilities instead (eg ones which were fully equipped as children's centres but were no longer used by primary care). Although recognising the Director of Research & Development's view that it would be preferable to use an on-site Trust-owned facility (due to clinical adjacency issues and proximity to the maternity unit), and his wish to avoid further undue delay, the Charitable Funds Committee Chair advised that he would also make some initial enquiries about the availability of potential alternatives;	CFC CHAIR
(e) advised that a formal application for charitable funding was required, which could be considered at a special Charitable Funds Committee meeting if required before the next scheduled meeting (September 2014). The Director of Research & Development agreed to provide a formal application accordingly, and to advise on the September 2014 timescale;	DRD
(f) noted the need for any plans to be appropriately future-proofed, and	
(g) suggested that the Life Study be discussed at the June 2014 Finance and Performance Committee, to clarify the capital elements ahead of potential Trust Board discussion.	IDFS
Following the departure of the Director of Research & Development, the Charitable Funds Committee also noted the need for a view from the Interim Director of Financial Strategy on the overall viability of the project, including any risks of it being an orphan project with no lasting benefits for the host organisation.	IDFS
<u>Recommended</u> – that (A) options be explored for potential use of community facilities for the Leicester Life Study (rather than locating it on the LGH site as proposed) – details of potential community contacts to be provided to the Director of Research & Development accordingly;	CFC CHAIR
(B) a formal funding application be developed in respect of the Leicester Life Study facility, for consideration at a potential additional extraordinary Charitable Funds Committee meeting (if required before September 2014);	DRD
(C) the Head of Fundraising meet with the Director of Research & Development to discuss a possible capital funding appeal and any other funding options, and;	HOFF
(D) the Interim Director of Financial Strategy advise on the perceived viability of the Leicester Life Study project, for potential further consideration by the Finance and Performance Committee and Trust Board.	IDFS

30/14 FUNDRAISING UPDATE REPORT, INCLUDING LEGACY STRATEGY

Paper E outlined both recent and planned future fundraising activities by Leicester Hospitals Charity, particularly noting the Kidney Care Appeal sponsored walk on 15 June 2014, and progress on the Leicester Baby Loss Appeal (£92,000 raised to date, with outstanding pledges of £17,700). The Head of Fundraising announced that the charitable appeals team would in future be based at Belgrave House (former renal unit) on the LGH site – this location was easily accessible for donors and visitors and would help raise the charity's profile. In response to a query from the Committee Chair, the Head of Fundraising noted his intention to try and have the now-defunct ambulance bays outside Belgrave House re-designated as visitor carparking for the Charity. The Committee Chair also noted the need for the offices to be as welcoming as possible for members of the public.

HoF

Paper E also detailed UHL's proposed 2014-17 legacy fundraising strategy, noting the aim of increasing the Charity's legacy income from its current level of approximately £458,000 per annum. The strategy also outlined the results of a legacy questionnaire which had been sent to UHL members to test attitudes to the idea of leaving the Charity a gift in a will. Although a number of the findings were of interest – including the apparent preference for

legacies to be used to support research (no charitable appeal had yet been run in Leicester with this aim) – it was noted that the questionnaire’s targeting to a particular audience (the over 60s, as more likely to be interested in giving a legacy) might well have influenced the results. In general discussion on the legacy strategy, the Charitable Funds Committee:-

- | | |
|---|-----|
| (a) welcomed plans to widen the survey, to include staff as well as a wider public audience; | |
| (b) agreed that it would be useful to benchmark UHL’s position comparative to other Trusts, in terms of attracting legacy income. Data on this might be available from the Association of NHS Charities; | HoF |
| (c) noted plans to include improvement metrics in future iterations of the strategy; | |
| (d) queried whether the survey results took any account of likely cultural/ethnic diversity in terms of legacy giving – in response, the Head of Fundraising advised that the results were dependent on the diversity of the respondents. The Charitable Funds Committee Chair commented on the need for greater understanding of different practices and sensitivities, and advised working with community faith groups (such as the Association of British Muslims) on legacy-giving. LLR-wide work on end of life care could also help inform the legacy strategy, and | HoF |
| (e) agreed that the long-term legacy strategy would be re-presented to the Charitable Funds Committee once finalised, noting that the underlying actions would continue to be embedded in to the day to day working of the Charity in the meantime. | HoF |

Recommended – that (A) the fundraising update (including the development of the legacy strategy 2014-17) be noted;

(B) the Head of Fundraising contact the Travelwise Manager to discuss parking for visitors to the charitable appeals office once relocated to the LGH (Belgrave House [former renal unit]), including re-designation of the now-defunct ambulance bays;	HoF
--	-----

(C) benchmarking information be sought re: UHL’s comparative market position re: other NHS Trusts in terms of attracting legacies;	HoF
---	-----

(D) community faith groups be approached with a view to working more closely with UHL’s Charity in terms of legacy giving, and	HoF
---	-----

(E) the legacy strategy be updated and re-presented to the Charitable Funds Committee for approval once finalised.	HoF
---	-----

31/14 **LEICESTER BABY LOSS APPEAL – UPDATE**

The baby loss bereavement suite at the LGH (the Garden Room) was now finished and would be formally opened on 27 June 2014. All Charitable Funds Committee members were welcome to attend the opening, which would also involve Department of Health representatives. The Charitable Funds Committee Chair suggested that the invitation also be extended to other Non-Executive Directors. Baby loss rooms at the LRI site would now be developed (also using DoH funding), and a specific local funding pledge was also being pursued by the UHL fundraising team. The Charitable Funds Committee would continue to be kept updated on the development of the baby loss appeal facilities.	HoF
--	-----

<u>Recommended</u> – that all Non-Executive Directors and Charitable Funds Committee members be encouraged to attend the opening of the LGH baby loss Garden Room facility on 27 June 2014.	HoF
--	-----

32/14 **OUR SPACE APPEAL – LESSONS LEARNED**

The Head of Fundraising gave a presentation outlining the lessons learned from the Our Space Appeal to enhance teenage and young adult cancer facilities at UHL. He highlighted the identified need for successful appeals to benefit from (i) a clear systematic process; (ii) good project management skills and dedicated project team involvement; (iii) interdepartmental collaboration; (iv) clearly identified and passionate ‘project champions’, and (v) a clear vision of the benefits of the appeal, which could be clearly communicated to

patients, staff and the public. He particularly sought Charitable Funds Committee views on how best Leicester Hospitals Charity could manage expectations, choose its appeals, clarify the decision-making process from the outset, resource its work appropriately, and contribute to the smooth and easy running of the appeals process.

In response to the presentation and the questions above, the Charitable Funds Committee noted the need:-

- (a) for Board-level leadership and sponsorship of large-scale appeals from the outset. A Trust Board presence at fundraising events was also important;
- (b) to strengthen the 'project initiation process' stage when identifying who was needed on project boards and quantifying what was the minimum time input required. A dedicated project manager was also beneficial where possible;
- (c) to review the 'input cost' for the amount being raised by the appeal. It was vital that appeals were accurately and realistically costed and given a budget accordingly. It might also be necessary to explore increasing investment in the fundraising team, to deliver key campaigns;
- (d) for the Charity to be appropriately ambitious in its outlook, in terms of fundraising goals, and
- (e) to reflect UHL's overarching strategic direction when choosing appeals, informed also by patient feedback and clinical input.

Recommended – that the project management elements of future charitable appeals be strengthened (particularly for large projects), including specifying the minimum time input required from those involved and identifying project costs/resource requirements.

HoF/
DMC

33/14 PROPOSALS FOR A LEICESTER HOSPITALS CHARITY AGM

Paper G fleshed out proposals for a Leicester Hospitals Charity AGM, following the Charitable Funds Committee's April 2014 in principle support for such an event. It was proposed to hold the Charity AGM on either 9 or 16 October 2014 – the Charity Finance Lead agreed to contact the auditors and seek additional assurances from them that this would fit with the timescale for signing off the charity's accounts. Once confirmed, the accounts could be presented to the September 2014 Charitable Funds Committee and the end September 2014 Trust Board prior to the Charity AGM.

CFL

The Charitable Funds Committee Chair requested that it be mandatory for all UHL Trustees to attend the Charity's AGM, and he also advised developing a list of desired external attendees well in advance of the meeting.

HoF

Recommended – that the timeline for the AGM requirements be sent to the auditors, with a view to obtaining assurance that the 2013-14 accounts would be ready by the required date (either 9 or 16 October 2014 – date to be confirmed once assurances were received), and

CFL

(B) a list be drawn up of key individuals to attend the charity AGM (both internal and community-based).

HoF

34/14 POSITION RE: USE OF CHARITABLE FUNDS TO PURCHASE ALCOHOL FOR CHARITABLE FUNDRAISING EVENTS

Paper H outlined UHL's current policy in relation to the use of charitable funds to purchase alcohol for charitable fundraising events. Following a review, no change was proposed to the position adopted in November 2011, which was that charitable funds could be used for this purpose provided that the event was by invitation only, the cost of the ticket included no more than (up to) 3 glasses of wine, and that such events did not take place on Trust property. The Head of Fundraising acknowledged, however, the need to remain appropriately aware of cultural sensitivities and diversity on the issue of alcohol. Although noting a query from the Committee Chair on how charitable funds donors would potentially view the use of charitable funds to purchase alcohol, it was agreed to maintain the position

adopted in November 2011 and set out above.

Recommended – that the Trust’s current position on the use of charitable funds to purchase alcohol for charitable fundraising events (as adopted in November 2011) be maintained as detailed in paper H.

ALL

35/14 FINANCE AND GOVERNANCE REPORT

Paper I presented the financial position of Leicester Hospitals’ Charity for the period ending 30 April 2014 and updated members on the status of the General Purposes Fund, the balance of which was currently somewhat lower than usual. This was potentially cause for concern, in the event of outstanding commitments. Following discussion, the Charitable Funds Committee delegated authority to the Interim Director of Financial Strategy to pursue actions aimed at increasing the level of General Purpose Charitable Funds (including eg release of endowments).

Recommended – that authority be delegated to the Interim Director of Financial Strategy to pursue actions aimed at increasing the level of General Purpose Charitable Funds (including eg release of endowments).

IDFS

36/14 RPORT BY THE CHARITY FINANCE LEAD

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

37/14 ITEMS FOR APPROVAL

Paper J listed the grant applications being presented for Charitable Funds Committee approval, and confirmed that all bids had been initially reviewed by the charitable funds team to ensure that they were affordable, fell within the scope of the funds, and had been appropriately authorised by the fund holders. Any applications of £25,000 or more from either general purpose or restricted funds would require Trust Board approval as above the Charitable Funds Committee’s delegated limits for approval, and as today’s Charitable Funds Committee meeting was inquorate, all supported applications between £10,000 and £25,000 would also in fact require Trust Board approval and would be recommended accordingly. Appendix 1 of paper H detailed the applications (totalling £144,894) approved by the Charity Finance Lead in line with the scheme of delegation and which did not therefore require approval by the Charitable Funds Committee.

Following due consideration of the applications presented for approval, the Charitable Funds Committee:-

- (i) **did not approve application 4687** for £11,921 from the General Purposes Fund, to provide i-Pads for children to use within the paediatric ED, emergency decisions unit and acute medical unit. The Committee queried who would monitor the return of the devices and also queried whether i-Pads were the most suitable device available. Following discussion, the Committee agreed that a small-scale trial should be run by the CMG involving 2 tablet devices (not necessarily i-Pads), to gauge feedback on their use and also assess the likelihood of return, for a further update report to the September 2014 Charitable Funds Committee;
- (ii) **approved application 5006** for £500 from the General Purposes Fund to purchase 4 wheelchairs for the LGH outpatients department;
- (iii) **did not approve application 5040** for £94,140 to provide an iDXA total body scanner for the Leicester Diabetes Centre, to be funded by £65,000 from the medicines diabetes research restricted fund, a recent legacy left to the charity and £29,140 from the General Purposes Fund. Charitable Funds Committee members queried the intended ownership and use of the scanner, noting that UHL already had other scanners in place which were used for clinical work and querying the scope instead to use those existing machines. The Committee also queried whether the purchase of a scanner was the best use of the legacy

CFL

- involved. It was agreed that a more detailed report addressing these issues should be provided to the September 2014 Charitable Funds Committee, and **approved application 5044** for £11,160 from the Women's and Children's equipment fund for the provision of a colposcope for gynaecology services. CFL
- (iv)

Recommended – that (A) applications 5006 (£500) and 5044 (£11,160) be supported and recommended for Trust Board approval accordingly, and ALL

(B) the Charity Finance Lead feed back to the applicants in respect of applications 4687 and 5040, advising of the decision not to support them and the need for a further report on each to be submitted to the September 2014 Charitable Funds Committee as detailed in points (i) and (iii) above. CFL

38/14 ANY OTHER BUSINESS

There were no items of any other business.

39/14 IDENTIFICATION OF KEY ISSUES THAT THE COMMITTEE WISHES TO DRAW TO THE ATTENTION OF THE TRUST BOARD

Recommended – that the issues in confidential Minute 36/14 be drawn to the attention of the private Trust Board on 26 June 2014. CFC
CHAIR

40/14 CHARITABLE FUNDS COMMITTEE MEETING DATES 2014

Resolved – that the next Charitable Funds Committee be held on either Monday 8 or Monday 15 September 2014 (to be confirmed).

*Post meeting note – the date was subsequently confirmed as **Monday 15 September 2014**.*

The meeting closed at 1.03pm.

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

Name	Possible	Actual	% attendance
P Panchal (Chair)	2	2	100
P Burlingham *	2	1	50
T Diggle *	2	2	100
P Hollinshead*	2	1	50
K Jenkins	2	0	0
R Overfield	2	1	50
N Sone *	2	2	100
P Spiers *	2	1	50
M Wightman*	2	2	100
S Ward *	2	1	50
R Kilner	1	1	100

* non-voting members

Helen Stokes - **Senior Trust Administrator**