University Hospitals of Leicester **NHS**

NHS Trust

**TRUST BOARD – 2 April 2015**

**Emergency Care Performance Report**

| **DIRECTOR:** | Richard Mitchell, Chief Operating Officer |
|---|---|
| **AUTHOR:** | Richard Mitchell |
| **DATE:** | 2 April 2015 |
| **PURPOSE:** | a) To update the Board on recent emergency care performance<br>b) To update on progress against the LLR action plan |
| **PREVIOUSLY CONSIDERED BY:** | Emergency Quality Steering Group, Urgent Care Board and System Resilience Group |

| **Objective(s) to which issue relates *** | |
|---|---|
| | ☐ 1. Safe, high quality, patient-centred healthcare |
| | ☒ 2. An effective, joined up emergency care system |
| | ☐ 3. Responsive services which people choose to use (secondary, specialised and tertiary care) |
| | ☐ 4. Integrated care in partnership with others (secondary, specialised and tertiary care) |
| | ☐ 5. Enhanced reputation in research, innovation and clinical education |
| | ☐ 6. Delivering services through a caring, professional, passionate and valued workforce |
| | ☐ 7. A clinically and financially sustainable NHS Foundation Trust |
| | ☐ 8. Enabled by excellent IM&T |

| **Please explain any Patient and Public Involvement actions taken or to be taken in relation to this matter:** | Healthwatch representatives on UCB and involved in BCT workstream. |
|---|---|
| **Please explain the results of any Equality Impact assessment undertaken in relation to this matter:** | None undertaken but will be in respect of new pathways within BCT. |

| **Organisational Risk Register/ Board Assurance Framework *** | ☐ **Organisational Risk Register** | ☒ **Board Assurance Framework** | ☐ **Not Featured** |
|---|---|---|---|

| **ACTION REQUIRED *** | | | |
|---|---|---|---|
| For decision | ☒ | For assurance ☐ | For information ☐ |

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

| REPORT TO: | Trust Board |
| --- | --- |
| REPORT FROM: | Richard Mitchell, Chief Operating Officer |
| REPORT SUBJECT: | Emergency Care Performance Report |
| REPORT DATE: | April 2015 |

- Performance in February 2015 was 89.2% and is 91.6% month to date (26/3/15).
- As detailed in the attached report, admissions remain very high and are the key risk for sustainable performance in 2015-16.

**Key points**

Six key points were raised in the last trust board in March. Five of these remain:

1. Communications- **Attendances and admissions remain high.** LLR needs a communications message directly to GPs, care homes, nursing home and carers of patients restating the importance of choosing wisely and acknowledging where the risks currently are.
2. There remains an **urgent requirement to spot purchase nursing home and care home beds** to alleviate some of the pressure within UHL and LPT.
3. Surge capacity – we continue to see increasing rates of admissions and **we have no surge capacity**.
4. Progress has been made with short notice cancellations but **risks remain** around; EMAS capacity, overcrowding in ED/ CDU, handover delays in ED and overstretched nursing and medical capacity.
5. We need to **unite the deliverability of the urgent care agenda and Better Care Together**.

**Conclusion**

To achieve sustainable improvement requires all parts of the health economy to improve. The fragile nature of the pathway means that slow adoption of improvements in one part of the health economy stops overall improvement.

Concerns remain about the rising level of admissions and plans to resolve this. We must therefore set challenging expectations for all parts of the health economy (including UHL) and work to ensure these expectations are rapidly met.

**Recommendations**

The Trust Board is recommended to:

- **Note** the contents of the report
- **Note** the actions taken since December's Trust Board
- **Note** the UHL update against the delivery of the new operational plan
- Seek **assurance** on UHL and LLR progress

# Sustainable emergency performance in 2015-16

Three ambitious and deliverable goals for **LLR** in 2015-16:

1. 10% admission reduction

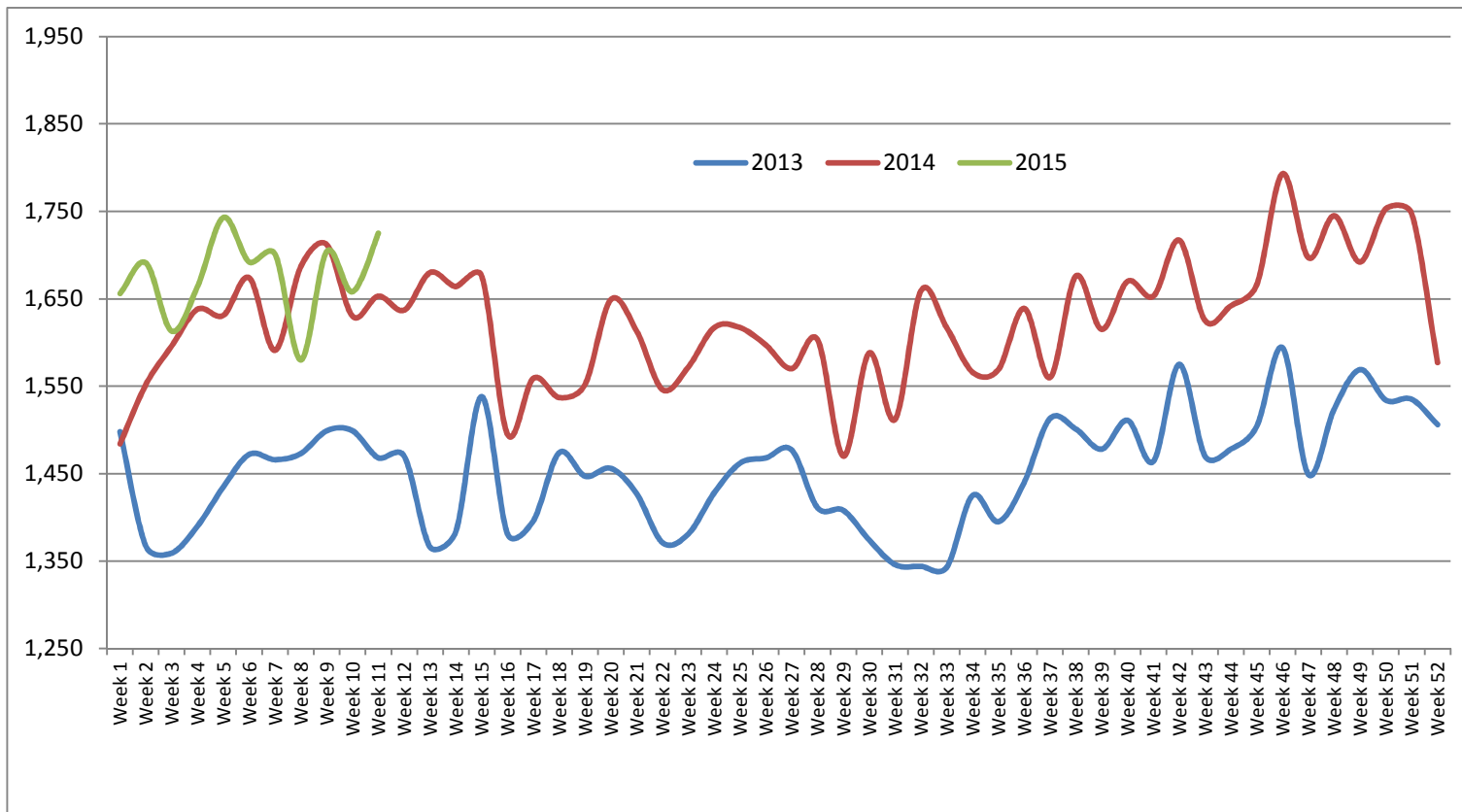2. 10% improvement in LOS/ discharge:

- 10% reduction in LOS in ESM

- LPT to increase pull from UHL by 10%

3. 10% improvement in ED/ CDU productivity:

- Reliable out of hours ED performance

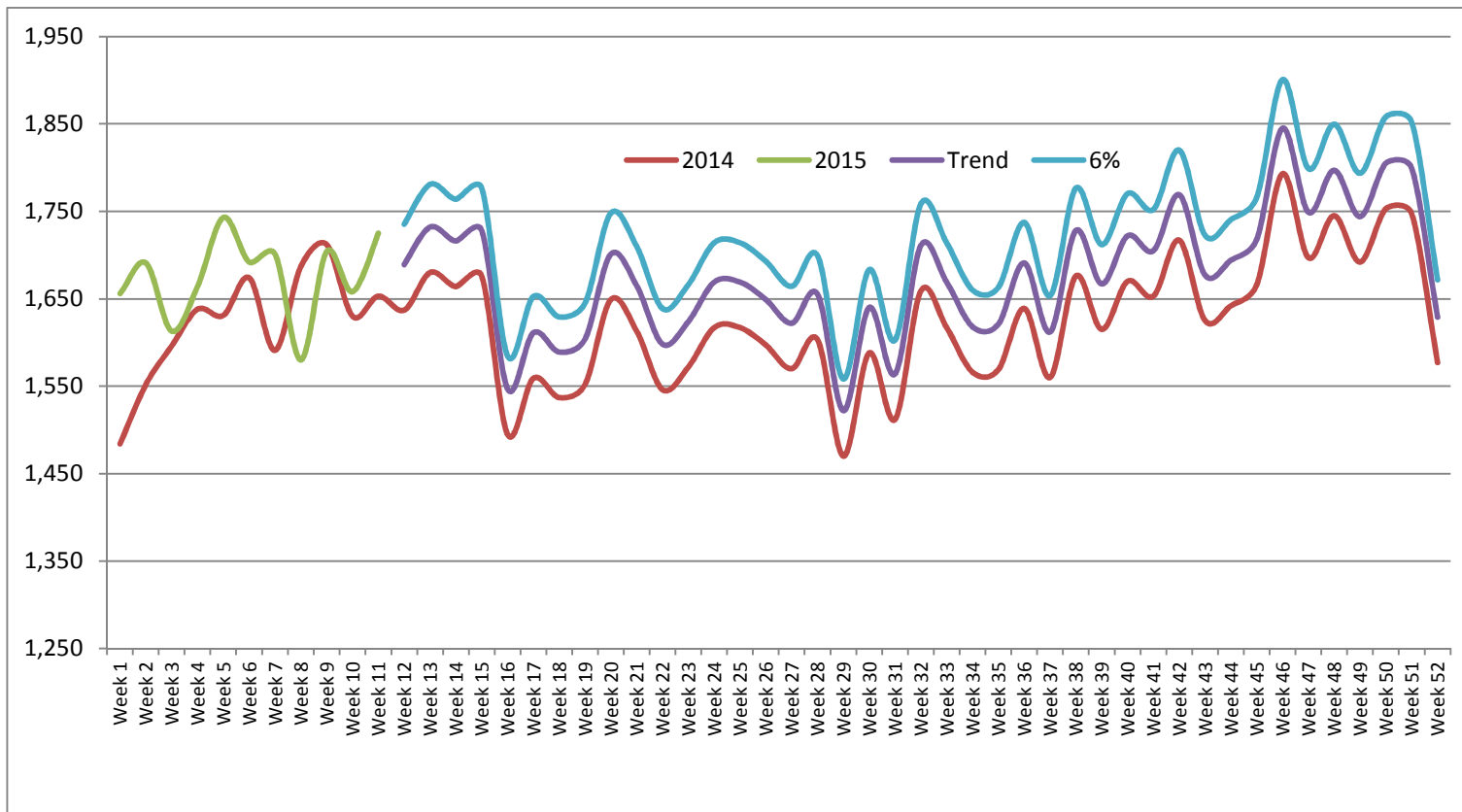- Improved CDU/ Glenfield performance

One team shared values

# Current

One team shared values

# 2015-16 trend and forecast

University Hospitals of Leicester NHS

NHS Trust

Caring at its best



One team shared values

# 10% admission avoidance

University Hospitals of Leicester **NHS**
NHS Trust

*Caring at its best*

- 173 fewer patients admitted per week than forecast
- 127 fewer per week than current (-10% + 6% = 4% reduction)
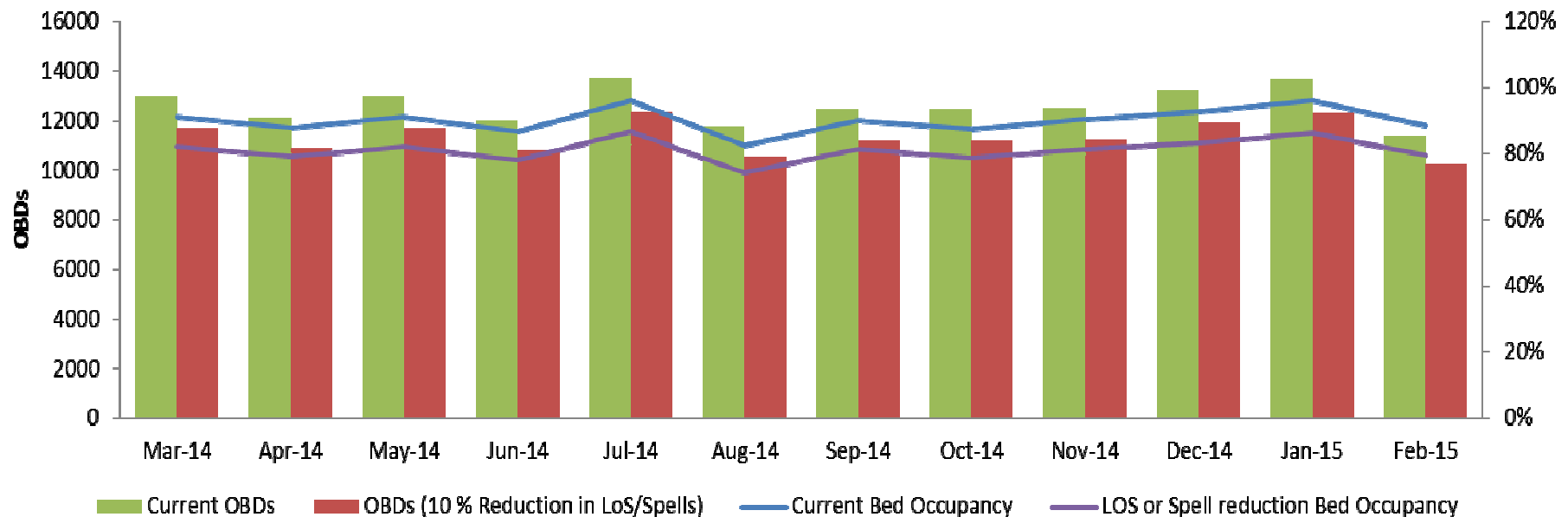


One team shared values

# LPT to increase discharge by 10%

- Static discharge profile over the last 52 weeks
- +10% increase = 26 more beds for UHL to access per week
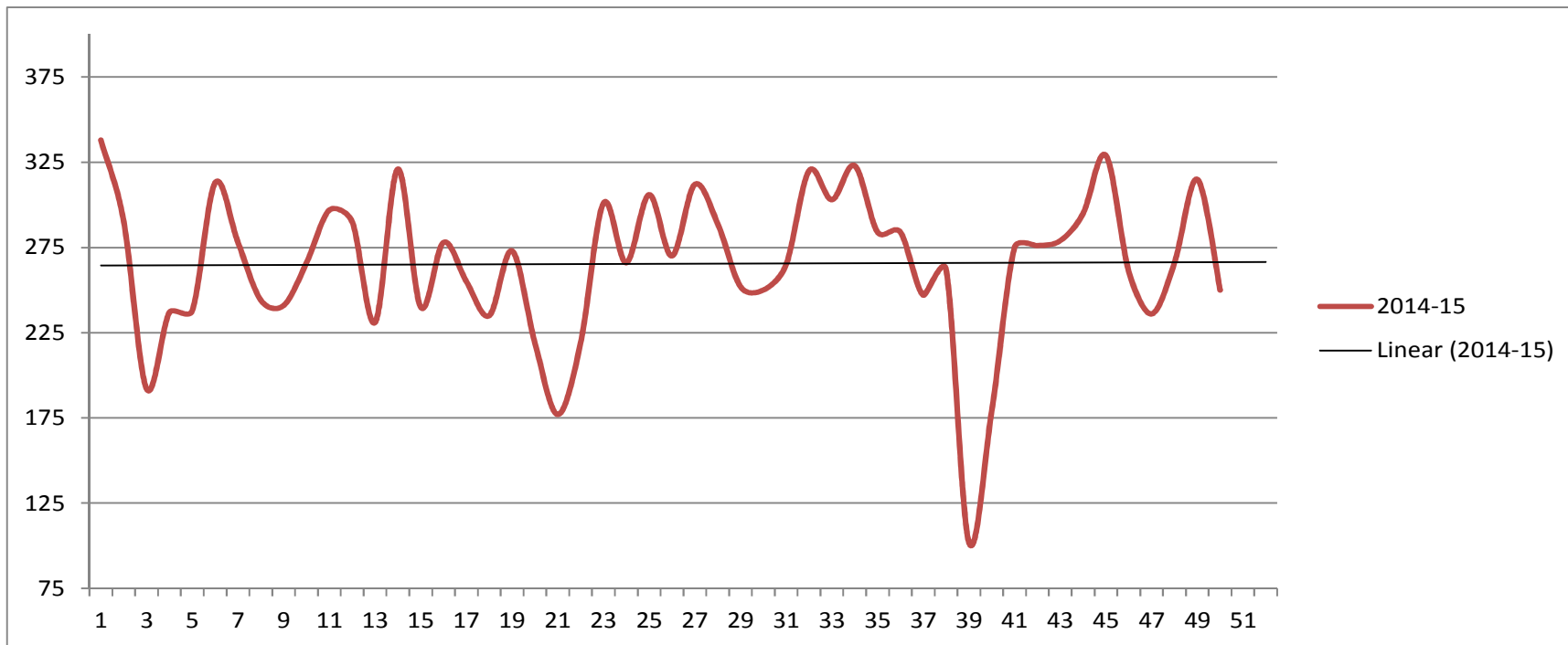


One team shared values

# ED/ CDU improvement

- Continue to have a specific focus on ensuring reliable ED performance in the evening
- Implement a dedicated work stream to focus on CDU flow
- This will also be a natural product of reduced admissions and improved outflow
- Aim for 10% increase in productivity

One team shared values

# Sustainable performance

1. 10% admission reduction improves (type one performance) by up to 7% (Dec 2014 levels)

2. 10% reduction in LOS with 10% improvement in LPT 'pull' supports meaningful flow and improves performance by up to 11%

3. Improvement in ED process improves performance by 14%

- 1, 2, and 3 are not isolated therefore some double counting

One team shared values

# Recommendation

Three ambitious and deliverable goals for LLR in 2015-16:

1. 10% admission reduction

2. 10% improvement in LOS/ discharge:

- 10% reduction in LOS in ESM

- LPT to increase 'pull' from UHL by 10%

3. 10% improvement in ED/ CDU productivity:

- Reliable out of hours ED performance

- Improved CDU/ Glenfield performance

One team shared values

**TRUST BOARD**
**UHL Organisational Development Quarterly Update Report**

| | |
|---|---|
| **DIRECTOR:** | Emma Stevens, Acting Director of Human Resources |
| **AUTHORS:** | Bina Kotecha, Assistant Director of Learning and Organisational Development<br>Helen Mancini, Organisational Development Specialist |
| **DATE:** | 2 April 2015 |
| **PURPOSE:** | This report highlights progress with implementing the Trust's Organisational Development Plan (2014-16), led through five substantial work streams.<br>The Trust Board is asked to note and comment on progress with implementing the Organisational Development Plan. |
| **PREVIOUSLY CONSIDERED BY:** | N/A |

**Objective(s) to which issue relates ***

- [ ] 1. Safe, high quality, patient-centred healthcare
- [ ] 2. An effective, joined up emergency care system
- [ ] 3. Responsive services which people choose to use (secondary, specialised and tertiary care)
- [ ] 4. Integrated care in partnership with others (secondary, specialised and tertiary care)
- [ ] 5. Enhanced reputation in research, innovation and clinical education
- [x] 6. Delivering services through a caring, professional, passionate and valued workforce
- [ ] 7. A clinically and financially sustainable NHS Foundation Trust
- [ ] 8. Enabled by excellent IM&T

**Please explain any Patient and Public Involvement actions taken or to be taken in relation to this matter:**

Patient representative involvement ensured in all key development activity

**Please explain the results of any Equality Impact assessment undertaken in relation to this matter:**

Priorities have been assessed against the nine protected characteristics under the Equality Act 2010.

**Organisational Risk Register/ Board Assurance Framework ***

- [ ] **Organisational Risk Register**
- [x] **Board Assurance Framework**
- [ ] **Not Featured**

**ACTION REQUIRED ***

| For decision | [ ] | For assurance | [x] | For information | [ ] |
|---|---|---|---|---|---|

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

## UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

**REPORT TO:**      **TRUST BOARD**

**DATE:**              **2 April 2015**

**REPORT FROM:**   **EMMA STEVENS, ACTING DIRECTOR OF HUMAN RESOURCES**

**REPORT BY:**      **BINA KOTECHA, ASSISTANT DIRECTOR OF LEARNING AND OD AND HELEN MANCINI, OD SPECIALIST**

**SUBJECT:**        **ORGANISATIONAL DEVELOPMENT PLAN UPDATE**

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### 1.      INTRODUCTION

1.1    To deliver our vision of 'Caring at its Best' and to facilitate the necessary change we have set out an ambitious Organisational Development (OD) Plan for UHL. Our priorities are led through five work streams which were approved by the Trust Board and Executive Workforce Board in June 2014.



1.2    Against each work stream we have set out:-

- What will be different?
- What we will do to make it different?
- How we will know if we are successful?

1.3    These work streams have been aligned to UHL values, vision and strategic objectives particularly our objective to support the development of a professional, passionate and valued workforce.

1.4    This report highlights progress with implementing the Trust's Organisational Development Plan providing a brief summary of progress against each of the work streams over the previous quarter and key next steps.

1.5     On-going development and refinement to the Organisational Health Dashboard, have taken place, reflecting Trust Board feedback from the December 2014 meeting and ensuring alignment to the Trust's Organisational Development Plan in monitoring the impact of delivery.

1.6     Our latest Learning into Action Newsletter (March Edition) has been circulated to the Trust Board and is attached at **Appendix 1**. It outlines the range of our impressive 'Learning into Action' successes and events including achievement of the Learning and Performance Institute's 'Learning Team of the Year Award', Assistant Practitioner development activity, Salary Maxing benefits and well-being initiatives.

## 2.     LIVE OUR VALUES

### 2.1     Caring at its Best Awards

Quarterly Caring at its Best Awards were presented during March 2015, in the workplace by Senior Leaders, to staff and teams that exemplify the Trust's values. In addition we have agreed that the next Annual Award Ceremony will take place on 24 September 2015.  The Trust Board are invited to attend this prestigious event.

### 2.2     Values Based Recruitment

All application forms have a mandatory standard values based question. A bank of values based questions have been developed for the consultant interview process. Further work is being progressed over the next quarter to evaluate current processes and increase robustness in the recruitment and selection of senior posts within the Trust as highlighted within the Trust's Board Assurance Framework.

### 2.3     Fit and Proper Person Regulations (2015)

All Executive and Non-Executive Director posts (and equivalent) conform to the Fit and Proper Person Regulations (2015) through robust self-declaration, appropriate searches and reference process. In addition the application and interview process will include values based questions.

### 2.4     Pay Progression Policy

The Pay Progression Policy has been developed. A key criteria for incremental progression requires staff to demonstrate Trust values and behaviours as part of the appraisal process.  Appraisal documentation has been updated to reflect this change.

### 2.5     Brand Development

The 'work for us' website development is underway and will showcase our 'Employer Brand' by the end of April 2015

## 3. IMPROVE TWO WAY ENGAGEMENT AND EMPOWER OUR PEOPLE

### 3.1 Mutuals in Health Pathfinder Programme

Hempsons, Albion and Stepping Out (HASO) partners have been working with UHL as part of the Mutuals in Health (MiH) Pathfinder Programme since the beginning of 2015 to explore how UHL can benefit from the aspects of mutualisation. HASO facilitated a Trust Board Thinking Session on MiH Pathfinder Programme on 12 February 2015.

The Trust Board were invited to attend the MiH Pathfinder Programme Closing Workshop on the 25 March which provided with the opportunity to comment on the draft Detailed Options Assessment Report prior to sign-off.

The National Programme Advisory Panel led by Chris Ham, Chief Executive of the Kings Fund, will take the analysis from the 7 successful projects and the 3 national workshops (held during January to March), and forward its over-arching findings on the key barriers identified and make recommendations to Government (through an internal report). Conclusions and lessons learnt from the 7 successful projects will be made available to the Advisory Panel by 31 March 2015.

The outcomes from this work is anticipated to feed into the Government's broader programme of work in 2015/16 to enable a range of new options for providers of NHS care, alongside recommendations resulting from the review being led by Sir David Dalton.

### 3.2 Listening into Action (LiA):

The annual Organisational Pulse Check was carried out in March 2015 via global emails to all UHL staff. Also in March, the 'Pass it On' Newsletter was distributed to share success stories from each of the LiA work strands. Activity within each of the work streams is summarised below:

**3.2.1** *Classic LiA*
Wave 4 Pioneering Teams commenced in November 2014 with 12 new teams starting their LiA journeys. A Pass It On event is scheduled for May 2015 for these teams to share their successes and lessons learned.

**3.2.2** *Thematic LiA*
LiA Admin & Clerical work stream started in January 2015. Nominated leads from across Clinical Management Groups (CMG) attended the first session. The aim is to focus on improving working lives of this group of staff and address issues within the CMG supported by the LiA Team.

**3.2.3** *Management of Change (MoC) LiA*
We continue to support service managers to undertake LiA Engagement events prior any MoC. Activity is captured on the Organisational Health Dashboard.

**3.2.4** *Enabling LiA*
The Alliance is now implementing LiA in line with the first year of activities in UHL. They have held their Listening events, set up a Steering Group, commenced 2 Enabling Our People Schemes and have launched a campaign during February 2015 to seek Pioneering Teams to start adopting LiA at a local level.

**3.2.5** *Nursing into Action (NiA)*
Five sets have started LiA to improve the quality of services and experience on their wards and departments. The first set completed on 11 March 2015 with a poster presentation of their achievements to the Deputy Chief Nurse.

A Nursing and Midwifery Conference which will include a celebration of Nursing into Action is currently being planned for 22 April 2015.  A comprehensive programme has been approved with internal and external guest speakers. Heads of Nursing are sending invitations to front line nursing and support staff to attend the conference.

**3.3    Salary Maxing**

Total Reward Statements are regularly promoted and accessed by staff.

The 'Salary Maxing' Take IT Home scheme has been successful and we have seen an increase in uptake of both UHL's 'Childcare Vouchers' and 'Salary Maxing' Car Scheme.

In terms of next steps, 'Salary Maxing' Cycles and 'Salary Maxing' Take IT Home were available during March 2015 for employee applications.  Also in March 2015 we held our annual Staff Benefits Fair across all three sites, which were very successful and well attended by UHL staff.

**3.4    Health and Wellbeing**

**3.4.1  *Public Health Responsibility Deal Health Pledges***
Public Health responsibility Deal Health Pledges H8 for young person's commencing work, has been completed and is due to be pledged with the feedback from the success of the apprenticeship programme.

**3.4.2  *Emotional Resilience***
UHL has successful secured LLR wide funding from Health Education East Midlands (HEEM) to deliver Emotional Resilience training to 240 new starters. In addition, line managers training is being reviewed to encompass Stress Management training.

**3.4.3  *Mindfulness at Work Programme***
UHL have secured funding from HEEM to design and deliver a bespoke Mindfulness at Work Programme in partnership with Barbara Reid Mindfulness Teacher and Supervisor.

**3.5    Medical Engagement**

**3.5.1  *The Doctors in Training Committee (DiTC)***
The Doctors in Training Committee have appointed a new Chair and Vice Chair, to replace the outgoing post holders who are rotating out of UHL. The new post

holders will be initially focusing on membership and confirming the efficient cascade of information to all Junior Doctors.

### 3.5.2 *New Consultant Forum*

The New Consultant Forum took place on 19th March 2015. HM Coroner presented and the second session will be utilised as a focus group for the Mutuals in Health Pathfinder Programme.

### 3.5.3 *Clinical Senate*

The Clinical Senate on 25th February 2015, focussed on the Mutuals in Health Pathfinder Programme. UHL Consultants, Trust Board, GP's and Commissioners are all invited to the Annual Conference organised by the Clinical Senate which will be held in December.

## 4.0 STRENGTHEN LEADERSHIP

## 4.1 Accountability into Action

The Accountability into Action Development Plan was approved by the Executive Workforce Board in December 2014 targeting UHL CMG senior leadership teams (at phase 1). The training will take place over the next quarter and commence with Influencer, followed by Crucial Conversations and finally Crucial Accountability. There are twenty five places available which have been offered out and accepted by each of the CMGs.

## 4.2 Knowing your Business e-learning Modules

Eight 'Knowing the Business e-learning modules, as listed below, were commissioned via LiA Capital spend following the outcomes highlighted from both the Leadership into Action and Clinical Coding LiA's. Modules are being developed in partnership with OCB Media and are due to be completed in the end of April 2015. The eight e-learning modules are:-

1) Referral To Treatment (RTT)
2) Basic Finance
3) CIP
4) Procurement
5) Clinical Coding
6) Appraisal
7) Electronic handover – (Patient Safety)
8) Making the most of meetings

## 4.3 Trust Board Development

The Trust Board has embarked on a programme of work (supported by external consultants appointed by the Trust) to improve Board and Board committee reporting.  The aims of this work are to:-

• align the Board agenda to the priorities of the Trust and the things that matter most;
• stimulate more forward-looking and strategic conversations in the Board Room;

- reduce duplication and the size of the Board pack whilst increasing visibility and insight; and
- embed the tools, skills and capability to deliver high quality reports and executive summaries that work for the Board.

The Trust Board has held a workshop to explore these issues and final recommendations are to be presented to the Board through a 'Thinking Day'.

## 4.4 Medical Leadership Development

The most recent Medical Leadership Programme took place in February 2015 with 12 Medical Leaders attending. Two more three day programmes will be arranged with Momentum during 2015 and four additional coaching days.

## 4.5 Consultant Appraiser Top-Up Training

Professor Furness (Revalidation Lead UHL) and the Learning and OD Specialist have held three Consultant Appraiser top-up Training sessions attended by Ninety Seven Consultant Appraisers.

## 4.6 Multi-Professional Mentoring Programme

The follow-up day for the second cohort of the Multi-professional Mentoring Programme led by UHL and Health Education East Midlands (HEEM), took place on 6th March 2015. The next cohort attended the programme on 25 and 26 March 2015.    Further collaborative work is planned this quarter with HEEM and Nottingham University Hospital NHS Trust. Mentors have requested a 'Performance Coaching Workshop' in September 2015, plus a quarterly Mentoring Forum which is planned for July 2015. The next steps will be to develop internal capacity to deliver future programmes and to develop a spectrum of support for staff.

## 4.7 External Leadership Development

UHL staff continue to access a range of Leadership Development Programme through the Regional and National NHS Leadership Academy.  These programmes are promoted primarily via the Trust's Senior Leadership community and key programme successes are captured in the Trust's Learning into Action Newsletter and shared at our annual Leadership Showcase Event (2015 date to be confirmed).

## 5.0 ENHANCE WORKPLACE LEARNING AND DEVELOPMENT

## 5.1 New Roles

The new roles group has been established and participants have been engaged in the development of education pathways for new roles to deliver new models of care, these include assistant and advanced practitioners.   UHL will also be a pilot site for hosting US trained Physician Associates to facilitate embedding the principles and practices of such roles in the UK workforce.  Clinical Management Groups have committed to hosting 20 Physician Associates in this year's workforce planning round.

Building on the success of the internship programme, the Trust is developing a local UHL Trainee Management scheme to build the managerial capacity to deliver our strategic direction.

## 5.2 Improvements in Medical Education

CMG Education Leads have been appointed for the majority of CMG's. This group meet with the Director of Medical Education on a bi-monthly basis. The CMG Education leads are expected to attend their CMG management meetings and raise educational issues.

## 5.3 Appraisal Training

From April 2015 the appraisal documentation and system will change for all staff employed on Agenda for Change Terms and Conditions. To update appraisers / line managers on the changes we have been providing 1.5 hour update sessions (in lecture theatre format) since January 2015 covering the key elements i.e.:-

- Equity and fairness;
- Shift from automatic reward for length of service to awarding for performance and delivery;
- Measurement which is based on performance strength comprising of delivery and approach; and
- Rewarding in line with Trust values and associated behaviours.

In improving appraisal quality a range resources have been developed to support staff including and Appraisal Toolkit and Frequently Asked Questions document.

A report on the 360 Feedback Tool and options available to the Trust was presented to the Executive Workforce Board on 17 March 2015 and further work is underway regarding leadership behaviours and the best tool to use.

## 5.4 Non-Medical Education

Health Education East Midlands (HEEM) report into non-medical education has confirmed the quality of education and support for learners is exemplary.

A collaborative agreement between De Montfort University (DMU) and the Nursing Directorate was confirmed at a Validation Event in December 2014. This agreement will support the delivery of 'in-house' degree level education for nurses in UHL for the next 3 years.

## 5.5 NHS Talent Management ™ Tool

Introduction of NHS Talent Management (TM) Tool and roll out is planned for June 2015. This tool is aligned to the NHS Healthcare Leadership Model (2014). A more robust TM framework will capture talent data and put in place effective action plans to manage talent, at both strategic and operational levels.

## 6.0 QUALITY IMPROVEMENT AND INNOVATION

## 6.1 UHL Measure to Improvement Workshops

A "Measure to Improve" workshop was successfully delivered in January 2015, and positively evaluated by attendees. This focused on developing knowledge, skills and attitude in how data is used effectively to drive improvement. A repeat workshop is planned for May due to the level of interest and feedback received.

## 6.2 Leicester Innovation Improvement and Patient Safety Unit (LIIPS)

LIIPS is collaboration between academia and the NHS with the aim is to connect and share expertise, knowledge and support in service improvement across Leicestershire. A number of local NHS and academic organisations are actively involved in LIIPS including:-

- East Leicestershire and Rutland CCG
- Leicestershire Partnership Trust
- Leicester City CCG
- University Hospitals of Leicester
- West Leicestershire CCG
- De Montfort University
- Loughborough University
- University of Leicester

The governance structure consists of a Steering group, Core Development Group and three Working Groups. The working groups include Education and Training, Research and Evaluation and Service Improvement and will focus on improvement, innovation and patient safety.

## 6.3 Research and Development (R&D)

UHL is recognised nationally and internationally for its contribution and cutting edge research and innovation. Key actions for R&D include:

- LIFE Project; contractual issues being addressed; staffing structure are being developed
- 100k Genome project application has been successful and further partnership working with consortium partners and NHS England on project initiation will continue.

## 6.4 East Midlands Streamlining Programme

UHL has signed up to the East Midlands Streamlining Programme in October 2014 for which the vision is: "All Trusts across our region working together to provide a consistent and efficient way of operating within our Human Resources functions."

The work streams that have been identified include:-

1. Recruitment
2. Occupational Health
3. Mandatory & Statutory Training
4. Medical Staffing
5. In addition Electronic Staff Records (ESR) underpins each of the above

A UHL Task & Finish Group has been set up to oversee the implementation of each of the work stream objectives, identify any interdependencies between work streams, ensuring UHL governance, risk & resources are appropriately identified and managed.

## 7.0   RECOMMENDATION

7.1   The Trust Board is asked to note and comment on progress with implementing the priorities of the Trust's Organisational Development plan, led through five work streams as set out in this report.

University Hospitals of Leicester **NHS**

NHS Trust

# Learning into Action Newsletter

*Caring at its best*

3rd Edition, March 2015

## Our future depends on it

### Dear colleagues

Once again this newsletter highlights the enormous number of exciting events and initiatives going on across the organisation and how linking with external partners helps to improve learning, recruitment and benefits for all our staff across UHL.

We have celebrated and recognised many achievements and successes over recent months including the **Mary Seacole Programme Graduation** and the **Learning and Performance Institute's**

**'Learning Team of the Year' outstanding achievement.** It has been great to hear of the successes of our **Bowel Cancel Screening Team** and learn about the new national **Bowel Scope Development Programme** that will help save many lives. Also it's great to hear that we have launched our new **Assistant Practitioner Development Programme** and I wish our Health Care Assistants well on their development journey.
On a final note please 'do the right thing' for yourself, your colleagues and our

patients and find the time to keep on top of your **Statutory and Mandatory training**. We have made great strides this year but need to ensure there is a concerted effort over March to achieve our 95% target.

**Well done to all**
*John Adler*
Chief Executive

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**Learning & Performance Institute**

## UHL Learning Team of the Year Award Winners

**The learning and development community's top organisations and outstanding individuals gathered together in London on 5th February 2015 to celebrate the 19th annual Learning Awards. Our Learning and Organisational Development Team and Listening into Action Team were finalists under the Learning Team of the Year Category and selected as the best of the best and won with the Learning Team of the Year Silver Award.**

A stellar showcase of Learning and Development (L&D) excellence was present at the annual Learning Awards, which celebrates and honours excellence in the learning and development industry. Devised and hosted exclusively by the Learning & Performance Institute, the Learning Awards is recognised as the L&D sector's premier awards ceremony.

With a record number of submissions from individuals and organisations from across the globe, the winners were selected from a competitive field of entrants, all of whom demonstrated exceptional vision and depth in providing learning solutions with a proven business impact. Popular British television and radio presenter, Claudia Winkleman, hosted the event, which took place at the 5-star Dorchester Hotel, on London's Park Lane. The ceremony was filled with international figureheads from the global learning community, who joined the awards finalists to celebrate outstanding success across 14 award categories.

**Learning Team of the Year** – Sponsored by CEB
Gold Winner: Virgin Holidays
**Silver: University Hospitals Leicester**
Bronze: Dell
**"Very many congratulations to the team – a great achievement up against such competition."**
**John Adler, Chief Executive**

The Award Ceremony was attended by Bina Kotecha, Michelle Cloney, Kate Bradley & Helen Mancini
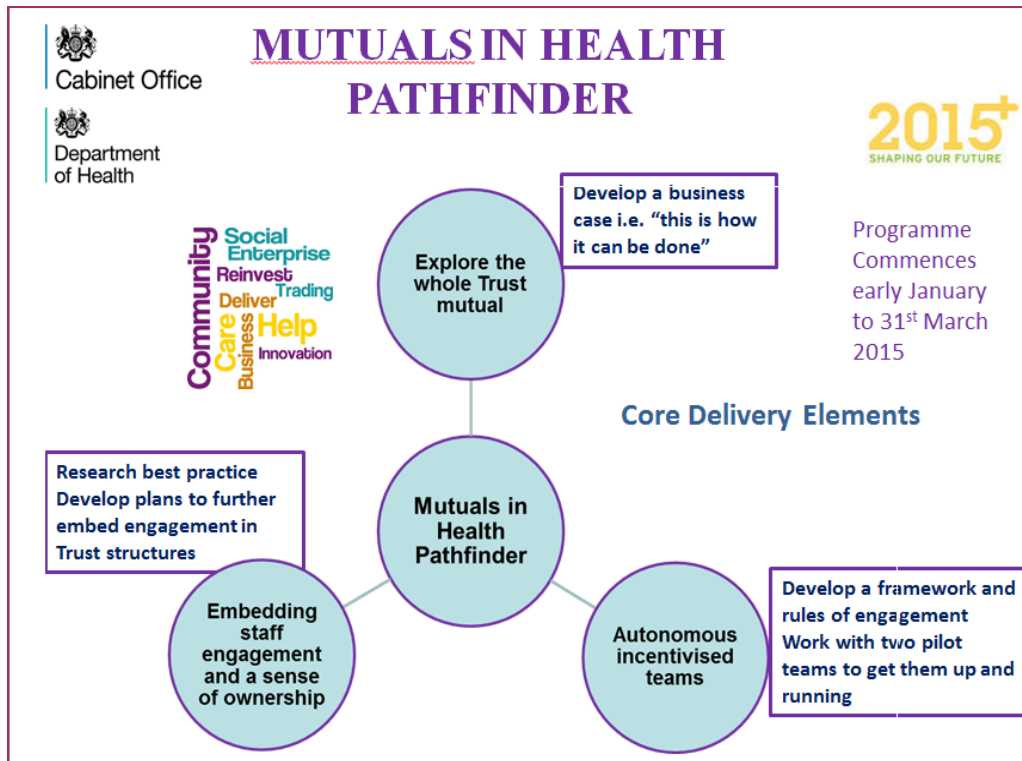
## MutualsHealth Pathfinder
### *Raising the Bar on Staff Engagement -*
### *Building on Listening into Action*

**Cabinet Office**

**Department of Health**

As you may know, we have been selected as a '**Mutuals in Health (MiH) Pathfinder'** along with a further 6 NHS Organisations**,** with the scope and vision of our programme comprising three main elements as shown in the diagram below:-



**MUTUALS IN HEALTH PATHFINDER**

Cabinet Office
Department of Health

Social Enterprise
Reinvest Trading
Community Deliver
Care Help
Business Innovation

**Explore the whole Trust mutual**

Develop a business case i.e. "this is how it can be done"

**Core Delivery Elements**

**2015+** SHAPING OUR FUTURE

Programme Commences early January to 31st March 2015

Research best practice Develop plans to further embed engagement in Trust structures

**Mutuals in Health Pathfinder**

**Embedding staff engagement and a sense of ownership**

**Autonomous incentivised teams**

Develop a framework and rules of engagement Work with two pilot teams to get them up and running

As part of the MiH Pathfinder Programme we have been provided with bespoke technical, legal and consultancy support funded by Cabinet Office and the Department of Health.

The programme of work commenced with a kick off meeting in January 2015, following which we are undergoing a three month intensive period of work which will conclude by 31st March 2015.

**Our partners Hempsons, Albion and Stepping Out have held a range of development and engagement workshops in taking forward this programme**. A report will be produced, based on the conclusions and lessons learnt from the 7 Pathfinders and will make recommendations to the Government by May 2015.

As part of the pilot team work, we are working with Elective Orthopaedics, Trauma and Theatres and exploring how we can get them up and running as an Autonomous, Incentivised Team with the support of our partners. We will update you on progress in the next edition .

For further information contact Bina Kotecha, Assistant Director of Learning and OD at **bina.kotecha@uhl-tr.nhs.uk**

## *NEW PROGRAMMES COMING UP*

**Mindfulness Taster Workshop:**
24th May 2015

**Buddying (Welcoming) Workshop:**
14th May 2015

**Leadership Development:**
Multi-Professional Three Day Egan Skilled Helper Mentoring Programme for senior leaders

Dates June and October 2015
For the above programmes contact:-
*lauren.copland@uhl-tr.nhs.uk to book a place*
*helen.mancini@uhl-tr.nhs.uk for more information*

**Good to Great PG Certificate in Leadership:**
Now recruiting for June 2015
*Contact minaxi.mardania@uhl-tr.nhs.uk*
*For further advise on development programmes contact our Directions Service: thedirectionsservice@uhl-tr.nhs.uk*

**Statutory & Mandatory**
# TRAINING UHL
Excellence in Training
Excellence in Care

**Please take the time to check your required training page and complete any out of date training asap.**

Statutory and Mandatory training needs one final push to make sure that the Trust reaches 95% by the end of March 2015.

If you have any queries please email:
edward.thurlow@uhl-tr.nhs.uk

## The East Midlands Leadership Academy
### Inclusive Leadership for a Purpose

**Congratulations** to students on the **Mary Seacole Programme.** This years UHL graduates were all invited to the Award Ceremony on the 23rd January. We offer our congratulations to:

* **Attilio Lotto,** Consultant, Congenital Cardiac Surgery
* **Gavin Bennett,** Senior Category Manager, Finance & Procurement
* **Neelam Potdar,** Consultant, Gynaecology & Subspecialist Reproductive Medicine
* **Sarah Ritchie,** Sister, Cardiology
* **Jessica Kennedy,** Senior Radiographer
* **Nicholas Bland,** Duty Manager, Operations
* **Robert Burd,** Consultant, Dermatology

**To find out what about the all the Programmes the EMLA have available, visit-**
*www.leadershipeastmidlands.nhs.uk*

## SystmOne
### ONE PATIENT ONE RECORD

**Training now available**

**What is SystmOne?**
SystmOne is a clinical application widely used across the community which allows health care professionals, GPs, Child Health Services, Community Services etc. to record patient information.

UHL have been given access to the EPR (Electronic Patient Record) Core module, the enhanced component will allow hospital staff VIEW ONLY access to relevant information which will help improve the care of patients admitted to hospital.

Only records of patients who have a SystmOne GP record and are recorded as a CURRENT IN-PATIENT at UHL can be accessed and viewed

**The benefits**
SystmOne now provides hospital clinicians with controlled access to GP records. This will give significant improvements in clinical efficiency and patient safety. Trust clinicians will be able to access details of drug treatments, long term conditions, allergies and safeguarding regimes.

Providing access to records via SystmOne saves time for both hospital and GP staff, and improves efficiency and speed of response in the interests of patient safety.

**Training and Access**
Following the successful training and roll-out to pharmacy staff **our IT Training Team have produced an ELearning module for clinicians.** **Access to SystmOne is** via your RA (Registration Authority Card) Fore more details visit

*http://insite.xuhl-tr.nhs.uk/ homepage/working-life/ education--training/it-training/ systmone*

## Apprenticeships
### Good for our Business

In November seven young people joined the Trust as **Customer Service Apprentices.** They work across the 3 sites in various departments and they will follow a programme which includes study days supported by our UHL's HR Vocational Training Team. During their programme they will gain the skills required to deliver excellent customer service and demonstrate the Trust values. Study days cover a range of topics such as Customer Service, Managing and Developing your own Performance, Understanding Employer Organisations, Products and Services, Communication and Handling Information.

In the workplace their managers, mentors and UHL's Vocational Assessors observe and verify their competency ensuring they meet the QCF national standards.

Lauren Bettany said '*I feel very settled in the job already, I am enjoying the role and feel welcomed by the team. I have enjoyed meeting new people and hope to have a career at UHL'.*

Her manager Lauren Copland stated '*Lauren is gaining experience and confidence in the workplace, being given time off for study days to learn off the job and being paid.'*

Apprentices at UHL have a 12 month contract to complete their qualification. They are not guaranteed job at the end but most previous Apprentices have progressed onto a substantive position as their mangers feel they have become an integral part of the team.

We see it as growing our own future workforce with the skills, experience and values we need

**For more information, visit**
*www.apprenticeships.org.uk*

*Lauren Bettany, Jordan Slack, Amina Hansrot, Ambreen Anwary, Nicole Allen, Nehal Dipac and Anneqa Hafezi*

## Are you protected against FLU??

The Occupational Health Service in conjunction with our peer vaccinator colleagues based in the clinical areas have given at total of 5,199 flu vaccinations to UHL staff and a further 450 flu vaccinations to Interserve colleagues.

This has meant more frontline staff than ever before have been vaccinated with a total from 1/10/2014-31/12/2014 of 60.5% compared to 54% in total for the whole season finishing in February last year. This uptake compares favourably with other NHS Trusts in the East Midlands region.

There is still vaccine available for those who wish to have it – please contact your site based Occupational Health Department

**A breakdown in staff groups compared to the total number employed**

|  | Total | % |
|---|---|---|
| Doctors | 713 | 39.60% |
| Nurses | 1805 | 49% |
| AHP | 486 | 99% |
| HCSW | 643 | 96.50% |
| Non clinical staff | 552 | |
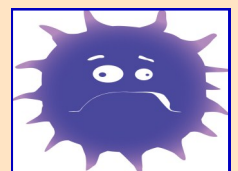
# In the spotlight - 'New' Assistant Practitioner Role

**T**he introduction of the Level 5 Assistant Practioner Programme commenced February 2015 with a small pilot group. The role of **Assistant Practitioner,** is being introduced and bridges the gap between the traditional healthcare assistant and registered nurse.

The Chief Nurse, Rachel Overfield, is a strong advocate for the Assistant Practitioner role. She says, *"Assistant Practitioners bring an important addition to the teams in front-line care and a very important role at UHL and with our local communities. It is essential that we embrace roles such as the Assistant Practitioner into our workforce. It offers a real career opportunity for existing band 2 and 3 staff who perhaps don't aspire to degree based courses; it offers teams a very stable element of folks who are likely to stay with us for many years; it gives a large pool of potential candidates at a time when we are struggling to fill band 5 posts and, if done properly, is safe and effective. I have seen these roles introduced into many areas in hospitals including wards and I am confident that it is the right thing to do."*

Our first group of learners gave us their comments,

- *"Before we studied to take on the extended role as an Assistant Practitioner we were stuck in a position as a healthcare assistant,"*
- *"At that time there was nowhere to go to advance".*
- *"I believe the Assistant Practitioner role is great for patients. It brings a good continuity in care and my hope is that patients get better care because of it."*
- *"It's a really patient focused role,"*
- *"Now when I am caring for patients I will have the underlying knowledge not just to carry out certain tests or treatment but to be able to explain why we are doing them. That can be so reassuring for a patient who might be frightened or anxious. I know there are so many excellent healthcare assistants at our hospitals and I'd encourage them not to sit back. If they can make the commitment, then training as an Assistant Practitioner has great rewards."*

Rachael, Jenny, Sarah, Melanie, Suzanne

*Programme Contact:*
*sharon.baines@uhl-tr.nhs.uk*

**The Bowel Cancer Screening Programme (BCSP)** was launched in Leicester in 2006 and In Feb 2014 -UHL became an independent screening centre. This screening programme is led by Specialist Screening Practitioners (SSP's), registered nurses who have completed extra training at John Moores University in Liverpool.

After a successful 6 months, the BCSP Team joined the 2nd wave of a new national programme – Bowel Scope. This programme was launched nationally and could potentially save 1 in 300 lives a year - one life saved every 2 weeks! This gave us the opportunity to think how we could develop a new career pathway for non-registered nurses.

Nationally the BCSP Team created some core competencies for the Assistant Screening Practitioner (ASP) but locally we felt the ASP's needed more education and support so working with Sharon Baines, Learning and Development Specialist we are in the process of writing a Foundation Degree (level 5 programme).

We put together a very comprehensive pre-interview assessment and are very pleased to say we successfully recruited to all 3 of our newly created Assistant Screening Practitioners posts. The candidates commenced at the beginning of this year (the first Band 4 nurses to commence on the new career pathway) and they enrolled onto the Foundation Degree in February 2015.

Jenny and Rachael - two of the ASP's said,

*"We are both excited and looking forward to developing this new role as the program grows and more GP's 'Go Live' with the Bowel Scope Programme. We are looking forward to starting our level 5 course work, which in time will hopefully see us recognised in our role as Assistant Practitioners."*

*"As the role develops it is expected that we will become invaluable to the SSP's it gives us the perfect opportunity to set the standards and build a working relationship with the patients. We both believe the role of the ASP is the way forward for the NHS and we are both privileged to be amongst the first in the Trust to take on this role."*

The Bowel Cancer Screening Team feels very privileged to be the pioneers for the Trust with this new career pathway for non-registered nurses – this is a very exciting time for the profession and we have aspirations for Leicester to become the training centre for all ASP's in the future.

**Karen Emery, Programme Manager,**
**Bowel Cancer Screening**

# SALARY MAXING UPDATE

## Staff Benefits Fair

Ahoy there!

Did you attend the Staff Benefits Fair and hunt for treasure at the start of March?

Once again we had a great turn out, with colleagues taking the opportunity to check out and take advantage of the extensive offerings available from UHL!

If you haven't done so already, take a few minutes to have a look at the superb range of Salary Exchange schemes that UHL has to offer.

**>>> Visit InSite/SalaryMaxing**

Look out for the photographs in the next edition!

\*\*\*\*\*\*\*\*\*\*\*\*\*\*

## Stop Press! Total Rewards Statements now launches from the 'Salary Maxing' Benefits Portal!

Many of our staff have already accessed their **Total Reward Statement** ('**TRS'**) and are impressed with what the Trust has to offer. Now it's even easier to access your personalised information about the true value of your NHS employment package, including details about your remuneration together with any other benefits provided to you through the Trust.

**>>> Find out more and gain access by visiting InSite/TotalRewardStatements**

You'll be surprised!

\*\*\*\*\*\*\*\*\*\*\*\*\*\*

## 'Salary Maxing' Car Scheme now available through the 'Salary Maxing' Benefits Portal!

The '**Salary Maxing' Car Scheme** is now available through our exclusive '**Salary Maxing' Benefits Portal** making it even easier to access!

Registering with the '**Salary Maxing' Benefits Portal** will enable you to access a wealth of information about the '**Salary Maxing' Car Scheme** including details of the extensive range of cars available to you, vehicle comparisons and quotations. You can even request your new car online!

The '**Salary Maxing' Benefits Portal** also gives you easy access to our other superb Salary Exchange Schemes such as '**Park and Save'**, **'Salary Maxing' Cycles**, **'Salary Maxing' Take IT, Home**, **'Salary Maxing' for Accommodation** and **'UHL's Childcare Voucher Scheme'.**

Don't forget you can gain access from home, from anywhere, www.UHLSalaryMaxing.NHS.UK

It really is worth a look!

\*\*\*\*\*\*\*\*\*\*\*\*\*\*

## Salary Maxing' Electric Vehicle Feedback

We've now received feedback from colleagues who took up the opportunity to test drive our '**Salary Maxing' Electric Vehicle.** Reported as "good as a city commuting vehicle", feedback on the vehicle also includes comments on driving experience, mileage range and accessibility to charging points.

A range of drivers took our '**Salary Maxing' Electric Vehicle** on it's travels including Midwives, Accountants, Physiotherapists, Administrators and Project staff, here's what they had to say...

*"Thank you so much for the opportunity to drive the Nissan Leaf electric car. It has been an eye opening experience into the growing world of electric vehicles."*

*"The Leaf itself is comfortable and very easy to drive. Its quietness of running takes a bit of getting used to but it becomes the norm so quickly that getting back into my normal car made me realise how noisy driving is. All in all, a great experience! In Leicester city and on the M1 the points are well placed and generally easily accessible. Rarely is there another vehicle on a station so access and use also wasn't a problem."*

*"The vehicle's performance was very good overall. In ECO modes it did feel a bit heavy and acceleration was sluggish but the power use was lower than in normal mode where performance was very lively, with extremely good acceleration but the trade-off is in power use and I found anything out of ECO mode drained power very quickly."*

*"The Nissan Leaf is a lovely car to drive, comfortable and spacious. I loved the reversing camera."*

We've said good bye now to our '**Salary Maxing' Electric Vehicle** - many thanks to Nissan, Tusker, Knowles and Plugged in Midlands for supporting the trial over the six months.

\*\*\*\*\*\*\*\*\*\*\*\*\*\*

## Our Annual Election Window

If you are in our Staff Accommodation at Leicester General or Glenfield Hospitals or using the staff car parks at any of our three main sites but paying from your Net pay you could change to Salary Exchange every March!

Between 1st and 31st March every year anybody

- Accessing staff car parking but not in '**Park and Save'**
- Using our Staff Accommodation but not in '**Salary Maxing' for Accommodation**

can change to using Salary Exchange (subject to employment checks) and pay a reduced amount of Tax, National Insurance and, where appropriate, Pension contributions because they will be calculated <u>after</u> your Accommodation / Car Parking

Everything can be done online!

Visit **InSite/SalaryMaxing**

\*\*\*\*\*\*\*\*\*\*\*\*\*\*

## NHS Pension Scheme Changes

The NHS Pension Scheme is changing - Ensure you are up to speed and establish if it affects you.

Visit InSite/Payroll

\*\*\*\*\*\*\*\*\*\*\*\*\*\*

# well-being@work
## be healthy, have fun

## FREE HYPNOTHERAPY SESSIONS
### A THREE WEEK WEIGHT LOSS PROGRAMME

You MUST attend all three sessions and bring along a pillow or cushion.

Join John Peakman, Qualified Clinical Hypnotherapist

**VENUE**
**Education Centre, LRI**

**DATES**
**Thursday 16th, 23rd & 30th April 2015**

**HOW TO BOOK**
Visit InSite, Wellbeing at Work page and use the on-line booking

## FREE LAUGHTER YOGA THERAPY

Join Kirti Sharma and let go of your inhibitions and enjoy the experience physically, psychologically and spiritually

**VENUE**
**Available at all three sites**

**DATES**
**Thursday 16th April LGH**
**Thursday 14th May LRI**
**Thursday 18th June GH**

**HOW TO BOOK**
Visit InSite, Wellbeing at Work page and use the on-line booking

## FREE HEALTHY EATING COOKERY CLASSES
### A FOUR WEEK PROGRAMME

(UHL Lotto Members Only)

You MUST attend all four sessions

Learn how to cool wholesome and healthy meals for all the family.

**VENUE**
**Leicester College**

**DATES**
**Tuesday 10th, 17th, 24th & 31st March**

**HOW TO BOOK**
Visit InSite, Wellbeing at Work page and use the on-line booking

## FREE POOL NIGHT

(UHL Staff Only)
Do you enjoy playing pool, come and join the pool knockout competition & Food will be provide
*Prize for the Winner*

**VENUE**
**Rileys, Grange lane, close to the LRI**

**DATE**
**Friday 20th March**

**HOW TO BOOK**
Visit InSite, Wellbeing at Work page and use the on-line booking

If you have any queries please contact Marcella Burgess at Wellbeing@uhl-tr.nhs.uk

It is acknowledged that service needs are paramount, however, the Trust's Executive Team supports all Well Being activities and encourages as many staff as possible to be involved. As such operational managers wherever possible are obliged to facilitate this by considering requests from staff in relation to off duty rotas and flexible working hours to support staffs' involvement.

UHL staff are in a unique position that we are able to provide Well Being events for our staff using income from the Staff Lottery. Staff lottery income can only be used for the benefit of Staff, so join today! See Insite for more details.

University Hospitals of Leicester NHS
Caring at its best

University Hospitals of Leicester **NHS**

NHS Trust

**Agenda Item: Trust Board Paper J**

<u>TRUST BOARD – 2 April 2015</u>

**National Staff Survey Report**

| DIRECTOR: | Emma Stevens, Acting Director of Human Resources |
|---|---|
| AUTHORS: | Bina Kotecha, Assistant Director of Learning and Organisational Development<br>Louise Gallagher, Workforce Development Manager |
| DATE: | 2 April 2015 |
| PURPOSE: | This report provides highlights of the 12th National Staff Survey Results. The results show little significant change on the previous year with the exception of improvements in relation to completion of Statutory and Mandatory training. The framework for undertaking actions is proposed for discussion and agreement.<br><br>The proposed recommendation is that actions are taken across the following broad areas in order to improve levels of staff engagement:<br>1. Accelerated Listening into Action to enable staff to make contributions to changes and improvements at work<br>2. Improvements in local leadership and the management of well led teams including holding to account for the basics<br>3. Implementing actions to remove day to day frustrations<br>4. Clarifying the Trust commitment to Quality. |
| PREVIOUSLY CONSIDERED BY: | N/A |
| Objective(s) to which issue relates * | ✓ 1. Safe, high quality, patient-centred healthcare<br><br>☐ 2. An effective, joined up emergency care system<br><br>✓ 3. Responsive services which people choose to use (secondary, specialised and tertiary care)<br><br>☐ 4. Integrated care in partnership with others (secondary, specialised and tertiary care)<br><br>☐ 5. Enhanced reputation in research, innovation and clinical education<br><br>✓ 6. Delivering services through a caring, professional, passionate and valued workforce<br><br>✓ 7. A clinically and financially sustainable NHS Foundation Trust<br><br>☐ 8. Enabled by excellent IM&T |
| Please explain any Patient and Public Involvement actions taken or to be taken in relation to this matter: | Patient Survey data can be compared to Staff Survey data in order to highlight any potential issues. |
| Please explain the results of any Equality Impact assessment undertaken in relation to this matter: | Results by question are being analysed by the Equalities Team for each of the nine protected characteristic groups to ensure there is no disproportionate impact. Any areas of concerns will form part of the action plan. |

| Organisational Risk Register/ Board Assurance Framework * | ☐ Organisational Risk Register | ☑ Board Assurance Framework | ☐ Not Featured |
|---|---|---|---|

**ACTION REQUIRED ***

For decision ☑      For assurance ☑      For information ☐

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

**\*** tick applicable box

| REPORT TO: | TRUST BOARD |
|---|---|
| DATE: | 2 APRIL 2015 |
| REPORT FROM: | EMMA STEVENS – ACTING DIRECTOR OF HUMAN RESOURCES |
| REPORT BY: | BINA KOTECHA – ASSISTANT DIRECTOR OF LEARNING AND OD, |
| | LOUISE GALLAGHER – WORKFORCE DEVELOPMENT MANAGER |
| SUBJECT: | NATIONAL NHS STAFF SURVEY RESULTS 2014 |

## 1.0 INTRODUCTION

1.1 This report updates on the actions from the 2013 National Staff Survey, 2014 National Survey Results and UHL local questions results (incorporated within the national survey).

1.2 The 12th National Staff Survey was conducted between September and December 2014. The survey is conducted on behalf of NHS England and the results form a key part of the Care Quality Commission's assessment of the Trust in respect of its regulatory activities such as registration, the monitoring of on-going compliance and reviews.

## 2.0 PURPOSE

2.1 The purpose of the National Staff Survey is to collect staff views about their experiences of working in their local NHS Trust. It provides Trusts with information about the views and experiences of its staff to help improve the working lives of staff and the quality of care for patients. Importantly, staff are asked a small number of key questions relating to their opinions regarding the standard of care provided at their place of work.

## 3.0 PARTICIPATION

3.1 Analysis by the Staff Survey Coordination Centre of the survey results is undertaken through a self-completed questionnaire. This year all staff were given the opportunity to complete the survey through paper based surveys and the Trust received 3744 responses (33% response rate). This was below last year's official response rate of 46% and below the average national response rate which was 42%.

## 4.0 STRUCTURE

4.1 The survey provides 29 Key Findings about working in the NHS at UHL derived from the responses to over 150 questions. The Key Findings are linked to, and provide information about progress against the four pledges to staff in the NHS Constitution together with two additional themes; Staff Satisfaction and Equality and Diversity. Once again this year the Trust also asked a number of local questions relating to the cascade of information from Chief Executive Briefings and the demonstration of Trust values and behaviours by colleagues and managers.

## 5.0 ACTIONS ARISING FROM THE 2013 SURVEY

5.1 The results from the 2013 National Staff Survey were used to develop a series of actions described as 'Time to Act'. These included actions for the whole leadership community and corporate actions. These actions and their impact on the most relevant Key Finding score are illustrated in Appendix One.

5.2     The most impactful actions relate to the emphasis that was placed on appraisal and improving levels of statutory and mandatory in order to improve the levels and quality of reporting incidents. We have seen improved scores both in percentage terms and in our relative position compared to other acute trusts.

5.3     Actions to improve engagement, team working and involvement are longer term in nature and our early actions in this area have not yet started to impact in the way the Trust had predicted. Last year's significant improvement in Listening into Action Pulse Check results indicated that there was a reasonable expectation that there would have been an improvement and the reasons for this will be explored as part of this year's action plan.

6.0     **2014 UHL RESULTS**

6.1     **Raw Data Results**

6.1.1   In addition to the Key Findings results, the Trust receives the results of responses to individual questions that are asked in the survey. There are a number of improvements in specific results which are worthy of note and demonstrate where our actions are having a positive impact. Examples of improvements include:

- A 3% increase in positive responses to the question: 'I am able to deliver the patient care that I aspire to'
- Significant percentage increases in levels of staff completing health and safety, equality and diversity, infection control, information governance and good patient experience training
- A 3% increase in the percentage of staff agreeing that the organisation acts on concerns raised by patients or service users.

6.1.2   There have equally been a number of deteriorations in results which include:

- A 4% decrease in staff agreeing that as a result of the appraisal training, learning and development needs were identified
- A 9% reduction in staff agreeing that their manager supported them to receive the training, learning or development identified
- A 4% decrease in staff agreeing that they have adequate materials, supplies and equipment to do their work.

6.1.3   These results are significant in terms of providing the evidence to support our priority actions.

6.2     **Key Findings Based on the 2014 National Staff Survey Results**

6.2.1   Appendix Two summarises the National Staff Survey Key Findings Data comparing the data with 2013 results. This analysis highlights that the majority of results showed no statistically significant change, there were two results showing a statistically significant improvement (health and safety and equality and diversity training) and one result showing a deterioration (staff receiving job relevant training).

6.2.2   Appendix Two also highlights that our position relative to other Acute Trusts has remained largely static in relation to Staff Pledge Four (engaging staff in decisions) and in the areas of equality and diversity. Our position has deteriorated in relation to Staff Pledges One and Two (clear roles and rewarding jobs and personal development). Results relating to health and well being have been mixed with improvements relating to the observation and reporting of incidents.

6.2.2   The five Key Findings for which the Trust compares most favourably with other Acute Trusts are summarised below, also indicating changes since the 2013 survey:-

| Top 5 2013 | Top 5 2014 |
|---|---|
| KF26 % Having equality and diversity training in last 12 months | KF26 % Having equality and diversity training in last 12 months |
| KF5 % Working extra hours (lower better) | KF5 % Working extra hours (lower better) |
| KF7 % appraised in last 12 months | KF7 % appraised in last 12 months |
| KF6 % receiving job relevant training, learning or development in the last 12 months | KF10 % receiving health and safety training in last 12 months |
| KF18 % experiencing harassment, bullying or abuse from patients, relatives, or the public in the last 12 months | KF17 % experiencing physical violence from staff in the last 12 months (lower better) |

6.2.3 The five Key Findings for which the Trust compares least favourably with other Acute Trusts are summarised below, also indicating changes since the 2013 survey:-

| Bottom 5 2013 | Bottom 5 2014 |
|---|---|
| KF4 Effective team working | KF4 Effective team working |
| KF14 Fairness and effectiveness of incident reporting procedures | KF3 Work pressure felt by staff (lower better) |
| KF13 % reporting errors, near misses or incidents witnessed in the last month | KF22 % able to contribute towards improvements at work |
| KF20 % feeling pressure in the last 3 months to attend work when feeling unwell | KF20 % feeling pressure in the last 3 months to attend work when feeling unwell |
| KF1 % feeling satisfied with the quality of work and patient care they are able to deliver | KF23 Job Satisfaction |

These are key areas of focus for review, discussion and action planning. It is essential that this review links to 'Listening into Action', our work to embed the quality agenda and leadership interventions to improve teamwork. Our proposed actions are described in more detail in section 8.0.

6.2.4 The table below shows how our relative position has changed since 2012.

| Ranking | Number of Indicators 2012 (28) | Number of Indicators 2013 (28) | Number of Indicators 2014 (29) |
|---|---|---|---|
| Best 20% | 5 | 4 | 4 |
| Above Average | 9 | 3 | 1 |
| Average | 6 | 8 | 6 |
| Below Average | 6 | 7 | 14 |
| Lowest 20% | 2 | 6 | 4 |

5

6.2.5 Of those areas where the ranking has deteriorated, two factors consistently appear in the bottom five of the Trust's results these being effective team working and pressure to attend work in the last three months when feeling unwell.

**6.3  Staff Engagement Scores**

6.3.1 One of the most important scores in the Staff Survey is the overall staff engagement score which is a combined score of:

- Staff ability to contribute to improvements at work
- Staff recommendation of the trust as a place to work or receive treatment
- Staff motivation at work

The table below shows how these scores have changed between 2011 and 2014:

|  | **2011** | **2012** | **2013** | **2014** |
|---|---|---|---|---|
| **Overall Engagement** | 3.52 | 3.66 | 3.68 | 3.64 |

6.3.2 Although the change from 2013 to 2014 is not defined as statistically significant, it is disappointing given an overall trend towards improvement from 2011-2013. The questions which make up this score are principally focused on a staff member's experiences in their local workplace and for this reason our actions described in section 8.0 are focused on addressing this. In addition to the analysis of UHL's performance on Staff Engagement Scores since 2011 a comparison has been made with 15 Benchmarked Acute Trusts for 2013 and 2014 (Appendix Three)

6.3.3 The levels of Staff Engagement Scores are further reviewed in Key Factor 23 Staff Job Satisfaction which indicates that UHL in 2013 and 2014 has a below average score 3.54 compared to the average for Acute Trusts score 3.6

6.3.4 One of the principal advantages in surveying a full census of staff is that we are able to obtain results at a more granular local level i.e. Clinical Management Group and Corporate area. These results have been analysed and ranked and will be used to deliver more targeted local action as well as share best practice.

**6.4  Results from UHL Local Questions**

6.4.1 For the first time last year, the Trust included a number of local questions, the results of which are shown in Appendix Four. These results have remained largely static since last year which is disappointing as they represent specific areas where the Trust is trying to improve performance namely the quality of cascade of Chief Executive Briefings, the removal of day to day frustrations and assurances that our staff are exhibiting the trust values.

**7.0  Other Survey Results**

7.1 In March 2015 the Trust surveyed staff using the Pulse Check Survey (LiA). The results demonstrate a strong correlation with the results of the Staff Opinion Survey and the Staff Friends and Family Test which confirms that the proposed areas for action are consistent with the views of staff irrespective of the survey tool used. Appendix Five provides details of the annual Pulse Check Survey results since 2013.

7.2 The Pulse Check Survey was introduced at UHL in 2013 with 10 questions. The survey was repeated in 2014 with 9 of the original questions and 6 new questions. In 2015 the survey questions remain unchanged from the survey used in 2014. In 2015 responses improved in 8 questions, deteriorated in 3 questions and remained unchanged in 4 questions.

The 3 deteriorating questions were:
- Day to Day Frustrations that get in our way are quickly identified and resolved (↓2.19%)
- Communications between senior management and staff is effective (↓17.05%)
- Our organisational structure and processes supports and enables me to do my job well (↓14.01%)

The 8 improvement questions were:
- I understand how my role contributes to the wider organisational vision (↑29.76%)
- I feel able to prioritise patient care over other work (↑16.88%)
- I feel that the quality and safety of patient care is our organisation's top priority (↑6.5%)
- This organisation supports me to develop and grow in my role (↑4.93%)
- I would recommend the Trust to my family and friends (↑2.6%)
- I believe we are providing high quality services to our patient/service users (↑2.47%)
- I am happy and supported working in my team/department/service (↑2.38%)
- Our organisation culture encourages me to contribute to changes that affect my team/department/service (↑1.59%)

The unchanged scores were:
- Managers and leaders seek my views about how we can improve our services (↔%)
- I feel that our organisation communicates clearly with staff about its priorities and goals (↔%)
- I feel valued for the contribution I make and the work I do (↔%)
- Our work environment, facilities and systems enable me to do my job well (↔%)

7.3    In April 2014 the Trust commenced the national Staff Friends and Family Test (FFT). 3 surveys have now been completed. Quarter four results showed an increase in the number of staff that completed the survey (Including Alliance) of 1363 staff compared to last quarter's 1093. In Quarter Four (February 2015) there is a moderate increase in positive results for staff recommending the Trust as a place to receive treatment, however only a slight increase in staff recommending the Trust as a place to work.

| % Positive Responses (Extremely Likely & Likely) | Quarter 1 | Quarter 2 | Quarter 4 |
|---|---|---|---|
| Q1 Recommend family or friends for treatment? | 68.29% | 66.75% | 71.3% |
| Q2 Recommend family or friends as a place to work? | 53.65% | 53.31% | 54.8% |

## 8.0    Driving Actions to Improve Results

8.1    The results presented in this report are variable; taken collectively they indicate that the Trust has improved in the fundamental basics such as statutory and mandatory training and appraisal and senior management communication but there is action required at a local level to enable staff to contribute to improvements in their local work area in order to improve levels of motivation and enthusiasm about attending work. Staff are committed to delivering a high quality of patient care and we need to remove factors and barriers that prevent them from doing so.

8.2    On 17 March 2015, the Executive Workforce Board held detailed discussions regarding the results. The framework described in 8.3 below indicates the broad approach that will be taken but ultimately specific actions will be shaped and formed at a local level through the involvement of staff.

8.3     Our broad framework for action encompasses how we intend to target our approach to improving staff engagement and thereby the quality of patient care:

| Accelerated Classic Listening into Action (LiA) | Leadership / well led teams – Basic Expectations and Holding to Account |
|---|---|
| Removing Remove Day to Day Frustrations | Quality- Branding and Messaging |

Each of the quadrants is not mutually exclusive for example we know Listening into Action aims to enable staff to feel empowered and have the tools to remove day to day frustrations. In so doing it enables effective teamwork both within and across teams.

8.3.1   Accelerated Classic Listening into Action (LiA)

We know from the Pulse Check results (Appendix Five) for each of the pioneering Listening into Action teams that the programme has a positive impact on involvement and empowerment. The spread of LiA has been rapid but relatively small numbers of the workforce of circa 10,000 have yet experienced the programme first hand and the Trust is therefore committed to accelerating the numbers of teams and programmes to ensure its principles become an embedded part of the way we do things at UHL. The Trust has developed a Year Three Plan which aims to spread LiA further, faster. Five work streams from year two will continue into year three and the number of teams supported within Classic LiA will increase from 12 to 20. In addition, three new work streams will be added which will include Involvement into Action (supporting the Patient and Public Engagement Strategy); Autonomous Teams (supporting the continued work of the Pathfinder programme at a local level) and specific engagement activities to support areas within the Quality Commitment.

8.3.2   Leadership and Well Led Teams (Basic Expectations and Holding to Account)

Creating the culture to enable engagement to happen effectively relies upon high quality local leadership. We have developed a set of leadership behaviours which are incorporated into appraisal paperwork but we need to do more. We are considering the adoption of the national NHS Healthcare Leadership Framework which will not only clarify basic leadership behaviours but also bring an accredited 360 degree tool. This will additionally be supported by a Crucial Accountability development programme and the launch of a series of 'Knowing your Business' e learning modules to support leaders in fundamental basics of practice including appraisal and effective meeting management. The new appraisal framework has been launched which will enable managers to establish clear roles and responsibilities and standards of behaviour and appropriately reward increments for performing against these criteria. Effective leadership and well led teams is centred on leaders being properly accountable for their leadership behaviours and for the impact their style and behaviour has on the workforce. Work will be undertaken to develop a set of key performance Indicators to measure and monitor leadership and Team Effectiveness.

8.3.3   Removing Day to Day Frustrations

Anecdotally and through the increasing numbers of staff forums and responses to the Lia Pulse Check Survey at UHL and Team level we know that there are frustrations such as availability of basic equipment and facilities that create a barrier to effective delivery of patient care. During 2015, we intend to create simple mechanisms for challenging practices and enabling staff to effect change. The first key action to address Day to Day Frustrations is to ask staff directly what gets in the way of them being able to deliver great care. We plan to use the re-launch of the 5

Year Plan staff events to ask staff for their views, and from this we will identify leads to work on the top 10 issues which frustrate staff. This work will compliment a Listening Event planned for June / July 2015 to look at frustrations associated with IM&T equipment and services and to start to prepare the organisation for the introduction of Electronic Patient Records.

8.3.4   Quality (Branding and Messaging)

It is recognised that the 'Quality Commitment' requires a refresh and rebranding in order that it is meaningful at the grass roots level. One of the most important indicators in the Staff Survey is 'Staff recommendation of the trust as a place to work or receive treatment' which is underpinned by a belief that patient care is the Trust's top priority. As part of the Quality Commitment, actions are underway to respond to the 'Freedom to Speak Up' recommendations. The Quality commitment will be re-branded as part of the 5 Year Plan with the aim of creating a simple message that enables staff to recognise that quality is at the heart of what we aim to do. An open and transparent culture is essential to delivery of high quality patient care and therefore work is underway to enable staff to easily and confidently raise their concerns both in respect of concerns regarding patient safety and concerns regarding their own working environment experiences. We aim to ensure indicators relating to bullying and harassment are better than the national average.

8.4     The Organisational Development (OD) Plan will be refreshed for 2015/16 as a result of the outcome of staff feedback.

**9.0     NEXT STEPS**

9.1     We will work through the Trust wide core actions under the framework outlined in 8.3.

9.2     The Clinical Management Groups and Corporate Directorates will hold focus groups before the end of May 2015 to review these core actions in the context of their local results.

9.3     By the end of June 2015, we will have a firmed up action plan for the Trust. Clinical Management Groups and Corporate Directorates may individually agree actions for their own results which will be in addition to the Trust wide plan.
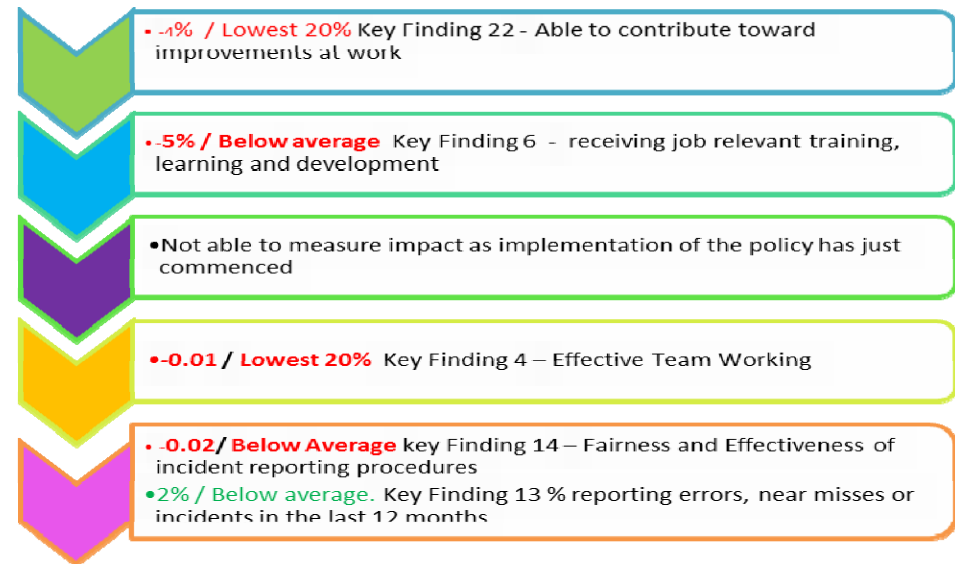

10.0    **RECOMMENDATIONS**

10.1    The Trust Board is asked to:-

- Note the key messages from the analysis of the 2014 National Staff Survey results
- Discuss and approve the key areas for development which are proposed to make a step change in levels of engagement and satisfaction.

Appendix One: Impact of 2013 Actions on 2014 Results

## Time to Act: What we will do - Our top five 2014/15 priority actions:-

**1** Continue the spread of 'Listening into Action' as a mechanism for making staff led improvements … including a focus on training key clinical leads to enable the facilitation of 'Listening Events' within all ward and clinical department areas

**2** Improve quality and access to learning, education and development with key focus on inclusive leadership development across all professions and all levels including the Trust Board

**3** Improve the appraisal process to enhance quality, experience and align with pay progression

**4** Facilitate team building across the newly formed CMGs and Services and support teams with mapping out how they will work together to achieve excellence

**5** Maintain focus on recruitment and other key resources including incident reporting systems, essential to delivering safe high quality patient-centred care
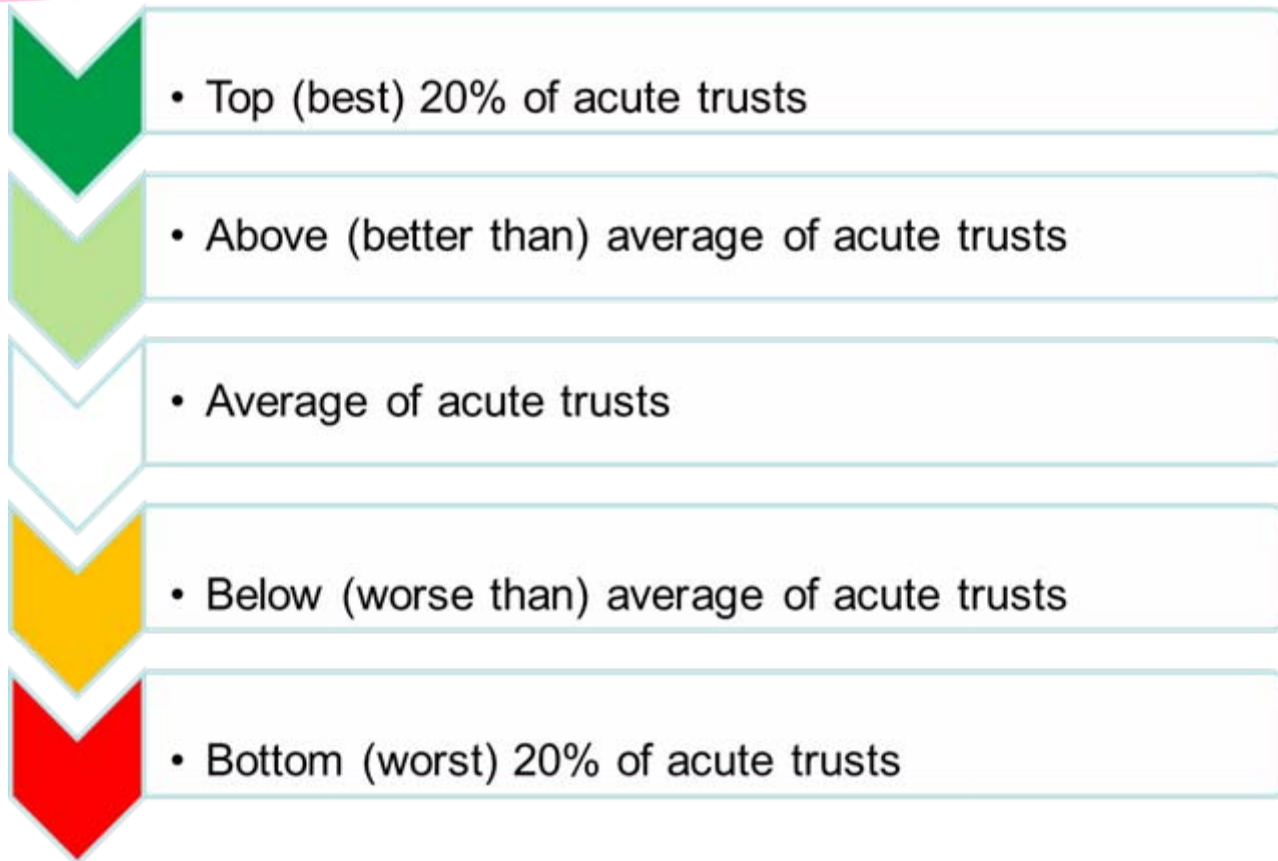
- -4% / **Lowest 20%** Key Finding 22 - Able to contribute toward improvements at work

- **-5% / Below average** Key Finding 6 - receiving job relevant training, learning and development

- Not able to measure impact as implementation of the policy has just commenced

- **-0.01 / Lowest 20%** Key Finding 4 – Effective Team Working

- **-0.02/ Below Average** key Finding 14 – Fairness and Effectiveness of incident reporting procedures
- 2% / Below average. Key Finding 13 % reporting errors, near misses or incidents in the last 12 months

## Time to Act: Top five 2014/15 priority actions for each of you:

**1** Serve as ROLE MODELS, visibly demonstrating our Leadership Qualities and Behaviours in your daily work and actions
*Your stories of what good looks like:* Leadership Qualities and Behaviours (August 2013)

**2** Aim to ensure that all 100% of staff you are responsible for are having an appraisal that is valuable, productive and provides positive feedback
*Have a look at our findings on how to improve appraisal quality* Appraisal Quality Leaflet

**3** Be visible and continue to carryout regular 'Surgeries', 'Walkabouts', 'Think Tanks', 'Forums' or 'Listening Events' … listen to and act on the voice of the front line to improve the quality of work and continue to raise the bar on patient care

**4** Facilitate an informal conversation with your staff regarding any issue that they may have around work/life balance and work pressures at regular one to one meetings and particularly as part of the appraisal process

**5** Set time aside for all 100% of staff you are responsible for to complete Statutory, Mandatory and Essential Training prioritising Resuscitation, Infection Prevention and Health and Safety (primarily focused on 'See it, Report it, Sort it')

- No change / **Below Average** Key Finding 9 – Support from managers

- **+2%/ Highest 20%** Key finding 7 – appraisal in the last 12 months

- **-0.04 / Below Average** Overall Engagement

- **+0.04 / Lowest 20%** Key Finding 3 – Work pressures felt by staff (lower score is better)

- **+12% / Highest 20%** Key finding 10 – Receiving health and safety training in the last 12 months ,

# Appendix Two: Summary of Key Findings Results

Key



- Top (best) 20% of acute trusts
- Above (better than) average of acute trusts
- Average of acute trusts
- Below (worse than) average of acute trusts
- Bottom (worst) 20% of acute trusts

One team shared values

| **Key Factor**: Staff Pledge 1 Clear roles responsibilities and rewarding jobs | **2013** Change since last survey and ranking compared with other acute trusts | **2014** Change since last survey and ranking compared with other acute trusts |
|---|---|---|
| KF 1 % feeling satisfied with the quality of work and patient care they are able to deliver | No Change (75%) Lowest (worst 20%) Average for Acute 79% | No Change ( 77%) Below (worse than) average Average for Acute 77% |
| KF 2 % agreeing that their role makes a difference to patients | No Change (91%) Average Average for Acute 91% | No Change ( 90%) Below (worse than) average Average for Acute 91% |
| KF3 Work pressure felt by staff (lower better) | No Change (3.13) Above (worse than) average Average for Acute 3.08 | No Change ( 3.17) Highest (worst) 20% Average for Acute 3.07 |
| KF4 Effective team working | No change (3.65) Lowest (worst) 20% Average for Acute 3.75 | No Change (3.67) Lowest (worst) 20% Average for Acute 3.74 |
| KF 5 % Working extra hours (lower better) | No Change (65%) Lowest (best) 20% Average for Acute (65%) | No Change (68%) Lowest (best) 20% Average for Acute 71% |

| **Key Factor**: Staff Pledge 2 Personal Development, training and line management support | **2013** Change since last survey and ranking compared with other acute Trusts | **2014** Change since last survey and ranking compared to other acute Trusts |
|---|---|---|
| KF6 % receiving job relevant training, learning or development in the last 12 months | No Change (84%) <br> Highest (best) 20% <br> Average for Acute 81% | Decrease on 2013 (79%) <br> Below (worse than) average <br> Average for Acute 81% |
| KF7 % appraised in last 12 months | No Change (91%) <br> Highest (best) 20% <br> Average for Acute 84% | No Change (93%) <br> Highest (best) 20% <br> Average for Acute 85% |
| KF8 % having well structured appraisals in last 12 months | No Change (39%) <br> Above Average <br> Average for Acute 38% | No Change (39%) <br> Average <br> Average for Acute (38%) |
| KF9 Support from immediate managers | No Change (3.59) <br> Below (worse than) average <br> Average for Acute 3.64 | No Change (3.59) <br> Below (worse than) average <br> Average for Acute 3.65 |

## Key Factor: Staff Pledge 3 – Support and opportunities for staff to maintain their health, wellbeing and safety

| Key Factor | 2013 Change since last survey and ranking compared with other acute Trusts | 2014 Change since last survey and ranking compared to other acute Trusts |
|---|---|---|
| KF10 % receiving health and safety training in last 12 months | No Change (77%) Average Average for Acute (76%) | Increase (better than) 2013 ( 89%) Highest (best) 20% Average for Acute 77% |
| KF11 % suffering work related stress in last 12 months (lower better) | No Change (35%) Below (better than) average Average for Acute (37%) | No Change ( 37%) Average Average for Acute (37%) |
| KF12 % witnessing potentially harmful errors (lower better) | No Change ( 37%) Highest (worst) 20% Average for Acute (33%) | No Change (33%) Average Average for Acute (34%) |
| KF13 % reporting errors, near misses or incidents witnessed in the last month | No Change ( 87%) Lowest (worst) 20% Average for Acute ( 90%) | No Change ( 89%) Below (worse than) average Average for Acute 90% |

**Key Factor: Staff Pledge 3** Support and opportunities for staff to maintain their health, wellbeing and safety

**2013** Change since last survey and ranking compared with other acute Trusts

**2014** Change since last survey and ranking compared to other acute Trusts

| Key Factor | 2013 | 2014 |
|---|---|---|
| KF14 Fairness and effectiveness of incident reporting procedures | No Change (3.51) Average Average for Acute (3.51) | No Change ( 3.49) Below (worse than) average Average for Acute 3.54 |
| KF15 % agreeing they would feel secure raising concerns about unsafe clinical practice | NA | Below (worse than) average ( 65%) Average for Acute 67% |
| KF 16 % experiencing physical violence from patients, relatives or the public in the last 12 months (lower better) | No Change (15%) Average Average for Acute (15%) | No Change ( 14%) Average Average for Acute 14% |
| KF17 % experiencing physical violence from staff in the last 12 months (lower better) | No Change ( 2%) Average Average for Acute (2%) | No Change (2%) Below (better than average Average for Acute 3% |

| **Key Factor:** Staff Pledge 3 – Support and opportunities for staff to maintain their health and well being | **2013** Change since last survey and ranking compared with other acute Trusts | **2014** Change since last survey and ranking compared to other acute Trusts |
|---|---|---|
| KF18 % experiencing harassment, bullying or abuse from patients, relatives, or the public in the last 12 months (lower better) | No Change (27%) Below (better than) average Average for Acute 29% | No Change ( 28%) Average Average for Acute 29% |
| KF 19 % experiencing harrassment, bullying or abuse from staff in the last 12 months (lower better) | No Change ( 23%) Average Average for Acute 24% | No Change ( 25%) Above (worse than) average Average for Acute 23% |
| KF20 % feeling pressure in the last 3 months to attend work when feeling unwell (lower better) | No Change (31%) Highest (worst) 20% Average for Acute 28% | No Change (31%) Highest (worst) 20% Average for Acute 26% |

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| Key Factor: Staff Pledge 4 Engage Staff in decisions and additional theme staff satisfaction | 2013 Change since last survey and ranking compared with other acute Trusts | 2014 Change since last survey and ranking compared to other acute Trusts |
|---|---|---|
| KF21 % reporting good communication between senior management and staff | No Change (26%) Below (worse than) average Average for Acute 29% | No Change ( 28%) Below (worse than) average Average for Acute 30% |
| KF22 % able to contribute towards improvements at work | No Change (68%) Average Average for Acute 68% | No Change ( 64%) Lowest (worst) 20% Average for Acute 68% |
| KF23 Staff job satisfaction | No Change ( 3.58) Below (worse than) average Average for Acute 3.6 | No Change ( 3.54) Below (worse than) average Average for Acute 3.6 |
| KF24 Staff recommendation of the trust as a place work or receive treatment | No Change ( 3.53) Below (worse than) average Average for Acute 3.68 | No Change (3.51) Below (worse than) average Average for Acute 3.67 |
| KF 25 Staff motivation at work | No Change (3.84) (Below (worse than average) Average for Acute 3.86 | No Change (3.83) Below (worse than) average Average for Acute 3.86 |

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| Key Factor: Additional Theme Equality and Diversity and Patient Experience Measure and Overall Engagement | 2013 Change since last survey and ranking compared with other acute Trusts | 2014 Change since last survey and ranking compared to other acute Trusts |
|---|---|---|
| KF 26 % Having equality and diversity training in last 12 months | Increase (76%)<br>Highest (best) 20%<br>Average for Acute 60% | Increase (83%)<br>Highest (best) 20%<br>Average for Acute 63% |
| KF 27 % believing the trust provides equal opportunities for career progression or promotion | No Change (88%)<br>Average<br>Average for Acute 88% | No Change (87%)<br>Average<br>Average for Acute (87%) |
| KF 28 % experiencing discrimination at work (lower better) | No Change (13%)<br>Below (worse than) average<br>Average for Acute 11% | No Change (13%)<br>Below (worse than) average<br>Average for acute 11% |
| KF29 % agreeing feedback from patient/service users is used to make informed decisions in their directorate/department | N/A | Below (worse than) average (51%)<br>Average for Acute 74% |
| Overall Engagement | No Change (3.68)<br>(Below (worse than average)<br>Average for Acute 3.74 | No Change (3.64)<br>Below (worse than) average<br>Average for Acute 3.74 |

Appendix Three – 16 Acute NHS Hospitals (Staff Engagement Scores for 2013 / 2014 surveys)

|  | 2013 | 2014 |
|---|---|---|
| **University Hospitals of Leicester** | **3.68** | **3.64** |
| **Nottingham University Hospitals NHS Trust (RX1)** | 3.87 | 3.83 |
| **Pennine Acute Hospitals NHS Trust (RW6)** | 3.58 | 3.61 |
| **Sheffield Teaching Hospitals NHS Foundation Trust** | 3.71 | 3.81 |
| **Kings College Hospitals NHS Foundation Trust** | 3.96 | 3.78 |
| **Central Manchester University NHS Foundation Trust** | 3.76 | 3.76 |
| **Oxford University Hospitals NHS Trust** | 3.83 | 3.82 |
| **University College London Hospitals NHS Foundation Trust** | 3.91 | 3.87 |
| **Leeds Teaching Hospitals NHS Trust** | 3.61 | 3.65 |
| **Norfolk and Norwich University Hospitals NHS Foundation Trust** | 3.75 | 3.65 |
| **The Newcastle Upon Tyne Hospitals NHS Foundation Trust** | 3.89 | 3.89 |
| **Barts Health NHS Trust** | 3.61 | 3.61 |
| **United Lincolnshire Hospitals NHS Trust** | 3.50 | 3.49 |
| **Imperial College Healthcare NHS Trust** | 3.77 | 3.76 |
| **Hull and East Yorkshire Hospitals NHS Trust** | 3.56 | 3.53 |
| **Heart of England NHS Foundation Trust** | 3.60 | 3.53 |

Acute Trusts  Average score (2014)  3.74

# Appendix Four: Results of Local Questions

**Do you have a regular team meeting/briefing which includes information from the Chief Executive Briefing?**

| | | | | |
|---|---|---|---|---|
| Yes I receive regular and timely updates from the Chief Executive Briefing. | 2545 | 72% | 2590 | 72% |
| Yes I receive updates from the Chief Executive Briefing that are irregular. | 457 | 13% | 422 | 12% |
| No I do not receive information from the Chief Executive Briefing. | 512 | 15% | 595 | 16% |
| Missing | 474 | | 137 | |

**To what extent do you agree or disagree with the following statements?**

**I feel that our organisation communicates clearly with staff about priorities and goals.**

| | | | | |
|---|---|---|---|---|
| Strongly agree | 360 | 10% | 389 | 11% |
| Agree | 1793 | 51% | 1812 | 49% |
| Neither agree nor disagree | 950 | 27% | 982 | 27% |
| Disagree | 333 | 9% | 392 | 11% |
| Strongly disagree | 101 | 3% | 106 | 3% |
| Missing | 451 | | 63 | |

**Day to day issues and frustrations that get in my way are quickly identified and resolved.**

| | | | | |
|---|---|---|---|---|
| Strongly agree | 125 | 4% | 129 | 4% |
| Agree | 607 | 17% | 626 | 17% |
| Neither agree nor disagree | 1124 | 32% | 1217 | 34% |
| Disagree | 1191 | 34% | 1175 | 32% |
| Strongly disagree | 443 | 13% | 474 | 13% |
| Missing | 498 | | 123 | |

**Thinking about your line manager...**

**To what extent do you agree or disagree that they exhibit the Trust values and behaviours?**

| | | | | |
|---|---|---|---|---|
| Strongly agree | 711 | 20% | 742 | 20% |
| Agree | 1632 | 46% | 1691 | 46% |
| Neither agree nor disagree | 833 | 24% | 832 | 23% |
| Disagree | 230 | 7% | 261 | 7% |
| Strongly disagree | 111 | 3% | 158 | 4% |
| Missing | 471 | | 60 | |

**Thinking about your colleagues...**

**To what extent do you agree or disagree that they exhibit the Trust values and behaviours?**

| | | | | |
|---|---|---|---|---|
| Strongly agree | 535 | 15% | 568 | 15% |
| Agree | 1915 | 54% | 2051 | 56% |
| Neither agree nor disagree | 838 | 24% | 838 | 23% |
| Disagree | 180 | 5% | 172 | 5% |
| Strongly disagree | 51 | 1% | 60 | 2% |
| Missing | 469 | | 55 | |

Appendix Five Pulse Check Survey Comparisons

| Pulse Check Question Detail | March 2013 | January 2014 | March 2015 |
|---|---|---|---|
| I feel happy and supported working in my team/department/service | 50.5% | ↔49.82% | ↑ 52.2% |
| Our Organisation Culture encourages me to contribute to changes that affect my team/department/service | 28.46% | ↑ 42.61% | ↑44.2% |
| Managers and leaders seek my views about how we can improve our services | 27.07% | ↑40.08% | ↔40.9% |
| Day-to-day issues and frustrations that get in our way are quickly identified and resolved. | 12.44% | ↑ 25.59% | ↓23.4% |
| I feel that our organisation communicates clearly with staff about its priorities and goals. | 28.25% | ↑46.42% | ↔ 46.6% |
| I believe we are providing high quality services to our patients/service users | 30.09% | ↑53.73% | ↑56.2% |
| I feel valued for the contribution I make and the work I do. | 17.3% | ↑43.01% | ↔ 43% |
| I would recommend our Trust to my family and friends. | N/A | ↑46.19% | ↑48.7% |
| I understand how my role contributes to the wider organisational vision | 16.64% | ↑36.24% | ↑66% |
| Communication between senior management and staff is effective | N/A | 52.85% | ↓35.8% |
| I feel that the quality and safety of patient care is our organisation's top priority. | N/A | 48.71% | ↑55.3% |
| I feel able to prioritise patient care over other work | N/A | 33.92% | ↑50.8% |
| Our Organisational structures and processes support and enable me to do my job well | N/A | 48.71% | ↓34.7% |
| Our work environment, facilities and systems enable me to do my job well. | N/A | 32.39% | ↔33% |
| This organisation supports me to develop and grow in my role. | N/A | 36.77% | ↑41.7% |

University Hospitals of Leicester **NHS**

NHS Trust

## TRUST BOARD – 2 APRIL 2015

**NIHR Clinical Research Network: East Midlands**
**Annual Plan 2015/16 and Progress update for UHL Board**

| | |
|---|---|
| **DIRECTOR:** | Dr Andrew Furlong |
| **AUTHOR:** | Prof David Rowbotham, Clinical Director and Elizabeth Moss, Chief Operating Officer, CRN: East Midlands |
| **DATE:** | 2 April 2015 |
| **PURPOSE:** | **UHL is the Host Organisation for the NIHR CRN: East Midlands. The CRN is required to submit a business plan each financial year. UHL Board are asked to (i) approve the Network's business plan for 2015/16 as required by the Host contract; and (ii) note and discuss present achievements and challenges.** |
| **PREVIOUSLY CONSIDERED BY:** | CRN: East Midlands Executive Group<br>CRN: East Midlands Partnership Group |

| **Objective(s) to which issue relates *** | |
|---|---|
| | ☐ 1. Safe, high quality, patient-centred healthcare |
| | ☐ 2. An effective, joined up emergency care system |
| | ☐ 3. Responsive services which people choose to use (secondary, specialised and tertiary care) |
| | ☐ 4. Integrated care in partnership with others (secondary, specialised and tertiary care) |
| | ☒ 5. Enhanced reputation in research, innovation and clinical education |
| | ☐ 6. Delivering services through a caring, professional, passionate and valued workforce |
| | ☐ 7. A clinically and financially sustainable NHS Foundation Trust |
| | ☐ 8. Enabled by excellent IM&T |

| **Please explain any Patient and Public Involvement actions taken or to be taken in relation to this matter:** | The business plan has been reviewed by patient and public representatives within the Network's management structure. |
|---|---|
| **Please explain the results of any Equality Impact assessment undertaken in relation to this matter:** | No formal impact assessment has been performed |
| **Organisational Risk Register/ Board Assurance Framework *** | ☐ **Organisational Risk Register**    ☒ **Board Assurance Framework**    ☐ **Not Featured** |

| **ACTION REQUIRED *** | | |
|---|---|---|
| For decision ☒ | For assurance ☐ | For information ☒ |

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

**NIHR Clinical Research Network: East Midlands**
**Annual Plan 2015/16 and Progress update for UHL Board**

## 1. Background

1.1 The National Institute for Health Research (NIHR) Clinical Research Network: East Midlands, also known as the Local Clinical Research Network (LCRN), is hosted by University Hospitals of Leicester (UHL) NHS Trust. It was established in April 2014. The background to this, challenges and achievements were discussed previously at UHL Board (Oct 30, 2014). As part of the hosting contract, UHL Board is required to approve the LCRN Annual Plan. The purpose of this paper is to update the Board on progress and seek formal approval of the Annual Plan 2015/16.

## 2. Annual Plan 2015/16

1.2 The LCRN is required to submit a business plan (including financial plan) for each financial year. It is prepared in partnership with the clinical specialties contributing to research delivery across all LCRN NHS partner organisations in the East Midlands. It has been circulated previously for comment to members of the CRN Host Executive Group, chaired by Kevin Harris in his role as host nominated Executive Director for the LCRN. We are grateful to Andrew Furlong who has agreed to take on this role following Kevin's retirement from UHL Board.

1.3 The plan was submitted to the NIHR on 1 April in order to keep to their deadline. It was not possible to submit a final plan to the March UHL Board; the NIHR recognise this and are content for plans to be submitted to Host Boards for their approval in April. We will notify the NIHR if any changes are recommended by UHL Board at this meeting and the plan will be changed accordingly.

1.4 The plan has also been distributed widely for comment to our partners, including the LCRN Partnership Group which has patient and public representation.

1.5 For the presentation of this plan, NIHR have provided a template in the form of a spreadsheet/table with explicit instructions as to what issue should be addressed in each section. The items are very operational in nature, starting with our plans to deliver the LCRN's high level objectives including: increased patient recruitment to portfolio studies; improving delivery of portfolio and commercial studies to time and target; increasing the number of commercial contracts; time to complete study permission; time to recruit first patient; increased regional NHS participation with portfolio studies; and increasing recruitment to dementia and neurodegeneration studies. In addition, we are required to describe: our plans to improve patient participation in, and LCRN infrastructure support for, all 30 clinical specialties; and delivery of the LCRN operating framework (governance, delivering the government dementia research priority, patient and public involvement, culture of innovation and continuous improvement, workforce development, information systems and governance, engagement and communication). As such, the Annual Plan is of significant size containing much data and detail. It seeks to convey to the centre, partners, colleagues and the public some of the key approaches that we will adopt next year.

## 3. Achievements and challenges

3.1 Some of our significant achievements this year include:

- Presently, we are rated nationally 5th of 15 LCRNs in terms of patent recruitment, considerably better compared with the start of the year.

- Our progress in dementia research has been remarkable. From a very low base, we have over-achieved on our recruitment target and established a framework that can underpin a significant expansion of this work.
- We are placed first in the country with respect to our research activity in primary care, with a high level of engagement across general practice.
- External independent audit has identified considerable progress in establishing our governance framework and financial systems.
- The technical quality of our financial returns has been praised by the centre.
- Increasing financial transparency and equity for NHS partners through harmonising research support cost payments and a region-wide budget set through activity principles.
- We have been commended for being able to appoint to all of the key senior positions within the network promptly, including designated clinical leadership in all 30 research specialties.
- At our first performance review with NIHR, we received excellent feedback on our progress so far, especially with respect to embedding partnership working.  Presently, we are highly regarded by the centre.

3.2  We have many challenges ahead; however, we have identified the causes of these and what needs to be done to address them.  The overarching challenge is to work with partners and colleagues to deliver improved access to high quality research for patients in the East Midlands.  Significant specific challenges include:

- The recruitment league table hides two important facts: our recruitment is less than it should be relative to our population; and our proportion of complex compared with non-interventional studies is less than many other LCRNs.  This results in a budget that is significantly less than would be expected.
- We need to make more progress on partnership working.  Adopting this approach has brought many positives; however, it brings different and complex challenges compared with a simple top-down approach.  We are committed to concentrating our efforts on this.
- We must continue and increase our endeavours to operate through principles of business efficiency, ensuring that adequate systems and processes are in place to enhance performance management, without stifling activity and innovation.  Two years of budget cuts (primarily due to our relative recruitment) have caused us to make many difficult decisions and diverted some of our attention away from strategic investment.
- The NIHR require a balanced portfolio of studies – we are a long way from achieving this in terms of recruitment and network support.  We need to work with NHS partners and network colleagues to ensure that we respond to this key objective.
- The way we do business, both internally and externally, has changed significantly.  Our management structure is new and we have made progress; however, we know that it is not working as it should in several areas and this needs to be address next year.
- The merging of the networks in the East Midland has led to a significant deterioration of our study delivery performance, especially commercial trails.  This needs urgent correction and an action plan is in place.

## 4. Recommendations

4.1     UHL Board as asked to: (i) discuss and approve the LCRN Annual Plan 2015/16; (ii) note and discuss present achievements and challenges.

# UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

**REPORT TO:**       **UHL BOARD**

**DATE:**       **2 APRIL 2015**

**REPORT FROM:**       **ELIZABETH MOSS – CHIEF OPERATING OFFICER**
                      **MARTIN MAYNES – HOST FINANCE LEAD**

**SUBJECT:**       **CRN: EAST MIDLANDS FINANCE PLAN 2015/16 (INDICATIVE BUDGET)**

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## 1.1    Purpose

This report outlines the indicative budget for 2015/16. It should be noted that this is indicative at this stage as it is subject to formal approval by the NIHR.

## 1.2    Indicative Budget 2015/16

CRN: EAST MIDLANDS is a significant financial undertaking. The main funding allocation for 2015/16 has been confirmed as **£20.4m**. There has been no announcement regarding RCF income.

The allocation received represents a £1.1m (5%) reduction against last year's allocation. This raises a significant financial challenge for 2015/16, as this comes on top of the 5% reduction that the East Midlands experienced in 2014/15. This allocation is also worse than the prudent approach adopted in the planning assumptions because of a change in the national funding model which gives even more weighting to activity related funding.

It is the operational responsibility of the COO and Senior Network Team to manage this risk. However, as the legal entity receiving these funds, UHL has the ultimate duty to ensure that the budget is managed effectively.

A major factor in the reduction is this year's allocation is the relatively poor recruitment in some Partner Organisations (POs) in our region. Recruitment represents the majority of the funding calculation in the budget summary as can be seen in the table below. Addressing this issue needs to be a priority for CRN: EAST MIDLANDS to avoid future budget reductions.

| Funding Element | Allocation 2015/16 £'000 |
|---|---|
| Leadership and Management | 782.4 |
| Per Capita | 3,541.40 |
| Project Related Funding | 943.40 |
| Performance Related Funding | 400.2 |
| Recruitment Related Funding | 14,782.80 |
| MFF/Cap & Collar | -53.7 |
| **Total Main Funding Allocation 2014/15** | **20,396.50** |
| *Hosting (within Total Main Allocation 2015/16* | 300 |
| **RCF Allocation 2015/16** | **tbc** |

## 1.3 Timetable

| Action | Responsibility | Key Date |
|---|---|---|
| Develop Financial Planning Principles | Operational Management Group | Achieved |
| Approve draft financial plan and indicative organisational budgets. | CRN: EAST MIDLANDS Exec Team | 20/03/2015 |
| Notify partners of financial plan and indicative organisational budgets. | CRN: EAST MIDLANDS Partnership Group (via email) | 30/04/2015 |
| Submit Detailed Financial Plan to NIHR via Finance Tool | Elizabeth Moss, COO - CRN: EAST MIDLANDS | 27/03/2015 |
| Issue draft 15/16 indicative budgets/finance pro formas to all partner organisations | Elizabeth Moss, COO - CRN: EAST MIDLANDS | Achieved |
| NIHR review of submitted plans | NIHR | April 2015 (tbc) |
| Confirmation of 2015/16 CRN: EAST MIDLANDS Finance Plan. | NIHR | April/May 2015 (tbc) |

## 1.4 Planning Principles

Given the reduced budget and the need to ensure that research activity continues across the East Midlands it is essential that there is a robust and transparent methodology for budget setting. This has already been notified to the CRN Executive Committee and Partner Organisations in a previous finance paper, so there is no intention to repeat that guidance, all of which remains valid. However, it should be reported how the additional savings required following the funding announcement have been applied. The additional savings amounted to **£389k** and these were applied as follows:

**£250k reduction in central budgets**: This has been achieved by reviewing current and future vacant posts and reducing the budget for non-pay and overheads.

**£139k reduction to Partner Organisation Infrastructure budgets:** This has been applied to organisations which are significantly above fair share funding.

## 1.5 Budget Summary

The indicative budget for 2015/16 is summarised in the table below. As can be seen there is a Vacancy Factor of £171.0k and this equates to a 6.6% saving against management budgets. This will need to be managed as a cost pressure in year, and delivery will require careful monitoring of the budgets.

In addition many Partner Organisations will also carry Vacancy Factors within their plans, for which they will be responsible for managing the financial risk. However, the Network will ensure that no excessive Vacancy Factors are agreed.

| | Annual Plan |
|---|---|
| | £'000 |
| **Income** | |
| Core NIHR Funding | 20,396.5 |
| Research Capability Funding (tbc) | |
| **Total** | **20,396.5** |
| | |
| **Expenditure** | |
| Network Managed Team | 891.3 |
| Host Services | 300.0 |
| Core Management Team | 545.7 |
| Clinical Leads | 580.7 |
| Research Mgmt & Governance Team | 997.2 |
| Research Task Force | 823.6 |
| Partner Organisation Infrastructure | 14,649.0 |
| Primary Care | 900.0 |
| Portfolio Management System | 180.0 |
| Service Support Costs | 700.0 |
| **Vacancy Factor** | **-171.0** |
| **Total** | **20,396.5** |

Within the allocation there is a budget of £14.6m for Partner Organisation Infrastructure budgets, and this is broken down by organisation as follows.

| Organisation | Indicative Budget £'000 |
|---|---|
| CHESTERFIELD ROYAL HOSPITAL NHS FOUNDATION TRUST | 404.4 |
| DERBY HOSPITALS NHS FOUNDATION TRUST | 1,437.8 |
| DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST | 263.4 |
| KETTERING GENERAL HOSPITAL NHS FOUNDATION TRUST | 419.6 |
| LEICESTERSHIRE PARTNERSHIP NHS TRUST | 450.8 |
| LINCOLNSHIRE PARTNERSHIP NHS FOUNDATION TRUST | 305.3 |
| NORTHAMPTON GENERAL HOSPITAL NHS TRUST | 789.6 |
| NORTHAMPTONSHIRE HEALTHCARE NHS FOUNDATION TRUST | 248.0 |
| NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST (DELIVERY) | 4,246.0 |
| NOTTINGHAMSHIRE HEALTHCARE NHS TRUST | 728.6 |
| SHERWOOD FOREST HOSPITALS NHS FOUNDATION TRUST | 702.2 |
| UNITED LINCOLNSHIRE HOSPITALS NHS TRUST | 1,087.2 |
| UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST (DELIVERY) | 3,566.1 |
| **TOTAL** | **14,649.0** |

National Institute for
Health Research

# CRN: East Midlands
# Annual Plan 2015/16

Draft 20.03.15

**Delivering research to make patients,
and the NHS, better**

# CRN: East Midlands Annual Plan 2015/16

## Introduction

The attached Annual Plan sets out some of the operational elements required to allow us to achieve our ambition, stated this time last year, to become a network consistently in the top 3 position in national performance ratings, recognised for activity, quality, engagement, delivery and added value.

During the past year we have adopted a number of values that underpin how we work as one network for the East Midlands. These include true partnership working, transparency, flexibility, ambition, communication, inclusive, supportive, value for money and quality. These values are genuinely held and much progress has been made in adopting them; however, we recognise that more work is needed in order to embed them.

In 2015/16 there are various national targets, to which the East Midlands intend to significantly contribute, as detailed in the plans, however when undertaking our plans as described we will be focussing on these areas:

**Partnership:** working to build and maintain effective relationships with partner organisations, cross divisional working, across specialties and a range of healthcare delivery settings. This will involve enhancing our communications approach, providing regular, clear and timely direction along with high quality information and systems. Adopting this approach has brought many positives; however, it also brings different and complex challenges compared with a simple top down approach. We are committed to concentrating our efforts on this in 2015/16.

**Working to maximise future resource**: focus on ensuring we deliver on our current portfolio and work to ensure a strong future pipeline. Additionally, a clearer consideration of balance across the region, across specialties and study complexity to ensure resource allocation to the East Midlands can be maintained, or ideally increased, due to strong performance.

**Operate through principles of business efficiency:** ensure adequate systems and processes in place to enhance performance management, without stifling activity and innovation. Two years of budget cuts (primarily due to our relative recruitment) have caused us to make many difficult decisions and diverted some of our attention away from strategic investment. However, they demonstrate very clearly that we need to concentrate more on value for money, and better understand our return on investment.

In submitting this Annual Plan to the NIHR, we believe that the future is bright for our network; we have made considerable progress in the first 12 months of operation and relish the challenges ahead. We aim to further foster a supportive environment in which to deliver high quality research, in partnership with key stakeholders.

Professor David Rowbotham
Clinical Director, CRN: East Midlands

Elizabeth Moss
Chief Operating Officer, CRN: East Midlands

# CRN: East Midlands Annual Plan 2015/16

## Coversheet

| | |
|---|---|
| **Host Organisation** | University Hospitals of Leicester NHS Trust |
| **Partner Organisations –**<br><br>**Members of the Partnership Group** | 1. Chesterfield Royal Hospital NHS Foundation Trust<br>2. Derby Hospitals NHS Foundation Trust<br>3. Derbyshire Community Health Services NHS Trust<br>4. Derbyshire Healthcare NHS Foundation Trust<br>5. East Midlands Ambulance Service NHS Trust<br>6. Kettering General Hospital NHS Foundation Trust<br>7. Leicestershire Partnership NHS Trust<br>8. Lincolnshire Community Health Services NHS Trust<br>9. Lincolnshire Partnership NHS Foundation Trust<br>10. Northampton General Hospital NHS Trust<br>11. Northamptonshire Healthcare NHS Foundation Trust<br>12. Nottingham University Hospitals NHS Trust<br>13. Nottinghamshire Healthcare NHS Foundation Trust<br>14. Sherwood Forest Hospitals NHS Foundation Trust<br>15. United Lincolnshire Hospitals NHS Trust<br>16. University Hospitals of Leicester NHS Trust |
| **Other affiliated partners**<br><br>**(eg CCGs/Social enterprises)** | **19 CCGs**<br><br>NHS Nene CCG<br>NHS Corby CCG<br>NHS Leicester City CCG<br>NHS West Leicestershire CCG<br>NHS East Leicestershire & Rutland CCG<br>NHS Erewash CCG<br>NHS Hardwick CCG<br>NHS Lincolnshire East CCG<br>NHS Lincolnshire West CCG<br>NHS Mansfield and Ashfield CCG<br>NHS Newark and Sherwood CCG<br>NHS North Derbyshire CCG<br>NHS Nottingham City CCG<br>NHS Nottingham North and East CCG<br>NHS Nottingham West CCG<br>NHS Rushcliffe CCG<br>NHS South Lincolnshire CCG<br>NHS South West Lincolnshire CCG<br>NHS Southern Derbyshire CCG<br><br>**3 LATs**<br><br>NHS England Derbyshire & Nottinghamshire Area Team<br>NHS England Leicestershire & Lincolnshire Area Team<br>NHS England Hertfordshire & the South Midlands Area Team<br><br>**1 Social Enterprise**<br><br>Nottingham CityCare Partnership<br><br>**10 Other Partners**<br><br>NIHR CLAHRC East Midlands<br>East Midlands Academic Health Science Network<br>Leicester Experimental Cancer Research Unit<br>Leicester Cardiovascular Biomedical Research Unit<br>Leicester Respiratory Biomedical Research Unit |

| | Leicester-Loughborough Diet, Lifestyle and Physical Activity Biomedical Research Unit<br>Nottingham Hearing Biomedical Research Unit<br>Nottingham Digestive Diseases Biomedical Research Unit<br>Leicester Clinical Trials Unit<br>Nottingham Clinical Trials Unit |
|---|---|

| **Host organisation Accountable Officer for CRN: East Midlands** | |
|---|---|
| **Name:** | Mr John Adler | Email: john.adler@uhl-tr.nhs.uk<br>Tel: 0116 258 8940 |

| **Host nominated Executive Director for CRN: East Midlands** | | |
|---|---|---|
| **Name:** | Dr Kevin Harris | University Hospitals of Leicester NHS Trust<br>Trust HQ<br>University Hospitals of Leicester<br>Level 3, Balmoral Building<br>Leicester Royal Infirmary<br>Leicester, LE1 5WW<br><br>Email: kevin.harris@uhl-tr.nhs.uk<br>Tel: 0116 258 8016 |
| **Job title:** | Medical Director | |

| **CRN: East Midlands Clinical Director** | |
|---|---|
| **Name:** | Professor David Rowbotham | Email: david.rowbotham@nihr.ac.uk<br>Tel:0116 258 5291 |

| **CRN: East Midlands Chief Operating Officer** | |
|---|---|
| **Name:** | Elizabeth Moss | Email: elizabeth.moss@nihr.ac.uk<br>Tel: 0116 258 6185 |

**To be completed by the Host organisation**

| **Please briefly outline the process of engagement and consultation with LCRN Partners and other stakeholders regarding the submitted LCRN 2015-16 Annual Plan and local recruitment goals** |
|---|
| The production of the Annual Plan was approached collaboratively from within the Network, with contributing authors asked to complete their allocated sections in collaboration with a range of stakeholders. This included the Senior Management team, Clinical Research Leads, Specialty Leads, research delivery staff and R&D Leads at Partner organisations.  Various members of the senior management team took responsibility for different sections of the plan, and will lead on the associated action plans to achieve our goals.<br><br>A draft plan was then circulated to the Partnership Group, Operational Management Group, Host Executive and R&D Leads for comment and feedback. These comments were then reviewed and where appropriate incorporated before submitting the Annual Plan for approval to the Host Board on the 2 April 2015. |

| **Nominated Executive Director Assurance** | |
|---|---|
| **LCRN Host organisation nominated Executive Director signature confirming the following are in place for the LCRN:**<br><br>• **an assurance framework and risk management system;** | |

| | |
|---|---|
| • **robust and tested local business continuity arrangements;** <br> • **an Urgent Public Health Research Plan.** | |
| **Confirmation of approval of the Annual Plan by the Host organisation Board** | |

| | |
|---|---|
| **Name:** | *Email:* <br><br> *Tel:* |
| **Role:** | |
| **Signature:** | **Date:** |
| **Contact for any communication regarding the CRN: East Midlands Annual Plan** | |

| | | |
|---|---|---|
| **Name:** | Elizabeth Moss | Email: <br> elizabeth.moss@nihr.ac.uk <br><br> Tel: 0116 258 6185 |
| **Role:** | Chief Operating Officer, CRN: East Midlands | |

# CRN: East Midlands Annual Plan 2015/16

# Table of Contents

## Table 1: LCRN plans and goals for contributing to NIHR CRN High Level Objectives 2015-16

| Objective | | Measure | CRN Target | LCRN Goal | Specific key local activities for 2015-16 | Timescale |
|---|---|---|---|---|---|---|
| 1 | Increase the number of participants recruited into NIHR CRN Portfolio studies | | Number of participants recruited in a reporting year into NIHR CRN Portfolio studies | 650,000 | 48,000 | The approach taken to reach this goal was led by the Research Delivery Managers, working in collaboration with Clinical Divisional and Specialty Leads. Scoping work was done to consider a local specialty level goal, which in turn contributed to an overall LCRN goal. To achieve this, existing studies were considered along with future study information, start and closure dates, predicted recruitment and experience of actual recruitment activity across partner trusts. The first goal setting round fell short of our aspirations, thus we asked Divisions to review targets to ensure our goals for 2015/16 truly represent a stretch goal for the East Midlands.

The breakdown as to how this will be achieved is detailed within the later tables of this plan, in relation to the specific specialties. | March 2016 |
| 2 | Increase the proportion of studies in the NIHR CRN Portfolio delivering to recruitment target and time | A: | Proportion of commercial contract studies achieving or surpassing their recruitment target during their planned recruitment period, at confirmed Network sites | 80% | 80% | Implement a standard operating procedure for the review of site intelligence forms, to ensure the appropriate involvement of Research Delivery Managers and Specialty Leads. Focused on areas not delivering to time and target to ensure future targets can be delivered. | June 2015 |
| | | | | | | Emphasis on recruitment to target through 6 to 8 weekly performance meetings with Research Delivery Managers, and appropriate involvement of the Partner Organisation to ensure alignment of targets across the board. | July 2015 |
| | | | | | | Completed the migration of the performance data across the region onto one internet based system, and implement processes to keep this up-to-date in order to track performance across the East Midlands. | April 2015 |
| | | B: | Proportion of non-commercial studies achieving or surpassing their recruitment target during their planned | 80% | 80% | Introduction of a divisional delivery support team to enable the monitoring of study performance, liaising with divisional Research Delivery Managers, Clinical Leads and Specialty Leads. | May 2015 |
| | | | | | | Divisional delivery support time to work closely with the new Business | July 2015 |

| Objective | Measure | | CRN Target | LCRN Goal | Specific key local activities for 2015-16 | Timescale |
|---|---|---|---|---|---|---|
| | | recruitment period | | | Intelligence service to provide accurate performance information via EDGE (LPMS) both from a divisional perspective and overall network performance. | ongoing |
| | | | | | Divisional support team, once formally in post, to work closely with RM&G service to establish excellent feasibility process to ensure accurate target setting. | May 2015 ongoing |
| **3** Increase the number of commercial contract studies delivered through the NIHR CRN | A: | Number of new commercial contract studies entering the NIHR CRN Portfolio | 600 | n/a | Work in collaboration with a non-NHS early phase research facility to provide access for NHS patients to studies that would not have gone ahead if the unit worked in isolation. | March 2016 |
| | | | | | Education and signposting for Investigators to direct sponsors/CROs via the NIHR Portfolio through presentations, meetings and use of the central point of contact. | March 2016 |
| | | | | | Collaboration with the UK PBC group for bringing business to the UK, and the East Midlands, working with Steve Ryder, Gideon Hirschfield and Matt Cooper to increase the Primary Biliary Cirrhosis studies entering the NIHR CRN Portfolio. At present there are none of these studies in setup within the UK. | March 2016 |
| | B: | Number of new commercial contract studies entering the NIHR CRN Portfolio as a percentage of the total commercial MHRA CTA approvals for Phase II–IV studies | 75% | n/a | Refer to HLO 3A | March 2016 |
| | | | | | Refer to HLO 3A | March 2016 |
| | | | | | Refer to HLO 3A | March 2016 |

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CRN: East Midlands Annual Plan 2015-16

| Objective | Measure | | CRN Target | LCRN Goal | Specific key local activities for 2015-16 | Timescale |
|---|---|---|---|---|---|---|
| **4[1]** Reduce the time taken for eligible studies to achieve NHS Permission through CSP | | Proportion of eligible studies obtaining all NHS Permissions within 40 calendar days (from receipt of a valid complete application by NIHR CRN) | 80% | n/a | Planned introduction of weekly CSP RAG (performance) reports across the network to enable closer monitoring of studies progressing through the system. | Introduced by March 2015 Effectiveness monitored and adaptations made September 2015 |
| | | | | | Further develop communication systems with Partner organisations in problem solving/escalating where delays occur. | April 2015 and ongoing |
| | | | | | Establish early engagement with PIs and Research Teams across the network area to provide training, support and guidance in the submission /feasibility process. | March 2015 ongoing |
| **5** Reduce the time taken to recruit first participant into NIHR CRN Portfolio studies | A: | Proportion of commercial contract studies achieving first participant recruited within 30 calendar days of NHS Permission being issued or First Network Site Initiation Visit, at confirmed Network sites | 80% | 80% | Continue to promote the setting of local study timelines (local submission, site initiation and first recruit) in collaboration with all Partner organisations and commercial sponsors/CROs, in accordance with a robust feasibility process. | March 2016 ongoing |
| | | | | | Streamlining of processes for the collection of first recruit data with partner organisations, so that research teams are providing the data to one point of contact only. | March 2016 |
| | | | | | Monitoring and communication within 15 days of Trust approval from the appropriate contact if risk assessment is required | August 2015 |
| | B: | Proportion of non-commercial studies | 80% | 80% | Working with Partner organisations to use EDGE to provide recruitment of first participant date in each study to enable provision of CTP data as | April 2015 |

| Objective | Measure | | CRN Target | LCRN Goal | Specific key local activities for 2015-16 | Timescale |
|---|---|---|---|---|---|---|
| | | | | | well as HLO 5B data. This reduces the amount of time working on two separate associated metrics. | ongoing |
| | | achieving first participant recruited within 30 calendar days of NHS Permission being issued | | | Engagement with the RM&G team via the divisional support team to ensure that feasibility, governance and participant recruitment are in line with each other. | July 2015 ongoing |
| | | | | | Regular updates between the Business Intelligence Lead and the Divisional Delivery teams to enable accurate reporting of data and highlighting areas for improvement throughout the year. | July 2015 ongoing |
| **6** Increase NHS participation in NIHR CRN Portfolio Studies | A: | Proportion of NHS Trusts recruiting each year into NIHR CRN Portfolio studies | 99% | 99% | Identify with the Divisional Delivery teams, studies that could potentially be delivered by the majority of partners and ensuring adequate resource where necessary to enable delivery of these studies, using flexible research delivery workforce. | July 2015 ongoing |
| | B: | Proportion of NHS Trusts recruiting each year into NIHR CRN Portfolio commercial contract studies | 70% | 70% | Engagement with both Community Health Trusts to plan for commercial research. Increase exposure to the number of potential studies. | July 2015 |
| | | | | | Healthcare Trusts: Studies in various stages of set-up or awaiting site selection visits, development of a regional approach to improve marketing, recruitment and a collaborative group to be formed to take forward | March 2016 |
| | | | | | Training and engagement event being planned for Spring 2015 to raise profile | July 2015 |
| | C: | Proportion of General Medical Practices recruiting each year into NIHR CRN Portfolio studies | 25% | 25% | 318 General medical practices are recruiting to Portfolio studies in 2014/15, which equates to 53%. We intend to maintain this level into 2015/16, see Table 2 on Primary care actions, for detailed plans. | March 2016 |

CRN: East Midlands Annual Plan 2015-16

| Objective | | Measure | CRN Target | LCRN Goal | Specific key local activities for 2015-16 | Timescale |
|---|---|---|---|---|---|---|
| **7** | Increase the number of participants recruited into Dementias and Neurodegeneration (DeNDRoN) studies on the NIHR CRN Portfolio | Number of participants recruited into Dementias and Neurodegeneration (DeNDRoN) studies on the NIHR CRN Portfolio | 13,500 | 850 | With Partner Organisations map and facilitate greater access to radiology, lumbar punctures etc and assist Partner Organisations in contracting with Acute Trusts and Private Providers for use of radiology, lumbar punctures etc. A piece of work will commence in April 2015 to scope and map these services, then look for local solutions. | Scoping by June 2015 Solutions by January 2016 |
| | | | | | Ensure workforce is trained in rater scales as appropriate e.g. by contracting Neuropsychologist to work across the region supporting and training raters and Practice Leads. Ensure trained raters have access to support and practice | Ongoing |
| | | | | | Collaborate with Partner Organisations in reinvestment of commercial income, linked to specific action outcome of the Host Audit. A local plan will be put in place by July 2015 | July 2015 |

# Table 2: LCRN plans to contribute to achievement of NIHR CRN Clinical Research Specialty Objectives 2015-16

**GROUP 1: INCREASING THE BREADTH OF RESEARCH ENGAGEMENT IN THE NHS**
*Increasing the opportunities for patients to participate in NIHR CRN Portfolio studies*

| ID | Specialty | Objective | Measure | Target | LCRN activities and initiatives to contribute to achievement of objective(s) |
|---|---|---|---|---|---|
| 1.1 | Cancer | Increase the opportunities for cancer patients to take part in research studies, regardless of where they live, as reflected in National Cancer Patient Experience Survey responses | Number of LCRNs which have an action plan to increase access in each sub Specialty (e.g. by opening studies, increasing awareness and forming referral pathways for access to research) | 15 | Our action plan increases the opportunity for cancer patients to access studies in each subspecialty (i.e. Colorectal, Upper GI, Children & Young people, Skin, Haematology oncology, Gynaecology, and Neck) regardless of where they live, with the aim of monitoring and increasing National Cancer Patient Experience Survey responses. This will be achieved by:<br><br>• Ensuring each tumour types has an appropriate portfolio of trials with resources mapped and monitored to support this portfolio.<br>• The Research Delivery Manager (RDM) and Specialty Lead (SL) are members of all NHS England's East Midlands Senate and Strategic Clinical Network Expert Clinical Advisory Group (ECAG) and will present at regular meetings. Research presentations will continue to be given with performance critically peer reviewed and benchmarked plus referral pathways discussed.<br>• Reviews of the portfolio being performed and identifying potential new trials that will be circulated for interest and opened/referred into as appropriate across the East Midlands. This will fill gaps in the portfolio and horizon scan to replace trials as they close.<br>• Widening involvement in community partners, hospices and any other (appropriate) qualified providers by developing existing and creating new links and awareness in these communities and across other divisions, as appropriate |

| ID | Specialty | Objective | Measure | Target | LCRN activities and initiatives to contribute to achievement of objective(s) |
|---|---|---|---|---|---|
| | | | | | • Shared care arrangements as part of the CYPICS Principle Treatment Centre. |
| 1.2 | Children | All relevant sites that provide services to children are involved in research | Proportion of NHS Trusts recruiting into Children's studies on the NIHR CRN portfolio | 95% | 56% of Trusts in the region currently participate in Children's studies. During the 2015/16 year we will explore this further to ensure all relevant sites are participating as fully as possible. Our aims will be to:<br>• Ensure all currently involved sites remain active.<br>• Scope Trusts not currently involved and establish activity where services fit with NIHR portfolio profile. |
| 1.3 | Critical Care | Increase intensive care units' participation in NIHR CRN Portfolio studies | Proportion of intensive care units recruiting into studies on the NIHR CRN Portfolio | 80% | Currently 54% of intensive care units across the region are contributing into studies on the NIHR CRN Portfolio. Dependent upon the type of studies that are opened (relatively few on the Portfolio at present) we believe by year end this will increase to 70%. Long term aim is to achieve >80%<br>• Need to investigate and quantify activity at all potential Intensive Care Units across the region.<br>• Identify and engage with enthusiastic clinicians in the smaller non-active units. Support them in administrative, financial and practical aspects of opening studies.<br>• Proven model of utilising research nurse support to cross cover Anaesthesia and Critical Care studies. This model has the potential to be adopted at some of the large acute Trusts. |
| 1.4 | Dermatology | Increase NHS participation in Dermatology studies on the NIHR CRN Portfolio | Number of sites recruiting into Dermatology studies | 150 | Maintain close links with research active centres to build on previous recruitment success.<br><br>Number of sites recruiting to dermatology studies across East Midlands is 12. Look to establish new links with centres across the region which have not previously been research active or which have recently ceased research activity. Work with these centres to identify barriers to research activity and possible ways of overcoming these barriers. |
| 1.5 | Ear, Nose and Throat (ENT) | Increase NHS participation in Ear, Nose and Throat studies on the | Proportion of acute NHS Trusts recruiting into ENT studies on the | 40% | At present 63% of acute Trusts across the region are recruiting into ENT NIHR CRN Portfolio studies. We think by year end we will |

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CRN: East Midlands Annual Plan 2015-16

Page 8

| ID | Specialty | Objective | Measure | Target | LCRN activities and initiatives to contribute to achievement of objective(s) |
|---|---|---|---|---|---|
| | | NIHR CRN Portfolio | NIHR CRN Portfolio | | achieve 80%. <br>• Link in with the East Midlands ENT trainee meetings. <br>• Engage with clinicians across the region and ensure meaningful research activity is a key part of the strategic plan for all Directorates. <br>• The support provided by the ENT specialty group, highlighted at major national conferences, magazine articles and journal articles to be circulated across the East Midlands where appropriate. <br>• Increase collaboration between NIHR BRU and CRN. Ensure all new studies that would be eligible for CRN adoption do get adopted. Improve advice given to staff about the NIHR adoption rules, at an early stage of the research process, especially for industry funded trials. |
| 1.6 | Gastroenterology | Increase NHS participation in Gastroenterology studies on the NIHR CRN Portfolio | Proportion of acute NHS Trusts recruiting into Gastroenterology studies on the NIHR CRN Portfolio | 90% | At present 90% of acute Trusts across the region are recruiting into Gastroenterology studies on the NIHR CRN Portfolio. By end of 2015/16 we expect this to increase to 100%. <br>• Need to forge stronger links with all the units across the East Midlands. Specialty Lead to arrange meetings over the next year with all relevant units. <br>• Need to identify champions of research within each Trust to take forward commercial sponsored studies in areas of interest, and with support from the CRN Network and RDM to help them to set these up. <br>• Need to identify opportunities to work collaboratively with colleagues in all divisions to improve recruitment in studies such as HALT IT and ACCURE (the latter with colorectal surgery). |
| 1.7 | Haematology | Increase NHS participation in Haematology studies on the NIHR CRN Portfolio | Proportion of eligible NHS Trusts undertaking Haematology studies in each LCRN | 50% | We are currently achieving this objective with 50% of Trusts in the region participating. <br><br>During 2015/16 we will scope all Trusts in the region to ensure all those providing haematology services are participating in portfolio studies. |

| ID | Specialty | Objective | Measure | Target | LCRN activities and initiatives to contribute to achievement of objective(s) |
|---|---|---|---|---|---|
| 1.8 | Injuries and Emergencies | Increase NHS major trauma centres' participation in NIHR CRN Portfolio studies | Proportion of NHS major trauma centres recruiting into NIHR CRN Portfolio studies | 100% | The CRN: East Midlands has already achieved this objective as the Nottingham Major Trauma Centre (MTC) is actively contributing to NIHR CRN Portfolio; and will ensure this is maintained into 2015/16.\n\nOver the next year there is a need to develop an understanding that trauma research will necessarily cross departmental and institutional boundaries. This will require close collaboration between all those involved in research across the trauma pathway within the MTC and communication between EMAS, the Trauma units and the MTC. The CRN: East Midlands will need to continue to support the Trauma Research Group and facilitate communication within NUH and between NUH and stakeholders in the Network. |
| 1.9 | Injuries and Emergencies | Increase NHS emergency departments' participation in NIHR CRN Portfolio studies | Proportion of NHS emergency departments recruiting into NIHR CRN Portfolio studies | 30% | At present 40% of NHS emergency departments are recruiting into the region. We believe that by year end this will increase to >50%.\n\nThe potential to increase this target will depend upon the success of the AIRWAYS II study (in set-up) conducted by East Midlands Ambulance Service (EMAS). All Emergency Departments that handle patients from EMAS will have the opportunity to participate. |
| 1.10 | Musculoskeletal | Increase NHS participation in Musculoskeletal studies on the NIHR CRN Portfolio | Number of sites recruiting into Musculoskeletal studies on the NIHR CRN Portfolio | 300 | • Number of sites recruiting to MSK studies across East Midlands is 10. For 2015/16 there is a target of 12 sites delivering MSK studies. Work currently underway with developing links for delivery within Lincolnshire.\n• Roll out study delivery across additional sites to open up patient access to studies.\n• Specialty Lead will be presenting at regional Rheumatology event to consider research and delivery across the region as a means of engaging new sites. |
| 1.11 | Ophthalmology | Increase NHS participation in Ophthalmology studies on the NIHR CRN Portfolio | Proportion of acute NHS Trusts recruiting into Ophthalmology studies on the NIHR CRN Portfolio | 60% | Currently only 30% of acute NHS Trusts in the East Midlands are contributing recruitment to NIHR CRN Ophthalmology Portfolio studies. Current activity centres around two large teaching hospitals. Depending upon the types of studies that are available this year it is hoped that we can increase this target to >50%. |

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**Clinical Research Network**

CRN: East Midlands Annual Plan 2015-16

| ID | Specialty | Objective | Measure | Target | LCRN activities and initiatives to contribute to achievement of objective(s) |
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| | | | | | • Need to investigate and quantify activity in all Ophthalmology departments across the region both in Trusts and in the community.<br>• Promotion of CRN: East Midlands to clinicians across the region, including infrastructure support, and increased opportunities for networking.<br>• Need to establish and forge links with research interested Ophthalmology colleagues; including research optometrists and orthoptists. Optometrists are a specialised group of practitioners that as yet have not been specifically targeted to participate in Ophthalmology studies. |
| 1.12 | Renal Disorders | Increase the proportion of NHS Trusts recruiting into Renal Disorders studies on the NIHR CRN Portfolio which actively engage renal and urological patients in research | Proportion of NHS Trusts recruiting into Renal Disorders studies on the NIHR CRN Portfolio which implement Patient Carer & Public Involvement and Engagement (PCPIE) strategies for Renal Disorders research | 25% | Creating an East Midlands identity for renal research, to ensure it is seen as a whole area of renal excellence in research rather than as individual Trusts, all new studies circulated across the region.<br><br>Consolidate the existing Renal PPI Groups across the East Midlands (Leicester & Nottingham) into a single East Midlands wide PPIE group who will meet regularly to promote studies across the LCRN geography. A particular focus will be in relation to the areas without PCPIE groups in renal research - Lincolnshire, Northamptonshire and Derbyshire. |
| 1.13 | Stroke | Increase the proportion of NHS Trusts, providing acute Stroke care, recruiting to Stroke studies on the NIHR CRN Portfolio | Proportion of NHS Trusts, providing acute Stroke care, recruiting participants into Stroke studies on the NIHR CRN Portfolio | 80% | All acute stroke units within the East Midlands currently recruit to studies on the NIHR Portfolio, thus we intend to maintain this and continue to provide relevant support through dedicated staffing in larger centres and generic workforce in smaller trusts.<br><br>Additionally, Kettering General Hospital (not an acute site) are currently in the set-up phase for 2 observational studies – which will bring the number of active centres in the East Midlands to 9.<br><br>This will ensure ALL stroke patients in the East Midlands have the opportunity to participate in stroke research. |
| 1.14 | Surgery | Increase NHS participation in Surgery studies on the NIHR CRN | Proportion of acute NHS Trusts recruiting patients into Surgery | 85% | At present 100% of acute Trusts across the East Midlands are recruiting patients into Surgery studies on the NIHR CRN Portfolio. To maintain this position we need to engage and support close |

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| | | Portfolio | studies on the NIHR CRN Portfolio | | collaboration with our Partner Organisations and continue to build on the track record across the region.<br>• Nominate a surgical research lead in each Trust and provide them with GCP training in a manner convenient to them.<br>• Monitor performance and take interventional action as appropriate in cases where delivery is not achieving time and target. |

## GROUP 2: PORTFOLIO BALANCE

*Delivering a balanced portfolio (across and within Specialties) that meets the needs of the local population and takes into account national Specialty priorities*

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| 2.1 | Ageing | Increase access for patients to Ageing studies on the NIHR CRN Portfolio | Proportion of Ageing-led studies which are multicentre studies | 50% | • Collaboration with East Midlands Ageing Research Network.<br>• Site visit to research naïve centres to open up additional centres.<br>• Baseline number of multi-centred studies is seven. Of these 2 are in setup and a further 2 in the pipeline. |
| 2.2 | Cancer | Increase the number of cancer patients participating in studies, to support the national target of 20% cancer incidence | Number of LCRNs recruiting at or above the national target of 20%, or with an increase compared with 2014-15 | 15 | During 2015/16 we aim to increase recruitment as compared with the current 2014/15 predicted recruitment of 13% of cancer patients participating in studies and a predicted 5.5% in intervention trials. We will continue working towards achieving both the 20% and 7.5% recruitment target. |
| 2.3 | Cancer | Increase the number of cancer patients participating in interventional trials, to support the national target of 7.5% cancer incidence | Number of LCRNs recruiting at or above the national target of 7.5%, or with an increase compared with 2014-15 | 15 | This will be achieved by working closely and in partnership with the CRN: East Midlands team, specialty leads, partner organisations, cancer research leaders, East Midlands Strategic Clinical Networks Expert Clinical Advisory Groups (ECAGs), research teams and individual principal investigators to:<br>• Accurately monitor the portfolio and recruitment at the organisational, clinical study group and individual study level<br>• Make portfolio decisions that will fill gaps and replace closing trials |

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| | | | | | • Benchmark against others and adjust the portfolio accordingly<br>• Set realistic targets for studies and flag any shortfalls in recruitment<br>• Identify and escalate any barriers to the portfolio and recruitment<br>• Map and monitor resources to deliver the objectives |
| 2.4 | Cancer | Deliver a Portfolio of studies including challenging trials in support of national priorities | Number of LCRNs recruiting into studies in:<br><br>• Cancer Surgery<br>• Radiotherapy<br>• Rare cancers (cancers with incidence <6/100,000/year)<br>• Children's Cancer & Leukaemia and Teenagers & Young Adults | 15 | CRN: East Midlands will continue to recruit to and open new cancer surgery, radiotherapy and rare cancer trials. It will serve the full range of cancer types in adult and children including challenging trials in support of national priorities. This is achieved by ensuring all tumour types have an appropriate portfolio of trials and though horizon scanning to replace trials as they close.<br><br>**Cancer Surgery**<br><br>• Surgical trials and key Principle Investigators will be specifically identified during portfolio reviews and process mapping<br>• The Sub Specialty Leads who are surgeons will lead initiatives to promote surgical trials<br>• Infrastructure will be modified to support and further develop the cancer surgery portfolio<br>• Where possible work will be carried out across divisions to achieve critical mass and enhance surgical specialties currently without adequate support.<br><br>**Radiotherapy**<br><br>• The Research Delivery Manager will attend and give research updates at the newly reformed Radiotherapy ECAG Meetings to promote the radiotherapy research agenda<br>• Radiotherapy research is a priority that will be added to oncology strategies of partner organisations<br>• Radiotherapy trials will be actively identified during portfolio reviews to enlarge the radiotherapy trial portfolio and increase recruitment.<br><br>**Rare cancers (cancers with incidence <6/100,000/year)**<br><br>• An appropriate portfolio of rare cancer trials and referral pathways will be maintained. |

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| | | | | | **Children's Cancer & Leukaemia and Teenagers & Young Adult**<br><br>• A portfolio review will be undertaken with the Specialty Lead to identify suitable trials and sites across the East Midlands<br>• East Midland's trial coordination and patient referrals will be enhanced by the implementation of shared care and shared governance arrangements<br>• Nottingham will become the lead centre in the UK for a Biocharacterisation study<br>• To continue to work closely with Division 3 colleagues, particularly in relation to studies requiring non-chemotherapy interventions, e.g. antiemetics, others, as necessary.<br><br>Additional support will be requested, as identified during the NIHR Coordinating Centre visit to the CYPICS Principle Treatment Centre |
| 2.5 | Cardiovascular Disease | Increase access for patients to Cardiovascular Disease studies on the NIHR CRN Portfolio | Number of LCRNs recruiting into multi-centre studies in at least five of the six Cardiovascular Disease sub Specialties | 15 | Review is being undertaken of the strengths, expertise and interest in research of the acute trusts across the East Midlands to ensure all areas of the 6 sub Specialities are covered. This is monitored quarterly by representation at the EM Cardiovascular meeting. On this basis the EM LCRN will be able to fully participate in CRN studies in all sub Specialities. |
| 2.6 | Diabetes | Increase support for areas of Diabetes research where traditionally it has been difficult to recruit | Number of LCRNs recruiting into diabetic foot studies on the NIHR CRN Portfolio | 15 | • 2 sites within the EM have PIs who specialise in Diabetic Foot Studies (Derby and Nottingham). DRN 819 Leucopatch II CI in Derby is running until Jan 2016.<br>• Plan to identify foot studies which can be rolled out into other sites, initially targeting our other large teaching trust, University Hospital of Leicester NHS Trust, with a view to potentially running these studies in GP and community settings - if relevant studies. |
| 2.7 | Diabetes | Increase access for people with Type 1 Diabetes to participate in Diabetes studies on the NIHR CRN Portfolio early after their | Number of LCRNs approaching people with Type 1 Diabetes to participate in interventional Diabetes studies on the NIHR CRN Portfolio | 15 | Sites within CRN: EM already participate in DRN 552 Address 2 and DRN 100 Trialnet - recruiting to both the Paediatric and Adult arm. |

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| | | diagnosis | within six months of their diagnosis | | |
| 2.8 | Gastroenterology | Increase the proportion of patients recruited into Gastroenterology studies on the NIHR CRN Portfolio | Number of participants (per 100,000 population), recruited into Gastroenterology studies on the NIHR CRN Portfolio | 15 | Achieving 15/100,000 will be dependent on the studies available on the Portfolio; some are easy to recruit to, others are more challenging.<br><br>Need to establish closer links between regional partner organisations; a half-day meeting open to all GI researchers in the network is to be scheduled. Need to encourage and support more research active PI's across the region, especially newly appointed consultants. |
| 2.9 | Genetics | Increase access for patients with rare diseases to participate in Genetics studies on the NIHR CRN Portfolio | Number of LCRNs recruiting into multi-centre Genetics studies through the NIHR UK Rare Genetic Disease Research Consortium | 14 | CRN: East Midlands currently contributes to this objective with 43% of its organisations participating in genetics portfolio research, we are keen to maintain our involvement. Additionally, the East Midlands benefits from two regional genetics centres that are actively involved with rare genetic disease studies.<br><br>Our aims for 2015/16 are to:<br><br>• Increase the number of NIHR UK Rare Genetic Disease Research Consortium studies open in the two regional genetics centres.<br>• Ensure that all relevant individuals in the region have the opportunity to participate in these studies.<br>• Explore and capitalise on any opportunities that may arise from having one of our Trusts participating in the 100,000 Genomes Project. |
| 2.10 | Haematology | Increase access for patients to Haematology studies undertaken by each LCRN | Number of LCRNs recruiting into studies in at least three of the four following Haematology sub Specialties : Haemoglobinopathy, Thrombosis, Bleeding disorders, Transfusion | 15 | CRN: East Midlands currently exceeds this objective by recruiting to studies in all four sub-specialties. During 2015/16 we will ensure this is monitored and maintained by working with all relevant sites to ensure a balanced portfolio is supported. |
| 2.11 | Hepatology | Increase access for patients to Hepatology studies on the NIHR | Number of LCRNs recruiting into a multi-centre study in all of the major Hepatology disease areas (including | 15 | CRN: East Midlands is recruiting in to studies in all of the major Hepatology disease areas, thus achieving this goal, which we will seek to maintain. Additionally, there is potential to increase the amount of sites |

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| | | CRN Portfolio | Viral Hepatitis, NAFLD, Autoimmune Liver Disease, Metabolic Liver Disease) | | across the region to contribute by undertaking the following:<br><br>• Survey Monkey devised to establish resources / interest across the region.<br><br>• Once survey completed follow up phone call to every consultant outside of Nottingham with an interest in Hepatology to discuss the results, and develop a research CV for each centre based upon the information gathered.<br><br>• Face -to-Face meetings scheduled with Partner Organisations commencing Feb/March 2015.<br><br>• CRN: East Midlands monthly TC to be established to discuss EM Hepatology/ Gastro Portfolio studies with minutes circulated (currently set up in former Trent CLRN area only).<br><br>• Concentrate on and increase commercial activity in specific centres i.e. Leicester and Derby. Large number of commercial studies currently in set-up that cover a number of different disease areas: viral, metabolic, and immunological disease.<br><br>• Ensure all relevant centres have a simple database of patients with HCV/HBV, NAFLD, and Autoimmune hepatitis/PBC/PSC.<br><br>• A number of studies are in the pipeline with potential for all sites to take part in and, hence, access for patients will be increased |
| 2.12 | Infectious Diseases and Microbiology | Increase access for patients to Infectious Diseases and Microbiology studies on the NIHR CRN Portfolio | Number of LCRNs recruiting into antimicrobial resistance research studies on the NIHR CRN Portfolio | 15 | • Currently only 50% of acute Trusts in the region are recruiting patients to Infectious Diseases and Microbiology studies on the NIHR CRN Portfolio. Depending up on the types of studies that are available this year it is hoped that we can increase this figure to >75%.<br><br>• Need to investigate and quantify activity in all centres across the region both in Trusts and in the community i.e. GUM clinics, and Sexual Health clinics.<br><br>• Specialty lead is required to engage and link with the national Microbiology community via the national Infectious Diseases and Microbiology Specialty Group meetings.<br><br>• Need to promote CRN: East Midlands to both clinicians and microbiologists across the region, including infrastructure support, |

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| | | | | | and increased opportunities for networking.<br>• Engage and forge collaborations between clinicians and academia.<br>• Encourage single centre sites to open access for patients from across the region.<br>• Link in with the East Midlands Infectious Disease Research Network to explore potential collaborations between the CRN and this Special Interest Group. |
| 2.13 | Metabolic and Endocrine Disorders | Increase access for patients with rare diseases to participate in Metabolic and Endocrine Disorders studies on the NIHR CRN Portfolio | Number of LCRNs recruiting into established studies of rare diseases in Metabolic and Endocrine Disorders on the NIHR CRN Portfolio | 15 | **Participation in an Acromegaly Study META3876, further detail to be added before submission** |
| 2.14 | Oral and Dental | Increase access for patients and practitioners to Oral and Dental studies on the NIHR CRN Portfolio | A: Proportion of Oral and Dental studies on the NIHR CRN Portfolio recruiting from a primary care setting | 20% | Work with Oral and Dental Specialty lead to determine opportunities for study roll out locally. To scope and develop capacity to support these studies as required. |
| | | | B Proportion of participants recruited from a primary care setting into Oral and Dental studies on the NIHR CRN Portfolio | 30% | • Work with Specialty Lead to attract studies into the region.<br>• Present at Dentistry forum to engage community dentists and determine where studies can be delivered in primary care. Identify and support sites to recruit patients.<br>• Proportion of dentists approached and supported to become research active needs to be in balance and commensurate with the needs of the local portfolio. |
| 2.15 | Primary care | Increase access for patients to NIHR CRN Portfolio studies in a primary care setting | Proportion of NIHR CRN Portfolio studies delivered in primary care settings | 15% | • Continue with a revised RSI scheme.<br>• Re-engage with practices in the current RSI to plan and further build capacity, and determine which sites will move to a federated/hub model and timescale.<br>• Engage with practices outside of RSI scheme to promote participation in research.<br>• Develop leadership site model and move to having 1 to 2 sites in 15/16 across counties of East Midlands: Leadership sites will have greater responsibility for recruitment, commercial research delivery |

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| | | | | | • and promotion of dementia challenge and JDR. <br>• Engage with the National School of Primary Care Research to raise awareness of additional portfolio studies. <br>• Engage with other specialities to enable recruitment of patients within a primary care setting. <br>• Develop a community pharmacy research delivery strategy for East Midlands. <br>• Establish a database of research interested pharmacists. <br>• Target to have 8 pharmacy sites Research Ready accredited <br>• Collaboration with Universities (School of pharmacy) across East Midlands for community pharmacy engagement and support to portfolio research delivery. |
| 2.16 | Renal Disorders | Increase NHS participation in Renal Disorders studies on the NIHR CRN Portfolio | A. Proportion of acute NHS Trusts recruiting into multi-centre Renal Disorders randomised controlled trials on the NIHR CRN Portfolio | 30% | • Lincolnshire does not participate in any Renal research at present the site is engaging in its first observational study to build up PI confidence for potential engagement in RCTs towards the end of the year. <br>• Resource support for studies will need to be addressed by the partner organisations. |
| | | | B. Proportion of Renal Units recruiting into multi-centre Renal Disorders randomised controlled trials on the NIHR CRN Portfolio | 80% | • Derby, Leicester and Nottingham are all established sites with infrastructure in place to deliver research; these sites are encouraged to open at least two new studies per year (if feasible with current resources/capacity). <br>• Overarching review carried out of all open studies, both national and local, to ensure there is maximum penetration in all local sites for renal research on a monthly basis... <br>• Consolidate research activity in Northamptonshire Dialysis patients to develop a research portfolio including commercial and non-commercial studies of varied complexity. |
| 2.17 | Respiratory Disorders | Increase access for patients to Respiratory Disorders studies on the NIHR CRN Portfolio | Number of LCRNs recruiting participants into NIHR CRN Portfolio studies in the Respiratory Disorders main disease areas of Asthma, COPD or Bronchiectasis | 15 | CRN: East Midlands is currently recruiting participants in the main respiratory disease areas of Asthma, COPD and Pneumonia. However there is the potential to increase recruitment into Bronchiectasis studies. Therefore, we need to maintain and expand current infrastructure required to increase recruitment to research databases for Asthma, COPD, Bronchiectasis and other respiratory infections across |

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| | | | | | the East Midlands area including Primary, Secondary, Tertiary Care areas, supported by the large teaching hospitals. |
| | | | | | • Need to establish closer links with respiratory departments /colleagues in the acute Trusts across the region. |
| | | | | | • Develop new focussed research clinics, i.e. "Acute Asthma clinic", "Advanced COPD clinic", "Pulmonary Fibrosis, and "Bronchiectasis". These clinics will contribute to PI-initiated and Trust/University sponsored studies as well as commercial activity |
| 2.18 | Stroke | Increase the proportion of patients recruited into Stroke randomised controlled trials on the NIHR CRN Portfolio | Number of patients (per 100,000 population) recruited into Stroke randomised controlled trials on the NIHR CRN Portfolio | | • Build on previous success by maintaining the expertise and current level of resource within the specialty at successful sites and continue to provide support to clinicians to act as PIs. |
| | | | | | • Explore areas for working across specialties within the Division (cardiovascular in particular) and across division (Injuries and Emergency) for more efficient working, whilst recognising that some stroke studies (in particular acute recruitment with capacity and communication issues) require specialist skills. |
| | | | | | • Aim to maintain staffing levels / support in high performing sites which will increase recruitment to RCT. |
| | | | | | • 2 large RCT studies coming on to the portfolio – all EM sites intend to adopt this subject to resource. |
| | | | | | • Redirect funding to a joint stroke/cardiology research nurse to lead training and delivery across the East Midlands, in a 'one network' approach. |
| 2.19 | Stroke | Increase activity in NIHR CRN Hyperacute Stroke Research Centres (HSRCs) | A: Number of patients recruited to Hyperacute Stroke studies on the NIHR CRN Portfolio in each NIHR CRN HSRC | 50 | • Maintain investment and capacity building in providing and building a quality provision for the HSRC in Nottingham which lead to not only increased hyper-acute recruits, but also recruits to complex and commercial RCTs |
| | | | | | • Utilise the experience of the HSRC staff as this could eventually extend beyond stroke to other specialties where emergency recruitment is desirable and/ or required. |

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| | | | B: Number of patients recruited to complex Hyper-acute Stroke studies on the NIHR CRN Portfolio in each NIHR CRN HSRC | 15 | • Focus on recruitment to complex studies, with a number of commercial medical technical studies about to open.<br>• Appoint a lead stroke/cardiology research nurse to lead training and delivery across the East Midlands – focusing on complex studies. |

## GROUP 3: RESEARCH INFRASTRUCTURE
## Developing research infrastructure (including staff capacity) in the NHS to support clinical research

| ID | Specialty | Objective | Measure | Target | LCRN activities and initiatives to contribute to achievement of objective(s) |
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| 3.1 | Cancer | Establish local clinical leadership and a defined portfolio across the cancer sub Specialty areas | Number of LCRNs with, for each of the 13 Cancer sub Specialties, a named lead and a defined portfolio of available studies | 15 | Local clinical leadership has been established across the cancer sub specialty areas. 13 Sub Specialty Leads have been appointment and become the named NHS England's East Midlands Senate and Strategic Clinical Network Expert Clinical Advisory Group (ECAG) Clinical Trial Lead. (i.e. Mr Baljit Singh for Colorectal, Dr Roshan Agarwal Upper GI, Prof David Walker Children, Dr Ivo Hennig Young People, Prof Poulam Patel Skin, Dr Cathy Williams Haematology Oncology, Dr Roshan Agarwal Gynaecology, Mr Amit Goyal Breast, Dr Ivo Hennig Sarcoma, Dr Andrew Wilcock & Dr Christina Faull Supportive & Palliative Care & Psychosocial Oncology, Dr Sam Kemp Lung, Prof Stuart Smith Brain, Dr Sundar Santhanam Urology, Mr Christopher Avery Head & Neck) They will continue to: attend and present at ECAG Meetings, meet regularly with the RDM to review and develop the portfolio plus monitor performance, attend East Midlands Joint Specialty Lead Meetings held every 3 months plus National Specialty Lead Meetings held annually. A performance framework for both the specialty and specialty lead will be implemented with specialty objectives set for 2015/16. |
| 3.2 | Anaesthesia, Perioperative | Establish links with the Royal College of Anaesthetists' | Number of LCRNs where Specialist Registrar networks are recruiting into | 4 | • Further exploration of the RCoA SpR network required at a local |

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| | Medicine and Pain Management | Specialist Registrar networks to support recruitment into NIHR CRN Portfolio studies | NIHR CRN Portfolio studies | | level.<br>• Continue to engage with and increase numbers of NHS Trusts contributing and recruiting to Portfolio studies. |
| 3.3 | Dementias and Neurodegeneration (DeNDRoN) | Optimise the use of "Join Dementia Research" to support recruitment into DeNDRoN studies on the NIHR CRN Portfolio | The proportion of people identified for DeNDRoN studies on the NIHR CRN Portfolio via "Join Dementia Research" | 3% | • Work with POs to open their Trust as a site on JDR<br>• Work with CIs and PIs to place appropriate studies on JDR<br>• Train CRN staff and clinicians to use JDR to recruit<br>• Publicise JDR widely to GPs, CCGs, Memory clinics, patients and public<br>• Communications Lead to enter publicity/promotion |
| 3.4 | Dementias and Neurodegeneration (DeNDRoN) | Increase the global and psychometric rating skills and capacity of LCRN staff supporting DeNDRoN studies on the NIHR CRN Portfolio | Proportion of LCRN staff who support DeNDRoN studies who have successfully completed Rater Programme Induction and joined the national Rater database | 40% | ==Updated figures to be added prior to submission==<br>• Neuropsychologist engaged to train raters across EM<br>• Neuropsychologist supporting Practice Leads and Raters by establishing EM wide PL Rater Club |
| 3.5 | Infectious Diseases and Microbiology | Maintain research preparedness to respond to an urgent public health outbreak | Number of LCRNs maintaining a named Public Health Champion | 15 | • Phase 1. Draft Urgent Public Health Delivery Plan currently out for consultation with CRN: East Midlands senior team<br>• Phase 2: Draft plan to submit to Operational Management Group for comments/input<br>• Phase 3: Submit proposed Urgent Public Health Delivery Plan to Partner organisations for final sign off<br>• Phase 4: Implementation<br>• Nominated Public Health Champion is Dr Martin Wiselka - martin.wiselka@uhl-tr.nhs.uk |
| 3.6 | Mental Health | Maintain and enhance the skills and capacity of staff supporting Mental Health studies on the NIHR CRN Portfolio in frequently used Mental Health study eligibility assessments | Number of staff trained in frequently used Mental Health study eligibility assessments | 139 | • 10 PANSS raters trained across the region<br>• Local training planned in other MH Rating scales<br>• Access to PANSS Practice Lead rating training made available to Trusts - one application made and future training will be rolled out |

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| | | (e.g. PANSS, MADRS, MCCB) | | | |
| 3.7 | Neurological Disorders | Increase clinical leadership capacity and engagement in each of the main disease areas in the Neurological Disorders (MS; Epilepsy and Infections) Specialty | Number of LCRNs with named local clinical leads in MS; Epilepsy and Infections | 15 | MS - Prof Cris Constantinescu

Brain Infections - Prof Cris Constantinescu

Epilepsy - To be reviewed |
| 3.8 | Reproductive Health and Childbirth | Increase engagement and awareness of the Reproductive Health and Childbirth Specialty | Number of LCRNs with a named midwifery lead to increase engagement and awareness | 15 | CRN: East Midlands has appointed Yvette Davis as the Midwife Champion. This post will be maintained in 2015/16. |

National Institute for **Health Research**

Clinical Research Network

## Table 3: LCRN plans against the Operating Framework 2015-16

| POF Area | Operating Framework requirement | Operating Framework Reference | Information required | Planned LCRN actions/activities for 2015-16 or other requested information | Milestones & outcomes once complete | Timescale |
|---|---|---|---|---|---|---|
| LCRN Governance | The Host organisation shall develop and maintain an assurance framework including a risk management system | 3.12 | Assurance that a framework and system are in place to be provided by the Host organisation nominated Executive Director's signature on Annual Plan coversheet and submission of a copy of the latest version of the LCRN's risk register as Appendix 1 to the Annual Plan | N/A | N/A | N/A |
| | The Host organisation will ensure that robust and tested local business continuity arrangements are in place for the LCRN. This is to enable the Host organisation to respond to a disruptive incident, including a public health outbreak, e.g. pandemic or other related event, maintain the delivery of critical activities / services and to return to 'business as usual'. Business continuity arrangements should be in line with guidance set out by the national CRN Coordinating Centre. | 3.14 | Assurance that robust and tested local business continuity arrangements are in place for the LCRN to be provided by the Host organisation nominated Executive Director's signature on Annual Plan coversheet | N/A | N/A | N/A |
| | The Host organisation must ensure that appropriate arrangements are in place to support the rapid delivery of | 3.15 | Assurance that the LCRN has an Urgent Public Health Research Plan in place to be provided by the Host | Existing plan to be activated upon request | As per plan | Not known |

| POF Area | Operating Framework requirement | Operating Framework Reference | Information required | Planned LCRN actions/activities for 2015-16 or other requested information | Milestones & outcomes once complete | Timescale |
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| | urgent public health research, which may be in a pandemic or related situation. It shall ensure that the LCRN has an Urgent Public Health Research Plan which can be immediately activated in the event that the Department of Health requests expedited urgent public health research. The Host must also appoint an active clinical investigator as the LCRN's Public Health Champion to act as the key link between the LCRN and the national CRN Coordinating Centre and support the Urgent Public Health Research Plan in the event of it being activated. | | organisation nominated Executive Director's signature on Annual Plan coversheet | | | |
| | | | Confirm name and contact details of LCRN's Public Health Champion against Specialty objective 3.5 | Provided via completion of Table 2 | N/A | N/A |
| | The Host organisation must ensure that LCRN activity is included in the local internal audit programme of work | 3.17 | Date of planned audit or anticipated timescale if exact date not yet known | CRN: East Midlands was audited by PwC December 2014, as part of Host organisations internal audit programme. The audit assessed controls in place against the NIHR LCRN Guidance Suite - LCRN Minimum Controls. CRN: East Midlands also requested the Governance section of the POF be reviewed as part of the audit. | Internal Audit report received 16 February 2015. The report highlights 1 medium and 5 low risk findings, which were discussed by the Host audit committee on 5 March. These findings have generated recommendations which are monitored on an online TRaction system. CRN: EM has created an action plan to ensure timely completion of all recommendations. | August 2015 |
| Research Delivery | The Host organisation shall ensure that all LCRN | 6.1-6.20 | Provide confirmation that the LCRN has a link person for the | Elizabeth Moss (COO) is the Link person. Information is cascaded via: | Several task & finish groups set up for RSS | March 2016 |

| POF Area | Operating Framework requirement | Operating Framework Reference | Information required | Planned LCRN actions/activities for 2015-16 or other requested information | Milestones & outcomes once complete | Timescale |
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| | organisations adhere to national systems, Standard Operating Procedures and operating manuals in respect of research delivery as specified by the national CRN Coordinating Centre. The Host organisation shall ensure that the LCRN management team provides excellent study performance management, in line with the standards and guidance issued by the national CRN Coordinating Centre, in order to ensure that all NIHR CRN Portfolio studies recruit to agreed timelines and targets. | | CRN Study Support Service programme and describe how information is cascaded to relevant colleagues | • R&D Leads Group (Monthly Meeting)<br>• RM&G Working Group - The Study Support Service is a key area of development by the group (4 - 6 weekly meetings) which has an inclusive membership of Trusts/Primary Care/ Mental Health/ HRA and Network RM&G<br>• Team Meetings (4-6 weekly)<br>• All groups advised to subscribe to the CRN Connect weekly newsletter for updates | actions to be completed by December 2015.<br><br>New Specialty support arrangements to be in place by July 2015, which will help time and target performance | Milestones en route |
| | | | Provide a brief outline (1-2 paragraphs) of the LCRN's plans for implementation and delivery of the Study Support Service | CRN: EM has representation on a number of the national projects for the programme and are awaiting the provision of key documentation and procedures to be published to start aligning the local systems i.e. Pre Application Support, EOI and Feasibility.<br><br>Contact details are being collated for Sponsors, Lead Trusts, Research Delivery Managers and Finance Teams, RDS and CTUs to support the planning of the varying but integrated aspects of the service.<br><br>The Network already provided a Lead Network Service that supports researchers. | Priority groups have been identified as :<br><br>1. Pre Application Support incorporating Service Support provision<br><br>2. Expression of Interest (EOI) and Feasibility<br><br>3. Study Set Up<br><br>Each of the task and finish groups will review current processes and revise according to the requirements of the finalised 2015/16 POF and Study Support Services Procedures. | March 2016<br><br>Milestones en route |

| POF Area | Operating Framework requirement | Operating Framework Reference | Information required | Planned LCRN actions/activities for 2015-16 or other requested information | Milestones & outcomes once complete | Timescale |
|---|---|---|---|---|---|---|
| | | | | | Milestones will be set in line with CRN Study Support Services milestone schedule. | |
| | | | Provide a summary of expertise and skills that you have available locally to support implementation of AcoRD including the number of individuals able to provide advice on the attribution of activities in line with the Attributing the costs of health and social care Research & Development (AcoRD) guidance[2] and a description of the model(s) the LCRN has used to date in providing advice | CRN East Midlands has three AcoRD Specialists, Hannah Finch, member of the Early contact and engagement with researchers working group, Debbie Jeffrey, member of the Managing NHS Support Costs for Independent Contractors Study Support Service working group and Sheila O'Malley Lead RM&G Manager. Training has been provided to the RDS East Midlands and is currently being rolled out to RM&G Staff and R&D Staff across the Network Area.<br><br>We engage with Lead Trusts, Sponsors, Design Services and HEIs in the region. Due to the high amount of funding applications to NIHR Partners, priority is currently given to those applying to AMRC Funding bodies. Guidance and advice is provided to others, through email communication and signposting to the key information on interpretation. Emphasis is placed on researchers having a schedule of events and knowledge of the current care pathway where ever possible | N/A | N/A |

[2] Available from: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/351182/AcoRD_Guidance_for_publication_May_2012.pdf

| POF Area | Operating Framework requirement | Operating Framework Reference | Information required | Planned LCRN actions/activities for 2015-16 or other requested information | Milestones & outcomes once complete | Timescale |
|---|---|---|---|---|---|---|
| | | | | The further roll out of AcoRD Training and information to Investigators will form part of the Study Support Service plan for which three task and finish groups have been set up, one specifically related to early engagement with researchers and Pre-Application Support. | | |
| | | | Provide a brief outline of local plans for supporting CSP BAU activities within local delivery structures in accordance with POF, and noting clauses 5.28 & 5.29 when planning RM&G local delivery structures | This carries a level of risk for the network as the definitive dates for the HRA have not yet been published.

CSP is used for the processing of all NIHR eligible applications.

Staff work across the geographical area either physically or virtual. RM&G Managers work directly with Partner organisations and R&D Leads. RM&G staff to facilitate BUI.

The process for the provision of Service Support has been harmonised across the region with a common process for requesting, provision and invoicing of unmet Service Support.

A variety of reports are provided to enable oversight and management of the studies throughout their lifecycle. These range from Summary reports to detailed Specialty reports. Actions are identified to support streamlining of services and achieving the HLOs. | | March 2016 |

| POF Area | Operating Framework requirement | Operating Framework Reference | Information required | Planned LCRN actions/activities for 2015-16 or other requested information | Milestones & outcomes once complete | Timescale |
|---|---|---|---|---|---|---|
| | The Host organisation will ensure that all LCRN Partner organisations adopt NIHR CRN research management and governance operational procedures. The Host organisation will ensure that quality, consistency and customer service are central to the LCRN's purpose in the implementation, delivery and oversight of NIHR CRN research management and governance services. | | | | | |
| | The Industry Operations Manager will work closely with the Chief Operating Officer to establish and enable the implementation of the NIHR CRN Industry Strategy within the LCRN. The Industry Operations Manager will establish and lead the cross-divisional Industry function, including the single point of contact service, within the LCRN. The Industry Operations Manager will work closely with each Divisional Research Delivery Manager across all research divisions to ensure consistency of feasibility, study delivery and coordination | 6.21 | Provide an outline for the performance management of the provision of local feasibility information (site intelligence and site identification) for commercial contract studies. To include action plans for improvement in performance[3]. | Implementation and development of a weekly report highlighting outstanding Site Intelligence Forms. Implement a standard operating procedure for the review of site intelligence forms to ensure the awareness and involvement of Research Delivery Managers and Specialty Leads to ensure appropriate escalation where delays occur. Contacts database: Continue the reduction in layers so that forms are sent direct to the Organisation or individual completing them via the industry mailbox for all specialties | Feedback to the Coordinating Centre for all Site Intelligence Forms on or prior to the deadline for 2015/16 | April 2015 June 2015 March 2016 |

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[3] Information on recent performance provided by national CRN Coordinating Centre on 30/01/15

| POF Area | Operating Framework requirement | Operating Framework Reference | Information required | Planned LCRN actions/activities for 2015-16 or other requested information | Milestones & outcomes once complete | Timescale |
|---|---|---|---|---|---|---|
| | across all divisions within the LCRN. The Industry Operations Manager will be responsible for the promotion of the Industry agenda to LCRN Partner organisations and investigators, delivering aspects of a national NIHR CRN Industry Strategy within the LCRN. | | Provide details of local strategies for achieving LCRN wide usage and adoption by Host and Partner organisations of the NIHR CRN costing template | The NIHR CRN costing template is used by the Host and the majority of Partner organisations across the region and is an existing strength, established via finance groups and regional training sessions. | Ongoing | March 2016 |
| | | | | To increase GP practice involvement, planned workshop with Clinical Studies Officers in primary care to support costing process and alignment with the template | April 2015 | April 2015 |
| Delivering on the Government Research Priority of Dementia | The Host organisation will ensure the LCRN supports this strategy by: | 7.1-7.7 | Please provide names and contact details for identified clinical Research Leads for each of these disease areas | Dementias: | Professor Tom Dening | |
| | Identifying and nominating clinical Research Leads in each of these disease areas (dementias, Parkinson's disease, Huntington's disease and motor neurone disease) to support the delivery of the Dementias and Neurodegeneration (DeNDRoN) studies on the NIHR CRN Portfolio through local clinical leadership and participation in national activities, including national feasibility review | | | Parkinson's disease: | Dr Nin Bajaj | |
| | | | | Huntington's disease: | TBA - not a large portfolio locally, or available on the NIHR Portfolio | |
| | | | | Motor neurone disease: | TBA - currently very few studies locally, or indeed available on the NIHR Portfolio. Additionally, MND is not really a dementia, as such. | |

| POF Area | Operating Framework requirement | Operating Framework Reference | Information required | Planned LCRN actions/activities for 2015-16 or other requested information | Milestones & outcomes once complete | Timescale |
|---|---|---|---|---|---|---|
| Patient and Public Involvement and Engagement (PPIE) | The Host organisation will support the development and implementation of the NIHR CRN Strategy for PPIE and deliver a work plan with measurable targets for ensuring that patient choice, equality and diversity, experience, leadership and involvement are integral to all aspects of LCRN activity, in partnership across NIHR CRN. | 8.1-8.6 | Provide a comprehensive patient and public involvement and engagement plan in line with agreed format and guidance | Provide via completion of Table 4 | | |
| | The Host organisation must identify a senior leader to take responsibility for Patient and Public Involvement and Engagement (PPIE) within the LCRN. The identified lead will participate in nationally agreed PPIE initiatives and support the delivery of an integrated approach to PPIE across the NIHR CRN. | | Provide the name and contact details for the senior leader with identified responsibility for patient and public involvement and engagement | Sarah Nicholson, Business Delivery Manager, sarah.nicholson@nihr.ac.uk | N/A | N/A |
| Continuous Improvement (CI) | The Host organisation will promote and sustain a culture of innovation and continuous improvement across all areas of LCRN activity to optimise performance | 9.1-9.6 | Provide an assessment of the LCRN's current position in relation to Continuous Improvement | Evidence over Q3-4 2014/15 of progress emerging, especially where there is potential to align systems and processes for the purposes of a single approach to working (particularly relevant in Leicester & Nottingham office based team inclusive of Business Delivery, Business Intelligence, Industry, RM&G). | N/A | N/A |

| POF Area | Operating Framework requirement | Operating Framework Reference | Information required | Planned LCRN actions/activities for 2015-16 or other requested information | Milestones & outcomes once complete | Timescale |
|---|---|---|---|---|---|---|
| | | | | Aim is to further develop this area of work in 2015/16. Divisional remit to be determined. 2014/15 activity has focussed on establishing relationships and work patterns with network and partner organisation colleagues. It is anticipated that natural workflows will emerge as time evolves. | | |
| | | | Provide an action plan for promoting and sustaining a culture of innovation and continuous improvement across all areas of LCRN activity, including the LCRN's approach to developing capacity and capability of the LCRN workforce (the latter to be evidenced in the LCRN's submitted workforce development plan) | Provide via completion of Table 5 | | |
| | | | Provide details of continuous improvement projects to be delivered locally in 2015-16 (via CRN Central) | Details of 3 identified projects (being) added to CRN site. Main projects are:<br>• What constitutes a Business Intelligence Service for CRN: East Midlands? (lead by Paul Maslowski)<br>• Developing a single approach to the Taskforce | | |
| Workforce, Learning and Organisational Development | The Host organisation will develop a workforce plan for LCRN staff that will enable a responsive and flexible workforce to deliver NIHR CRN Portfolio studies. This will be developed in partnership with Local Education | 10.1-10.10 | Provide a workforce plan in line with agreed format and guidance | Provide via completion of Table 6 | | |
| | | | Provide the name and contact details for the senior leader with identified responsibility for | Sarah Nicholson, Business Delivery Manager, | N/A | N/A |

CRN: East Midlands Annual Plan 2015-16

| POF Area | Operating Framework requirement | Operating Framework Reference | Information required | Planned LCRN actions/activities for 2015-16 or other requested information | Milestones & outcomes once complete | Timescale |
|---|---|---|---|---|---|---|
| | and Training Boards (LETBs) and other stakeholders and other local learning providers, including Academic Health Science Networks (AHSNs) | | LCRN workforce development | sarah.nicholson@nihr.ac.uk | | |
| Information Systems | The Host organisation must ensure that appropriate, reliable and well maintained information systems and services are in place and fully operational as specified | 13.1-13.19 | Confirm LPMS systems are live and operational as required | The LPMS for the East Midlands is the EDGE system. We have negotiated the contract and are expecting the system for the network instance to be live in April 2015. An information event for Partner organisations regarding the new system was held March 2015 and further events regarding partner use of the system will be held over the year. | N/A | N/A |
| | | | Confirm arrangements are in place for provision of an LCRN Service Desk function and provide contact details | A service desk will be operated locally at a network level, contactable via crnembi@nihr.ac.uk. There is also an option for escalation to the EDGE system team where necessary. | N/A | N/A |
| | | | Provide the name and contact details of the identified lead for the Business Intelligence function | Kathryn Fairbrother, Business Intelligence Lead  kathryn.fairbrother@nihr.ac.uk | N/A | N/A |
| Engagement and Communication | It is the responsibility of the Host organisation to ensure that there is a specialist, experienced and dedicated communications function to support the work of the | 14.1 | Describe the dedicated communications function the LCRN has in place | There is now a dedicated communications function in place including the development of a communications strategy for 2015/16. This will be informed by the CRN | N/A | N/A |

| POF Area | Operating Framework requirement | Operating Framework Reference | Information required | Planned LCRN actions/activities for 2015-16 or other requested information | Milestones & outcomes once complete | Timescale |
|---|---|---|---|---|---|---|
| | LCRN, with a sufficient budget line. The Host organisation will support the development and implementation of the NIHR CRN Strategy for Communications and ensure that the LCRN communications function develops and delivers a local communications delivery plan that recognises the LCRN's position as part of a national system. The plan should also encompass local delivery of national NIHR/NIHR CRN campaigns. | | | Strategy for Communications whilst building on the approach in 2014/15. It will be important to evaluate the success of the current strategy to inform the new direction.<br><br>Some of the key themes within the new communications strategy are:<br><br>**Stakeholder engagement**<br><br>Continuing with regular dialogue with key partners is fundamental to ensuring the success of the new strategy. This will be achieved by linking up with partner communications teams to discuss key priorities and opportunities for running joint campaigns.<br><br>**Communications strategy 2015/16**<br><br>Will include the following tools:<br><br>• Social media<br>• Stakeholder e-newsletter<br>• Local media engagement<br>• Insight magazine<br>• CRN: Connect<br>• Events<br>• Google forums<br>• Branded materials<br>• CRN:EM website<br><br>The cross-functional **Communications Delivery Group** will be tasked with contributing to this strategy and providing intelligence to | | |

| POF Area | Operating Framework requirement | Operating Framework Reference | Information required | Planned LCRN actions/activities for 2015-16 or other requested information | Milestones & outcomes once complete | Timescale |
|---|---|---|---|---|---|---|
| | | | | ensure it is appropriate and in line with our key LCRN vision and mission. The group will support the delivery of the key objectives and the resulting programme of activity within the operational **Communications Work Plan 2015-16.** | | |
| | | 14.2 | Outline up to 5 priorities/priority activities contained in the LCRN's local communications delivery plan | **1. Profiling the range of world renowned facilities in the East Midlands to highlight why the region is such a good place to do research.**

Activities will include using the Annual Statistics and League Table campaign in June 2015 which will highlight the growth in the number of patients taking part in research in the East Midlands and highlight the partner organisations where there has been increased activity.

**2. Continuing to support Join Dementia Research (JDR) to increase awareness and engagement within the East Midlands.**

Highlights will include profiling the first patient to be recruited to a study using JDR, along with continued features in stakeholder newsletters profiling key advocates for JDR such as GPs and clinicians. | 1. One indicator of the success of this campaign will include a growth in recruitment and an increase in the number of studies being accepted onto the portfolio.

2. There is a plan in place to ensure that the momentum behind JDR is maintained during 2015/16. This is informed by CRN Central and regular meetings to discuss Communications activity and share best practice.

The numbers of patients that sign up to JDR will be monitored along with the number of studies being added.

3. This will involve using a broad range of channels to appeal to different audiences, for example stakeholder events, user guides and | June 2015 onwards

April 2015 onwards |

CRN: East Midlands Annual Plan 2015-16

| POF Area | Operating Framework requirement | Operating Framework Reference | Information required | Planned LCRN actions/activities for 2015-16 or other requested information | Milestones & outcomes once complete | Timescale |
|---|---|---|---|---|---|---|
| | | | | | forums. | April 2015 onwards |
| | | | | **3. Continuing to support the rollout of EDGE with a schedule of communications activity to ensure that colleagues are engaged and informed.** | The number of EDGE users will be monitored as implementation gets underway. This will be just one way of measuring uptake and engagement. | |
| | | | | **4. Continuing to support key national campaigns such as OK to Ask and Patient Stories** | 4. Communications and Engagement Strategy for 2015/16 will include all the key campaigns and national milestones to inform local activity and maximise opportunities to promote the CRN locally. | April 2015 onwards |
| | | | | Highlights will include using local media activity to raise awareness and utilising national branded materials such as banners and leaflets. | | |
| | | | | **5. Ensuring the implementation and rollout of a comprehensive contacts database within the CRN: East Midlands Google site.** | 5. All users will be given access to this resource with the mandate that previous and old lists should be archived to avoid duplication. | April 2015 |
| | | | | This database will be used to ensure our quarterly stakeholder newsletter is distributed to every key contact across the region. | To ensure the data remains robust the plan for managing and maintaining the database will lie with nominated representatives from each team. | |
| | | 14.3 | Budget line identified in Annual Financial Plan for 2015-16 | N/A | N/A | N/A |
| Information | Actively promote and enable | 15.2 | Provide the Information | 90% for 2014/15 | | |

CRN: East Midlands Annual Plan 2015-16

| POF Area | Operating Framework requirement | Operating Framework Reference | Information required | Planned LCRN actions/activities for 2015-16 or other requested information | Milestones & outcomes once complete | Timescale |
|---|---|---|---|---|---|---|
| Governance | good information governance relating to all areas of LCRN activity | | Governance Toolkit 2013-14 (version 11)[4] score for the LCRN Host organisation and confirmation of attainment of Level 2 or above on all, or any exceptions which arise from or impact on LCRN-funded activities | | | |
| | | 15.5 | Provide a copy of the LCRN's documented process for reporting information governance incidents arising from LCRN-funded activities to the national CRN Coordinating Centre | Please submit as Appendix 2 to your plan | | |
| | | 15.8 | Provide the name, email address and contact number(s) for the individual with specialist knowledge of information governance identified to respond to queries raised relating to LCRN-funded activities | To be completed before Submission | N/A | N/A |
| | | 15.9 | Provide details of information systems utilised in LCRN activities and assurance/evidence that these are in line and comply with the | NIHR CSP Used by RM&G staff to manage studies during setup and permissions. | N/A | N/A |

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[4] https://www.igt.hscic.gov.uk/

| POF Area | Operating Framework requirement | Operating Framework Reference | Information required | Planned LCRN actions/activities for 2015-16 or other requested information | Milestones & outcomes once complete | Timescale |
|---|---|---|---|---|---|---|
| | | | 2013 NIHR Information Strategy[5] | **Common Dataset**<br><br>The Common Dataset is a Google Sheet containing complex information about all NIHR Portfolio studies supported within the region. Studies are added to the Common Dataset from CSP once Trust Permission has been granted. This sheet, along with ODP, is used to generate local reports on study performance which are shared with various stakeholders.<br><br>**NIHR Google Hub**<br><br>All central CRN: EM staff are now using the Hub with the majority of users migrating data to the Drive and utilising the calendar and NIHR email accounts. This transition has been added by the appointment of Hub Champions who are based in across Divisions and several geographic locations.<br><br>**EDGE (LPMS)**<br><br>From 1 April 2015 the Network instance of EDGE will go live, with implementation to Partner Organisations continuing throughout 2015/16. | | |

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[5] https://docs.google.com/a/nihr.ac.uk/file/d/0B6w0JTB5iHBSSldZT0Qyc05lVms/edit?usp=drive_web

**National Institute for Health Research**

Clinical Research Network

## Table 4: LCRN Patient and Public Involvement and Engagement Plan 2015-16

| Planned actions in 2015-16 | Milestones and outcomes once actions complete | Timescale | Lead (please note that where there is reference to the PPIE Steering Group the CRN Communication Lead is a member) |
|---|---|---|---|
| Lead to attend national PPI/E Meetings | Exchange information and action plan to keep abreast of national agenda and implement accordingly at a local level | As scheduled by NIHR | PPIE Lead |
| Schedule meetings with CRN: East Midlands PPIE Steering Group | Ensure appropriate agenda and quorate membership. Develop relationship and seek input from Patient Advocates to demonstrate key linkage with Partnership Group. | 2 monthly | Chair/Deputy Chair |
| Feedback to Operational Management Group (reporting to Host Executive Group and Partnership Group) | Ensure all members are abreast of the PPIE agenda and requirements are supported Link accordingly with Patient Advocates. | Monthly As per scheduled meetings | PPIE Lead PPIE Steering Group |
| Work collaboratively with other NIHR partners including AHSN | Attend Research Engagement and Patient and Public (REPP) events Represent CRN: East Midlands at the REPP Steering Group Represent CRN: East Midlands at newly established East Midland Infrastructure Organisation Meetings for PPIE (led by AHSN) | As scheduled As scheduled (2 per annum currently) As scheduled (approx. quarterly) | PPIE Lead |
| Work with the Host and partner organisations to support and recognise the importance of involving patients and carers in the research delivery pathway as a resource for advice and support | Work collaboratively with trust PPIE and Communication Leads to promote and inform staff via a variety of communication channels Work collaboratively with partner organisations to identify Patient Ambassadors with a view to promoting PPIE | Ongoing Ongoing | PPIE Steering Group |

| Planned actions in 2015-16 | Milestones and outcomes once actions complete | Timescale | Lead (please note that where there is reference to the PPIE Steering Group the CRN Communication Lead is a member) |
|---|---|---|---|
| | Support where relevant new and existing Advisory Groups as a result of funding awarded by AHSN in Q4 14/15 | As relevant | Research Delivery Managers & Specialty |
| | Ensure clinical staff are signposted to advisory groups to seek advice/support in research matters | On going | Leads |
| Ensure that patients and carers are signposted to relevant materials to inform them of research activity and updates | Work collaboratively with advocates and ambassadors to ensure communication channels and content is appropriate | As required | PPIE Steering Group |
| | Advertise research participation opportunities as governance allows | As relevant | |
| | Ensure the workforce are aware how to signpost patients and the public to research opportunities inclusive of Join Dementia Research (JDR) | As required | Workforce |
| | Work in collaboration with CRN: East Midland members and partners to progress campaign to demonstrate the wealth of research opportunities and expertise available in the East Midlands | Commence June 2015 | PPIE Lead JDR Project Manager |
| | Ensure that PPI/E members and other relevant communities are on relevant mailing lists in order to receive CRN: East Midlands updates via newsletter | As required | Communications Lead |
| | Utilise social media (twitter) and encourage wider access and use. | As relevant | PPIE Steering Group |
| | Encourage signing up to AHSN 'Public Face' via advertising in CRN: East Midlands newsletter and posting appropriately | As relevant | All / PPIE Lead |

| Planned actions in 2015-16 | Milestones and outcomes once actions complete | Timescale | Lead (please note that where there is reference to the PPIE Steering Group the CRN Communication Lead is a member) |
|---|---|---|---|
| Raise the profile of research engagement with the goal of improving research participation | Link with neighbouring networks and partner organisations to share ideas on successful approaches and implement accordingly (*note section above*) | As relevant | PPIE Steering Group |
| | Continue/refresh existing approaches including OK to Ask Campaign and Mystery Shopper | Ongoing | |
| | Seek advice from patient advocates/ ambassadors & PPIE Steering Group | As per meetings organised | |
| | Liaise with partners to recognise International Clinical Trials Day. Scope activity and support as appropriate. | May 2015 | |
| | Implement and measure uptake of research survey and implement recommendations | As scheduled | |
| | Measure impact/successes | Ongoing | |
| Deliver appropriate training and support for patient/carer representatives to provide an appropriate background of the research process to support advice and decision making to clinical/non clinical staff | Link with BRU for the provision of lay assessor training (whilst available) | As relevant | PPIE Steering Group |
| | Identify individual(s) to train and facilitate 'Building Research Partnerships' package | End of Q2 | PPIE Lead |
| | Create and share existing contacts within PPIE community for the purposes of mutual support | Ongoing | PPIE Steering Group |
| | Monitor uptake and evaluate programme | As scheduled | PPI/E Steering Group |

## Table 5: LCRN Continuous Improvement Action Plan 2015-16

| Planned actions in 2015-16 | Milestones and outcomes once actions complete | Timescale | Lead |
|---|---|---|---|
| Create a culture of excellence and an ambition to 'be the best' in all aspects of network performance | Engage with leaders to engender an ethos of creativity and efficiency within the workforce | Constant | CI Lead/champions |
| | Encourage the workforce to reflect on and challenge pathways and processes with the overall aim of implementing approaches that reduce work pressure and increase performance outcomes | Constant | CI Lead/champions |
| | Incentivise the workforce to be creative by assuming a competitive approach | According to updates being available | CI Lead/champions |
| Provide a platform for the exchange of ideas and innovation | Create point(s) of contact/ champions to encourage discussion and review of suggestions and proposals | End of Q1 | CI Lead |
| | Review status by having CI as a standing agenda item relating to network business meetings | As meetings are scheduled | Meeting Administrator |
| Provide opportunities for initiatives to progress | Equip leaders/champions with the skill set to deliver effective training/support in relation to successful project planning and execution | End of Q2 (following completion of first major project under direction of Lean Six Sigma approach) | Information Manager |
| Challenge each division and workstream to progress and complete one area of work that has the potential to create improvement | Liaise with Research Delivery Managers and Workstream Leads to develop areas of work and monitor progress and outcome | Q1-Q4 | CI Lead |
| Track initiatives, share outcomes and measure impact | Maintain local 'Google sheet' to permit tracking of known activities and status | Constant | Senior Management Team |
| | Maintain national database with local activity | Constant | CI Lead |
| | Advertise/present successes as a means of sharing good practice and encouraging participation in the programme of activity | As relevant | CI Lead/ Communication Lead |
| | Revisit completed projects to identify impact | Quarterly from completion | CI Lead/Champion |

## Table 6: LCRN Workforce Plan 2015-16

| Planned actions in 2015-16 | Milestones and outcomes once actions complete | Timescale | Lead |
|---|---|---|---|
| **Enable everyone's contribution** | | | |
| Lead to attend national Workforce Development (WFD) Meetings | Exchange information and action plan to keep abreast of national agenda and implement accordingly at a local level | As directed by NIHR | WFD Lead |
| Schedule meetings with CRN: East Midlands Steering Group | Ensure work plan is on target/updated | Bi monthly | Chair/Deputy |
| Feedback to Operational Management Group (reporting to Host Executive Group and Partnership Group) | Ensure all members are abreast of WFD agenda and requirements are supported | 6 weekly OMG | WFD Lead |
| Provide a platform for bringing the workforce together | Host research forum/conference to inspire learning, networking and sharing of best practice *(reference to continuous improvement)* | 2 per annum | WFD Steering Group |
| **Understand the skills and needs of our workforce** | | | |
| Revisit staffing profile, skill mix and capability | Ensure that the right people are undertaking the right roles and responsibilities in order to ensure safety, support and cost effectiveness. Liaise with partners and RDM's to develop a robust profile to support future planning *(reference to continuous improvement)* | Continuous | Trust R&D, Research Delivery Managers, Senior Network Nurse, Team Leads & Taskforce Lead(s) |
| | Ensure that the workforce has the right environment and equipment to hand in order to work effectively and efficiently *(reference to continuous improvement)* | Continuous | Line managers |
| Identify supporting WFD roles and responsibilities | Nominate WFD specialty leads to work alongside divisional | End Q1 | Divisional & Trust Steering |

CRN: East Midlands Annual Plan 2015-16

| Planned actions in 2015-16 | Milestones and outcomes once actions complete | Timescale | Lead |
|---|---|---|---|
| | steering group representatives to identify specialty specific training requirements & required peer support | | Group Leads |
| Work alongside neighbouring organisations | Work with neighbouring network colleagues and academic partners to share intelligence and innovation e.g. other networks, NIHR partners, local Clinical Trial Units and Universities *(reference to continuous improvement)* | As required | WFD Steering Group |
| Conduct Training Needs Analysis (TNA) survey | Create and cascade TNA to all members of the workforce to determine exact learning needs, strengths and weaknesses. Prepare 2016/17 work plan accordingly *(reference to continuous improvement)* | Beginning of Q4 | WFD Steering Group |
| **Enable a learning workforce** | | | |
| Ensure appropriate line management is in place for CRN identified funded staff and that staff have access to a meaningful appraisal and release to attend or provide appropriate training | Work collaboratively with partner organisations to enable access to records/reports indicating staffing profile and training compliance and work in partnership where noncompliance is identified | Continuous | WFD Lead |
| | Ensure 'non pay costs' are utilised to support educational need | As required/annually | Finance Lead |
| | Maintain attendance records for training courses provided and analyse uptake *(reference to continuous improvement)* | As relevant /annually | WFD Administrator |
| | Ensure host and partner organisations contribute to WFD agenda and approve release of staff who wish to develop/ contribute to delivery of national training programmes thus reducing cost of accessing other providers *(reference to continuous improvement)* | Continuous | WFD Lead |
| Provide the workforce contributing to NIHR activity with information regarding available training courses | Post course/event availability on CRN: East Midlands website | As relevant | WFD Administrator
Communication Lead |
| | Develop blog to flag educational opportunities on a regular basis | End of Q2 | WFD Team |

CRN: East Midlands Annual Plan 2015-16

| Planned actions in 2015-16 | Milestones and outcomes once actions complete | Timescale | Lead |
|---|---|---|---|
| | Develop directory of training opportunities | End of Q2 | WFD Steering Group |
| Provide adequate support to maintain a dedicated WFD team | Ensure programme of work is appropriate, achievable and sustainable in relation to trainer/facilitator capacity and capability | Continuous | WFD Steering Group |
| | Provide appropriate management and leadership | Continuous | WFD Lead |
| | Encourage new trainer/facilitators to support existing and new initiatives | As relevant | WFD Lead |
| | Ensure adequate administrative support is available to support the delivery team | Continuous | WFD Lead |
| **Deliver high quality, innovative learning** | | | |
| Provide appropriate induction and ongoing education | Participate in roll out of NIHR Induction Programme to enable a clear understanding of network business | As scheduled | WFD Team |
| | Ensure that robust workplace induction programmes (and training updates) are in place at a local level ensuring safe practice and adherence to policy and procedures including regulation and safeguarding (GCP & consent) | End of Q2  GCP Monthly/weekly  Consent as demand requires | WFD Steering Group/ Team |
| | Provide training or access to specialty specific training inclusive of Patient and Public Involvement/Engagement leaders | As requested | Local WFD Specialty Leads, NHS trust training providers, local NIHR partners & Uni |
| | Participate in the rollout of new nationally developed NIHR courses (Fundamentals, Let's Talk Trials, Principal Investigator Masterclass) and evaluate outcome *(reference to continuous improvement)* | As scheduled | WFD Team |
| | Provide access to novel methods of learning e.g. MOOCS, Webinars etc. that have the potential to be accessed outside the workplace *(reference to continuous performance)* | As scheduled & available | WFD team |
| | Support staff at all levels of the workforce with the implementation of Information Management systems | As scheduled | Learning Taskforce/Change Champions |

CRN: East Midlands Annual Plan 2015-16

| Planned actions in 2015-16 | Milestones and outcomes once actions complete | Timescale | Lead |
|---|---|---|---|
| | (inclusive of train the trainer programme) | | |
| | Support staff at all levels of the organisation with the implementation of EDGE (inclusive of train the trainer programme) | As scheduled | EDGE champions |

University Hospitals of Leicester **NHS**

NHS Trust

**Agenda Item: Trust Board Paper L**

<u>**TRUST BOARD – 02 APRIL 2015**</u>

**Quarterly Research and Innovation Report**

| | |
|---|---|
| **DIRECTOR:** | Director of Research and Innovation |
| **AUTHOR:** | Nigel Brunskill, Director of R&I |
| **DATE:** | 26th March 2015 |
| **PURPOSE:** | Quarterly update on R&I issues, for Board information and assurance. |
| **PREVIOUSLY CONSIDERED BY:** | **n/a** |
| **Objective(s) to which issue relates *** | [x] 1. Safe, high quality, patient-centred healthcare <br> [ ] 2. An effective, joined up emergency care system <br> [ ] 3. Responsive services which people choose to use (secondary, specialised and tertiary care) <br> [ ] 4. Integrated care in partnership with others (secondary, specialised and tertiary care) <br> [x] 5. Enhanced reputation in research, innovation and clinical education <br> [ ] 6. Delivering services through a caring, professional, passionate and valued workforce <br> [ ] 7. A clinically and financially sustainable NHS Foundation Trust <br> [ ] 8. Enabled by excellent IM&T |
| **Please explain any Patient and Public Involvement actions taken or to be taken in relation to this matter:** | PPI is embedded within all areas of Trust R&I activity |
| **Please explain the results of any Equality Impact assessment undertaken in relation to this matter:** | |
| **Organisational Risk Register/ Board Assurance Framework *** | [x] **Organisational Risk Register**    [x] **Board Assurance Framework**    [ ] **Not Featured** |
| **ACTION REQUIRED *** | For decision [ ]     For assurance [x]     For information [x] |

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

- tick applicable box

# UHL R&I Quarterly Trust Board Report April 2015

**1. Introduction**
This report describes current R&I performance against metrics, projects under development, new challenges and potential threats.

**2. Research Performance**
The activity of UHL in initiating and delivering clinical research is performance monitored by both the NIHR Central Commissioning Facility (NIHR CCF) and the East Midlands Clinical Research Network (EM CRN). In turn the UHL R&I Office reports research CMG level activity and performance to each CMG via the R&I Executive Committee.

2.1 *NIHR CCF*
In Q1 14/15 UHL initiated 79 clinical trials, making UHL the 18th most prolific trust (previously 11th). This represents a reduction over previous quarters (see Table 1). There are several potential reasons for this. Firstly researchers may have held back from submitting studies to ensure that they have developed studies sufficiently to meet the 70 day target. If this is the case then study numbers should eventually recover.

**Table 1: UHL Performance in initiating clinical research trials**

|  | **Number of Trials Initiated** | |
|---|---|---|
|  | 2013/14 | 2014/15 |
| Q1 | 111 | 91 |
| Q2 | 125 | 79 |
| Q3 | 121 |  |
| Q4 | 116 |  |

A data cleansing exercise is underway in order to ensure that trial initiation data held by UHL and the CRN accurate and correctly reconciled, we believe that there may be some studies missing from this list.
UHL is also judged by its performance in recruiting patients into initiated trials within 70 days. Q2 2014/ (75%) showed a significant improvement over Q4 13/14 (36%), and it is pleasing that this improvement has been maintained in Q3 2014/15 (70%). NIHR had indicated that Trusts failing to show significant improvements will face a 5% 'top-slice' of Research Capability Funding (RCF) for 2015/16. Whilst we are awaiting confirmation from NIHR, we believe we will avoid this penalty.

*2.2. EM CRN*
The last report received from the EM CRN was received in March 2015. The data show that for the year 14/15 UHL is exceeding patient recruitment targets based on a 9% increase over 2013/14 recruitment. This is a significantly positive outcome (Table 2).

**Table 2: Cumulative Recruitment Numbers of Patients into UHL Studies 2014/15**

|  | **Apr** | **May** | **Jun** | **Jul** | **Aug** | **Sep** | **Oct** | **Nov** | **Dec** | **Jan** |
|---|---|---|---|---|---|---|---|---|---|---|
| Aspirational target = 13/14 + 9% | 910 | 1820 | 2730 | 3640 | 4550 | 5460 | 6370 | 7280 | 8190 | 9100 |
| Cumulative Recruitment 14/15 | 941 | 2033 | 2996 | 4071 | 5306 | 6206 | 7245 | 8293 | 8897 |  |

## 3. Projects under development
There are currently 6 major projects in development.

### 3.1 *Precision Medicine Catapult*
In Feb 2015 a team from Innovate UK visited University of Leicester who have made a bid to host the Precision Medicine Catapult (PMC). If awarded, the PMC will bring a multi-million investment in infrastructure and staffing to support the development of precision medicine across the UK. The team were hosted by a high level group from both University and Trust, and visited key University and Trust facilities, including the BRUs and UHL's diagnostic, pathology and clinical areas. The Innovate UK team were very impressed by the Leicester bid and the outcome is awaited. Innnovate UK have made it clear that, whatever the outcome, Leicester will be a significant delivery partner for the PMC.

### 3.2 *East Midlands Breathomics Pathology Node (EMBER)*
The University of Leicester has been successful in an application to MRC to establish EMBER. This application led by the University of Leicester but supported by and partnered with UHL will bring a £3.2 million investment to establish a National and International Breathomics Centre, capable of improving the diagnosis, classification and stratification of patients, by creating a pipe-line for new, non-invasive, diagnostic tools, and providing training in next generation pathology.

### 3.3. *Adult and Children's Clinical Research Facility.*
There is an intention to refurbish the Union Offices in LRI into a Children's Clinical Research Facility. This will increase capacity for clinical research and maximise potential income from commercial studies. There remains a shortfall in capital funding and charitable funds have been approached to help bridge the funding gap.

### 3.4 *Hope Unit at Glenfield Hospital*
The Hope Against Cancer Charity has offered funding support to refurbish a suitable clinical area into a satellite recruitment centre at Glenfield Hospital, associated with a small laboratory for clinical sample processing. Finding suitable space has proven difficult and a resolution to this is awaited.

### 3.5 *The Life Study.*
Life Study will collect information about babies and the determinants of their health, wellbeing and development, and UHL will be the second Life Study Centre. Planning is well advanced and UHL colleagues attended the recent Life Study Launch event at the House of Lords. A staffing model has been developed and key appointments made. Recruitment is planned to begin in ~6 months.

### 3.3. *The 100,000 Genome Project.*
UHL and partners have been successfully awarded Genomic Medicine Centre status. UHL will be part of the East of England Genomic Medicine Centre (EEC GMC) with Cambridge, Nottingham and Norwich. This project has a high national profile and much hard work is underway locally and nationally to make this a success.

## 4. Contracting and Innovation Activities

Examples of recent innovation projects:

- Astra Zeneca have purchased the content of an online respiratory rehab programme developed at UHL, for £60,000. This money has been allocated to the inventor and Trust according to the relevant UHL IP policy.

- Entertainment Learning in Health Education won an NHS Innovation Challenge Prize, £10,000 as reported in HSJ.
- UHL R&I are developing a Trust-wide PPI group to input into Research projects and Innovation activities for researchers who do not have access to this in their own areas.

UHL R&I will be prominently represented at UHL's first Nursing and Midwifery conference at the Big Shed in April 2015.

**5. New/Existing Challenges**

*5.1 EM CRN Financial Allocation Process 2015/16*
The EM CRN has now announced their 2015/16 budget allocations. The outcome for UHL is a reduction of ~5% compared to 2014/15. According to the CRN financial model based on activity and historical apportionment UHL is currently some distance from fair share allocation. We have begun working with CRN to rectify this.

5.2 NIHR Research Capability Funding Allocation 2015/16
We are awaiting notification of our RCF budget for the coming year. The priority is to use this strategically where possible to support BRU re-applications.

Nigel Brunskill
March 2015

# University Hospitals of Leicester NHS

**NHS Trust**

**Trust Board Paper M**

### UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

### REPORT BY TRUST BOARD COMMITTEE TO TRUST BOARD

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**DATE OF TRUST BOARD MEETING:** 2 April 2015

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**COMMITTEE:**          Quality Assurance Committee

**CHAIR:**          Dr S Dauncey, Non-Executive Director

**DATE OF MEETING:**          26 March 2015

This report is provided for the Trust Board's information in the absence of the formal Minutes, which will be submitted to the Trust Board on 7 May 2015.

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**SPECIFIC RECOMMENDATIONS FOR THE TRUST BOARD:**
• None

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**SPECIFIC DECISIONS:**
• None

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**DISCUSSION AND ASSURANCE:**
• **Update on Puerperal Sepsis** – the process for clinical coding of sepsis going forward was expected to be more robust and independent of individual clinical case review with regular reporting through the Women's and Children's CMG dashboard. A further update on this would be provided to QAC in September 2015;
• **Interserve Estates and Facilities Contract Quality Performance Report** – due to the reporting cycles, the figures provided in the QAC report outlined performance for December 2014. Members raised some concerns in respect of cleaning and catering services. It was noted that a report on the recent audit of cleaning, catering and portering services would be presented to IFPIC in April 2015. An unannounced PLACE visit took place in March 2015 and an brief update on this was also provided;
• **National Care Certificate** – members noted the background and content of the National Care Certificate, a training and assessment programme for health and social care support workers in England which was launched nationally in February 2015 and due to commence in UHL in April 2015;
• **Revalidation for Nurses and Midwives** – members were advised that all registered nurses and midwives in clinical practice, education or management roles would need to comply with the requirements of revalidation to maintain registration. As of January 2015, revalidation was being piloted nationally across a range of healthcare and education providers including individuals, small groups of registrants and nursing agencies. Revalidation would replace the NMC post registration education and practice standards from April 2016;
• **Month 11 – Quality and Performance (Q&P) Update** – particular note was made in respect of improvement in C Diff, Maternity Friends and Family Test and Fractured Neck of Femur performance. The Acting Chief Nurse and the Director of Safety and Risk would be liaising outwith the meeting regarding a query raised in respect of discrepant SUI figures in the Q&P and the

Patient Safety report;

- **Nursing Acuity Report** – **overview regarding review findings and resource implications for the Trust** – in particular, the Surgical Assessment Unit in the CHUGGS CMG required additional resources and the CMG would be supported with additional investment;
- **Nursing Report** – an update on hard truths/safer staffing, real time staffing, vacancies, nurse to bed ratio, premium pay and recruitment was provided. Any wards put on "special measures" would be included within the quarterly nursing report;
- **Midwifery Staffing Report** – a 90:10 skill mix with midwives and band 3 maternity support workers/nursery nurses was achieved. Maternity staffing would further be reviewed in light of the recently published NICE guidance. There were higher than average sickness rates, maternity leave and attrition rates particularly on one hospital site;
- **Patient Experience Triangulation Report** – the paper detailed variety of patient feedback via formal complaints, verbal complaints, GP concerns, NHS Choices, Patient Opinion, Patient surveys (electronic and paper formats), Message to Matron, Message through a Volunteer and the feedback from staff in the Friends and Family Test surveys. This data had been formally triangulated, building from quarter one with the projection that comparisons from each quarter could occur formally from quarter three. In discussion on this data, it was noted that the Chairs of the Quality Assurance Committee, Integrated Finance Performance and Investment Committee and Audit Committee were scheduled to have a discussion in May 2015 re. the work programme for all these Committee and they would ensure that the themes from the triangulation would be included in the work programme, as appropriate.
- **Friends and Family Test Scores – January 2015** –  received and noted;
- **Draft Quality Account** – members received and noted the contents of the Quality Account. Further to a detailed discussion on whether a section re. comments from Patient Advisers should be included within the Quality Account, it was agreed that a section describing the role of Patient Advisers should be included instead;
- **Quality Commitment** – members of the QAC were content with the proposals for the 2015-16 Quality Commitment, in principle. However, it was suggested that consideration be given to reviewing the 'colours' and 'terminology' used in the 2015-16 Quality Commitment;
- **CQUINs and Quality Schedule Monthly Report** – received and noted;
- **CQC Guidance** – **Regulations for Service Providers and Managers** – the new guidance published by the CQC would come into effect from 1 April 2015 and would replace the CQC's guidance about 'Compliance: Essential standards of quality and safety and its 28 outcomes';
- **Safer Staffing performance Indicator Development** – a letter from the NHS TDA which benchmarked the Trust's nurse staffing arrangements was received and noted;
- **Patient Safety Monthly Report** – issues relating to the functionality of the Nerve Centre Task Allocation system were reported, however, the Director of Safety and Risk had discussed this matter with the Deputy Medical Director and work was in progress to resolve the issues. The NHSLA had approved the Trust's bid to support the safety work at UHL;
- **Statutory Duty of Candour** – received and noted;
- **Learning from Claims and Inquests** – the Director of Safety and Risk advised that most issues identified during the claims and inquests process had been incorporated within safety work streams of the Quality Commitment actions/KPIs. However, in respect of the emerging issues that had arisen through this process –  the Acting Chief Nurse, Director of Clinical Quality, Director of Safety and Risk and the Medical Director would be discussing the worksteams that would need to be put in place to resolve the issues. An update on this would be provided to QAC in June 2015, and
- **Any other business – CQC Registration Update** – applications had been made to add 2 more locations to UHL's CQC registration -  firstly, the National Centre for Sports and Exercise Medicine  and secondly,  Syston Health Centre where surgical procedures would be undertaken as part of the Alliance contract. The members of the Trust Board were requested to note this.

**DATE OF NEXT COMMITTEE MEETING:**  30 April 2015

Dr S Dauncey – Committee Chair
27 March 2015

# University Hospitals of Leicester NHS
## NHS Trust

**Trust Board Paper N**

### UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

### REPORT BY TRUST BOARD COMMITTEE TO TRUST BOARD

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**DATE OF TRUST BOARD MEETING:**  2 April 2015

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**COMMITTEE:**          Integrated Finance, Performance and Investment Committee

**CHAIR:**              Ms J Wilson, Non-Executive Director

**DATE OF MEETING:**    26 March 2015

This report is provided for the Trust Board's information in the absence of the formal Minutes, which will be submitted to the Trust Board on 7 May 2015.

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**SPECIFIC RECOMMENDATIONS FOR THE TRUST BOARD:**
- *Emergency Floor final full business case* – supported for Trust Board approval on 2 April 2015, subject to inclusion of some additional final comments and clarification of the Trust's stance in relation to the contract for Urgent Care Centre provision;
- *Draft Financial Plan 2015-16* – draft plan endorsed for Trust Board approval on 2 April 2015. Updated final plan to be presented to IFPIC on 30 April 2015 to incorporate the impact of the ongoing contractual negotiations and the cost pressures approval process, and
- *Working Capital Strategy/Cash Flow* – the strategy was endorsed for Trust Board approval on 2 April 2015. Financial Controller to circulate an email clarifying the loan approvals process to all IFPIC members. Draft IFPIC resolution to be provided to the TDA on 30 March 2015 in respect of the terms and conditions of the interim revolving working capital facility.

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**SPECIFIC DECISIONS:**
- none

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**DISCUSSION AND ASSURANCE:**
- *Matters arising* – UHL's support for the Empath business case to be clarified and a progress report on the development of the business case and Empath governance arrangements to be presented to the 30 April 2015 IFPIC meeting;
- *ITAPS CMG Presentation*
  - significant improvements in operational and financial performance in the last 2 months;
  - implementation of the theatres trading model supported by improved information flows;
  - successful recruitment strategy;
  - good compliance with statutory and mandatory training;
  - theatres cross-cutting CIP workstream (including right sizing of capacity);
  - left shift of pain and sleep activity into the Alliance;
  - reconfiguration of ITU services, including robust arrangements for stabilising and transporting patients between sites (if required);
  - transfer of adult ECMO services into the CMG;
  - good progress with job planning workstreams;

1

- *University of Leicester Embedded Space at UHL* – confirmed schedule of occupied premises and proposed charging mechanism to be submitted to the 28 May 2015 IFPIC meeting;
- *Month 11 financial performance*
  - assurance that the year end control total and the 2014-15 Capital Plan would be delivered,
  - actions being taken to address adverse pay expenditure trends for 2015-16,
  - an additional 2015-16 cross-cutting CIP theme on procurement,
  - progress of backlog maintenance expenditure and opportunities to identify decant accommodation to progress the programmes of ward refurbishment and deep cleaning;
- *Cost Improvement Programme*
  - forecast over-delivery against the 2014-15 target and continued progress with identifying schemes for 2015-16;
  - opportunities for closing the gap in 2015-16 and for over-delivering against the target;
  - a nomination for a HSJ award in respect of UHL's Outpatients project;
  - progress of recruitment to 6 of the 7 CMG Transformation Manager and a recommendation that they be invited to attend future CMG presentations to IFPIC meetings;
- *2014-15 Financial Management and Planning Lessons Learned* – the identified actions to support improved financial robustness were endorsed;
- *Month 11 Quality and Performance*
  - UHL's improved RTT position and backlog reductions,
  - Alliance contract performance;
  - diagnostics compliance in February 2015;
  - progress with cancer 2 week wait and 31 day performance;
  - sustainable 62 day cancer performance was expected to be achieved in July 2015 (although the target might also be met in March 2015);
  - wider health economy discussions to be held at the 26 March 2015 meeting of the Urgent Care Board to support LLR emergency care performance over the Easter bank holiday weekend (and the 2 subsequent working days).

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**DATE OF NEXT COMMITTEE MEETING:** 30 April 2015

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Ms J Wilson – Committee Chair                                    26 March 2015

University Hospitals of Leicester **NHS**

NHS Trust

**Agenda Item: Trust Board Paper O**

<u>TRUST BOARD – 2nd APRIL 2015</u>

**QUALITY AND PERFORMANCE REPORT – FEBRUARY 2015**

| | |
|---|---|
| **DIRECTOR:** | Carol Ribbins, Acting Chief Nurse<br>Kevin Harris, Medical Director<br>Richard Mitchell, Chief Operating Officer<br>Emma Stevens, Acting Director of Human Resources |
| **AUTHOR:** | |
| **DATE:** | 2nd April 2015 |
| **PURPOSE:** | The following report provides an overview of the February Quality & Performance report highlighting NTDA/UHL key metrics and escalation reports where required.  It includes a Chief Executive's summary of key issues. |
| **PREVIOUSLY CONSIDERED BY:** | **Integrated Finance, Performance and Investment Committee**<br>**Quality Assurance Committee** |

| **Objective(s) to which issue relates *** | |
|---|---|
| [X] | 1. Safe, high quality, patient-centred healthcare |
| [X] | 2. An effective, joined up emergency care system |
| [X] | 3. Responsive services which people choose to use (secondary, specialised and tertiary care) |
| [X] | 4. Integrated care in partnership with others (secondary, specialised and tertiary care) |
| [X] | 5. Enhanced reputation in research, innovation and clinical education |
| [X] | 6. Delivering services through a caring, professional, passionate and valued workforce |
| [X] | 7. A clinically and financially sustainable NHS Foundation Trust |
| [ ] | 8. Enabled by excellent IM&T |

| | |
|---|---|
| **Please explain any Patient and Public Involvement actions taken or to be taken in relation to this matter:** | |
| **Please explain the results of any Equality Impact assessment undertaken in relation to this matter:** | |
| **Organisational Risk Register/ Board Assurance Framework *** | [X] **Organisational Risk Register**   [X] **Board Assurance Framework**   [ ] **Not Featured** |

**ACTION REQUIRED ***

For decision [ ]        For assurance [X]        For information [ ]

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

**\*** tick applicable box

# CHIEF EXECUTIVE'S ISSUES TO HIGHLIGHT REPORT

Exception reports are automatically triggered when pre-set national or local thresholds are met. The issues that I wish to particularly highlight/comment on for February are as follows:

**Clostridium Difficile (page 11)**
There was a continuation of the lower trend in month, with only 5 cases recorded.

**Pressure Ulcers (page 3)**
Similarly, the improved trend was also evident in pressure ulcers, with all categories within target.

**Maternity Friends and Family Test (page 4)**
The Board will wish to note the significant improvement in this score during the year (10 percentage points). This is the result of concerted work by the clinical teams who have paid detailed attention to what was driving the previous poor scores and taken action to address these issues.

**Fractured Neck of Femur (page 14)**
There was a significant improvement in performance in February, by 10 percentage points. Whilst very welcome, it is not clear if this was fortuitous or as a result of improvement activity. Funding for a new medical staffing model to improve resilience is under consideration as part of 2015/16 financial planning.

**RTT Admitted (page 15)**
There continues to be good progress with all aspects of RTT and with backlog (patients waiting over 18 weeks) in particular. Trajectories for achievement of the national standards have not changed since the last report. More detail is in the exception reports.

**Diagnostic waits (page 7)**
Following the very poor performance in January, focussed action ensured delivery of the target in February. The teams concerned are to be congratulated on this achievement, which we now need to ensure is sustained

**Delayed Transfers of Care (page 7)**
The recent improvement in the DTOC rate was sustained in February and reached a new low of 2.9% against a target of 3.5%. This is a clear indication of the effectiveness of the work that has been going on to streamline the discharge process.

**Cancer (page 16)**
The two week standard was not met in January, but it was met in February and is predicted to be met in March. The 31 and 62 Day targets are still forecast to be met in March and July respectively. However, given trends in January, the Board may wish to seek an update on the latest position and assurance that these trajectories are still achievable.

**Ambulance Turnaround (page 19)**
Our performance in this area remains very poor. Two specific actions which will be implemented over the coming month are a new recording system (which will improve the accuracy of the data) and the introduction of a new surge protocol within the LRI. This is designed to enable ED to release ambulance crews more quickly but will need to be complemented by a whole system response. This latter element is still to be finalised.

John Adler
Chief Executive

# Quality and Performance Report

# February 2015

University Hospitals of Leicester

**NHS Trust**

Caring at its best

One team shared values

## CONTENTS

# UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

**REPORT TO:**       **TRUST BOARD**

**DATE:**            **2nd APRIL 2015**

**REPORT BY:**       **CAROL RIBBINS, ACTING CHIEF NURSE**
                        **KEVIN HARRIS, MEDICAL DIRECTOR**
                        **RICHARD MITCHELL, CHIEF OPERATING OFFICER**
                        **EMMA STEVENS, ACTING DIRECTOR OF HUMAN RESOURCES**

**SUBJECT:**         **FEBRUARY 2015 QUALITY & PERFORMANCE SUMMARY REPORT**

## 1.0    Introduction

The following report provides an overview of the February 2015 Quality & Performance report highlighting NTDA/UHL key metrics and escalation reports where required.

## 2.0    Performance Summary

| Domain | Page Number | Number of Indicators | Indicators with target to be confirmed | Number of Red Indicators this month |
|---|---|---|---|---|
| Safe | 3 | 19 | 2 | 1 |
| Caring | 4 | 15 | 1 | 2 |
| Well Led | 5 | 14 | 7 | 1 |
| Effective | 6 | 17 | 0 | 1 |
| Responsive | 7 | 26 | 0 | 13 |
| Research – UHL | 9 | 5 | 5 | 0 |
| Research - Network | 9 | 13 | 0 | 3 |
| Estates & Facilities | 10 | 10 | 0 | 0 |
| Total | | 119 | 15 | 21 |

**Safe**

| KPI Ref | Indicators | Board Director | Lead Director/Officer | 14/15 Target | Target Set by | Red RAG/ Exception Report Threshold (ER) | 13/14 Outturn | Feb-14 | Mar-14 | Apr-14 | May-14 | Jun-14 | Jul-14 | Aug-14 | Sep-14 | Oct-14 | Nov-14 | Dec-14 | Jan-15 | Feb-15 | YTD |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| S1a | Clostridium Difficile | CR | DJ | FYE = 81 | NTDA | Red / ER for Non compliance with cumulative target | 66 | 0 | 4 | 4 | 6 | 5 | 7 | 2 | 5 | 7 | 7 | 11 | 7 | 5 | 66 |
| S1b | Clostridium Difficile (Local Target) | CR | DJ | FYE = 50 | UHL | Red >5 per month, ER when YTD red | 66 | 0 | 4 | 4 | 6 | 5 | 7 | 2 | 5 | 7 | 7 | 11 | 7 | 5 | 66 |
| S2a | MRSA Bacteraemias (All) | CR | DJ | 0 | NTDA | Red = >0 ER = 2 consecutive mths >0 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 2 | 0 | 1* | 5 |
| S2b | MRSA Bacteraemias (Avoidable) | CR | DJ | 0 | UHL | Red = >0 ER = 2 consecutive mths >0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0* | 0* |
| S3 | Never Events | CR | MD | 0 | NTDA | Red = >0 in mth ER = in mth >0 | 3 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 1 | 0 | 3 |
| S4 | Serious Incidents | CR | MD | tbc | NTDA | tbc | 60 | 4 | 5 | 4 | 6 | 3 | 7 | 2 | 3 | 4 | 2 | 4 | 3 | 2 | 40 |
| S5 | Proportion of reported safety incidents that are harmful | CR | MD | tbc | NTDA | tbc | 2.8% | | | 1.7% | | | 2.2% | | | 1.4% | | | | | 1.8% |
| S6 | Overdue CAS alerts | CR | MD | 0 | NTDA | Red = >0 in mth ER = in mth >0 | 2 | 0 | 0 | 2 | 2 | 2 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 9 |
| S7 | RIDDOR - Serious Staff Injuries | CR | MD | FYE = <47 | UHL | Red / ER = non compliance with cumulative target | 47 | 2 | 5 | 3 | 5 | 1 | 2 | 2 | 1 | 2 | 2 | 1 | 0 | 3 | 22 |
| S8 | Safety Thermometer % of harm free care (all) | CR | EM | tbc | NTDA | Red = <92% ER = in mth <92% | 93.6% | 94.8% | 93.6% | 94.6% | 94.7% | 94.2% | 94.9% | 94.4% | 93.9% | 94.9% | 93.3% | 94.1% | 95.0% | 92.1% | 94.2% |
| S9 | % of all adults who have had VTE risk assessment on adm to hosp | KH | SH | 95% or above | NTDA | Red = <95% ER = in mth <95% | 95.3% | 95.0% | 95.6% | 95.7% | 95.9% | 95.9% | 96.3% | 95.5% | 96.2% | 95.4% | 95.5% | 95.0% | 96.3% | 96.2% | 95.8% |
| S10 | Medication errors causing serious harm | CR | MD | 0 | NTDA | Red = >0 in mth ER = in mth >0 | New NTDA Indicator - Definition to be confirmed | | | | | | | | | | | | | | |
| S11 | All falls reported per 1000 bed stays for patients >65years | CR | EM | <7.1 | QC | Red >= YTD >8.4 ER = 2 consecutive reds | 7.1 | 7.0 | 6.9 | 7.0 | 7.5 | 7.1 | 7.3 | 7.3 | 5.9 | 6.4 | 7.5 | 6.9 | 7.1 | 6.7 | 7.0 |
| S12 | Avoidable Pressure Ulcers - Grade 4 | CR | EM | 0 | QS | Red / ER = Non compliance with monthly target | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 1 |
| S13 | Avoidable Pressure Ulcers - Grade 3 | CR | EM | <8 a month | QS | Red / ER = Non compliance with monthly target | 71 | 3 | 6 | 5 | 5 | 5 | 5 | 6 | 6 | 4 | 6 | 7 | 5 | 7 | 61 |
| S14 | Avoidable Pressure Ulcers - Grade 2 | CR | EM | <10 a month | QS | Red / ER = Non compliance with monthly target | 120 | 8 | 9 | 6 | 6 | 6 | 7 | 9 | 4 | 8 | 13 | 11 | 7 | 5 | 82 |
| S15 | Compliance with the SEPSIS6 Care Bundle | CR | MD | All 6 >75% by Q4 | QC | Red/ER = Non compliance with Quarterly target | 27.0% | | | 47.0% | | | >=60% | | | <65% | | | | | <65% |
| S16 | Nutrition and Hydration Metrics - Fluid Balance and Nutritional Assessment | CR | MD | Q2 80%, Q3 85%, Q4 90% | QC | Red >2% below threshold ER = 2 mths red | | | | ≥71% | ≥77% | ≥75% | Action Planning | ≥74% | ≥85% | ≥84% | ≥88% | ≥86% | ≥83% | | ≥83% |
| S17 | Maternal Deaths | KH | IS | 0 | UHL | Red / ER = Non compliance with monthly target | 3 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 |

*Awaiting confirmation if avoidable

**Caring**

| KPI Ref | Indicators | Board Director | Lead Director/Officer | 14/15 Target | Target Set by | Red RAG/ Exception Report Threshold (ER) | 13/14 Outturn | Feb-14 | Mar-14 | Apr-14 | May-14 | Jun-14 | Jul-14 | Aug-14 | Sep-14 | Oct-14 | Nov-14 | Dec-14 | Jan-15 | Feb-15 | YTD |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| C1a | Inpatient Friends and Family Test - Score | CR | CR | 72 (Eng Avge - Mar 14) | NTDA | Red if <3SD. ER if <3SD or 3 mths deteriorating performance | 68.8 | 69.0 | 69.9 | 69.6 | 71.0 | 74.5 | 73.8 | 73.8 | 76.1 | 71.1 | 70.3 | 72.1 | 70.8 | 71.7 | 72.2 |
| C1b | Inpatient Friends and Family Test - Score (Local Target) | CR | CR | 75 | UHL | Red/ ER =<=69.9 Green >74.9 | 68.8 | 69.0 | 69.9 | 69.6 | 71.0 | 74.5 | 73.8 | 73.8 | 76.1 | 71.1 | 70.3 | 72.1 | 70.8 | 71.7 | 72.2 |
| C2a | A&E Friends and Family Test - Score | CR | CR | 54 (Eng Avge - Mar 14) | NTDA | Red if <3SD. ER if <3SD or 3 mths deteriorating performance | 58.5 | 58.7 | 65.5 | 69.4 | 66.0 | 71.4 | 71.7 | 56.3 | 66.1 | 71.1 | 72.3 | 72.8 | 72.4 | 73.1 | 69.3 |
| C2b | A&E Friends and Family Test - Score (Local Target) | CR | CR | 75 | UHL | Red/ ER =<=64.9 Green >74.9 | 58.5 | 58.7 | 65.5 | 69.4 | 66.0 | 71.4 | 71.7 | 56.3 | 66.1 | 71.1 | 72.3 | 72.8 | 72.4 | 73.1 | 69.3 |
| C3 | Outpatients Friends and Family Test - Score | CR | CR | 75 | UHL | Red / ER =<=64.9 | New Indicator | | | | | | | | | | 58.7 | 63.8 | 65.2 | 64.3 | 64.3 |
| C4 | Daycase Friends and Family Test - Score | CR | CR | 75 | UHL | Red / ER =<=69.9 | New Indicator | | | 79.0 | 80.2 | 79.7 | 77.5 | 74.3 | 81.7 | 80.1 | 80.9 | 74.9 | 78.5 | 78.7 | 78.7 |
| C5 | Maternity Friends and Family Test - Score | CR | CR | 75 | UHL | Red/ ER =<=61.9 | 64.3 | 62.1 | 66.7 | 61.2 | 63.5 | 69.5 | 69.7 | 67.3 | 63.0 | 64.1 | 67.7 | 63.8 | 74.5 | 74.5 | 67.6 |
| C6 | Complaints Rate per 100 bed days | CR | MD | tbc | NTDA | tbc | | 0.5 | 0.4 | 0.4 | 0.3 | 0.3 | 0.4 | 0.4 | 0.4 | 0.4 | 0.4 | 0.3 | 0.3 | 0.4 | 0.4 |
| C7 | Complaints Re-Opened Rate | CR | MD | <9% | UHL | Red = >10% ER = 3 mths Red or any month >15% | New Indicator for 14/15 | | | 8% | 5% | 8% | 11% | 10% | 9% | 11% | 11% | 10% | 17% | 13% | 10% |
| C8 | Single Sex Accommodation Breaches (patients affected) | CR | CR | 0 | NTDA | Red = >0 ER = in mth >0 | 2 | 0 | 0 | 4 | 3 | 0 | 0 | 0 | 0 | 0 | 5 | 0 | 1 | 0 | 13 |
| C9 | Improvements in the FFT scores for Older People (65+ year) | CR | CR | 75 | QC | Red / ER = End of Yr Targets non recoverable. | New Indicators for 14/15 | | | 73.7 | 73.2 | 75.7 | 76.1 | 78.5 | 83.0 | 76.4 | 72.9 | 76.7 | 76.6 | 76.9 | 76.2 |
| C10 | Responsiveness and Involvement Care (Average score) | CR | CR | 0.8 improvement | QC | tbc | | | | 87.6 | 87.5 | 87.5 | 87.8 | 88.1 | 88.4 | 87.4 | 87.9 | 87.8 | 88.5 | 89.0 | 88.1 |
| C10a | Q15. When you used the call button, was the amount of time it took for staff to respond generally: | CR | CR | FYE 89.7 | QC | Red = <87.9 ER = Red or 3 mths deterioration | | | | 88.9 | 89.3 | 88.8 | 89.0 | 88.9 | 90.0 | 88.4 | 88.6 | 89.2 | 88.7 | 89.9 | 89.1 |
| C10b | Q16. If you needed help from staff getting to the bathroom or toilet or using a bedpan, did you get help in an acceptable amount of time? | CR | CR | FYE 92.9 | QC | Red = <91.1 ER = Red or 3 mths deterioration | | | | 92.1 | 91.9 | 91.2 | 91.7 | 91.9 | 92.4 | 92.2 | 92.4 | 92.1 | 92.7 | 92.6 | 92.2 |
| C10c | Q11. Were you involved as much as you wanted in decisions about your care and treatment? | CR | CR | FYE 85.5 | QC | Red = <83.6 ER = Red or 3 mths deterioration | | | | 84.6 | 84.3 | 84.9 | 84.9 | 85.6 | 85.2 | 84.6 | 85.1 | 84.8 | 86.1 | 86.7 | 85.4 |

**Well Led**

| KPI Ref | Indicators | Board Director | Lead Director/Officer | 14/15 Target | Target Set by | Red RAG/ Exception Report Threshold (ER) | 13/14 Outturn | Feb-14 | Mar-14 | Apr-14 | May-14 | Jun-14 | Jul-14 | Aug-14 | Sep-14 | Oct-14 | Nov-14 | Dec-14 | Jan-15 | Feb-15 | YTD |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| W1 | Inpatient Friends and Family Test - Coverage | CR | CR | 30% - Q4. 40% Mar 15 | NTDA / CQUIN | Red = Non compliance with monthly target ER = 2 consecutive mths non compliance | 24.3% | 28.2% | 28.8% | 36.8% | 38.1% | 32.6% | 30.8% | 28.9% | 33.4% | 36.3% | 36.0% | 31.9% | 34.6% | 41.0% | * 37.8% |
| W2 | A&E Friends and Family Test - Coverage | CR | CR | 15% Q1-Q3 20% for Q4 | NTDA | Red = Non compliance with monthly target ER = 2 consecutive mths non compliance | 14.9% | 18.4% | 16.1% | 15.2% | 17.8% | 14.9% | 10.2% | 16.1% | 19.1% | 15.9% | 14.0% | 18.7% | 25.3% | 21.2% | * 23.25% |
| W3 | Outpatients Friends and Family Test - Valid responses | CR | CR | tbc | UHL | tbc | New Indicator available from October 2014 | | 271 | 175 | 286 | 1,879 | 1,535 | 785 | 927 | 1,255 | 1,506 | 1,053 | 1,259 | 1,245 | 11,905 |
| W4 | Maternity Friends and Family Test - Coverage | CR | CR | tbc | UHL | tbc | 25.2% | 23.7% | 23.9% | 27.2% | 36.4% | 25.2% | 29.2% | 29.9% | 18.7% | 15.8% | 21.7% | 22.1% | 25.8% | 46.5% | 26.9% |
| W5 | Friends & Family staff survey: % of staff who would recommend the trust as place to work | ES | ES | tbc | NTDA | tbc | New NTDA Indicator - Definition to be confirmed | | | 53.7% | | | 53.7% | | | Q3 staff FFT not completed as National Survey carried out | | | 54.9% | | 54.2% |
| W6 | Friends & Family staff survey: % of staff who would recommend the trust as place to receive treatment | ES | ES | tbc | NTDA | tbc | New NTDA Indicator - Definition to be confirmed | | | 68.3% | | | 67.2% | | | Q3 staff FFT not completed as National Survey carried out | | | 71.4% | | 69.2% |
| W7 | Data quality of trust returns to HSCIC | RM | JR | tbc | NTDA | tbc | New NTDA Indicator - Definition to be confirmed | | | | | | | | | | | | | | |
| W8 | Turnover Rate | ES | ES | <10.5% | UHL | Red = 11% or above ER = Red for 3 Consecutive Mths | 10.0% | 10.4% | 10.0% | 9.9% | 10.0% | 10.2% | 10.0% | 10.5% | 10.3% | 10.8% | 10.7% | 10.3% | 10.1% | 10.1% | 10.1% |
| W9 | Sickness absence | ES | ES | < 3.0% | UHL | Red = >3.5% ER = 3 consecutive mths >3.5% | 3.4% | 3.7% | 3.5% | 3.4% | 3.3% | 3.3% | 3.4% | 3.4% | 3.7% | 4.0% | 4.0% | 4.5% | 4.5% | | 3.7% |
| W10 | Total trust vacancy rate | ES | ES | tbc | NTDA | tbc | New NTDA Indicator - Definition to be confirmed | | | | | | | | | | | | | | |
| W11 | Temporary costs and overtime as a % of total paybill | ES | ES | tbc | NTDA | tbc | New Indicator for 14/15 | | | 9.4% | 9.4% | 8.1% | 8.5% | 8.9% | 8.5% | 9.5% | 9.0% | 9.8% | 10.5% | 9.8% | 9.2% |
| W12 | % of Staff with Annual Appraisal | ES | ES | 95% | UHL | Red = <90% ER = 3 consecutive mths <90% | 91.3% | 92.3% | 91.3% | 91.8% | 91.0% | 90.6% | 89.6% | 88.6% | 89.7% | 91.8% | 92.3% | 92.5% | 90.9% | 91.0% | 91.0% |
| W13 | Statutory and Mandatory Training | ES | ES | Jun 80%, Sep 85%, Dec 90%, Mar 95% | UHL | Red / ER for Non compliance with Quarterly incremental target | 76% | 72% | 76% | 78% | 79% | 79% | 80% | 83% | 85% | 86% | 87% | 89% | 89% | 90% | 90% |
| W14 | % Corporate Induction attendance | ES | ES | 95.0% | UHL | Red = <90% ER = 3 consecutive mths <90% | 94.5% | 89% | 95% | 96% | 94% | 92% | 96% | 98% | 98% | 98% | 98% | 100% | 99% | 100% | 100% |

* Quarter 4 Average

| KPI Ref | Indicators | Board Director | Lead Director/Officer | 14/15 Target | Target Set by | Red RAG/ Exception Report Threshold (ER) | 13/14 Outturn | Feb-14 | Mar-14 | Apr-14 | May-14 | Jun-14 | Jul-14 | Aug-14 | Sep-14 | Oct-14 | Nov-14 | Dec-14 | Jan-15 | Feb-15 | YTD |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| E1 | Mortality - Published SHMI | KH | PR | Within Expected | NTDA | Higher than Expected | | | | 106 (Oct12-Sept13) | | | | 106 (Jan13-Dec13) | | | 105 (Apr13-Mar14) | | 105 (Jul13-Jun14) | | 105 (Jul13-Jun14) |
| E2 | Mortality - Rolling 12 mths SHMI (as reported in HED) | KH | PR | 100 or below | QC | Red = >expected ER = >Expected or 3 consecutive mths increasing SHMI >100 | 105 | 106 | 105 | 105 | 105 | 106 | 105 | 103 | 102 | 102 | 101 | Awaiting HED Update | | | 101 |
| E3 | Mortality HSMR (DFI Quarterly) | KH | PR | Within Expected | NTDA | Red = >expected ER = >Expected or 3 consecutive increasing mths >100 | 88 | | | 92 | | | 87 | | | 84 | | | Awaiting HED Update | | 88 |
| E4 | Mortality - Rolling 12 mths HSMR (Rebased Monthly as reported in HED) | KH | PR | 100 or below | QC | Red = >expected ER = >Expected or 3 consecutive increasing mths >100 | 99 | 100 | 99 | 97 | 98 | 98 | 97 | 96 | 96 | 96 | 95 | 95 | Awaiting HED Update | | 95 |
| E5 | Mortality - Monthly HSMR (Rebased Monthly as reported in HED) | KH | PR | 100 or below | QC | Red = >expected ER = >Expected or 3 consecutive increasing mths >100 | 91 | 103 | 91 | 83 | 109 | 106 | 87 | 96 | 97 | 97 | 88 | 94 | Awaiting HED Update | | 94 |
| E6 | Mortality - Rolling 12 mths HSMR Emergency Weekday Admissions - (HED) OVERALL Rebased Monthly | KH | PR | Within Expected | NTDA | Red = >expected ER = >Expected or 3 consecutive increasing mths >100 | 100 | 101 | 100 | 98 | 99 | 99 | 97 | 96 | 95 | 95 | 95 | 95 | Awaiting HED Update | | 95 |
| E7 | Mortality - Monthly HSMR Emergency Weekday Admissions - (HED) OVERALL Rebased Monthly | KH | PR | Within Expected | NTDA | Red = >expected ER = >Expected or 3 consecutive increasing mths >100 | 100 | 102 | 94 | 86 | 110 | 106 | 83 | 94 | 87 | 93 | 95 | 98 | Awaiting HED Update | | 95 |
| E8 | Mortality - rolling 12 mths HSMR Emergency Weekend Admissions - (HED) OVERALL Rebased Monthly | KH | PR | Within Expected | NTDA | Red = >expected ER = >Expected or 3 consecutive increasing mths >100 | 99 | 102 | 99 | 97 | 98 | 98 | 97 | 97 | 99 | 100 | 98 | 96 | Awaiting HED Update | | 96 |
| E9 | Mortality - Monthly HSMR Emergency Weekend Admissions - (HED) OVERALL Rebased Monthly | KH | PR | Within Expected | NTDA | Red = >expected ER = >Expected or 3 consecutive increasing mths >100 | 99 | 106 | 82 | 70 | 107 | 107 | 101 | 107 | 123 | 116 | 75 | 83 | Awaiting HED Update | | 98 |
| E10 | Deaths in low risk conditions (Risk Score) | KH | PR | Within Expected | NTDA | Red = >expected ER = >Expected or 3 consecutive increasing mths >100 | 94 | 35 | 63 | 63 | 80 | 103 | 78 | 63 | 57 | 110 | 19 | Awaiting DFI Update | | | 72 |
| E11 | Emergency 30 Day Readmissions (No Exclusions) | KH | PR | Within Expected | NTDA | Higher than Expected | 7.9% | 9.0% | 8.8% | 8.8% | 8.8% | 8.6% | 8.4% | 8.9% | 8.4% | 8.6% | 8.9% | 9.1% | 8.2% | | 8.7% |
| E12 | No. of # Neck of femurs operated on 0-35 hrs - Based on Admissions | KH | RP | 72% or above | QS | Red = <72% ER = 2 consecutive mths <72% | 65.2% | 73.7% | 54.7% | 56.9% | 40.6% | 60.3% | 76.9% | 59.0% | 68.6% | 69.6% | 59.4% | 57.3% | 57.9% | 67.2% | 61.4% |
| E13 | Stroke - 90% of Stay on a Stroke Unit | RM | CF | 80% or above | QS | Red = <80% ER = 2 consecutive mths <80% | 83.2% | 83.7% | 83.5% | 92.9% | 80.3% | 87.1% | 78.1% | 84.5% | 83.2% | 70.4% | 72.1% | 75.2% | 80.7% | | 79.8% |
| E14 | Stroke - TIA Clinic within 24 Hours (Suspected High Risk TIA) | RM | CF | 60% or above | QS | Red = <60% ER = 2 consecutive mths <60% | 64.2% | 40.7% | 77.9% | 79.7% | 58.8% | 71.3% | 62.8% | 65.5% | 72.7% | 67.8% | 69.0% | 83.5% | 80.6% | 64.0% | 70.6% |
| E15 | Communication - ED, Discharge and Outpatient Letters - Compliance with standards | KH | SJ | 90% or above | QS | Red = <80% ER = Qrtly ER if <90% and deterioration | New Indicator for 14/15 | | | | | | | | 60% (InPt) | 83% (ED) | Policy launch, audit not undertaken | | | | |
| E16 | Published Consultant Level Outcomes | KH | SH | >0 outside expected | QC | Red = >0 Quarterly ER = >0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| E17 | Non compliance with 14/15 published NICE guidance | KH | SH | 0 | QC | Red = in mth >0 ER = 2 consecutive mths Red | New Indicator for 14/15 | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

**Responsive**

| KPI Ref | Indicators | Board Director | Lead Director/Officer | 14/15 Target | Target Set by | Red RAG/ Exception Report Threshold (ER) | 13/14 Outturn | Feb-14 | Mar-14 | Apr-14 | May-14 | Jun-14 | Jul-14 | Aug-14 | Sep-14 | Oct-14 | Nov-14 | Dec-14 | Jan-15 | Feb-15 | YTD |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| R1 | ED 4 Hour Waits UHL + UCC (Sit Rep) | RM | CF | 95% or above | NTDA | Red = <95% ER via ED TB report | 88.4% | 83.5% | 89.3% | 86.9% | 83.4% | 91.3% | 92.5% | 90.9% | 91.5% | 90.1% | 88.5% | 83.0% | 90.2% | 89.2% | 88.8% |
| R2 | 12 hour trolley waits in A&E | RM | CF | 0 | NTDA | Red = >0 ER via ED TB report | 5 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 0 | 4 |
| R3 | RTT Waiting Times - Admitted | RM | CC | 90% or above | NTDA | Red /ER = <90% | 76.7% | 79.1% | 76.7% | 78.9% | 79.4% | 79.0% | 80.9% | 82.2% | 81.6% | 84.4% | 85.5% | 86.9% | 85.0% | 85.9% | *82.7% |
| R4 | RTT Waiting Times - Non Admitted | RM | CC | 95% or above | NTDA | Red /ER = <95% | 93.9% | 93.5% | 93.9% | 94.3% | 94.4% | 95.0% | 94.9% | 95.6% | 94.6% | 94.9% | 95.2% | 96.0% | 95.3% | 95.2% | *95% |
| R5 | RTT - Incomplete 92% in 18 Weeks | RM | CC | 92% or above | NTDA | Red /ER = <92% | 92.1% | 92.6% | 92.1% | 93.9% | 93.6% | 94.0% | 93.2% | 94.0% | 94.3% | 94.8% | 95.0% | 95.1% | 95.1% | 96.2% | *94.4% |
| R6 | RTT 52 Weeks+ Wait (Incompletes) | RM | CC | 0 | NTDA | Red /ER = >0 | 0 | 0 | 0 | 0 | 0 | 0 | 15 | 1 | 3 | 3 | 2 | 0 | 0 | 0 | 0 |
| R7 | 6 Week - Diagnostic Test Waiting Times | RM | SK | 1% or below | NTDA | Red /ER = >1% | 1.9% | 1.9% | 1.9% | 0.8% | 0.9% | 0.8% | 0.7% | 1.0% | 1.0% | 0.7% | 1.8% | 2.2% | 5.0% | 0.8% | *1.4% |
| R8 | Two week wait for an urgent GP referral for suspected cancer to date first seen for all suspected cancers | RM | MM | 93% or above | NTDA | Red = <93% ER = Red for 2 consecutive mths | 94.8% | 95.9% | 95.3% | 88.5% | 94.7% | 93.5% | 92.2% | 92.0% | 90.6% | 92.0% | 92.5% | 93.0% | 92.2% | | 92.1% |
| R9 | Two Week Wait for Symptomatic Breast Patients (Cancer Not initially Suspected) | RM | MM | 93% or above | NTDA | Red = <93% ER = Red for 2 consecutive mths | 94.0% | 93.4% | 94.3% | 80.0% | 95.0% | 98.9% | 94.9% | 94.4% | 95.2% | 98.6% | 100.0% | 93.0% | 92.5% | | 94.3% |
| R10 | 31-Day (Diagnosis To Treatment) Wait For First Treatment: All Cancers | RM | MM | 96% or above | NTDA | Red = <96% ER = Red for 2 consecutive mths | 98.1% | 98.5% | 98.2% | 97.2% | 92.9% | 93.6% | 94.4% | 97.9% | 91.9% | 95.9% | 92.5% | 95.2% | 91.7% | | 94.3% |
| R11 | 31-Day Wait For Second Or Subsequent Treatment: Anti Cancer Drug Treatments | RM | MM | 98% or above | NTDA | Red = <98% ER = Red for 2 consecutive mths | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 98.8% | 100.0% | 97.1% | 100.0% | 96.7% | 100.0% | | 99.3% |
| R12 | 31-Day Wait For Second Or Subsequent Treatment: Surgery | RM | MM | 94% or above | NTDA | Red = <94% ER = Red for 2 consecutive mths | 96.0% | 96.4% | 98.6% | 95.2% | 97.0% | 90.8% | 90.1% | 87.8% | 94.0% | 81.9% | 82.4% | 80.3% | 89.2% | | 88.7% |
| R13 | 31-Day Wait For Second Or Subsequent Treatment: Radiotherapy Treatments | RM | MM | 94% or above | NTDA | Red = <94% ER = Red for 2 consecutive mths | 98.2% | 96.3% | 99.1% | 97.3% | 95.6% | 93.9% | 97.3% | 99.0% | 96.5% | 96.0% | 94.7% | 95.5% | 87.6% | | 95.5% |
| R14 | 62-Day (Urgent GP Referral To Treatment) Wait For First Treatment: All Cancers | RM | MM | 85% or above | NTDA | Red = <85% ER = Red in mth or YTD | 86.7% | 89.1% | 92.4% | 92.7% | 88.5% | 73.1% | 85.6% | 78.8% | 75.5% | 80.4% | 77.0% | 84.8% | 79.3% | | 81.4% |
| R15 | 62-Day Wait For First Treatment From Consultant Screening Service Referral: All Cancers | RM | MM | 90% or above | NTDA | Red = <90% ER = Red for 2 consecutive mths | 95.6% | 95.1% | 91.7% | 91.1% | 67.4% | 73.9% | 73.0% | 100.0% | 87.5% | 75.0% | 94.4% | 93.8% | 88.9% | | 84.7% |
| R16 | Urgent Operations Cancelled Twice | RM | PW | 0 | NTDA | Red = >0 ER = >0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| R17 | Cancelled patients not offered a date within 28 days of the cancellations UHL | RM | PW | 0 | NTDA | Red = >2 ER = >0 | 85 | 2 | 8 | 10 | 4 | 1 | 2 | 1 | 2 | 2 | 0 | 3 | 4 | 3 | 32 |
| R18 | Cancelled patients not offered a date within 28 days of the cancellations ALLIANCE | RM | PW | 0 | NTDA | Red = >2 ER = >0 | New Indicator for 14/15 | | | 0 | 0 | 0 | 0 | 6 | 0 | 0 | 1 | 1 | 2 | 1 | 11 |
| R19 | % Operations cancelled for non-clinical reasons on or after the day of admission UHL | RM | PW | 0.8% or below | Contract | Red = >0.9% ER = >0.8% | 1.6% | 2.1% | 1.5% | 1.1% | 0.8% | 1.1% | 0.7% | 0.6% | 0.8% | 0.8% | 1.2% | 1.1% | 0.8% | 0.7% | 0.9% |
| R20 | % Operations cancelled for non-clinical reasons on or after the day of admission ALLIANCE | RM | PW | 0.8% or below | Contract | Red = >0.9% ER = >0.8% | 1.6% | 2.1% | 1.5% | 0.6% | 0.6% | 0.3% | 2.7% | 0.0% | 0.9% | 1.0% | 0.0% | 0.8% | 1.4% | 0.0% | 0.8% |
| R21 | % Operations cancelled for non-clinical reasons on or after the day of admission UHL + ALLIANCE | RM | PW | 0.8% or below | Contract | Red = >0.9% ER = >0.8% | New Indicator for 14/15 | | | 1.1% | 0.8% | 1.0% | 0.9% | 0.6% | 0.8% | 0.8% | 1.1% | 1.1% | 0.8% | 0.7% | 0.9% |
| R22 | No of Operations cancelled for non-clinical reasons on or after the day of admission UHL + ALLIANCE | RM | PW | N/A | UHL | tbc | 1739 | 178 | 139 | 106 | 77 | 98 | 94 | 55 | 90 | 94 | 108 | 102 | 85 | 64 | 973 |
| R23 | Delayed transfers of care | RM | PW | 3.5% or below | NTDA | Red = >3.5% ER = Red 3 consecutive mths | 4.1% | 4.3% | 3.8% | 4.4% | 4.2% | 4.0% | 3.9% | 3.9% | 4.5% | 4.6% | 5.2% | 3.9% | 3.2% | 2.9% | 4.1% |
| R24 | Choose and Book Slot Unavailability | RM | CC | 4% or below | Contract | Red = >4% ER = Red 3 consecutive mths | 13% | 16% | 19% | 22% | 25% | 26% | 25% | 26% | 25% | 20% | 17% | 16% | 13% | 19% | 21% |
| R25 | Ambulance Handover >60 Mins (CAD) | RM | CF | 0 | Contract | Red = >0 ER = Red for 3 consecutive mths | 868 | 207 | 111 | 173 | 253 | 88 | 71 | 50 | 106 | 253 | 343 | 460 | 353 | 499 | 2,649 |
| R26 | Ambulance Handover >30 Mins and <60 mins (CAD) | RM | CF | 0 | Contract | Red = >0 ER = Red for 3 consecutive mths | 7,075 | 818 | 601 | 720 | 951 | 671 | 591 | 805 | 736 | 1,147 | 1,364 | 1,170 | 1,167 | 970 | 10,292 |

* RTT/Diagnostics Yearly Average

# Month standard will be compliant

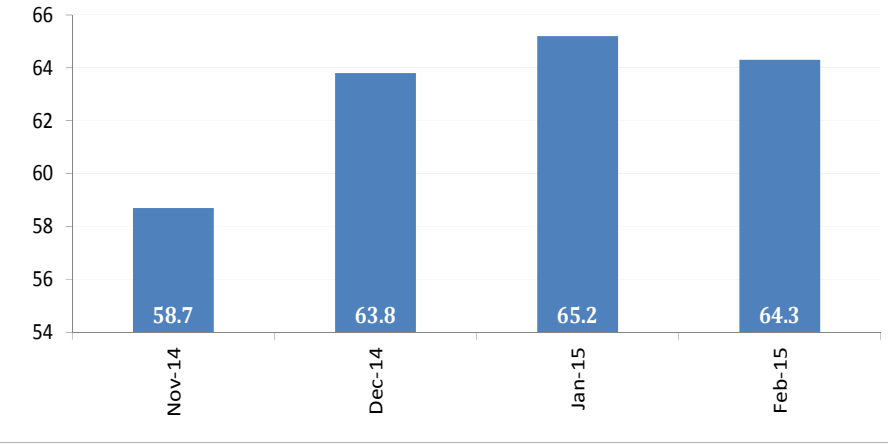| Standard | February predicted | March predicted | Month by which to be compliant | RAG rating of required month delivery | Commentary |
|---|---|---|---|---|---|
| **Emergency Care** | | | | | |
| 4+ hr Wait (95%) - Calendar month | 89.5% | | | | |
| **RTT (inc Alliance)** | | | | | |
| Admitted (90%) | 85.9% | 84.0% | April | | Delivery confidence for April has moved to Amber due to the size of the backlog in Orthopaedics. CMG is taking decisive action to improve the position but risk for organisation remains. |
| Non-Admitted (95%) | 95.2% | 95.2% | Continued Delivery | | February including Alliance has achieved. Predicting ongoing compliance. |
| Incomplete (92%) | 96.0% | 96.2% | Continued Delivery | | Backlog clearance improving sustainability |
| **Diagnostic (inc Alliance)** | | | | | |
| DM01 (<1%) | 0.8% | 0.9% | March | | Significant improvement between January and February. Validation has improved February position with final submission delivering. March achievement predicted. |
| **Cancelled Ops (inc Alliance)** | | | | | |
| Cancelled Ops (0.8%) | 0.8% | 0.8% | Continued delivery | | |
| Not Rebooked within 28 days (0 patients) | 3 | 0 | March | | No breaches currently predicted |
| **Cancer** | | | | | |
| Two Week Wait (93%) | 93.2% | 93.2% | March | | Patient choice now the dominant reason for failure all UHL tumour sites compliant for capacity and speed of offering patients dates. |
| 31 Day First Treatment (96%) | 93.2% | 92.5% | March | | Urology now predicting 0 in the 31 day backlog in April. This will allow for delivery from April (ceteris paribus). |
| 31 Day Subsequent Surgery Treatment (94%) | 93.1% | 79.6% | April | | February validation to be completed may have achieved in February once complete. |
| 62 Days (85%) | 78.7% | 78.2% | July | | 62 Day backlog reduction in line with plan |

8

## Research UHL

| KPI Ref | Indicators | Board Director | Lead Director/Officer | 14/15 Target | Target Set by | Red RAG/ Exception Report Threshold (ER) | Apr-14 | May-14 | Jun-14 | Jul-14 | Aug-14 | Sep-14 | Oct-14 | Nov-14 | Dec-14 | Jan-15 | Feb-15 | YTD |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| RU1 | Median Days from submission to Trust approval (Portfolio) | KH | NB | tbc | tbc | tbc | 3.0 | | | 2.0 | | | 3.0 | | | | | |
| RU2 | Median Days from submission to Trust approval (Non Portfolio) | KH | NB | tbc | tbc | tbc | 2.0 | | | 3.5 | | | 2.0 | | | | | |
| RU3 | Recruitment to Portfolio Studies | KH | NB | Aspirational target=10920/year (910/month) | tbc | tbc | 941 | 1092 | 963 | 1075 | 1235 | 900 | 1039 | 1048 | 604 | | | |
| RU4 | % Adjusted Trials Meeting 70 day Benchmark (data sunbmitted for the previous 12 month period) | KH | NB | tbc | tbc | tbc | (Jul13-Jun14 ) 43.4% | | | (Oct13-Sep14 ) 70.5% | | | | | | | | |
| RU5 | Rank No. Trials Submitted for 70 day Benchmark (data submitted for the previous 12 month period) | KH | NB | tbc | tbc | tbc | (Jul13-Jun14 ) 17 | | | (Oct13-Sep14 ) 18 | | | | | | | | |
| RU6 | %Closed Commercial Trials Meeting Recruitment Target (data submitted for the previous 12 month period) | KH | NB | tbc | tbc | tbc | (Jul13-Jun14 ) 50% | | | (Oct13-Sep14 ) 52% | | | | | | | | |

## Research (CLINICAL RESEARCH NETWORK)

| KPI Ref | Indicators | Board Director | Lead Director/Officer | 14/15 Target | Target Set by | Red RAG/ Exception Report Threshold (ER) | Sep-14 | Oct-14 | Nov-14 | Dec-14 | Jan-15 | Feb-15 | YTD |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| RS1 | Number of participants recruited in a reporting year into NIHR CRN Portfolio studies | KH | DR | England 650,000 East Midlands 50,000 | NIHR CRN | Red / ER = <90% | 92.0% | 93.0% | 94.0% | 93.0% | 91.0% | 90.0% | 90.0% |
| RS2a | A: Proportion of commercial contract studies achieving their recruitment target during their planned recruitment period. | KH | DR | England 80% East Midlands 80% | NIHR CRN | Red / ER = <60% | 67.0% | 64.0% | 68.0% | 54.0% | 56.0% | 47.0% | 47.0% |
| RS2b | B: Proportion of non-commercial studies achieving their recruitment target during their planned recruitment period | KH | DR | England 80% East Midlands 80% | NIHR CRN | Red / ER = <60% | 81.0% | 81.0% | 73.0% | 77.0% | 77.0% | 86.0% | 86.0% |
| RS3a | A: Number of new commercial contract studies entering the NIHR CRN Portfolio | KH | DR | 600 | NIHR CRN | tbc | | | | | | | |
| RS3b | B: Number of new commercial contract studies entering the NIHR CRN Portfolio as a percentage of the total commercial MHRA CTA approvals for Phase II-IV studies | KH | DR | 75% | NIHR CRN | Red <75% | | | | | | | |
| RS4 | Proportion of eligible studies obtaining all NHS Permissions within 30 calendar days (from receipt of a valid complete application by NIHR CRN) | KH | DR | 80% | NIHR CRN | Red <80% | 90.0% | 89.0% | 84.0% | 82.0% | 83.0% | 83.0% | 82.0% |
| RS5a | A: Proportion of commercial contract studies achieving first participant recruited within 70 calendar days of NHS services receiving a valid research application or First Network Site Initiation Visit | KH | DR | 80% | NIHR CRN | Red <80% | | | | | | | |
| RS5b | B: Proportion of non-commercial studies achieving first participant recruited within 70 calendar days of NHS services receiving a valid research application | KH | DR | 80% | NIHR CRN | Red <80% | | | | | | | |
| RS6a | A: Proportion of NHS Trusts recruiting each year into NIHR CRN Portfolio studies | KH | DR | England 99% East Midlands 99% | NIHR CRN | Red <99% | 81.0% | 81.0% | 81.0% | 88.0% | 88.0% | 88.0% | 88.0% |
| RS6b | B: Proportion of NHS Trusts recruiting each year into NIHR CRN Portfolio commercial contract studies | KH | DR | England 70% East Midlands 70% | NIHR CRN | Red <70% | 56.0% | 56.0% | 56.0% | 56.0% | 56.0% | 56.0% | 56.0% |
| RS6c | B: Proportion of General Medical Practices recruiting each year into NIHR CRN Portfolio studies | KH | DR | England 25% East Midlands 25% | NIHR CRN | Red <25% | 45.0% | 45.0% | 51.0% | 63.0% | 54.0% | 54.0% | 54.0% |
| RS7 | Number of participants recruited into Dementias and Neurodegeneration (DeNDRoN) studies on the NIHR CRN Portfolio | KH | DR | England 13500 East Midlands 510 | NIHR CRN | Red <510 Q4 | 325 | 438 | 448 | 532 | 624 | 729 | 729 |
| RS8 | Deliver robust financial management using appropriate tools - % of financial returns completed on time | KH | DR | England 100% East Midlands 100% | NIHR CRN | Red <100% | 100% *Q2 | 100.0% | | | | 100% | 100% *Q2 |

| | KPI Ref | Indicators | Board Director | Lead Director/Officer | 14/15 Target | Target Set by | Red RAG/ Exception Report Threshold (ER) | Sep-14 | Oct-14 | Nov-14 | Dec-14 | Jan-15 | Feb-15 | YTD |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Estates and Facilities** | E&F1 | Percentage of statutory inspection and testing completed in the Contract Month measured against the PPM schedule. | AC | GL | 100% | Contract KPI | Red = ≤ 98% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% |
| | E&F2 | Percentage of non-statutory PPM completed in the Contract Month measured against the PPM schedule | AC | GL | 100% | Contract KPI | Red = ≤ 80% | 91.5% | 81.2% | 95.6% | 80.5% | 86.6% | 97.4% | 88.8% |
| | E&F3 | Percentage of Estates Urgent requests achieving rectification time | AC | LT | 95% | Contract KPI | Red = ≤ 75% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% |
| | E&F4 | Percentage of scheduled Portering tasks completed in the Contract Month | AC | LT | 99% | Contract KPI | Red = ≤ 98% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% |
| | E&F5 | Number of Emergency Portering requests achieving response time | AC | LT | 100% | Contract KPI | Red = >2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | E&F6 | Number of Urgent Portering requests achieving response time | AC | LT | 95% | Contract KPI | Red = ≤ 95% | 95.1% | 96.2% | 97.3% | 97.2% | 97.2% | 98.5% | 96.9% |
| | E&F7 | Percentage of Cleaning audits in clinical areas achieving NCS audit scores for cleaning above 90% | AC | LT | 100% | Contract KPI | Red = ≤ 98% | 100.0% | 99.1% | 100.0% | 100.0% | 100.0% | 94.4% | 98.9% |
| | E&F8 | Percentage of Cleaning Rapid Response requests achieving rectification time | AC | LT | 92% | Contract KPI | Red = ≤ 80% | 99.6% | 89.9% | 93.3% | 90.5% | 91.1% | 94.1% | 93.1% |
| | E&F9 | Percentage of meals delivered to wards in time for the designated meal service as per agreed schedules | AC | LT | 97% | Contract KPI | Red = ≤ 95% | 99.4% | 99.5% | 100.0% | 100.0% | 98.9% | 99.9% | 99.6% |
| | E&F10 | Overall percentage score for monthly patients satisfaction survey for catering service | AC | LT | 85% | Contract KPI | Red = ≤ 75% | 96.7% | 97.3% | 97.3% | 96.7% | 93.8% | 95.8% | 96.3% |

## S1b – CDIFF local target
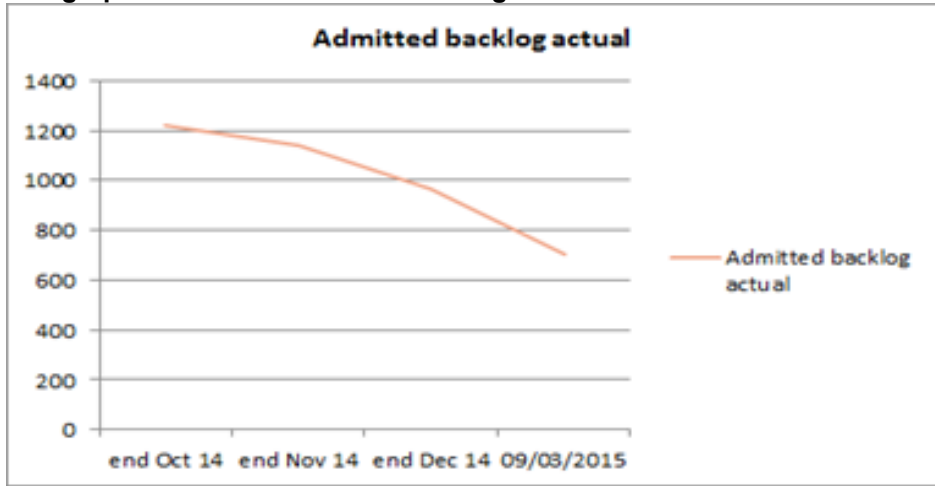
| What is causing underperformance? | What actions have been taken to improve performance? | Target (mthly / end of year) | Latest month performance | YTD performance | Forecast performance for next reporting period |
|---|---|---|---|---|---|
| The number of cases of C difficile infection this year is comparable to the number seen in 2013/14. This may indicate an irreducible minimum burden of C difficile within the current context of clinical practice (particularly antibiotic prescribing practice), hand hygiene and environmental hygiene. There has probably been little substantial change in practice in these areas this year compared with last year so it is not surprising that the outcome, number of C difficile infections, is much the same. In many regards, UHL antibiotic prescribing is very good and the room for improvement is limited given current constraints. A step change in prescribing practice is expected to follow once electronic prescribing is rolled out across the Trust, since this should allow greater scrutiny in real time of antibiotic prescribing practice. The one feature to highlight is the widely held perception that domestic cleaning has deteriorated over the last 1-2 years. This is difficult to prove objectively because cleanliness is very difficult to quantify directly. However, the practice of re-auditing cleaning until a satisfactory score is returned has been viewed as inappropriate and likely to lead to sub-optimal cleaning. Given the importance of physical removal of C difficile spores from the clinical environment as a C difficile control measure, it is clear that inadequate cleaning could significantly contribute to infection cases | Interserve has been instructed to stop reporting audits based on re-testing of cleaning inspections and to report only the result of the first inspection. This should give a more accurate picture of any inadequate cleaning practice, allowing focused attention on these areas with the intention that this will raise the standard of cleaning, including spore removal, in these areas. | **Annual trajectory: 50 internal, 81 external** | 5 | 66 | 71 by end of March |

|  | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Traj 14/15 | 7 | 8 | 5 | 7 | 6 | 7 | 7 | 7 | 6 | 7 | 7 | 7 | 81 |
| Internal Traj 14/15 | 4 | 5 | 4 | 5 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 50 |
| Actual infections 14/15 | 4 | 6 | 5 | 7 | 2 | 5 | 7 | 7 | 11 | 7 | 5 |  | 66 |

| **Expected date to meet standard / target** | Internal trajectory has already been passed. Still within external trajectory and unlikely to be passed |
|---|---|
| **Revised date to meet standard** | |
| **Lead Director / Lead Officer** | Carole Ribbins, Acting Chief Nurse |

## C3 Outpatients Friends and Family Test

| What is causing underperformance? | What actions have been taken to improve performance? | Target (mthly / end of year) | Latest month performance | YTD performance | Forecast performance for next reporting period |
|---|---|---|---|---|---|
| Since the launch of the FFT in outpatients clinics have been unsuccessful in collecting representative numbers of surveys. In February 2.1% patients who attended outpatients provided feedback (min target 5%). <br><br> With this limited amount of feedback difficult to ascertain true picture of patients experience, however key themes for improvement are: <br><br> 1. Long wait times in clinic <br><br> 2. Long wait times for an appointment. <br><br> 3. Car park availability <br><br> 4. Lack of adequate communication | CMGs informed of underperformance and tasked with greater Service Manager engagement to ensure feedback collection. <br><br> Meetings have been held with Clerical and clinical leads for Outpatient areas to encourage the sharing of patient feedback comments with junior staff. <br><br> Clinics have been identified by Consultant name to encourage participation in Patient feedback. | 75 | 64.3 | 64.3 | |

UHL , Outpatients Friends and Family Test - Score

| | | | |
|---|---|---|---|
| 58.7 (Nov-14) | 63.8 (Dec-14) | 65.2 (Jan-15) | 64.3 (Feb-15) |

| | |
|---|---|
| **Expected date to meet standard / target** | April 2015 |
| **Revised date to meet standard** | April 2015 |
| **Lead Director / Lead Officer** | Carole Ribbins, Acting Chief Nurse <br> Heather Leatham, Assistant Chief Nurse |

## W9 Sickness absence

| What is causing underperformance? | What actions have been taken to improve performance? | Target (mthly / end of year) | Latest month performance | YTD performance | Forecast performance for next reporting period |
|---|---|---|---|---|---|
| 1. There has been an increase in sickness absence from July 2014. (Table 1).<br><br>2. Sickness levels for January 2014 and January 2015 are broadly comparable. Sickness levels first reported for January 2014 were 4.48%, and subsequently reduced by 0.6% to 3.88% following late closures.<br><br>3. Sickness absence reporting highlights an adjustment of around 0.5% due to late closures. It is therefore expected the January 2015 sickness absence rate will be adjusted in the coming months.<br><br>4. In the last year the Trust has seen an increase in staff taking absence, 'triggers' and long term absences. (Table 2)<br><br>5. Feedback from Clinical Management Group and Directorates Leads indicates that the increased sickness absence is due to :-<br><br>   a. Increased operational pressures / activity<br>   b. Seasonal variations<br>   c. Inaccurate data – delays in closing absences<br>   d. Management changes / handovers<br>   e. Vacancies and other absences reducing management time<br>Service pressures delaying sickness absence management | 1. Improved data through weekly SMART reports and monthly ESR reports highlighting open absences, closed absences and triggers (3 episodes / more than 10 days / 2 working weeks)<br>2. Discussion at CMG / Directorate Boards and across services / areas with specific actions confirmed<br>3. Making it Happen Reviews, to discuss and agree actions for the management and support of open absences, 'triggers' and complex cases with line managers.<br>4. 6 monthly CMG Sickness Performance Reviews / Case reviews with Occupational Health and Senior and independent HR colleagues.<br>5. Sickness Absence training for managers and administrators<br><br>**Further Actions:**<br>6. Local training is facilitated for CMG's / Directorates in response to specific needs – management of long term absence, documentation etc.<br>7. Local actions to address high sickness absence include CMG Management Team 'Hot Spot' meetings, Staff Engagement events to reduce sickness absence and improve the management of sickness absence.<br>8. Improvement plans including timescales are discussed and agreed at CMG / Directorate level to reduce sickness absence and increase performance in the management of sickness absence.<br>9. Specific staff support and targeted management of stress related absences.<br>10. Review of the UHL Sickness Absence in comparison with other NHS organisations. | UHL Stretch target 3% (previous SHA target 3.4%) | 4.5% | 3.7% (average) | 3.5% average (April 2015) |

Table 1: Monthly Trust Performance:

| 2014 Jul % Abs Rate (FTE) | 2014 Aug % Abs Rate (FTE) | 2014 Sep % Abs Rate (FTE) | 2014 Oct % Abs Rate (FTE) | 2014 Nov % Abs Rate (FTE) | 2014 Dec % Abs Rate (FTE) | 2015 Jan % Abs Rate (FTE) | Contracted WTE | Cumulative % Abs Rate (FTE) |
|---|---|---|---|---|---|---|---|---|
| 3.4% | 3.4% | 3.7% | 4.0% | 4.0% | 4.5% | 4.5% | 10754.78 | 3.7% |

Table 2: Annual performance

| January | Staff taking absence | Staff 'triggering' | % absences over 28 days |
|---|---|---|---|
| 2013 | 67.7 | 39.7 | 8.1 |
| 2014 | 64.9 | 37.6 | 7.78 |
| 2015 | 65.8 | 39.2 | 8.28 |

| **Expected date to meet standard / target** | Monthly Target |
|---|---|
| **Revised date to meet standard** | April 2015 |
| **Lead Director / Lead Officer** | Emma Stevens, Acting Director of Human Resources<br>Kalwant Khaira, CMG HR Lead (HR Sickness Absence Lead) |

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

| What is causing underperformance? | What actions have been taken to improve performance? | Target (mthly / end of year) | Latest month performance | YTD performance | Forecast performance for next reporting period |
|---|---|---|---|---|---|
| All of the issues set out in previous reports continue in the service and are exacerbated at times of heightened activity.<br><br>Significant increases in activity though December and January have had an impact on delivery of the target and ability to operate on patients within target. The current scheduled theatre capacity is insufficient to cope with this level of trauma demand and increasing spinal work. Short notice additional operating sessions continue to be arranged as necessary.<br><br>The acceptance of out of area elective and emergency spinal work is having a detrimental effect on the main trauma capacity as spinal patients are medically prioritised over 'other' trauma which has a knock on effect on #NOF capacity. | An action plan is to be presented to the CMG board in April which details the work that is currently being scoped and implemented from the various outputs of the LiA and other improvement projects within the specialty. Specific blockers include Theatre List start and finish times, Orthogeriatric capacity and Theatre process delays.<br><br>The listening into action process continues the themes and detailed actions will be published in the action plan to be presented to the CMG board in April.<br><br>Work continues within the spinal network with regards to capacity across the region and how UHL fits into the future plans. | **72%** | **67.2%** | **61.4%** | **62%** |



Performance against the 72% of patients being taken to theatre within 36 hours

Apr-14: 57%, May-14: 41%, Jun-14: 60%, Jul-14: 77%, Aug-14: 59%, Sep-14: 69%, Oct-14: 70%, Nov-14: 59%, Dec-14: 57%, Jan-15: 58%, Feb-15: 67%

Performance by Quarter

| 13/14 FYE | 14/15 Q1 | 14/15 Q2 | 14/15 Q3 | 14/15 Q4 |
|---|---|---|---|---|
| 65% | 52% | 68% | 63% | |

| | |
|---|---|
| **Expected date to meet standard / target** | December 2014 |
| **Revised date to meet standard** | Quarter 3 2015/16 |
| **Lead Director / Lead Officer** | Richard Power, MSS CD<br>Maggie McManus, MSS Deputy Head of Operations |

## R3 – RTT Waiting Time - Admitted

| What is causing underperformance? | What actions have been taken to improve performance? | Target (mthly / end of year) | Latest performance | YTD performance | Forecast performance for next reporting period |
|---|---|---|---|---|---|
| The Trust commitment to deliver the admitted standard from April 2015 onwards remains, but this is not without its risks due to the level of backlog remaining.<br>The graph opposite illustrates the significant admitted backlog reduction achieved from end October 2014 (1218) to the present day (702). This has been achieved by additional in house activity and outsourcing to the local independent sector providers. During this period the longest admitted waiters (26 week+ RTT) have been reduced by 49% from 339 at end of October to 166 in March 2015 and the commitment to ensure that the longest waiters are treated remains our priority.<br>**By key speciality:**<br>• General surgery, backlog continues to reduce as planned with weekend working in March<br>• Urology the backlog has reduced significantly.<br>• Paediatric Max fax and ENT have been hampered by lack of paediatric elective capacity.<br>• paediatric surgery and urology are on track to deliver their target reductions<br>• Gynaecology, is on track to deliver its target reduction.<br>• Orthopaedics, backlog has remained static. It is a significant risk due to the unsustainable non admitted backlog position | The Trust is achieving 2 of the 3 RTT standards: Non-admitted and incompletes performance are both compliant. The backlog reduction agreed by the TDA for the end of February has been achieved.<br>The actions been taken in admitted are clearly the right actions evidenced by the backlog reductions seen in recent weeks and months.<br>The revised weekly access meeting is working well as is the predictive ability of ensuring delivery.<br><br>• Additional activity at weekends<br>• Urology additional in house and independent sector<br>• Additional weekend work across the paediatric specialities<br>• Additional work in house but also with the local independent sector.<br>• Orthopaedics remains the greatest risk to the Trust RTT performance. Weekend working continues, additional outsourcing to the local Independent sector for electives | 90% treated within 18 weeks | 85.8% (UHL and Alliance) | 85% | 86% |

**The graph below illustrates the backlog reduction at Trust level**



**Admitted backlog actual**

**Risks to delivery of the admitted 90% standard in April**
The single speciality that poses the greatest risk to delivery of the Trust level admitted standard in April is orthopaedics due to the residual backlog volumes:

**Mitigation**
All key speciality plans being reviewed by Director of Performance and Information.
Orthopaedics on daily reporting of key improvement metric.
Orthopaedics on daily reporting of key improvement metric.
Re modelling of anticipated performance.
Ongoing additional activity in key specialities.
Additional outsourcing of activity in March, supported by TDA additional funding.

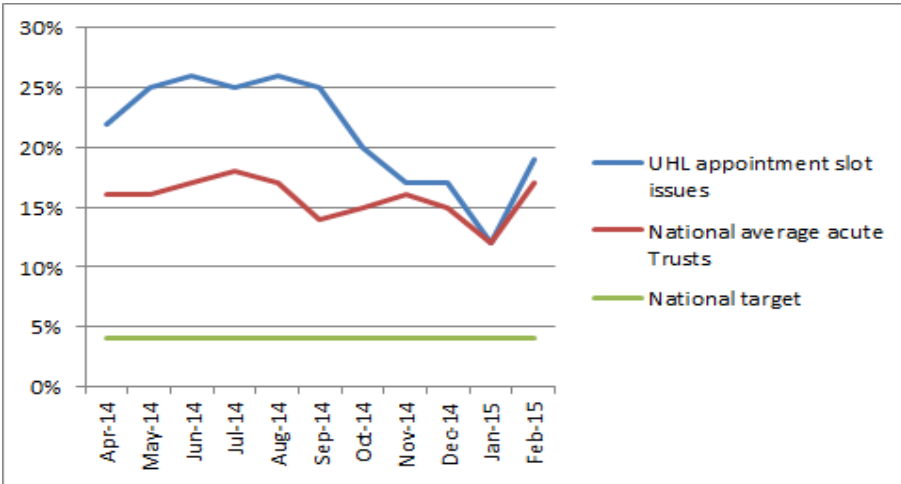| | |
|---|---|
| **Expected date to meet standard / target** | April 2015 |
| **Lead Director / Lead Officer** | W Monaghan, Director of Performance and Information<br>C Carr, Head of Performance |

## R8-15 Cancer Waiting Times Performance

| What is causing underperformance? | What actions have been taken to improve performance? | Target (mthly / end of year) | Latest month performance January | Performance to date 2014/15 | Forecast performance for February |
|---|---|---|---|---|---|
| **R8 – 2WW**<br><br>1) There has been an annualised increase of 18% in 2WW suspected cancer referrals in 2014/15 to date<br><br>2) This is likely to continue to grow<br><br>3) LLR has a conversion rate from referral to cancer diagnosis significantly below the national average, raising concerns around the quality of 2WW referrals<br><br>**R10, 12 – 31 day standards**<br><br>Achieving these standards are now essentially a single service issue. The service concerned is in receipt of significant support to turn performance around, with encouraging indicators of success in cancer backlog reductions.<br><br>**R14, 15 – 62 day standards**<br><br>The system for the integration of complex cancer pathways remains in place (**R14, R15**)<br>Access to cancer diagnostics remains good.<br><br>The delivery of timely treatments (**R10, R12**) lies within the gift of services for surgery, and the oncology department for chemotherapy and radiotherapy. Chemotherapy and radiotherapy treatments have remained timely for the most part. The issue is adequate access to surgical capacity.<br><br>There is no shortage of overall surgical capacity. There are challenges with the complex nature of these pathways. The overall backlog size is reducing and we have an agreed trajectory. | **R8 – 2WW**<br><br>The trust have reliably and consistently delivered rapid processing of referrals and released adequate capacity quickly to meet the 2WW demand consistently for 3 months. Overwhelmingly breaches are due to patient choice.<br><br>Joint work streams with the CCGs, requiring their leadership regarding (1) correct process (2) use of appropriate clinical criteria and (3) preparation of patients for urgency of appointments are needed to achieve this standard.<br><br>**R10, 12 – 31 day standards**<br><br>As across, a single service issue. Support and monitoring in place and delivering improvement.<br><br>**R14, 15**<br><br>Trajectory for recovery by tumour site agreed with CMGs to deliver recovery of the standard at trust level monthly by month 4 15/16 and cumulatively by month 6 15/16.<br><br>Decision on Business Case for the administrative staff required to deliver the enhanced support to services awaited. | **R8 2WW 93%** | 92.2% | 92.1% | 93.2% |
| | | **R10 31 day 1st 96%** | 91.7% | 94.3% | 93.2% |
| | | **R12 31 day sub (Surgery) 94%** | 89.2% | 88.7% | 93.1% |
| | | **R14 62 day RTT 85%** | 79.3% | 81.4% | 78.7% |
| | | **R15 62 screening 90%** | 88.9% | 84.7% | 77.1% |

### Performance by Quarter

|  | 13/14 FYE | 14/15 Q1 | 14/15 Q2 | 14/15 Q3 | 14/15 Q4 |
|---|---|---|---|---|---|
| **R8** | 94.8% | 92.2% | 91.6% | 92.5% | |
| **R10** | 98.1% | 94.6% | 94.6% | 94.6% | |
| **R12** | 98.2% | 94.2% | 90.5% | 81.5% | |
| **R14** | 86.7% | 84.1% | 80.1% | 80.8% | |
| **R15** | 95.6% | 78.0% | 85.0% | 89.2% | |

| Expected date to meet standard / target | R8 – Recovered December<br>R10,12 – Recovery expected M12 2014/15<br>R14,15 – Recovery expected M6 2015/16 |
|---|---|
| **Revised date to meet standard** | As Above, 2WW vulnerable to patient choice |
| **Lead Director / Lead Officer** | Will Monaghan<br>Matt Metcalfe |

## R17 - cancelled operations not booked within 28 days

| **INDICATOR: The cancelled operations target comprises of three components:** |
|---|
| **1.** The % of cancelled operations for non-clinical reasons On The Day(OTD) of admission |
| **2.** The number of patients cancelled who are offered another date within 28 days of the cancellation |
| **3.** The number of urgent operations cancelled for a second time. |

| What is causing underperformance? | What actions have been taken to improve performance? | Target (mthly / end of year) | Latest month performance | YTD performance | Forecast performance for next reporting period |
|---|---|---|---|---|---|
| For the second consecutive month the 0.8% national target has been achieved. This target has not been achieved in winter since 2010.<br><br>In February 2014 UHL had 174 cancellations (2%). There were 110 fewer cancellations in February 2015.<br><br>The OTD cancellation reasons remain similar to last month. 13 out of 64 were patients cancelled due to Adult HDU/ITU bed unavailability.<br><br>Emergency admissions to the LRI critical care unit increased significantly this year compared to the last three years adding pressures to OTD cancellations and 28 days breaches in January.<br><br>There were three 28 day breaches from UHL (excluding the Alliance): due to ITU/HDU pressures second time cancellations, complex procedures requiring specific medical input and complex equipment issue. All three occasions relevant escalations are followed. | A number of work streams have started aimed at reducing OTD cancellations including a LIA project. A successful LIA event was completed with participation of 48 staff in all three sites. Lots of useful feedback and a number of new ideas were provided by the staff to reduce cancellations. The LIA team are working to implement the changes suggested.<br><br>Risks to delivery of recovery plan<br><br>HDU and ITU bed availability is still a significant risk to OTD cancellations and 28 day breaches. The situation is monitored on a daily basis to try to ensure there is sufficient capacity to manage the emergency and elective flows to prevent OTD cancellations. Improvements have been made to the patient booking processes to try to establish a stable number of patients who will require critical care electively post operatively. | 1)On day=0.8%<br>2) 28 day = 0<br>3)urgent second time=0 | 1) 0.7%<br>2) 4 (3 UHL + 1 Alliance)<br>3) 0 | 1) 0.9%<br>2) 43<br>3) 0 | 1) 0.8%<br>2) 1<br>3) 0 |



OTD Cancellations Percentages from 2013/2014 to 2014/2015

2013/2014
2014/2015
National Target

February 2015 (N=64)

| Expected date to meet standard / target | April - On the day<br>April – 28 day |
|---|---|
| **Revised date to meet standard** | |
| **Lead Director / Lead Officer** | Richard Mitchell, Chief Operating Officer<br>Phil Walmsley, ITAPs Head of Operations |

## R24 Choose and Book

| What is causing underperformance? | What actions have been taken to improve performance? | Target (mthly / end of year) | Latest month performance | YTD performance | Forecast performance for next reporting period |
|---|---|---|---|---|---|
| **The Trust is measured on the % of Appointment Slot Unavailability (ASI) per month.**<br><br>The Trust has not met the required the <4% standard for circa 2 years and where it has met this standard it has been unable to maintain it for consecutive months.<br><br>The two most significant factors causing underperformance are:<br><br>- Shortage of capacity in outpatients<br>- Inadequate recurrent training and education of administrative staff in the set up and use of the choose and book process<br><br>The issues are notably: General Surgery and orthopaedics, Urology, paediatrics | **Capacity**<br><br>Additional capacity in key specialties is part of the RTT recovery plans<br><br>**Training and education**<br><br>The comprehensive training and education of relevant staff in key specialties continues, to ensure that choose and book is correctly set up and that supporting administrative purposes are fit for purpose.<br>A speciality level 'score card' to highlight areas required for improvement is being distributed weekly to CMGs. This highlights areas for concern and actions required. | **<4%** | 19% | 21% | 20% |

National performance varies significantly by Trust, with average performance of Acute Trusts nationally at 17% in November



| | |
|---|---|
| **Expected date to meet standard / target** | January 2015 |
| **Revised date to meet standard** | Yet to be confirmed |
| **Lead Director / Lead Officer** | Will Monaghan, Director of Performance and Information<br>Charlie Carr, Head of Performance |

## R25 and R26 Ambulance handover > 30 minutes  and >60 minutes

| What is causing underperformance? | What actions have been taken to improve performance? | Target (mthly / end of year) | Latest month performance | YTD performance | Forecast performance for next reporting period |
|---|---|---|---|---|---|
| Difficulties in accessing medical beds continue to lead to a backlog in the assessment area of ED.  This delays movement out of the assessment area and delays handover. January's performance improved due to consistently having beds in AMU so improving flow out of the ED.<br><br>It should be noted that the overall attendances in January via ambulance have gone down by 27 compared to December | A second meeting took place with EMAS in February. There are a series of actions that are being progressed to manage delays in handover,screens displaying in bound and vehicles on the stack.<br><br>Monthly RCA of 60+ mins delays continues to identify reasons for delays<br><br>Initial meeting with EMAS re implementation of CAD+. | 0 delays over 30 minutes | > 60 min 6%<br>30-60 min – 24%<br>15-30 min – 33% | > 60 min 3%<br>30-60 min – 17%<br>15-30 min – 36% | |



| | |
|---|---|
| **Expected date to meet standard / target** | |
| **Revised date to meet standard** | |
| **Lead Director / Lead Officer** | Richard Mitchell, Chief Operating Officer,<br>Phil Walmsley, ITAPS Head of Operations |

# RS2A Proportion of commercial contract studies achieving their recruitment target during their planned recruitment period

| What is causing underperformance? | What actions have been taken to improve performance? | Target (mthly / end of year) | | Latest month performance | YTD performance | Forecast performance for next reporting period |
|---|---|---|---|---|---|---|

| What is causing underperformance? | What actions have been taken to improve performance? | | |
|---|---|---|---|

East Midlands is currently 12th of the 15 LCRNs for this metric with no LCRN currently achieving the 80% target, highest is currently 68% and lowest 45%

Historic targets set in a previous structure where this measure was not applicable, of the 127 closed studies for this measure only 6 entered the system after 1st April 2014

A lot of variables impact on recruitment achieved, after the recruitment target is set, for example:

- Impact of global performance and earlier end dates giving less time to recruit
- Changes in UK practice during set up/ recruitment
- Protocol changes prior to initiation
- Understanding of targets and alignment on the source of the target sites are measured on

Actions column:
- Recovery plan produced identifying the divisions (1,2 & 5) with high volume and low performance and prioritised 2 weekly meetings with Research Delivery Managers to improve performance
- Migration of the performance data for all open and closed commercial research onto one internet based system to track performance for 2014/15.
- Implementation of a performance management process involving the Industry Team and Delivery Managers to escalate studies not recruiting to target within 24 hours and to align targets.
- Meetings with key research teams to discuss the importance of target setting and aligning the approach across the region so the target is reflective of the contract figure.
- Collation of local information to report on the actual figure to take account for the lag in National reporting. Feedback to national team highlighting numerous discrepancies in the report
- Contacting sponsors direct to analyse the reasons for under-performance.

**Target (mthly / end of year):** 80%
**Latest month performance:** 56%
**YTD performance:** 47%
**Forecast performance for next reporting period:** 54%

Closed Studies

| Division No closed studies | RTT | Activity as % of EMCRN closed | No red | No green | Rationale for underperformance | No open studies | % of open activity |
|---|---|---|---|---|---|---|---|
| 1 21 studies | 43% | 17% | 12 | 9 | Low numbers of recruits required for individual studies and narrowly missed targets Studies that struggled nationally | 71 | 29% |
| 2 30 studies | 37% | 24% | 19 | 11 | Low numbers of recruits required for individual studies and narrowly missed targets Studies that struggled nationally Diabetes UHL 7 closed 7 red | 66 | 27% |
| 3 10 studies | 30% | 8% | 7 | 3 | Came on board late to support. Short recruitment window as closed globally quicker than anticipated Imp issues so suspended but still included in CAR | 23 | 9% |
| 4 9 studies | 56% | 7% | 4 | 5 | Just missed target or came on board late to support trial and not enough time | 20 | 8% |
| 5 20 studies | 35% | 16% | 13 | 7 | Studies failed at a national level | 16 | 7% |
| 6 37 studies | 70% | 29% | 11 | 26 | Studies failed at a national level | 50 | 20% |
| 127 studies | 47% | 100% | 67 | 60 | | 246 | 100% |

Data from CAR end Feb 2015 Total 127 studies 61 green locally but 1 (SRN029) went over time nationally so 60 total green of 127 gives 47% RTT

| Expected date to meet standard / target | May 2015 |
|---|---|
| Revised date to meet standard | May 2015 |
| Lead Director / Lead Officer | Daniel Kumar, Industry Delivery Manager, CRN: East Midlands |

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

| What is causing underperformance? | What actions have been taken to improve performance? | Target (mthly / end of year) | Latest month performance | YTD performance | Forecast performance for next reporting period |
|---|---|---|---|---|---|
| The NIHR Clinical Research Network has an HLO with the Department of Health for 99% of Trusts in England to recruit to CRN Portfolio research each year. This has been passed down to local research networks.<br><br>There are 16 Trusts within the East Midlands region, with 14 Trusts currently reporting recruitment. The two who have not reported any recruitment are:<br>● East Midlands Ambulance Service NHS Trust (EMAS)<br>Lincolnshire Community Health Services (LCHS) | 1. **EMAS**: have received funding in 2014/15 for a Research Paramedic. This post currently supports two NIHR Portfolio studies that do not report recruitment in the traditional way due to patient assent taken rather than consent. EMAS have four studies in the pipeline that are due to open in 2015/16 including the AIRWAYS 2 study. Therefore it is unlikely that EMAS will report any recruitment before April 2015.<br><br>2. **LCHS**: this Trust supports several CRN Portfolio studies, however the consent event occurs in the primary care setting so the recruitment is attributed to Clinical Commissioning. There is scope for research within the community services (paediatrics, district nursing) that is being investigated, however it is unlikely that this Trust will report recruitment this financial year. | 99% | 88% (Red) | 88% (Red) | 88% |

| | |
|---|---|
| **Expected date to meet standard / target** | This target will not be met in 2014/15. |
| **Revised date to meet standard** | |
| **Lead Director / Lead Officer** | Elizabeth Moss, Chief Operating Officer CRN: East Midlands |

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

| What is causing underperformance? | What actions have been taken to improve performance? | Target (mthly / end of year) | Latest month performance | YTD performance | Forecast performance for next reporting period |
|---|---|---|---|---|---|
| **HLO6B: Proportion of NHS Trusts recruiting each year into commercial NIHR CRN Portfolio studies**<br><br>There are 16 Trusts within the East Midlands region, with 9 Trusts currently recruiting to commercial studies. The seven who have not reported any recruitment are:<br><br>● East Midlands Ambulance Service NHS Trust (EMAS)<br>● Derbyshire Community Health Services NHS Foundation Trust (DCHS)<br>● Lincolnshire Community Health Services (LCHS)<br>● Leicestershire Partnership NHS Trust (LePT)<br>● Lincolnshire Partnership NHS Trust (LiPT)<br>● Nottinghamshire Healthcare NHS Foundation Trust (NHFT)<br>Derbyshire Healthcare NHS Foundation Trust (DHFT) | 1. **EMAS**: Currently no open commercial studies nationally run by ambulance services on the NIHR portfolio, therefore unlikely that EMAS will open a commercial study this financial year. Industry team currently reviewing studies previously run at other ambulance services across the country to gain insight. Met and sending potential examples to review<br>2. **DCHS**: Due to the nature of research within this Trust, they are unlikely to be involved in commercial research, Have met with Trust and a preliminary plan is in place to take this forward.<br>3. **LCHS**: Due to the nature of research within this Trust, they are unlikely to be involved in commercial research. Met on the 18th December and a preliminary plan is in place to take this forward.<br>4. **LePT**: Selected for one study,logistics being explored.<br>5. **LiPT**: Have been involved in commercial research in the past and the site is actively seeking commercial opportunities. One sponsor in touch looking to take a study forward.<br>6. **NHFT**: One trial initiated at the end of November 2014, 2nd UK site to open no recruits to date. One further site selection visit completed in March 2015<br>7. **DHFT**: 2 potential studies in the pipeline. One had site selection visit in February 2015 | 70% | 56% (Red) | 56% (Red) | 56% |

| | |
|---|---|
| **Expected date to meet standard / target** | July 2015 |
| **Revised date to meet standard** | July 2015 |
| **Lead Director / Lead Officer** | Daniel Kumar, Industry Delivery Manager, CRN: East Midlands |

# 2014/15 NTDA METRICS AND WEIGHTINGS

## Responsiveness Domain

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

## Effectiveness Domain

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

## Safe Domain

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

## Caring Domain

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

## Well Led Domain

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

## CQC – Intelligent Monitoring Report

The latest CQC Intelligent Monitoring Report (IMR) was published on the CQC website on the 3rd December 2014.

The IMR evaluates against a range of indicators relating to the five key questions used by the CQC as part of their inspections - is the organisation safe, effective, caring, responsive, and well-led?

Within each area of questions a set of indicators has been developed and each indicator has then been analysed to identify the following levels of risk for each organisation:

- 'no evidence of risk'
- 'risk'
- 'elevated risk'

The next publication date is May 2015.
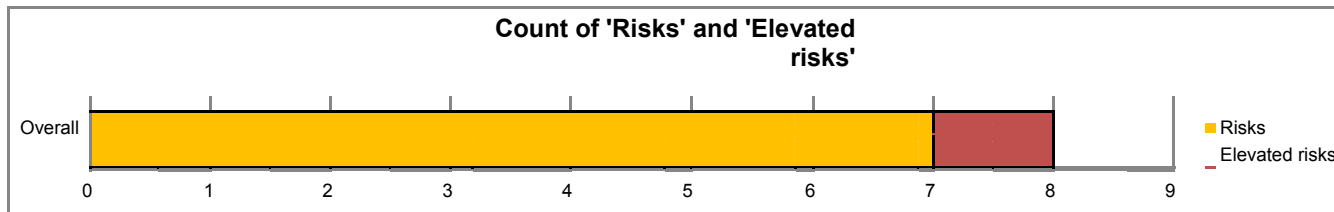


| Priority banding for inspection | Recently inspected |
|---|---|
| Number of 'Risks' | 7 |
| Number of 'Elevated risks' | 1 |
| Overall Risk Score | 9 |
| Number of Applicable Indicators | 94 |
| Percentage Score | 4.79% |
| Maximum Possible Risk Score | 188 |

| | |
|---|---|
| Elevated risk | Whistleblowing alerts (18-Jul-13 to 29-Sep-14) |
| Risk | PROMs EQ-5D score: Groin Hernia Surgery (01-Apr-13 to 31-Mar-14) |
| Risk | Composite indicator: A&E waiting times more than 4 hours (01-Jul-14 to 30-Sep-14) |
| Risk | All cancers: 62 day wait for first treatment from NHS cancer screening referral (01-Apr-14 to 30-Jun-14) |
| Risk | Proportion of ambulance journeys where the ambulance vehicle remained at hospital for more than 60 minutes (01-Apr-14 to 30-Apr-14) |
| Risk | TDA - Escalation score (01-Jun-14 to 30-Jun-14) |
| Risk | GMC - Enhanced monitoring (01-Mar-09 to 22-Jul-14) |
| Risk | Patient Opinion - the number of negative comments is high relative to positive comments (28-May-13 to 27-May-14) |

## Quality Schedule and CQUIN Schemes

Confirmed RAG's for Quarter 3 and predicted RAG's for Quarter 4.

| Ref | Indicator Title | Q1 RAG | Q2 RAG | Q3 RAG | Q4 Predicted RAG | Commentary |
|---|---|---|---|---|---|---|
| | **QUALITY SCHEDULE** | | | | | |
| PS01 | Infection Prevention and Control Reduction. - C Diff | G | A | tbc | G | Q2 Amber RAG remains as Multi Drug Resistant data not submitted. Monthly reporting of C Diff. 66 cases to date which is below the NTDA trajectory (81) but above UHL's own threshold. Q3 RAG to be confirmed at the March CQRG |
| PS02 | HCAI Monitoring - MRSA | 0 | 1 | 3 | 1 (Feb) | 1 Bacteraemia in February – to be confirmed whether avoidable. |
| PS03 | Patient Safety – SIs, Never Events | G | G | 2 / tbc | 1 (Jan) / G | Q3 & Q4 Red RAG for Never Events. (relating to 'wrong sized hip prosthesis, retained Swab ties and wrong site surgery) Q3 Patient Safety Report to be presented to the March CQRG. Number of incidents reported continues to rise. But there has been a reduction in number that resulted harm. |
| PS04 | Duty of Candour | 0 | 0 | 0 | 0 | No breaches to date. |
| PS05 | Complaints and user feedback Management (excluding patient surveys). | A | A | G | G | Complaints responses performance improved and achieved for December. Q3 RAG to be confirmed at the March CQRG. |
| PS06 | Risk Assurance and CAS Alerts | A | A | G | G | Amber RAG for Q2 relates to overdue CAS alerts for July. All risk reviews back on track for Q3. No overdue CAS alerts and all risk reviews and actions on Track |
| PS07 | Safeguarding – Adults and Children | G | G | G | G | Assurance documentation due to be sent to CCG Safeguarding leads for their review ahead of their observational visit to the Trust. |
| PS08 | Reduction in Pressure Ulcer incidence. | G | G | R | G | Monthly thresholds met for G3 HAPUs. Above the monthly trajectory for Grade 2 HAPUs in both Nov (13) and Dec (11) and 1 x Grade 4. Within trajectory for both G2 and G3 for Jan and February and No Grade 4 HAPUs. |
| PS09 | Medicines Management Optimisation | A | G | A | G | Commissioners noted improvement in Controlled Drugs audit report and also Medicines Code but thresholds not fully achieved. Progress made with developing LLR Medicines Optimisation Strategy. |
| PS10 | Medication Errors | G | G | G | G | Increased reporting of errors and actions being taken. |
| PS11 | Venous Thromboembolism (VTE) and RCAs of Hospital Acquired Thrombosis | 95.7% | 96.1% | 95.2% | 96.3% | Preliminary data suggested Dec performance below 95% for VTE risk assessment but case note review confirmed actual performance above 95% and Q3 performance overall = 95.6%. RCAs in progress for Q3 Hospital Acquired Thrombosis. RAG |
| PS12 | Nutrition and Hydration | G | >80% | >85% | tbc | Work programme on track for nutrition, some delays with hydration actions. Threshold achieved for all measures across all CMGs with exception of ESM for 'Protected Mealtimes'. |

| Ref | Indicator Title | Q1 RAG | Q2 RAG | Q3 RAG | Q4 Predicted RAG | Commentary |
|---|---|---|---|---|---|---|
| PE1 | Same Sex Accommodation Compliance and Annual Estates Monitoring | 2 | 0 | 2 | 1 (Jan) | Jan breach relates to patient on HDU at Glenfield. |
| PE2 | Patient Experience, Equality and Listening to and Learning from Feedback. | G | G | G | G | Good progress made with triangulation of data.  Waiting time main area for improvement. |
| PE3 | Improving Patient Experience of Hospital Care (NPS) | N/A | N/A | N/A | tbc | Not due to be reported until March 15.  RAG dependent upon results in the National Patient Survey. |
| PE4 | Equality and Human Rights | G | G | G | G | Progress reported to the September CQRG with further information provided in October – relating to actions being taken to capture BME data |
| CE01 | Communication – Content (ED, Discharge & Outpatient Letters) | A | A | tbc | G | Clinical Problem Solving Group held to agree key priorities.   Letters policy finalised launched end of Jan 15.  RAG tbc at March CQRG |
| CE02 | Intra-operative Fluid Management | G | >80% | <80% | G | Performance deteriorated during Oct/Nov.  80% achieved for December.  Remedial actions in place to maintain. |
| CE03 | Clinical Effectiveness Assurance – NICE and Clinical Audit | A | A | tbc | G | Responses for NICE Clinical Guideline / Quality Standards documents on track and actions being taken where audits behind schedule RAG tbc at March CQRG |
| CE04 | Women's Service Dashboard | A | A | tbc | tbc | Amber RAG for Q2 relates to increase in C Section Rate. Q3 RAG to be confirmed at the March CQRG but anticipate Amber RAG due to not achieving thresholds for Medical Staff Core Skills Training and C Section Rate. |
| CE05 | Children's Service Dashboard | A | A | tbc | tbc | Q2 Amber RAG relates to SpR training Q3 RAG to be confirmed at the March CQRG but anticipated to be Amber due to non achievement of thresholds for SpR training and Management plans within 2 hours on the assessment unit. |
| CE06 | Patient Reported and Clinical Outcomes (PROMs and Everyone Counts) | A | A | tbc | G | Groin Hernia PROMs improved, although still below the national average.  Consultant Outcomes published and all consultants in line with national average.  Q3 RAG to be confirmed at the March CQRG. |
| CE07 | #NOF - Dashboard | 51% | 67.9% | 62.1% | 62.6% (Avge) | 72% threshold not met for any month in Q3. Mainly relates to peaks in activity and spinal patients. Improvement in February ((62.7%) from 57.9% in Jan.  LiA programme in place and business case submitted to support increased theatre capacity. |
| CE08a | Stroke monitoring | G | G | 72% Avge / G | tbc | Red for '90% stay on Stroke Unit not achieved for any month in Q3. TIA Clinic thresholds exceeded and improvements made for other Stroke indicators (time to Scan, admission to stroke unit, thrombolysis). SSNAP data for Q3 to be confirmed. Green RAG for Q4 will be dependant upon achievement of the 90% stay (Jan performance >80%)  and improvement in SSNAP Domain Scores. |
| CE08b | TIA monitoring | 76% | 67% | 73.4% | 72.3% (Avge) | Threshold achieved for high risk patients  and performance improved for low risk patients being seen within 7 days. |
| CE09 | Mortality  (SHMI, HSMR) | A | A | A | A | Latest published SHMI = 105 (104.7) and is slowly reducing but is still above 100. |

| Ref | Indicator Title | Q1 RAG | Q2 RAG | Q3 RAG | Q4 Predicted RAG | Commentary |
|------|------|------|------|------|------|------|
| CE10 | Making Every Contact Count (MECC) | A | G | tbc | G | Referrals to STOP and ALW continue. 'Healthy Eating and Physical Activity publicity campaign due to commence in General Surgery and Sleep Clinics. Q3 RAG to be confirmed at March CQRG. |
| AS01 | Cost Improvement Programme (CIP) Assurance | A | G | tbc | G | Q3 RAG to be revised upon review of additional assurance. |
| AS02 | Ward Healthcheck (Nursing Establishment, Clinical Measures Scorecard) | G | G | G | G | Recruitment of additional nurses continues. Not all wards meeting 'Nurse to bed Ratio' but actions in place. Support being provided to those wards not meeting thresholds in the Clinical Measures Scorecard. |
| AS03 | Staffing governance | A | A | A | A | Internal thresholds not met for Appraisal, Sickness and Corporate Induction or Turnover although improvement noticed. Medical Staffing Strategy submitted. |
| AS04 | Involving employees in improving standards of care. (Whistleblowing) | G | G | G | G | Actions taken to address concerns raised. |
| AS05 | Staff Satisfaction | G | G | G | G | Work undertaken through the L*i*A process noted. |
| AS06 | External Visits and Commissioner Quality Visits | G | G | G | G | Actions in response to Reviews being taken. |
| AS07 | CQC Registration | A | G | A | G | 2 Actions in response to CQC visit findings behind schedule – remedial actions being taken. |
| **NATIONAL CQUINS** | | | | | | |
| Nat 1.1a | F&FT 1a - Staff | G | G | G | G | Implemented during Q1/2 |
| Nat 1.1b | F&FT 1b - OutPt & Day Case | G | G | G | G | F&FT already happening in Day Case and has started in Outpatients. |
| Nat 1.2 | F&FT 1.2 - Increased participation - ED | 16.% | 15.1% | 16.2% | 23.3% (Avge) | 20% Q4 threshold achieved to date |
| Nat 1.3 | F&FT 1.3 - Inpt increase in March | 35.8% | 31% | 34.7% | 40% (Feb) | On track to achieve Q4 30% threshold and also the 40% threshold for March 15 for additional CQUIN monies. |
| Nat 2.1 | ST 2.1 - ST data submission | G | G | G | G | Data collection continues for all 4 harms. |
| Nat 2.2 | ST 2.2 - LLR strategy | G | G | tbc | G | UHL contributing to the LLR Pressure Ulcer group and workstreams. Q3 RAG to be confirmed upon receipt of LLR Group minutes. |
| Nat 3.1 | Dementia 3.1 - FAIR | G | G | G | G | 90% thresholds met for all parts of the Dementia FAIR CQUIN. |

| Ref | Indicator Title | Q1 RAG | Q2 RAG | Q3 RAG | Q4 Predicted RAG | Commentary |
|---|---|---|---|---|---|---|
| Nat 3.2 | Dementia 3.2 - Training & Leadership | G | N/A | N/A | G | Nicky Morgan is new Clinical Lead<br>Dementia Training Programme reviewed and revised.  Q4 RAG dependent on evidence of increased staff attending training. |
| Nat 3.3 | Dementia 3.3 - Carers | G | G | G | G | Surveys carried out and evidence of actions being taken |
| | **LOCAL CQUINS** | | | | | |
| Loc 1 | Urgent Care 1 (Discharge) | G | G | G | tbc | Although no improvement in 'discharges before 11am/1pm' in Q3, Commissioners' noted increased capacity issues and work undertaken in Q3. |
| Loc 2 | Urgent Care 2 (Consultant Assessment) | G | G | A | tbc | 65% threshold exceeded for AMU but not achieved in other assessment areas.  Audit data not felt to accurately reflect practice.  Q4 audit to have increased clinical input to ensure accuracy but unlikely to achieve the 75% threshold across all areas. |
| Loc 3 | Improving End of Life Care (AMBER) | G | G | G | G | New facilitators in post and Q3 threshold achieved. |
| Loc 4 | Quality Mark | G | G | G | tbc | Quality Mark achieved for 6 out of the 8 wards to date.  Although remaining 2 wards on track to achieve the QM, will be outside the agreed timescale for Q4. |
| Loc 5 | Pneumonia | A | G | G | G | Q3 threshold achieved for all aspects of CQUIN scheme. |
| Loc 6 | Think Glucose | G | G | G | G | Think Glucose programme on track. |
| Loc 7 | Sepsis Care pathway | ≥47% | ≥60% | <65% | G | Not all 6 aspects of the Sepsis6 Care Bundle thresholds achieved in Q3.  Remedial actions in place for Q4. |
| Loc 8 | Heart Failure | ≥49.5% | ≥63% | ≥65% | tbc | Q3 65% threshold achieve and actions on track.  Q4 RAG dependent upon achievement of 75% threshold. |
| Loc 9 | Medication Safety Thermometer | G | G | G | G | All wards submitting data. |
| | **SPECIALISED CQUINS*** | | | | | |
| SS1 | National Quality Dashboards | G | G | G | G | Dashboards now open for data submission at end of Q3 |
| SS2 | Breast Feeding in Neonates | 61% | 66% | tbc | G | Threshold not fully achieved for Q3 with remedial actions in place. |

| Ref | Indicator Title | Q1 RAG | Q2 RAG | Q3 RAG | Q4 Predicted RAG | Commentary |
|------|-----------------|--------|--------|--------|------------------|------------|
| SS3 | Clinical Utilisation Review of Critical Care | N/A* | G | G | G | CCMDS and ICNARC data now being collected for all satellite HDUs. |
| SS4 | Acuity Recording | N/A* | G | G | G | Acuity recording in place for all areas. Q4 RAG dependent upon being able to demonstrate effective use of Acuity data. |
| SS5 | Critical Care Standards - Discharge | N/A* | G | tbc | G | Reduction in delays but increase in out of hours transfers during December – related to increased activity in Critical Care. |
| SS6 | Critical Care Outreach Team 'time to response' | N/A* | G | tbc | G | Q3 threshold (increase data collection around 'time from referral to response) not fully achieved. Remedial actions in place. |
| SS7 | Consultant Assessment | G | G | A | tbc | Links to the CCG CQUIN. |
| SS8 | Highly Specialised Services Collaborative Workshop | G | G | G | G | Q3 threshold is to provide update regarding participation in Clinical Benchmarking for both ECMO and PCO. |

**Agenda Item: Trust Board Paper P**

## TRUST BOARD MEETING – 2ND APRIL 2015

## 2014/15 FINANCIAL POSITION TO MONTH 11 (FEBRUARY)

| | |
|---|---|
| **DIRECTOR:** | Paul Traynor - Director of Finance |
| **AUTHOR:** | Paul Traynor - Director of Finance |
| **DATE:** | 2nd April 2015 |
| **PURPOSE:** | This paper provides the Trust Board with an update on performance against the key financial duties:<br>• Delivery against the planned deficit<br>• Achieving the External Financing Limit (EFL)<br>• Achieving the Capital Resource Limit (CRL)<br>The paper also provides further commentary on the key risks |
| **PREVIOUSLY CONSIDERED BY:** | Not applicable |
| **Objective(s) to which issue relates *** | ☐ 1. Safe, high quality, patient-centred healthcare<br>☐ 2. An effective, joined up emergency care system<br>☐ 3. Responsive services which people choose to use (secondary, specialised and tertiary care)<br>☐ 4. Integrated care in partnership with others (secondary, specialised and tertiary care)<br>☐ 5. Enhanced reputation in research, innovation and clinical education<br>☐ 6. Delivering services through a caring, professional, passionate and valued workforce<br>☑ 7. A clinically and financially sustainable NHS Foundation Trust<br>☐ 8. Enabled by excellent IM&T |
| **Please explain any Patient and Public Involvement actions taken or to be taken in relation to this matter:** | Considered but not relevant to this paper |
| **Please explain the results of any Equality Impact assessment undertaken in relation to this matter:** | Considered but not relevant to this paper |
| **Organisational Risk Register/ Board Assurance Framework *** | ☑ **Organisational Risk Register**   ☑ **Board Assurance Framework**   ☐ **Not Featured** |
| **ACTION REQUIRED *** | For decision ☐   For assurance ☑   For information ☐ |

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

* tick applicable box

# UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

**REPORT TO:**     **TRUST BOARD**

**DATE:**     **2ND APRIL 2015**

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

**SUBJECT:**     **2014/15 FINANCIAL POSITION TO MONTH 11 (FEBRUARY)**

## 1. INTRODUCTION AND CONTEXT

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

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

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

1.3 The paper also provides detail on the forecast outturn for 2014/15.

## 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 | (39.7) | (40.9) | G | (40.7) | (40.7) | G |
| Achieving the EFL | 38.3 | 28.2 | A | 50.3 | 50.3 | G |
| Achieving the Capital Resource Limit | 34.2 | 30.5 | G | 46.2 | 46.2 | G |

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

| Better Payment Practice Code | April to Feb YTD | |
|---|---|---|
| | Number | Value £'000s |
| Total bills paid in the year | 131,073 | 599,570 |
| Total bills paid within target | 66,849 | 414,764 |
| Percentage of bills paid within target | 51% | 69% |

### Key issues

- In month favourable movement to plan of £0.9m, which is £0.1m better than forecast
- YTD adverse movement to plan of £1.2m
- Pay is adverse to plan by £0.8m.  Actual spend is £0.2m lower than January.  Medical pay remains the area of pressure
- Year end forecast of £40.7m can be delivered.  CMGs and Directorates must deliver to control totals to ensure this

## 3.   FINANCIAL POSITION (MONTH 11 – FEBRUARY)

3.1.  The Month 11 results may be summarised as follows and as detailed in Appendix 1:

|  | February 2015 | | | April - February 2015 | | |
|---|---|---|---|---|---|---|
|  | Plan | Actual | Var (Adv) / Fav | Plan | Actual | Var (Adv) / Fav |
|  | £m | £m | £m | £m | £m | £m |
| **Income** | | | | | | |
| Patient income | 55.2 | 58.7 | 3.6 | 641.0 | 645.0 | 4.0 |
| Teaching, R&D | 6.7 | 7.0 | 0.4 | 74.3 | 74.2 | (0.1) |
| Other operating Income | 2.8 | 2.6 | (0.2) | 33.7 | 34.5 | 0.8 |
| **Total Income** | **64.6** | **68.4** | **3.8** | **749.0** | **753.7** | **4.7** |
| **Operating expenditure** | | | | | | |
| Pay | 41.6 | 42.4 | (0.8) | 455.3 | 453.7 | 1.5 |
| Non-pay | 27.4 | 29.2 | (1.8) | 293.3 | 300.1 | (6.8) |
| **Total Operating Expenditure** | **69.0** | **71.6** | **(2.6)** | **748.6** | **753.9** | **(5.3)** |
|  | | | | | | |
| **EBITDA** | **(4.4)** | **(3.3)** | **1.1** | **0.4** | **(0.2)** | **(0.6)** |
| Net interest | 0.0 | 0.0 | (0.0) | 0.1 | 0.1 | 0.0 |
| Depreciation | (2.7) | (2.7) | 0.0 | (30.6) | (30.5) | 0.0 |
| Impairment | - | - | - | (1.4) | (4.4) | (3.0) |
| PDC dividend payable | (0.8) | (1.0) | (0.2) | (9.6) | (10.2) | (0.6) |
| **Net deficit** | **(7.9)** | **(7.0)** | **0.9** | **(41.1)** | **(45.3)** | **(4.2)** |
| **EBITDA %** | | **-4.8%** | | | **0.0%** | |
|  | | | | | | |
| Less Impairments | - | - | - | 1.4 | 4.4 | 3.0 |
| **RETAINED SURPLUS / (DEFICIT)** | **(7.9)** | **(7.0)** | **0.9** | **(39.7)** | **(40.9)** | **(1.2)** |

3.2  In the month of February, the Trust delivered a deficit of £7.0m against a planned deficit of £7.9m, a favourable variance of £0.9m.  This was £0.1m better than forecast.

3.3  Year to date, the deficit at the end of January is £40.9m, £1.2m worse than the £39.7m planned deficit.

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

### Income

Patient care income is £3.6m favourable to plan in month following the release of operational resilience monies and the finalisation of year end settlements with LLR CCGs and NHSE.

R&D budgets have been realigned between income and non pay in month, with income being £0.4m better in month as a result. Other operating income is below plan in the Alliance offset with patient care income above plan.

## Pay

Pay costs are £0.8m adverse to plan in February and £1.5m favourable to plan year to date. Costs are £0.2m lower than in Month 10, and payment of nursing enhancements for Christmas have been made in month, however costs still remain above plan.

The total pay bill compared to budget since April 2014 can be seen in the chart below, including number of WTE worked. This removes VSS costs paid in year and shows the sharp upward trend in cost since December, continuing in excess of budget. In addition, it shows c400 wte more in post in February compared to June 2014.
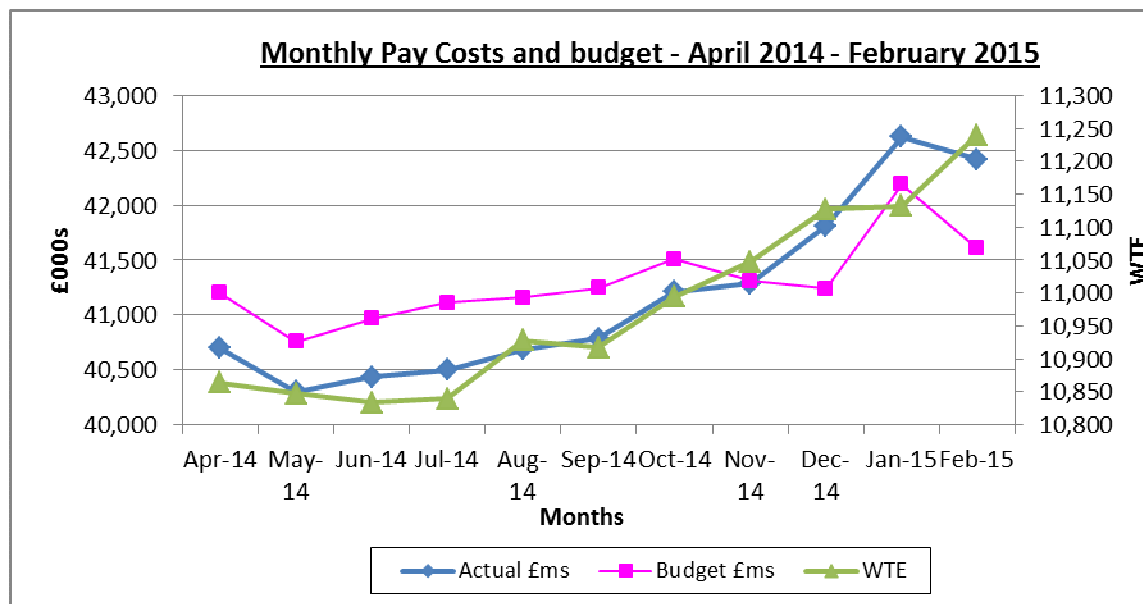


Premium pay has reduced in month from £4.7m to £4.4m. Despite a reduction in premium pay of £0.3m, the overall pay bill has reduced by less at £0.2m, meaning that premium spend is not reducing as fast as recruitment is taking place. Over 100 additional WTE were working in February compared to January. In February, the benefit from vacant posts was £1.2m, however the cost of cover of posts was £2m and it is this latter point that is driving the pay variance. The slower reduction to premium spend as recruitment takes place represents a considerable risk to pay control

The variance to plan by staff group can be seen in the table below, including all premium costs. For the first time this year, non clinical and other clinical staff groups are overspent, although medical pay overspends remain the most significant issue. In addition, nurse recruitment means nurse underspends are reducing placing further pressures on the pay bill.

| Pay Type | In Month £000s | | | YTD £000s | | | WTE | | |
|---|---|---|---|---|---|---|---|---|---|
| | Plan | Actual | Better / (worse) | Plan | Actual | Better / (worse) | Plan | Actual | Better / (worse) |
| Non Clinical | 5,858 | 5,953 | (94) | 65,387 | 64,436 | 951 | 2,419 | 2,459 | (39) |
| Other Clinical | 5,220 | 5,266 | (46) | 58,470 | 55,620 | 2,850 | 1,710 | 1,629 | 81 |
| Medical & Dental | 13,955 | 14,644 | (689) | 152,877 | 156,940 | (4,063) | 1,744 | 1,698 | 46 |
| Nursing & Midwifery | 16,574 | 16,557 | 17 | 178,530 | 176,749 | 1,780 | 5,662 | 5,454 | 207 |
| Total | 41,607 | 42,420 | (813) | 455,265 | 453,745 | 1,519 | 11,536 | 11,240 | 295 |

3

Medical pay overspends are an issue in all CMGs with the exception of CHUGGS and ESM and most significantly relate to premium costs for additional activity and cover of vacant posts.

**Non Pay**

Operating non pay spend is £1.8m adverse to plan in February and £6.8m adverse to plan YTD.

Of the in month overspends, £0.5m relates to a realignment of R&D budgets between non pay and income. In addition, £0.8m relates to NICE and high cost therapies, offset within the income position. The remaining overspend is in line with recent months, reflecting overspends on clinical supplies and services and drugs.

Year to date, the key drivers of the overspend relate to consumables £5.3m, security £0.8m, printing and postage £1.0m, consultancy £0.5m, international nurse recruitment costs £0.3m, NICE drugs £0.8m, offset with phased release of reserves and supplier discounts of £2.2m.

A more detailed financial analysis of CMG and Corporate performance (see Appendix 2) is provided through the Executive Performance Board financial report and reviewed by the Integrated Finance, Performance & Investment Committee.

**Cost Improvement Programme**

Appendix 2 shows CIP performance in February by CMG and Corporate Directorate against the 2014/15 CIP plan. This currently shows an over-delivery against the target YTD of £2.5m.

The year end forecast reflects identified schemes of £48m against a target of £45m. Development of schemes for 2015/16 is underway against a target of £40.7m.

## 4. FORECAST OUTTURN

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

| | Year End Forecast | | |
| --- | --- | --- | --- |
| | Plan | Forecast | Var (Adv) / Fav |
| | £m | £m | £m |
| **Income** | | | |
| Patient income | 701.7 | 707.8 | 6.0 |
| Teaching, R&D | 81.1 | 81.0 | (0.1) |
| Other operating Income | 37.4 | 38.2 | 0.8 |
| **Total Income** | **820.2** | **826.9** | **6.7** |
| **Operating expenditure** | | | |
| Pay | 496.6 | 495.2 | 1.4 |
| Non-pay | 320.1 | 328.0 | (7.9) |
| **Total Operating Expenditure** | **816.7** | **823.2** | **(6.5)** |
| | | | |
| **EBITDA** | **3.5** | **3.7** | **0.2** |
| Net interest | 0.1 | 0.1 | 0.0 |
| Depreciation | (33.9) | (33.2) | 0.7 |
| Impairment | (1.4) | (4.4) | (3.0) |
| PDC dividend payable | (10.4) | (11.3) | (0.8) |
| **Net deficit** | **(42.2)** | **(45.2)** | **(3.0)** |
| **EBITDA %** | | **0.0** | |
| | | | |
| Less Impairments | 1.4 | 4.4 | 3.0 |
| **RETAINED SURPLUS / (DEFICIT)** | **(40.7)** | **(40.8)** | **(0.0)** |

4.2 Control totals have been agreed for each CMG and Directorate and these need to be delivered in order to ensure delivery of the planned deficit. The agreement with commissioners on income for 2014/15 removes income risk and means focus should be on expenditure control. Measurement of forecasts and resolution of issues is ongoing where needed.

4.3 Overall, the Trust's planned forecast of £40.7m is now likely, but remains subject to expenditure control following the agreement of income levels.

## 5. BALANCE SHEET AND CASHFLOW

5.1 The effect of the Trust's financial position on its balance sheet is provided in Appendix 3. The retained earnings reserve has reduced by the Trust's deficit for the year to date. The level of non-NHS debt has fluctuated across the year as shown in the following table.
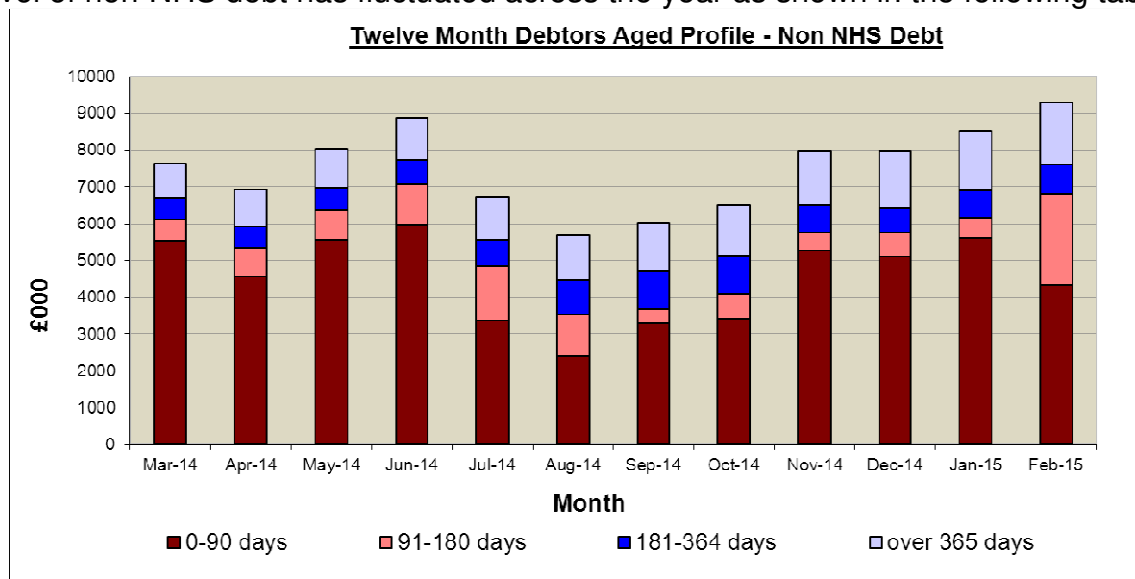


5.2 The overall level of non-NHS debt at the end of February increased to £9.3m from £8.5m in January. Total debt over 90 days is £4.9m compared to £2.9m in January and this is an increase in the proportion of debt from 34% to 54%. This increase relates almost entirely to a £1.2m invoice with Asteral and a £0.8m invoice with Interserve, both of which will be resolved by the year end.

5.3 The Better Payments Practice Code (BPPC) performance for the year up to the end of February, shown in the table below, shows that performance has been maintained at 69% in terms of invoices paid within 30 days by value. There has been a slight improvement from 50% to 51% in terms of invoices paid within 30 days by volume.

| | By Volume Number | By Value £000s |
|---|---|---|
| **Current Month YTD** | | |
| Total bills paid in the year | 131,073 | 599,570 |
| Total bills paid within target | 66,849 | 414,784 |
| **Percentage of bills paid within target** | **51%** | **69%** |
| **Prior month YTD** | | |
| Total bills paid in the year | 119,465 | 546,998 |
| Total bills paid within target | 60,247 | 375,460 |
| **Percentage of bills paid within target** | **50%** | **69%** |

5.4 The Trust's cashflow forecast is consistent with the income and expenditure position. The cash balance at the end of February was £15.0m, and this is £13.7m above the plan of £1.3m. This is partly due to the capital payments being behind plan in cash terms.

5.5 The Trust's cash forecast for the next 13 weeks is shown in the graph below.



Trust 13 week cash flow forecast

Legend: Original unadjusted forecast; Re-forecast including management actions and external finance
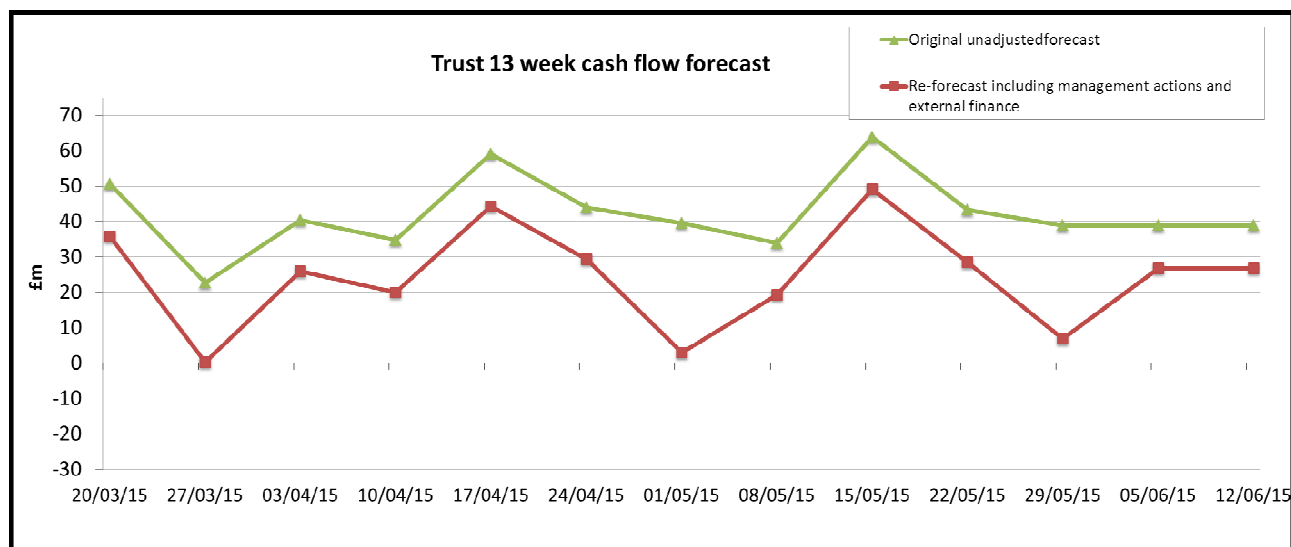
5.6 This indicates that, with the management actions and additional external financing, we will achieve our planned year end cash balance of £0.3m.

5.7 We received £46m of Public Dividend Capital (PDC) on 2$^{nd}$ March 2015 to fund our £40.7m deficit for the current year and improve our liquidity by £5.3m. We are drawing down £12m of loan financing on 23$^{rd}$ March 2015 to cover essential capital works. The loan will be repaid over 22 years and repayments are made every six months, with repayments commencing in September 2015. We will incur interest charges of 2.11%.

5.8 We will not achieve the BPPC target of 95% for 2014/15 as the value of external funding will only enable us to achieve 72% against the BPPC by value. We are currently on course to achieve this as the YTD performance is currently 69% as shown in Section 5.4.

## 6. CAPITAL

6.1 The total capital expenditure at the end of February 2015 was £30.5m. This is an underspend of £5.8m against the year to date plan of £36.3m and we have therefore achieved 84% of planned spend. The capital plan and expenditure can be seen in Appendix 4.

6.2 There was a total of £14.8m of outstanding orders at the end of February. The combined position is that we have spent or committed £45.3m, or 98% of the annual plan.

6.3 The table overleaf details the capital plan at the start of the year compared with the revised plan at the end of February, as well as forecast expenditure. We reduced our external capital funding requirement by £4.3m following advice from the NTDA. After a detailed review of schemes, forecast spend has reduced from £55.0m to £48.1m.

6.4 The over-commitment against the capital funding has therefore reduced from £4.1m to £1.6m and this will be managed to ensure there is no overspend for the full year.

**Revised and original capital plan and forecast spend**

| | Original plan £000's | Revised plan £000's | Movement £000's |
|---|---|---|---|
| Capital Resource Limit | 34,207 | 34,207 | - |
| Plus Donations | 300 | 300 | - |
| Plus PDC / Capital Investment Loan | 16,322 | 12,000 | (4,322) |
| **TOTAL Funding** | **50,829** | **46,507** | **(4,322)** |
| | | | |
| Forecast Spend | (54,932) | (48,143) | 6,789 |
| | | | |
| **Over Commitment** | **(4,103)** | **(1,636)** | **2,467** |

## 7. RISKS

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

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

  Mitigation: Agreement of income with local CCGs and NHSE reduces this risk significantly and allows focus on expenditure control

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

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

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

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

  Mitigation: RTT plan performance managed through fortnightly meeting with CCG/NTDA and IST to review robustness of the plan. Additional costs to weekend theatre sessions have been identified within the forecast and embedded in proposed control totals. In addition, further funding has been made available to support the clearance of the backlog

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

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

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

**8. CONCLUSION**

8.1. The Trust, at the end of Month 11, has an adverse position of £1.2m against the planned deficit of £39.7m but is forecasting the delivery of all its financial duties at year end.

**9. NEXT STEPS AND RECOMMENDATIONS**

9.1 The Trust Board is **recommended** to:

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

**Paul Traynor**
**Director of Finance**

**2nd April 2015**

**Appendix 1**

|  | February 2015 | | | April - February 2015 | | |
|---|---|---|---|---|---|---|
|  | **Plan**<br><br>**£ 000** | **Actual**<br><br>**£ 000** | **Variance (Adv) / Fav**<br>**£ 000** | **Plan**<br><br>**£ 000** | **Actual**<br><br>**£ 000** | **Variance (Adv) / Fav**<br>**£ 000** |
| Elective | 5,951 | 5,979 | 28 | 67,488 | **65,091** | (2,397) |
| Day Case | 4,798 | 5,129 | 332 | 55,492 | **53,752** | (1,740) |
| Emergency (incl MRET) | 13,522 | 13,642 | 120 | 160,459 | **161,018** | 559 |
| Outpatient | 8,320 | 8,507 | 187 | 96,284 | **95,635** | (649) |
| Penalties | (292) | (1,086) | (794) | (3,208) | **(8,027)** | (4,818) |
| Non NHS Patient Care | 483 | 559 | 76 | 5,177 | **5,792** | 615 |
| Resilience Funding | 0 | 1,698 | 1,698 |  | **6,272** | 6,272 |
| Other | 22,386 | 24,298 | 1,912 | 259,298 | **265,422** | 6,124 |
| **Patient Care Income** | **55,167** | **58,726** | **3,559** | **640,991** | **644,955** | **3,965** |
|  |  |  |  |  |  |  |
| Teaching, R&D income | 6,666 | 7,016 | 350 | 74,331 | **74,208** | (123) |
| Other operating Income | 2,771 | 2,620 | (151) | 33,711 | **34,542** | 831 |
|  |  |  |  |  |  |  |
| **Total Income** | **64,604** | **68,362** | **3,758** | **749,033** | **753,705** | **4,673** |
|  |  |  |  |  |  |  |
| **Pay Expenditure** | **41,607** | 42,419 | **(812)** | **455,265** | 453,745 | **1,520** |
|  |  |  |  |  |  |  |
| **Non Pay Expenditure** | **27,376** | 29,212 | **(1,836)** | **293,342** | 300,129 | **(6,787)** |
| **Total Operating Expenditure** | **68,983** | **71,631** | **(2,648)** | **748,607** | **753,874** | **(5,267)** |
|  |  |  |  |  |  |  |
| **EBITDA** | **(4,379)** | **(3,269)** | **1,110** | **426** | **(169)** | **(594)** |
| Interest Receivable | 8 | 8 | 0 | 88 | **77** | (11) |
| Interest Payable | 0 | 6 | 6 | 0 | **(23)** | (23) |
| Depreciation & Amortisation | (2,691) | (2,687) | 4 | (30,569) | **(30,546)** | 23 |
| Impairment | 0 | 0 | 0 | (1,445) | **(4,447)** | (3,002) |
| **Surplus / (Deficit) Before Dividend and Disposal of Fixed Assets** | **(7,062)** | **(5,942)** | **1,120** | **(31,500)** | **(35,108)** | **(3,607)** |
| Profit / (Loss) on Disposal of Fixed Assets | (1) | 0 | 1 | (13) | **0** | 13 |
| Dividend Payable on PDC | (826) | (1,040) | (214) | (9,602) | (10,215) | (613) |
| **Net Surplus / (Deficit)** | **(7,889)** | **(6,982)** | **907** | **(41,115)** | **(45,323)** | **(4,207)** |
|  |  |  |  |  |  |  |
| Less Impairments | 0 | 0 | 0 | 1,445 | 4,447 | 3,002 |
| **RETAINED SURPLUS / (DEFICIT)** | **(7,889)** | **(6,982)** | **907** | **(39,670)** | **(40,876)** | **(1,205)** |

**Appendix 2**

**Financial Performance by CMG & Corporate Directorate**

**I&E and CIP – to February 2015**

| CMG / Directorate | Year to Date | | | | | |
|---|---|---|---|---|---|---|
| | I&E | | | CIP | | |
| | YTD Budget £000s | YTD Actual £000s | Variance £000s | YTD Plan £000s | YTD Actual £000s | Variance £000s |
| **CMGs:** | | | | | | |
| C.H.U.G.S | 40,011 | 40,718 | 707 | 4,804 | 4,973 | 169 |
| Clinical Support & Imaging | -33,597 | -33,477 | 120 | 5,055 | 5,274 | 220 |
| Emergency & Specialist Med | 15,243 | 17,102 | 1,859 | 6,043 | 6,842 | 799 |
| I.T.A.P.S | -39,821 | -41,968 | -2,147 | 3,936 | 3,686 | -250 |
| Musculo & Specialist Surgery | 36,776 | 32,483 | -4,293 | 4,635 | 4,670 | 35 |
| Renal, Respiratory & Cardiac | 28,711 | 28,319 | -392 | 5,433 | 5,683 | 250 |
| Womens & Childrens | 40,167 | 40,008 | -160 | 5,818 | 5,878 | 61 |
| | **87,490** | **83,184** | **-4,306** | **35,722** | **37,007** | **1,284** |
| **Corporate:** | | | | | | |
| Communications & Ext Relations | -664 | -613 | 51 | 59 | 59 | 0 |
| Corporate & Legal | -3,159 | -3,182 | -23 | 78 | 102 | 25 |
| Corporate Medical | -1,625 | -1,567 | 58 | 88 | 97 | 9 |
| Facilities | -36,523 | -36,191 | 331 | 4,035 | 4,669 | 634 |
| Finance & Procurement | -6,337 | -5,919 | 418 | 301 | 510 | 208 |
| Human Resources | -5,222 | -4,966 | 256 | 196 | 312 | 116 |
| Im&T | -9,048 | -8,849 | 199 | 53 | 71 | 18 |
| Nursing | -19,486 | -19,180 | 306 | 303 | 376 | 74 |
| Operations | -9,125 | -9,428 | -303 | 144 | 238 | 94 |
| Strategic Devt | -880 | -609 | 272 | 185 | 206 | 21 |
| | **-92,070** | **-90,505** | **1,564** | **5,442** | **6,640** | **1,197** |
| **Other:** | | | | | | |
| Alliance Elective Care | -79 | -79 | -0 | | | |
| R&D | 4 | 254 | 250 | | | |
| Central | -35,015 | -33,730 | 1,285 | 12 | 0 | -12 |
| | **-35,090** | **-33,555** | **1,535** | | | |
| **Total** | **-39,670** | **-40,876** | **-1,206** | **41,176** | **43,646** | **2,470** |

10

## Balance Sheet

| | Mar-14 £000's Actual | Apr-14 £000's Actual | May-14 £000's Actual | Jun-14 £000's Actual | Jul-14 £000's Actual | Aug-14 £000's Actual | Sep-13 £000's Actual | Oct-13 £000's Actual | Nov-14 £000's Actual | Dec-13 £000's Actual | Jan-14 £000's Actual | Feb-14 £000's Actual | Mar-15 £000's Forecast |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Non Current Assets** | | | | | | | | | | | | | |
| Property, plant and equipment | 362,465 | 360,188 | 359,769 | 358,289 | 359,152 | 359,238 | 359,534 | 361,704 | 399,441 | 396,190 | 402,003 | 403,523 | 408,823 |
| Intangible assets | 8,019 | 7,788 | 7,555 | 7,338 | 7,109 | 6,877 | 6,636 | 6,408 | 6,180 | 6,452 | 6,217 | 5,982 | 10,882 |
| Trade and other receivables | 3,123 | 3,311 | 3,152 | 3,115 | 3,002 | 3,004 | 3,043 | 3,065 | 3,087 | 3,163 | 3,132 | 3,115 | 3,115 |
| **TOTAL NON CURRENT ASSETS** | 373,607 | 371,287 | 370,476 | 368,742 | 369,263 | 369,119 | 369,213 | 371,177 | 408,708 | 405,805 | 411,352 | 412,620 | 422,820 |
| **Current Assets** | | | | | | | | | | | | | |
| Inventories | 13,937 | 13,711 | 14,633 | 14,627 | 15,390 | 14,894 | 14,579 | 15,215 | 15,040 | 15,009 | 14,692 | 14,441 | 14,441 |
| Trade and other receivables | 49,892 | 44,492 | 44,580 | 51,192 | 47,903 | 38,966 | 32,335 | 36,344 | 36,383 | 32,211 | 33,094 | 23,188 | 28,188 |
| Cash and cash equivalents | 515 | 13,850 | 5,838 | 13,662 | 14,954 | 8,430 | 7,560 | 3,205 | 9,931 | 9,846 | 17,252 | 14,991 | 277 |
| **TOTAL CURRENT ASSETS** | 64,344 | 72,053 | 65,051 | 79,481 | 78,247 | 62,290 | 54,474 | 54,764 | 61,354 | 57,066 | 65,038 | 52,620 | 42,906 |
| **Current Liabilities** | | | | | | | | | | | | | |
| Trade and other payables | (109,135) | (102,381) | (100,604) | (100,725) | (100,661) | (88,023) | (86,892) | (91,232) | (102,723) | (85,350) | (96,781) | (91,579) | (84,988) |
| Dividend payable | 0 | (1,025) | (1,894) | (2,763) | (3,632) | (4,540) | 0 | 0 | (2,080) | (3,120) | (4,160) | (5,200) | 0 |
| Borrowings / Finance Leases | (6,590) | (6,590) | (6,590) | (6,590) | (6,590) | (6,590) | (2,919) | (2,919) | (3,753) | (4,170) | (4,170) | (4,170) | (4,170) |
| Loan | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (12,000) |
| Provisions for liabilities and charges | (1,585) | (1,585) | (1,585) | (1,585) | (1,585) | (1,585) | (1,585) | (1,585) | (1,585) | (512) | (1,585) | (1,585) | (1,585) |
| **TOTAL CURRENT LIABILITIES** | (117,310) | (111,581) | (110,673) | (111,663) | (112,468) | (100,738) | (91,396) | (95,736) | (110,141) | (93,152) | (106,696) | (102,534) | (102,743) |
| | | | | | | | | | | | | | |
| **NET CURRENT ASSETS (LIABILITIES)** | (52,966) | (39,528) | (45,622) | (32,182) | (34,221) | (38,448) | (36,922) | (40,972) | (48,787) | (36,086) | (41,658) | (49,914) | (59,837) |
| | | | | | | | | | | | | | |
| **TOTAL ASSETS LESS CURRENT LIABILITIES** | 320,641 | 331,759 | 324,854 | 336,560 | 335,042 | 330,671 | 332,291 | 330,205 | 359,921 | 369,719 | 369,694 | 362,706 | 362,983 |
| **Non Current Liabilities** | | | | | | | | | | | | | |
| Borrowings / Finance Leases | (5,890) | (5,794) | (5,785) | (5,730) | (5,676) | (5,683) | (9,179) | (9,186) | (8,075) | (7,663) | (7,668) | (7,674) | (7,674) |
| Other Liabilities | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Provisions for liabilities and charges | (2,070) | (2,048) | (2,022) | (2,006) | (1,830) | (1,207) | (1,171) | (1,156) | (1,110) | (2,194) | (1,069) | (1,058) | (1,058) |
| **TOTAL NON CURRENT LIABILITIES** | (7,960) | (7,842) | (7,807) | (7,736) | (7,506) | (6,890) | (10,350) | (10,342) | (9,185) | (9,857) | (8,737) | (8,732) | (8,732) |
| | | | | | | | | | | | | | |
| **TOTAL ASSETS EMPLOYED** | 312,681 | 323,917 | 317,047 | 328,824 | 327,536 | 323,781 | 321,941 | 319,863 | 350,736 | 359,862 | 360,957 | 353,974 | 354,251 |
| Public dividend capital | 282,625 | 298,125 | 298,125 | 311,625 | 311,625 | 311,625 | 311,625 | 311,625 | 311,625 | 329,837 | 329,725 | 329,725 | 329,725 |
| Revaluation reserve | 64,598 | 64,598 | 64,598 | 64,598 | 64,598 | 64,598 | 64,598 | 64,598 | 104,278 | 99,785 | 104,230 | 104,230 | 104,230 |
| Retained earnings | (34,542) | (38,806) | (45,676) | (47,399) | (48,687) | (52,442) | (54,282) | (56,360) | (65,167) | (69,760) | (72,998) | (79,981) | (79,704) |
| **TOTAL TAXPAYERS EQUITY** | 312,681 | 323,917 | 317,047 | 328,824 | 327,536 | 323,781 | 321,941 | 319,863 | 350,736 | 359,862 | 360,957 | 353,974 | 354,251 |

**Capital Plan**

| February 2015 | CMG | Annual Budget £'000 | Forecast Outurn £'000 | Forecast Variance £'000 | Forecast Outurn £'000 | YTD Actual £'000 | March Forecast £'000 |
|---|---|---|---|---|---|---|---|
| **Estates & Facilities** | | | | | | | |
| Accommodation Refurbishment | UHL | 52 | 22 | 30 | 22 | 10 | 12 |
| Aseptic Suite | CSI | 400 | 200 | 200 | 200 | 182 | 18 |
| Bereavement Facilities | W&C | 62 | 162 | (100) | 162 | 162 | 0 |
| CHP Units LRI & GH | UHL | 800 | 800 | 0 | 800 | 626 | 174 |
| Facilities Backlog Budget | UHL | 5,500 | 5,500 | 0 | 5,500 | 2,007 | 3,493 |
| Life Studies Centre | W&C | 650 | 50 | 600 | 50 | 2 | 48 |
| Maternity Interim Development | W&C | 1,000 | 870 | 130 | 870 | 844 | 26 |
| MES Installation Costs | CSI | 1,302 | 1,750 | (448) | 1,750 | 1,680 | 70 |
| Theatre Recovery LRI | ITAPS | 2,785 | 2,350 | 435 | 2,350 | 1,360 | 990 |
| **Sub-total: Estates & Facilities** | | **12,551** | **11,704** | **847** | **11,704** | **6,873** | **4,831** |
| **IM&T Schemes** | | | | | | | |
| EDRM System | UHL | 3,300 | 3,300 | 0 | 3,300 | 1,307 | 1,993 |
| EPR Programme | UHL | 3,100 | 3,100 | 0 | 3,100 | 1,360 | 1,740 |
| IM&T Sub Group Budget | UHL | 3,150 | 3,150 | 0 | 3,150 | 1,629 | 1,521 |
| LRI Managed Print | UHL | 412 | 412 | 0 | 412 | 248 | 164 |
| Unified Comms | UHL | 1,850 | 850 | 1,000 | 850 | 135 | 715 |
| **Sub-total: IM&T Schemes** | | **11,812** | **10,812** | **1,000** | **10,812** | **4,678** | **6,134** |
| **Medical Equipment Schemes** | | | | | | | |
| Lithotripter Machine | CHUGGS | 430 | 430 | 0 | 430 | 430 | (0) |
| Medical Equipment Executive | UHL | 3,237 | 3,237 | 0 | 3,237 | 2,389 | 848 |
| Renal Home Dialysis Expansion | RRC | 708 | 528 | 180 | 528 | 142 | 386 |
| **Sub-total: Medical Equipment** | | **4,375** | **4,195** | **180** | **4,195** | **2,961** | **1,234** |
| **Reconfiguration Schemes** | | | | | | | |
| Emergency Floor | ESM | 6,000 | 6,400 | (400) | 6,400 | 2,919 | 3,481 |
| Endoscopy GH | CHUGGS | 309 | 250 | 59 | 250 | 184 | 66 |
| Feasibility Studies | UHL | 100 | 10 | 90 | 10 | (10) | 20 |
| GGH Vascular Surgery | MSS | 2,500 | 400 | 2,100 | 400 | 323 | 77 |
| Interim ITU LRI | ITAPS | 590 | 528 | 62 | 528 | 229 | 299 |
| Multi-Storey Car Park (MSCP) | UHL | 250 | 250 | 0 | 250 | 204 | 46 |
| Odames Library | UHL | 1,500 | 1,500 | 0 | 1,500 | 1,351 | 149 |
| Reprovision of Clinical Services | UHL | 9,822 | 9,822 | 0 | 9,822 | 8,732 | 1,090 |
| Ward 4 LGH | ESM | 1,000 | 885 | 115 | 885 | 860 | 25 |
| **Sub-total: Reconfiguration Schemes** | | **22,071** | **20,045** | **2,026** | **20,045** | **14,793** | **5,252** |
| **Corporate / Other Schemes** | | | | | | | |
| Donations | UHL | 300 | 300 | 0 | 300 | 289 | 11 |
| LiA Schemes | UHL | 250 | 250 | 0 | 250 | 82 | 168 |
| Other Developments | UHL | 469 | 837 | (368) | 837 | 828 | 9 |
| **Sub-total: Corporate / Other Schemes** | | **27,035** | **25,197** | **1,838** | **25,197** | **18,523** | **6,674** |
| Over Commitment | UHL | (5,321) | | (5,321) | | | 0 |
| **Total Capital Plan** | | **46,507** | **48,143** | **(1,636)** | **48,143** | **30,504** | **17,639** |

University Hospitals of Leicester **NHS**

NHS Trust

**TRUST BOARD – 2<sup>ND</sup> APRIL 2015**

**UHL RISK REPORT INCORPORATING THE BOARD ASSURANCE FRAMEWORK 2014/15**

| | |
|---|---|
| **DIRECTOR:** | ANDREW FURLONG – MEDICAL DIRECTOR |
| **AUTHOR:** | PETER CLEAVER – RISK AND ASSURANCE MANAGER |
| **DATE:** | 2<sup>ND</sup> APRIL 2015 |
| **PURPOSE:** | This report provides the Trust Board (TB) with:- <br><br> a)  A copy of the UHL BAF and action tracker as of 28<sup>th</sup> February 2015. <br><br> b)  Notification of any new extreme or high risks opened during February 2015. <br><br> The TB is invited to: <br><br> • review and comment upon this iteration of the BAF, as it deems appropriate: <br><br> • note the actions identified to address any gaps in either controls or assurances (or both); <br><br> • identify any areas which it feels that the Trust's controls are inadequate and do not effectively manage the principal risks to our objectives; <br><br> • identify any gaps in assurances about the effectiveness of the controls to manage the principal risks and consider the nature of, and timescale for, any further assurances to be obtained; <br><br> • identify any other actions necessary to address any 'significant control issues' in order to provide assurance on the Trust meeting its principal objectives; <br><br> • Note the extension to the timescale for the 2015/16 BAF. |
| **PREVIOUSLY CONSIDERED BY:** | **UHL Executive team** |
| **Objective(s) to which issue relates \*** | [ x ] 1.  Safe, high quality, patient-centred healthcare <br><br> [ v ] 2.  An effective, joined up emergency care system <br><br> [ v ] 3.  Responsive services which people choose to use (secondary, specialised and tertiary care) <br><br> [ v ] 4.  Integrated care in partnership with others (secondary, specialised and tertiary care) <br><br> [ v ] 5.  Enhanced reputation in research, innovation and clinical education <br><br> [ v ] 6.  Delivering services through a caring, professional, passionate and valued workforce |

| | | |
|---|---|---|
| | ∨ | 7. A clinically and financially sustainable NHS Foundation Trust |
| | ∨ | 8. Enabled by excellent IM&T |

| **Please explain any Patient and Public Involvement actions taken or to be taken in relation to this matter:** | N/A |
|---|---|
| **Please explain the results of any Equality Impact assessment undertaken in relation to this matter:** | N/A |

| **Strategic Risk Register/ Board Assurance Framework *** | ☐ **Organisational Risk Register** | ☑ **Board Assurance Framework** | ☐ **Not Featured** |
|---|---|---|---|

**ACTION REQUIRED ***

For decision ☐          For assurance ☑          For information ☑

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

**\*** tick applicable box

# UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

**REPORT TO:** **TRUST BOARD**

**DATE:** **2nd APRIL 2015**

**REPORT BY:** **ANDREW FURLONG – MEDICAL DIRECTOR**

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

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## 1. INTRODUCTION

1.1 This report provides the Trust Board (TB) with:-
  a) A copy of the UHL BAF and action tracker as of 28th February 2015.
  b) Notification of new extreme or high risks opened during February 2015.

## 2. BAF POSITION AS OF 28TH FEBRUARY 2015

2.1 A copy of the 2014/15 BAF is attached at appendix one with changes since the previous version highlighted in red text. A copy of the BAF action tracker is attached at appendix two with changes also highlighted in red. We ask the TB to note the following points:

- Delayed completion of action numbers 8.7, 15.6, 15.9, 16.3, 17.11, 18.4, 18.6, and 18.7. These have moved to an amber RAG rating within the action tracker; however we do not feel that the level of risk has increased due to these delays.

- We have received no updates in relation to action numbers 19.2 and 20.2 and the executive leads for these actions are asked to provide a verbal update, if required, to the TB.

2.2 We propose that the strategic objective below is discussed and reviewed:

- *'An effective, joined-up emergency care system'* (incorporating risk numbers 2, 3 and 4)

## 3. DEVELOPMENT OF THE UHL 2015/16 BAF

3.2 We are still awaiting confirmation of the UHL 'Quality Commitment' priorities and final approval of the Annual Operating Plan (AOP). The production of the 2015/16 BAF is dependent upon the timescales associated with the above as we must ensure that the priorities within the AOP are the same as those already identified via previous BAF workshops. The intention was to submit a 2015/16 BAF to the TB by May 2015 however we note that TB approval for the AOP is not scheduled until May and so the timescale for submission of the 2015/16 BAF is likely to slip to June 2015. Up until that time the TB will continue to receive updates to the 2014/15 version.

**4.     EXTREME AND HIGH RISK REPORT.**

4.1     No extreme or high risks have opened during February 2015.

**5.     RECOMMENDATIONS**

5.1     The TB is invited to:

(a) review and comment upon this iteration of the BAF, as it deems appropriate:

(b) note the actions identified to address any gaps in either controls or assurances (or both);

(c) identify any areas which it feels that the Trust's controls are inadequate and do not effectively manage the principal risks to our objectives;

(d) identify any gaps in assurances about the effectiveness of the controls to manage the principal risks and consider the nature of, and timescale for, any further assurances to be obtained;

(e) identify any other actions necessary to address any 'significant control issues' in order to provide assurance on the Trust meeting its principal objectives;

(f) Note the extension to the timescale for the 2015/16 BAF.


Peter Cleaver,
Risk and Assurance Manager,
26th March 2015.

# UHL BOARD ASSURANCE FRAMEWORK 2014/15
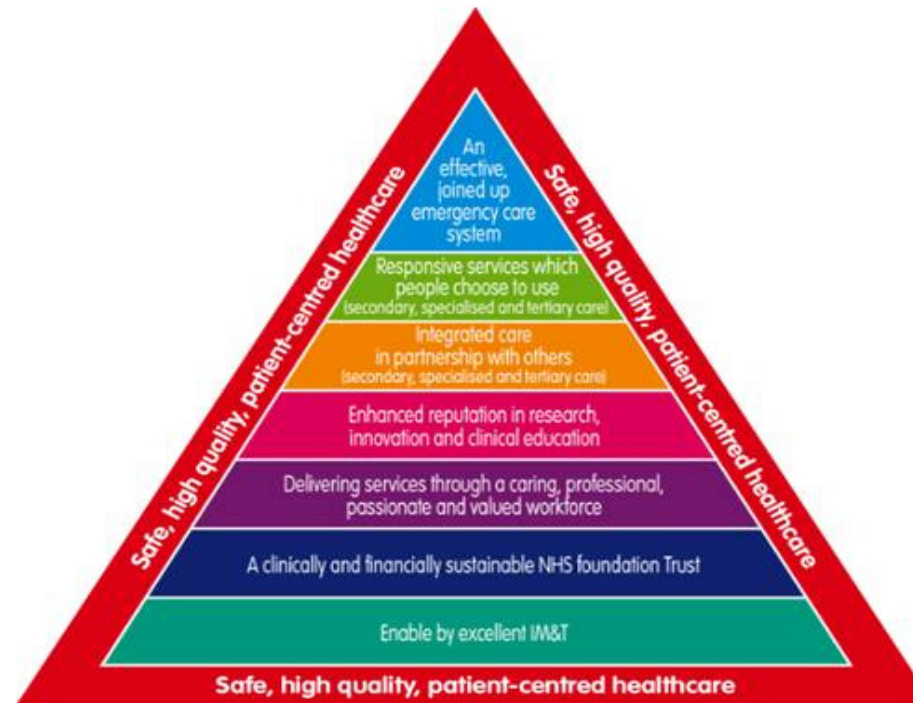
**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – BOARD ASSURANCE FRAMEWORK**

**STRATEGIC OBJECTIVES**

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

# UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – BOARD ASSURANCE FRAMEWORK

## PERIOD: FEBRUARY 2015

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

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

**BAF Consequence and Likelihood Descriptors:**

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

# UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – BOARD ASSURANCE FRAMEWORK

| Principal risk 1 | Lack of progress in implementing UHL Quality Commitment. | Overall level of risk to the achievement of the objective | Current score 4 x 3 = 12 | Target score 4 x 2 = 8 |
|---|---|---|---|---|
| Executive Risk Lead(s) | Chief Nurse | | | |
| Link to strategic objectives | Provide safe, high quality, patient centred healthcare | | | |

| Key Controls(What control measures or systems are in place to assist secure delivery of the objective) | Assurance Source (Provide examples of recent reports considered by Board or committee where delivery of the objectives is discussed and where the board can gain evidence that controls are effective). | Gaps in Assurance (a)/ Control (c) (i.e. What are we not doing - What gaps in systems, controls and assurance have been identified) | Actions to Address Gaps | Timescale/ Action Owner |
|---|---|---|---|---|
| Corporate leads agreed for each goal and identified leads for each work stream of the Quality Commitment. | Q&P Report.<br><br>Reports to EQB and QAC. | | | |
| KPIs agreed for all parts of the Quality Commitment. | Reports to EQB and QAC based on key outcome/KPIs. | No gaps identified | | |
| Clear work plans agreed for all parts of the Quality Commitment. | Action plans reviewed regularly at EQB and annually reported to QAC.<br><br>Annual reports produced.<br><br>Summary report scheduled for EQB February 2015 | 2015/16 priorities not yet identified | Discussion at EQB March re 15/16 priorities with report to QAC at the end of March | CN Mar 2015 |
| Committee structure is in place to oversee delivery of key work streams – led by appropriate senior individuals with appropriate support. | Regular committee reports.<br><br>Annual reports.<br><br>Achievement of KPIs. | No gaps identified | | |

# UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – BOARD ASSURANCE FRAMEWORK

| Principal risk 2 | Failure to implement LLR emergency care improvement plan. | Overall level of risk to the achievement of the objective | Current score 4 x 5 = 20 | Target score 3 x 2 = 6 |
|---|---|---|---|---|
| **Executive Risk Lead(s)** | Chief Operating Officer | | | |
| **Link to strategic objectives** | An effective joined up emergency care system | | | |

| Key Controls(What control measures or systems are in place to assist secure delivery of the objective) | Assurance Source (Provide examples of recent reports considered by Board or committee where delivery of the objectives is discussed and where the board can gain evidence that controls are effective). | Gaps in Assurance (a)/ Control (c) (i.e. What are we not doing - What gaps in systems, controls and assurance have been identified) | Actions to Address Gaps | Timescale/ Action Owner |
|---|---|---|---|---|
| Establishment of emergency care delivery and improvement group with named sub groups | Meetings are minuted with actions circulated each week. Trust Board emergency care report references the LLR steering group actions. | (C) Emergency admissions are not reducing (C) Discharges are not increasing and delayed discharge rate has not changed | Review effectiveness of specific LLR improvement actions to deliver a reduction in admissions and increase in discharges (2.4) | LLR MD review Feb 2015 |
| Appointment of Dr Ian Sturgess to work across the health economy | Weekly meetings between Dr Sturgess, UHL CEO and UHL COO. Dr Sturgess attends Trust Board. | (C) IS's time with the health economy finishes in mid-November 2014 | Arrangements for IS to return for a two week period (2.5) | Mar 2015 RM |
| Allocation of winter monies | Allocation of winter monies is regularly discussed in the LLR steering group | None | N/A | |

# UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – BOARD ASSURANCE FRAMEWORK

| Principal risk 3 | Failure to effectively implement UHL Emergency Care quality programme. | Overall level of risk to the achievement of the objective | Current score 4 x 4 = 16 | Target score 3 x 2 = 6 |
|---|---|---|---|---|
| Executive Risk Lead(s) | Chief Operating Officer | | | |
| Link to strategic objectives | An effective joined up emergency care system | | | |

| Key Controls(What control measures or systems are in place to assist secure delivery of the objective) | Assurance Source (Provide examples of recent reports considered by Board or committee where delivery of the objectives is discussed and where the board can gain evidence that controls are effective). | Gaps in Assurance (a)/ Control (c) (i.e. What are we not doing - What gaps in systems, controls and assurance have been identified) | Actions to Address Gaps | Timescale/ Action Owner |
|---|---|---|---|---|
| Emergency care action team meeting has been remodelled as the 'emergency quality steering group' (EQSG) chaired by CEO and significant clinical presence in the group. Four sub groups are chaired by three senior consultants and chief nurse. | Trust Board are sighted on actions and plans coming out of the EQSG meeting. | C) Emergency admissions are not reducing (C) Discharges are not increasing and delayed discharge rate has not changed | Review effectiveness of specific LLR improvement actions to deliver a reduction in admissions and increase in discharges (3.1) | Feb 2015 COO |
| Reworked emergency plans are focussing on the new dashboard with clear KPIs which indicates which actions are working and which aren't | Dashboard goes to EQSG and Trust Board | (C) ED performance against national standards | As 3.1 | Feb 2015 COO |
| Further change leadership support has been identified to help embed the required clinically led changes | Trust Board are sighted on actions and plans coming out of the EQSG meeting. | C) Emergency admissions are not reducing (C) Discharges are not increasing and delayed discharge rate has not changed | As 3.1 | Feb 2015 COO |

# UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – BOARD ASSURANCE FRAMEWORK

| Principal risk 4 | Delay in the approval of the Emergency Floor Business Case. | Overall level of risk to the achievement of the objective | Current score<br>4 x 3 = 12 | Target score<br>3 x 2 = 6 |
|---|---|---|---|---|
| **Executive Risk Lead(s)** | Medical Director | | | |
| **Link to strategic objectives** | An effective joined up emergency care system | | | |

| Key Controls(What control measures or systems are in place to assist secure delivery of the objective) | Assurance Source (Provide examples of recent reports considered by Board or committee where delivery of the objectives is discussed and where the board can gain evidence that controls are effective). | Gaps in Assurance (a)/ Control (c)<br>(i.e. What are we not doing - What gaps in systems, controls and assurance have been identified) | Actions to Address Gaps | Timescale/ Action Owner |
|---|---|---|---|---|
| Monthly ED project program board to ensure submission to NTDA as required<br><br>Gateway review process<br><br>Engagement with stakeholders | Monthly reports to Executive Team and Trust Board<br><br>Gateway review | (c) Inability to control NTDA internal approval processes | Regular communication with NTDA (4.1) | On-going action to complete in Mar 2015 MD |

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – BOARD ASSURANCE FRAMEWORK**

| Principal risk 5 | Failure to deliver RTT improvement plan. | Overall level of risk to the achievement of the objective | Current score 4x4=16 | Target score 3 x 2 = 6 |
|---|---|---|---|---|
| **Executive Risk Lead(s)** | Chief Operating Officer | | | |
| **Link to strategic objectives** | Responsive services which people choose to use (secondary, specialised and tertiary care) | | | |

| Key Controls(What control measures or systems are in place to assist secure delivery of the objective) | Assurance Source (Provide examples of recent reports considered by Board or committee where delivery of the objectives is discussed and where the board can gain evidence that controls are effective). | Gaps in Assurance (a)/ Control (c) (i.e. What are we not doing - What gaps in systems, controls and assurance have been identified) | Actions to Address Gaps | Timescale/ Action Owner |
|---|---|---|---|---|
| Weekly RTT meeting with commissioners to monitor overall compliance with plan | Trust Board receives a monthly report detailing performance against plan | (c) There is a revised admitted trajectory which is awaiting agreement with TDA and CCG. UHL is in line with the revised trajectory. | | |
| Weekly meeting with key specialities to monitor detailed compliance with plan | Trust Board receives a monthly report detailing performance against plan | (c) As above | | |
| Intensive support team back in at UHL (July 2014) to help check plan is correct | IST report including recommendations to be presented to Trust Board | (c) Recommendations from IST report not yet implemented. | Act on findings from recently published IST report (5.2) | Mar 2015 COO |

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – BOARD ASSURANCE FRAMEWORK**

| Principal risk 6 | Failure to achieve effective patient and public involvement | Overall level of risk to the achievement of the objective | Current score 4x3=12 | Target score 4x2=8 |
|---|---|---|---|---|
| Executive Risk Lead(s) | Director of Marketing and Communications | | | |
| Link to strategic objectives | Responsive services which people choose to use (secondary, specialised and tertiary care) | | | |

| Key Controls(What control measures or systems are in place to assist secure delivery of the objective) | Assurance Source (Provide examples of recent reports considered by Board or committee where delivery of the objectives is discussed and where the board can gain evidence that controls are effective). | Gaps in Assurance (a)/ Control (c) (i.e. What are we not doing - What gaps in systems, controls and assurance have been identified) | Actions to Address Gaps | Timescale/ Action Owner |
|---|---|---|---|---|
| 1. PPI / stakeholder engagement Strategy Named PPI leads in all CMGs<br>2. PPI reference group meets regularly to assess progress against CMG PPI plans<br>3. Patient Advisors appointed to CMGs<br>4. Patient Advisor Support Group Meetings receive regular updates on PPI activity and advisor involvement<br>5. Bi-monthly Membership Engagement Forums<br>6. Health watch representative at UHL Board meeting<br>7. PPI input into recruitment of Chair / Exec' Directors<br>8. Quarterly meetings with LLR Health watch organisations, including Q's from public.<br>9. Quarterly meetings with Leicester Mercury Patient Panel | Emergency floor business case (Chapel PPI activity) PPI Reference group reports to QAC July Board Development session discussion about PPI resource. Health watch updates to the Board Patient Advisor Support Group and Membership Forum minutes to the Board. | | | |

# UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – BOARD ASSURANCE FRAMEWORK

| Principal risk 7 | Failure to effectively implement Better Care together (BCT) strategy. | Overall level of risk to the achievement of the objective | Current score<br>4 x 3 = 12 | Target score<br>4 x 2 = 8 |
|---|---|---|---|---|
| Executive Risk Lead(s) | Director of Strategy | | | |
| Link to strategic objectives | Responsive services which people choose to use (secondary, specialised and tertiary care)<br>Integrated care in partnership with others (secondary, specialised and tertiary care) | | | |

| Key Controls (What control measures or systems are in place to assist secure delivery of the objective) | Assurance Source (Provide examples of recent reports considered by Board or committee where delivery of the objectives is discussed and where the board can gain evidence that controls are effective). | Gaps in Assurance (a)/ Control (c)<br>(i.e. What are we not doing - What gaps in systems, controls and assurance have been identified) | Actions to Address Gaps | Timescale/ Action Owner |
|---|---|---|---|---|
| **Better Care Together (BCT) Strategy:**<br>• UHL actively engaged in the Better Care Together governance structure, from an operational to strategic level<br>• Better Care Together plans co–created in partnership with LLR partners<br>• Final approval of the 5 year strategic plan, Programme Initiation Document (PID – 'mobilises' the Programme) and SOC to be made at the Partnership Board of 20<sup>th</sup> November 2014<br>• Better Care Together planning assumptions embedded in the Trust's 2015/16 planning round | • BCT resource plan, identifying all work books named leads. Workbooks for all 8 clinical work streams and 4 enabling groups<br>• Feedback from September 2014 Delivery Board and Clinical Reference Group workshops<br>• LLR BCT refreshed 5 year strategic plan approved by the BCT Partnership Board<br>• Minutes and Action Log from the BCT Programme Board | | | |
| **Effective partnerships with primary care and Leicestershire Partnership Trust (LPT):**<br>1) Active engagement and leadership of the LLR Elective Care Alliance<br>2) LLR Urgent Care and Planned Care work streams in partnership with local GPs<br>3) A joint project has been established to test the concept of early transfer of sub-acute care to a community hospitals setting or home in partnership with LPT. The impact of this is reflected in UHLs, LPTs the LLR BCT 5 year plans<br>4) Mutual accountability for the delivery of shared objectives are reflected in the LLR BCT 5 year directional plan<br>5) Active engagement in the BCT LTC work stream. Mutual accountability for the delivery of shared objectives are reflected in the LLR BCT 5 year directional plan | • Minutes of the public Trust Board meeting:<br>  o Trust Board approved the LLR BCT 5 year directional plan and UHLs 5 year directional plan on 16 June, 2014<br>  o Urgent care and planned care work streams reflected in both of these plans<br>• BCT resource plan, identifying all work books named leads (SRO, Implementation leads and clinical leads agreed at the BCT Partnership Board (formerly the BCT Programme Board) meeting held on 21st August 2014<br>    Workbooks for all 8 clinical work streams and 4 enabling groups underway – progress overseen by implementation group and the Strategy Delivery Group which reports to BCT Partnership Board. | | | |

# UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – BOARD ASSURANCE FRAMEWORK

| Principal risk 8 | Failure to respond appropriately to specialised service specification. | Overall level of risk to the achievement of the objective | Current score 5 x 3 = 15 | Target score 4 x 2 = 8 |
|---|---|---|---|---|
| **Executive Risk Lead(s)** | Director of Strategy | | | |
| **Link to strategic objectives** | Responsive services which people choose to use (secondary, specialised and tertiary care) Integrated care in partnership with others (secondary, specialised and tertiary care) | | | |

| Key Controls(What control measures or systems are in place to assist secure delivery of the objective) | Assurance Source (Provide examples of recent reports considered by Board or committee where delivery of the objectives is discussed and where the board can gain evidence that controls are effective). | Gaps in Assurance (a)/ Control (c) (i.e. What are we not doing - What gaps in systems, controls and assurance have been identified) | Actions to Address Gaps | Timescale/ Action Owner |
|---|---|---|---|---|
| **(i)** **Regional partnerships:** UHL is actively engaging with partners with a view to: <br>• establishing a Leicestershire Northamptonshire and Rutland partnership for the specialised service infrastructure in partnership with Northampton General Hospital and Kettering General Hospital <br>• establishing a provider collaboration across the East Midland's as a whole <br>• Developing an engagement strategy for the delivery of the long term vision for and East Midlands network for both acute and specialised services | Minutes of the April 2014 Trust Board meeting: <br>o Paper presented to the April 2014 UHL Trust Board meeting, setting out the Trust's approach to regional partnerships <br>Project Initiation Document (PID): <br>o Developed as part of UHL's Delivering Care at its Best (DC@IB) <br>o Reviewed at the June 2014 Executive Strategy Board (ESB) meeting <br>o Updates (DC@IB Highlight Report reviewed at ESB meetings | (c) Lack of Programme Plan | Programme Plan to be developed (8.3) | Apr 2015 DS |
| **(ii)** Academic and commercial partnerships. <br><br>**(iii)** Local partnerships | Project Initiation Document (PID): <br>o Developed as part of UHL's Delivering Care at its Best (DC@IB) <br>o Reviewed at the August 2014 Executive Strategy Board (ESB) meeting <br>o Updates (DC@IB Highlight Report reviewed at ESB meetings | (c) Lack of PID for local partnerships | PID for Local Partnerships to be developed by the Head of Local Partnerships (8.7) | Mar 2015 DS |
| **Specialised Services specifications:** CMGs addressing Specialised Service derogation plans | Plans issued to CMGs in February 2014. Follow up meetings being convened for w/c 14th July 2014to identify progress to date. | | | |

# UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – BOARD ASSURANCE FRAMEWORK

| Principal risk 9 | Failure to implement network arrangements with partners. | Overall level of risk to the achievement of the objective | Current score 4 x 2 = 8 | Target score 3 x 2 = 6 |
|---|---|---|---|---|
| Executive Risk Lead(s) | Director of Strategy | | | |
| Link to strategic objectives | Integrated care in partnership with others (secondary, specialised and tertiary care) | | | |

| Key Controls(What control measures or systems are in place to assist secure delivery of the objective) | Assurance Source (Provide examples of recent reports considered by Board or committee where delivery of the objectives is discussed and where the board can gain evidence that controls are effective). | Gaps in Assurance (a)/ Control (c) (i.e. What are we not doing - What gaps in systems, controls and assurance have been identified) | Actions to Address Gaps | Timescale/ Action Owner |
|---|---|---|---|---|
| Regional partnerships | See risk 8 | See risk 8 | See risk 8 | See risk 8 |
| Academic and commercial partnerships | See risk 8 | See risk 8 | See risk 8 | See risk 8 |
| Local partnerships | See risk 8 | See risk 8 | See risk 8 | See risk 8 |
| Delivery of Better Care Together: | See risk 7 | See risk 7 | See risk 7 | See risk 7 |

| Principal risk 10 | Failure to develop effective partnership with primary care and LPT. | Overall level of risk to the achievement of the objective | Current score 4 x 3 = 12 | Target score 4 x 2 = 8 |
|---|---|---|---|---|
| Executive Risk Lead(s) | Director of Strategy | | | |
| Link to strategic objectives | Integrated care in partnership with others (secondary, specialised and tertiary care) | | | |

| Key Controls(What control measures or systems are in place to assist secure delivery of the objective) | Assurance Source (Provide examples of recent reports considered by Board or committee where delivery of the objectives is discussed and where the board can gain evidence that controls are effective). | Gaps in Assurance (a)/ Control (c) (i.e. What are we not doing - What gaps in systems, controls and assurance have been identified) | Actions to Address Gaps | Timescale/ Action Owner |
|---|---|---|---|---|
| Effective partnerships with LPT | See risk 7 | See risk 7 | See risk 7 | |
| Effective partnerships with primary care | See risk 7 | | | |

## UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – BOARD ASSURANCE FRAMEWORK

| Principal risk 11 | Failure to meet NIHR performance targets. | Overall level of risk to the achievement of the objective | Current score 3 x 2 = 6 | Target score 3 x 2= 6 |
|---|---|---|---|---|
| Executive Risk Lead(s) | Medical Director | | | |
| Link to strategic objectives | Enhanced reputation in research, innovation and clinical education | | | |

| Key Controls(What control measures or systems are in place to assist secure delivery of the objective) | Assurance Source (Provide examples of recent reports considered by Board or committee where delivery of the objectives is discussed and where the board can gain evidence that controls are effective). | Gaps in Assurance (a)/ Control (c) (i.e. What are we not doing - What gaps in systems, controls and assurance have been identified) | Actions to Address Gaps | Timescale/ Action Owner |
|---|---|---|---|---|
| Action Plan developed in response to the introduction of national metrics and potential for financial sanctions | Performance in Initiation & Delivery of Clinical Research (PID) reports from NIHR – to CE and R&D (quarterly)<br><br>UHL R&D Executive (monthly)<br><br>R&D Report to Trust Board (quarterly)<br><br>R&D working with CMG Research Leads to educate and embed understanding of targets across CMGs (regular; as required) | No gaps identified | | |

# UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – BOARD ASSURANCE FRAMEWORK

| Principal risk 12 | Failure to retain BRU status. | Overall level of risk to the achievement of the objective | Current score 3 x 3 = 9 | Target score 3 x 2 = 6 |
|---|---|---|---|---|
| Executive Risk Lead(s) | Medical Director | | | |
| Link to strategic objectives | Enhanced reputation in research, innovation and clinical education | | | |

| Key Controls(What control measures or systems are in place to assist secure delivery of the objective) | Assurance Source (Provide examples of recent reports considered by Board or committee where delivery of the objectives is discussed and where the board can gain evidence that controls are effective). | Gaps in Assurance (a)/ Control (c) (i.e. What are we not doing - What gaps in systems, controls and assurance have been identified) | Actions to Address Gaps | Timescale/ Action Owner |
|---|---|---|---|---|
| Maintaining relationships with key partners to support joint NIHR/ BRU infrastructure | Joint BRU Board (bimonthly)<br><br>Annual Report Feedback from NIHR for each BRU (annual)<br><br>UHL R&D Executive (monthly)<br><br>R&D Report to Trust Board (quarterly) | (c) Requirement to replace senior staff and increase critical mass of senior academic staff in each of the three BRUs. | BRUs to re-consider theme structures for renewal, identifying potential new theme leads. (12.1)<br><br>BRUs to identify potential recruits and work with UoL/LU to structure recruitment packages. (12.2)<br><br>UHL to use RCF to pump prime appointments if possible and LU planning new academic appointments to support lifestyle BRU. (12.3) | Jun 2015 MD<br><br><br>June 2015 MD<br><br><br><br><br><br>Jun 2015 MD |
| | Athena Swan Silver Status by University of Leicester and Loughborough University. (The Athena Swan charter applies to higher | (c) Athena Swan Silver not yet achieved by UoL and Loughborough | UoL and LU to ensure successful applications for | Mar2016 MD |

| | education institutions) | University.  This  will be required for eligibility for NIHR awards | Silver swan status and.  Individual medical school depts will need to separately apply for Athena Swan Silver status. (12.4) | |
| --- | --- | --- | --- | --- |
| | | | Special meeting of Joint BRU Board: planning to secure BRU funding at the next NIHR competition. Further meetings planned.  (12.5) | Mar 2015 MD |

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – BOARD ASSURANCE FRAMEWORK**

| Principal risk 13 | Failure to provide consistently high standards of medical education. | Overall level of risk to the achievement of the objective | Current score<br>3 x 3 = 9 | Target score<br>2 x 2 = 4 |
|---|---|---|---|---|
| Executive Risk Lead(s) | Medical Director | | | |
| Link to strategic objectives | Enhanced reputation in research, innovation and clinical education | | | |

| Key Controls(What control measures or systems are in place to assist secure delivery of the objective) | Assurance Source (Provide examples of recent reports considered by Board or committee where delivery of the objectives is discussed and where the board can gain evidence that controls are effective). | Gaps in Assurance (a)/ Control (c)<br>(i.e. What are we not doing - What gaps in systems, controls and assurance have been identified) | Actions to Address Gaps | Timescale/ Action Owner |
|---|---|---|---|---|
| Medical Education Strategy | Department of Clinical Education (DCE) Business Plan and risk register are discussed at regular DCE Team Meetings and information given to the Trust Board quarterly<br><br>Medical Education issues championed by Trust Chairman<br><br>Bi-monthly UHL Medical Education Committee meetings (including CMG representation)<br><br>Oversight by Executive Workforce Board<br><br>Appointment processes for educational roles established<br><br>KPI are measured using the:<br>• UHL Education Quality Dashboard<br>• CMG Education Leads and stakeholder meetings<br>• GMC Trainee Survey results<br>• UHL trainee survey<br>• Health Education East Midlands Accreditation visits<br>  Trainee Survey results<br>• UHL trainee survey<br>  Health Education East Midlands | | | |

| | | | | |
|---|---|---|---|---|
| | Accreditation visits | | | |
| UHL Education Committee | CMG Education Leads sit on Committee. Education Committee delivers to the Workforce Board twice monthly and Prof. Carr presents to the Trust Board Quarterly. | (c) No system of appointing to College Tutor Roles<br><br>(c) UHL does not support College Tutor roles | Develop more robust system of appointment and appraisal of disparate roles by separating College Tutor roles in order to be able to appoint and appraise as College Tutors (13.6) | Apr 2015 MD |

# UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – BOARD ASSURANCE FRAMEWORK

| Principal risk 14 | Lack of effective partnerships with universities. | Overall level of risk to the achievement of the objective | Current score 3 x 3=9 | Target score 3 x 2= 6 |
|---|---|---|---|---|
| Executive Risk Lead(s) | Medical Director | | | |
| Link to strategic objectives | Enhanced reputation in research, innovation and clinical education | | | |

| Key Controls(What control measures or systems are in place to assist secure delivery of the objective) | Assurance Source (Provide examples of recent reports considered by Board or committee where delivery of the objectives is discussed and where the board can gain evidence that controls are effective). | Gaps in Assurance (a)/ Control (c) (i.e. What are we not doing - What gaps in systems, controls and assurance have been identified) | Actions to Address Gaps | Timescale/ Action Owner |
|---|---|---|---|---|
| Maintaining relationships with key academic partners Developing relationships with key academic partners.<br><br>Existing well established partners:<br><br>• University of Leicester<br>• Loughborough University | Minutes of joint UHL/UoL Strategy meetings Minutes of Joint BRU Board Minutes of NCSEM Management Board | (c) New relationships need to be developed and nurtured with the new VC and President for UHL. New Dean of Medical School expected 2015. | LU strategy to be discussed at joint BRU board. (14.2)<br><br>UHL membership of NCSEM management board (14.3)<br><br>Meeting with LU VC, UHL MD, UHL DRD and BRU Director to discuss strategy (14.4)<br><br>Develop regular meeting with DMU (14.5) | Mar 2015<br><br>Mar 2015<br><br><br>Jun 2015<br><br><br><br>Jun 2015 |
| Developing partnerships;<br>• De Montfort University<br>• University of Nottingham<br>• University College London (Life Study)<br>• Cambridge University (100k project) | 100k genome and Life study reports to ESB monthly. Joint meetings held with R&D team for NUH - reported through R&D Exec minutes to ESB. EM CLAHRC Management Board reports via R&D Exec to ESB | (c) Contacts with DMU could be developed more closely | | |

# UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – BOARD ASSURANCE FRAMEWORK

| Principal risk 15 | Failure to adequately plan the workforce needs of the Trust. | Overall level of risk to the achievement of the objective | Current score<br>4 x 3 = 12 | Target score<br>4 x 2 = 8 |
|---|---|---|---|---|
| Executive Risk Lead(s) | Director of Human Resources | | | |
| Link to strategic objectives | Delivering services through a caring, professional, passionate and valued workforce | | | |

| Key Controls(What control measures or systems are in place to assist secure delivery of the objective) | Assurance Source (Provide examples of recent reports considered by Board or committee where delivery of the objectives is discussed and where the board can gain evidence that controls are effective). | Gaps in Assurance (a)/ Control (c)<br>(i.e. What are we not doing - What gaps in systems, controls and assurance have been identified) | Actions to Address Gaps | Timescale/ Action Owner |
|---|---|---|---|---|
| UHL Workforce Plan (by staff group) including an integrated approach to workforce planning with LPT. | Reduction in number of 'hotspots' for staff shortages across UHL reported as part of workforce plan update.<br><br>Executive Workforce Board will consider progress in relation to the overarching workforce plan through highlight report from CMG action plans. | (c) Workforce planning difficult to forecast more than a year ahead as changes are often dependent on transformation activities outside UHL (e.g. social services/ community services and primary care and broad based planning assumptions around demographics and activity).<br><br>(c ) Difficulty in recruiting to hotspots as frequently reflect  a national shortage occupation (e.g. nurses) | Develop Innovative approaches to recruitment and retention to address shortages. (15.4)<br><br>Develop new roles that address competency and skill gaps in service delivery areas (15.9) | Jun 2015 DHR<br><br>Jun 2015 DHR |

| | | | Develop Workforce Planning Template to include detailed plans by staff group relating to reduction and growth which triangulate with finance and activity (15.10) | Apr 2015 |
|---|---|---|---|---|
| Nursing Recruitment Trajectory and international recruitment plan in place for nursing staff | Overall nursing vacancies are monitored and reported monthly by the Board and NET as part of the Quality and Performance Report<br><br>NHS Choices will be publishing the planned and actual number of nurses on each shift on every inpatient ward in England | | | |
| Development of an Employer Brand and Improved Recruitment Processes | Reports of the LIA recruitment project<br><br>Reports to Executive Workforce Board regarding innovative approaches to recruitment | (c) Capacity to develop and build employer brand marketing | Deliver our Employer Brand group to share best practice and develop social media techniques to promote opportunities at UHL (15.6) | Jun 2015 DHR |
| | | (c ) capacity to build innovative approaches to consultant recruitment | Consultant recruitment review team to develop professional assessment centre approach to recruitment utilising outputs to produce a development programme (15.8) | April 2015 DHR |

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – BOARD ASSURANCE FRAMEWORK**

| Principal risk 16 | Inability to recruit and retain staff with appropriate skills. | Overall level of risk to the achievement of the objective | Current score 4 x 3 = 12 | Target score 4 x 2 = 8 |
|---|---|---|---|---|
| **Executive Risk Lead(s)** | Director of Human Resources | | | |
| **Link to strategic objectives** | Delivering services through a caring, professional, passionate and valued workforce | | | |

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

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

# UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – BOARD ASSURANCE FRAMEWORK

| Principal risk 17 | Failure to improve levels of staff engagement | Overall level of risk to the achievement of the objective | Current score 3 x 3 = 9 | Target score 3 x 2 = 6 |
|---|---|---|---|---|
| Executive Risk Lead(s) | Director of Human Resources | | | |
| Link to strategic objectives | Delivering services through a caring, professional, passionate and valued workforce | | | |

| Key Controls(What control measures or systems are in place to assist secure delivery of the objective) | Assurance Source (Provide examples of recent reports considered by Board or committee where delivery of the objectives is discussed and where the board can gain evidence that controls are effective). | Gaps in Assurance (a)/ Control (c) (i.e. What are we not doing - What gaps in systems, controls and assurance have been identified) | Actions to Address Gaps | Timescale/ Action Owner |
|---|---|---|---|---|
| **Year 2 Listening into Action (LiA) Plan (2014 to 2015)** including five work streams:<br><br>Year 3 Listening into Action (LiA) Plan (2015 to 2016) to be developed in March 2015 for next 12 months. To include continued work with five work streams:<br><br>Work stream One: **Classic LiA**<br>• Two waves of Pioneering teams to commence (with 12 teams per wave) using LiA to address changes at a ward/department/pathway level | Quarterly reports to Executive Workforce Board (EWB) and Trust Board<br><br>Updates provided to LiA Sponsor group on success measures per team and reports on Pulse Check improvements<br><br>Annual Pulse Check Survey to be conducted March 2015<br><br>Update reports provided to JSCNC meetings | (a) Lack of triangulation of LiA Pulse Check Survey results with National Staff Opinion Survey and Friends and Family Test for Staff | | |
| Work stream Two: **Thematic LiA**<br>• Supporting senior leaders to host Thematic LiA activities. These activities will respond to emerging priorities within Executive Directors' portfolios. Each Thematic event will be hosted and led by a member of the Executive Team or delegated lead. | Quarterly reports to Executive Workforce Board (EWB) and Trust Board<br><br>Updates provided to LiA Sponsor group on each thematic activity<br><br>Update reports provided to JSCNC meetings | | | |
| Work stream Three: **Management of Change LiA**<br>• LiA Engagement Events held as a precursor to change projects associated with service transformation and / or HR Management of Change (MoC) initiatives. | Quarterly reports to Executive Workforce Board (EWB) and Trust Board<br><br>Updates provided to LiA Sponsor group on each thematic activity<br><br>Update reports provided to JSCNC meetings | | | |

| | | | | |
|---|---|---|---|---|
| Work stream Four: **Enabling LiA**<br>• Provide support to delivering UHL strategic priorities (Caring At its Best), where employee engagement is required. | Quarterly reports to Executive Workforce Board (EWB) and Trust Board<br><br>Updates provided to LiA Sponsor group on each thematic activity<br><br>Update reports provided to JSCNC meetings | (C) Resource requirements in terms of people and physical resources difficult to anticipate from LiA activity linked to Caring at its Best engagement events | | |
| Work stream Five: **Nursing into Action (NiA)**<br>• Support all nurse led Wards or Departments to host a listening event aimed at improving quality of care provided to patients and implement any associated actions. | Quarterly reports to Executive Workforce Board (EWB) and Trust Board<br><br>Updates provided to LiA Sponsor group every 6 months on success measures per set and reports on Pulse Check improvements<br><br>Update reports provided to JSCNC meetings<br><br>Monthly updates to Nursing Executive Team (NET) meetings via Heads of Nursing per CMG | (c) Lack of a clear system for sharing lessons learned and success outcomes from each of the NiA Ward / Department areas to maximise spread of learning and sharing best practice. | Success outcomes to be shared with nursing workforce via new annual Nursing Conference – first one scheduled for April 2015. (17.10) | Mar 2016 DHR/ Chief Nurse |
| Annual National Staff Opinion and Attitude Survey | Annual Survey report presented to EWB and Trust Board<br><br>Analysis of results in comparison to previous year's results and to other similar organisations presented to EWB and Trust Board annually<br><br>Updates on CMG / Corporate actions taken to address improvements to National Survey presented to EWB<br><br>Staff sickness levels may also provide an indicator of staff satisfaction and performance and are reported monthly to Board via Quality and Performance report<br><br>Results of National staff survey and local patient polling reported to Board on a six monthly basis. Improving staff satisfaction position. | (a) Lack of triangulation of National Staff Survey results with local Pulse Check Results (Work stream One: Classic LiA / Work stream Five: NiA) and other indicators of staff engagement such as Friends and Family Test for Staff | Workshop on 2014 survey results priorities and actions to be shared via management forums and CE Briefing . (17.11) | Apr 2015 DHR |
| Friends and Family Test for NHS Staff | Quarterly survey results for Quarter 1, 2 and 4 to be submitted to NHS England for external publication: | (a) Survey completion criteria variable | | |

| | Submission commencing 28 July 2014 for quarter 1 with NHS England publication commencing September 2014 | between NHS organisations per quarter. | | |
|---|---|---|---|---|
| | Local results of response rates to be | (a) Survey to include 'NHS Workers' and not restricted to UHL staff therefore creating difficulty in comparisons between organisations as unable to identify % response rates. | | |
| | CQUIN Target for 2014/15 – to conduct survey in Quarter 1 (achieved) | | | |
| | | (c) No guidance available regarding how NHS England will present the data published in September 2014, i.e. same format at FFT for Patients or format for National Staff Opinion and Attitude Survey. | Workshop outputs to lead to 2015/16 engagement plan for the Trust – to be shared via appropriate management forums and CE Briefing (March & April 2015). TB and ET Paper for March 2015. (17.13) | Mar 2016 DHR |
| | | (a) Lack of triangulation of Friends and Family Test for Staff results with local Pulse Check Results (Work stream One: Classic LiA / Work stream Five: NiA) and other indicators of staff engagement such as National Staff Survey | | |
| Workforce Sickness Absence levels | Attendance management policy and procedures available to staff and managers. Compliance reports via Workforce Informatics Manager sent to CMGs monthly to support management of individual cases. | (a) Lack of triangulation between the use of premium rate staff to support non-compliance with UHL | Annual performance target set with CMG breakdown available per month | Mar 2016 |

| | | | | |
|---|---|---|---|---|
| | ESR recording of attendance.<br>Monthly reports available to CMGs / Corporate Divisions<br>HR CMG Teams support front line managers to manage staff in line with policy<br>Sickness levels reported via CE Briefings per month<br>Sickness levels incorporated into Organisational Health Dashboard monthly reporting via EWB quarterly meetings and available to CMG HR Leads via SharePoint<br>Sickness absence rates reported to UHL Leadership Community via CE Briefings per month | target for 2014/15 sickness absence rates, with increasing levels of sickness reported for some CMGs / staff groups | for CMG Board Meetings. (17.15)<br><br>Workforce KPIs included in Quarterly CMG Workforce meetings from January 2015 – to be attended by HR CMG Leads and Workforce Development Manager (17.16)<br><br>Premium spend / pay group to be established in February 2015 as part of the CIP Workforce Charter to review use of premium pay and reasons for use – to support CMGs to identify links to, for example, sickness absence, recruitment, & increased activities during 2015/16 (17.17) | Mar 2016 /17 |
| Mutuals in Health Pathfinder Programme | Submitted application to Cabinet Office (CO) and Department of Health (DH) to participate in the programme as one of the Trusts nationally.<br>Selected to participate in the Pathfinder | a) Due to tight timeframes for delivery of the Feasibility Report | Feasibility Report (by 31 March 2015 with Trust Board approval. To be | Mar 2015 DHR |

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|---|---|---|---|---|
| | Programme – 1st January 2015 – 31 March 2015 Mutuals Programme Board established – January 2015 chaired by CEO. Programme Lead identified (Assistant Director of OD & Learning) to work with the assigned external partners (Hempsons, Stepping Out & Albion) Monthly update reports to Executive Team. Progress Report to be presented to EWB in March 2015 <br><br> Programme of work relates to delivery of 3 pillars identified for UHL – <br> 1. Exploring organisational forms with whole Trust <br> 2. Autonomous Incentivised Teams – elective orthopaedics & trauma team <br> 3. Improving engagement within UHL <br> Production of a Feasibility Report (Business Case) to DH/CO by 31 March 2014 <br> Attendance at national workshops to learn from other Trusts – knowledge transfer. <br> Organise internal workshops on each of the 3 pillars and encourage appropriate attendance by CMG Managers and nominated staff. <br> Pathfinder Programme Risk Register to be managed by external partners with CO/DH. | (FBC) will the Trust Board and Executive Team be fully signed up to the final produced report and proposals for transferability of lessons learned to UHL service and workforce models. | presented to TB in March and EWB in March 2015 (17.18) | |

# UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – BOARD ASSURANCE FRAMEWORK

| Principal risk 18 | Lack of effective leadership capacity and capability | Overall level of risk to the achievement of the objective | Current score 3 x 3 = 9 | Target score 3 x 2 = 6 |
|---|---|---|---|---|
| Executive Risk Lead(s) | Director of Human Resources | | | |
| Link to strategic objectives | A clinically and financially sustainable NHS Foundation Trust | | | |

| Key Controls (What control measures or systems are in place to assist secure delivery of the objective) | Assurance Source (Provide examples of recent reports considered by Board or committee where delivery of the objectives is discussed and where the board can gain evidence that controls are effective). | Gaps in Assurance (a)/ Control (c) (i.e. What are we not doing - What gaps in systems, controls and assurance have been identified) | Actions to Address Gaps | Timescale/ Action Owner |
|---|---|---|---|---|
| Leadership into Action Strategy (2014:16) including six work streams:<br><br>'Providing Coaching and Mentoring' by developing an internal coaching and mentoring network, with associated framework and guidance which will be piloted in agreed areas (targeting clinicians at phase 1). | Quarterly Reports to Executive Workforce Board (EWB) as part of Organisational Development Plan and Learning, Education and Development Update as set out in Risk 16. | | | |
| 'Shadowing and Buddying' by creating shadowing opportunities and devising a buddy system for new clinicians or those appointed into new roles. | Quarterly Reports to Executive Workforce Board as part of Organisational Development Plan and Learning, Education and Development Update as set out in Risk 16. | (c) Buddying / Shadowing System Requires Development | System being developed in partnership with HEEM and Assistant Medical Director to ensure support provided to newly appointed Consultants at initial phase (18.3) | Apr 2015 DHR |
| 'Improving local communications and 360 degree feedback' by developing and implementing a 360 Degree feedback Tool for all leaders and developing nurse leaders to facilitate Listening Events in all ward and clinical department areas as set out in Risk 17. | Quarterly Reports to Executive Workforce Board as part of Organisational Development Plan and Learning, Education and Development Update as set out in Risk 16.<br><br>Updates provided to LiA Sponsor group every 6 months on success measures<br><br>Monthly updates to Nursing Executive Team (NET) meetings via Heads of Nursing per CMG | (a) 360 Feedback Tool not yet developed | Present update on Learner Management System developments and NHS Healthcare Leadership Model Resources to support the provision of 360 Feedback (18.4) | Mar 2015 |

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

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – BOARD ASSURANCE FRAMEWORK**

| Principal risk 19 | Failure to deliver financial strategy (including CIP). | Overall level of risk to the achievement of the objective | Current score<br>5 x 3 = 15 | Target score<br>5 x 2 = 10 |
|---|---|---|---|---|
| Executive Risk Lead(s) | Director of Finance | | | |
| Link to strategic objectives | A clinically and financially sustainable NHS Foundation Trust | | | |

| Key Controls(What control measures or systems are in place to assist secure delivery of the objective) | Assurance Source (Provide examples of recent reports considered by Board or committee where delivery of the objectives is discussed and where the board can gain evidence that controls are effective). | Gaps in Assurance (a)/ Control (c)<br>(i.e. What are we not doing - What gaps in systems, controls and assurance have been identified) | Actions to Address Gaps | Timescale/ Action Owner |
|---|---|---|---|---|
| Delivering  recurrent balance via effective management controls including SFIs, SOs and on-going Finance Training Programme<br><br>Health System External Review has defined the scale of the financial challenge and possible solutions<br><br>UHL Service  & Financial Strategy including Reconfiguration/ SOC | Monthly progress reports to F&P Committee, Executive Board, & Trust Board Development Sessions<br><br>TDA Monthly Meetings<br><br>Chief Officers meeting CCGs/Trusts<br>TDA/NHSE meetings<br>Trust Board Monthly Reporting<br><br>UHL Programme Board, F&P Committee, Executive Board & Trust Board | (c) Lack of supporting service strategies to deliver recurrent balance | Production of a financial strategy to accelerate the recovery programme (19.2) | Feb 2015<br>DF |
| CIP performance management  including CIP s as part of integrated performance management | Monthly reports to F&P committee and Trust Board. Formal sign-off documents with CMGs as part of agreement of IBPs<br><br>CIP Quality Impact assessments | | | |
| Managing financial performance to  deliver recurrent balance via SFI and SOs and  utilising overarching financial governance processes | Monthly progress reports to Finance and Performance (F&P) Committee, Executive Board and Trust board. | | | |
| Financially and operationally deliverable by contract signed off by UHL and CCGs and Specialised Commissioning on 30/6/14 | Agreed contracts document through the dispute resolution process/arbitration<br><br>Regular updates to F&P Committee, Executive Board, | | | |

| | Escalation meeting between CEOs/CCG Accountable Officers | | | |
|---|---|---|---|---|
| Securing capital funding by linking to Strategy, Strategic Outline Case (SOC) and Health Systems Review and Service Strategy | Regular reporting to F&P Committee, Executive Board and Trust Board | (c) Lack of clear strategy for reconfiguration of services. | Production of Business Cases to support Reconfiguration and Service Strategy (19.10) | On-going action - Review monthly DF |
| Obtaining sufficient cash resources by agreeing short term borrowing requirements with TDA | Monthly reporting of cash flow to F&P Committee and Trust Board | (c) Lack of service strategy to deliver recurrent balance | Agreement of long-term loans as an outcome of submission of SOC/ business cases (19.11) | On-going action – Review March 2015 DF |

## UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – BOARD ASSURANCE FRAMEWORK

| Principal risk 20 | Failure to deliver internal efficiency and productivity improvements. | Overall level of risk to the achievement of the objective | Current score 4 x 4 = 16 | Target score 3 x 2 = 6 |
|---|---|---|---|---|
| Executive Risk Lead(s) | Chief Operating Officer | | | |
| Link to strategic objectives | A clinically and financially sustainable NHS Foundation Trust | | | |

| Key Controls(What control measures or systems are in place to assist secure delivery of the objective) | Assurance Source (Provide examples of recent reports considered by Board or committee where delivery of the objectives is discussed and where the board can gain evidence that controls are effective). | Gaps in Assurance (a)/ Control (c) (i.e. What are we not doing - What gaps in systems, controls and assurance have been identified) | Actions to Address Gaps | Timescale/ Action Owner |
|---|---|---|---|---|
| CIP performance management  including CIP s as part of integrated performance management | Monthly reports to F&P committee and Trust Board. Formal sign-off documents with CMGs as part of agreement of IBPs | c) Not all PMO posts have been recruited to | Recruit substantive staff to vacant posts (20.2) | Feb 2015 COO |
| Cross cutting themes are established. | Executive Lead identified. Monthly reports to F&P committee and Trust Board | | | |

# UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – BOARD ASSURANCE FRAMEWORK

| Principal risk 21 | Failure to maintain effective relationships with key stakeholders | Overall level of risk to the achievement of the objective | Current score 5x3=15 | Target score 5x2=10 |
|---|---|---|---|---|
| **Executive Risk Lead(s)** | Director of Marketing and Communications | | | |
| **Link to strategic objectives** | A clinically and financially sustainable NHS Foundation Trust | | | |

| Key Controls(What control measures or systems are in place to assist secure delivery of the objective) | Assurance Source (Provide examples of recent reports considered by Board or committee where delivery of the objectives is discussed and where the board can gain evidence that controls are effective). | Gaps in Assurance (a)/ Control (c) (i.e. What are we not doing - What gaps in systems, controls and assurance have been identified) | Actions to Address Gaps | Timescale/ Action Owner |
|---|---|---|---|---|
| Stakeholder Engagement Strategy  (including a  clinical task force to drive the improvements that come out of learning lessons to improve care) | Annual Stakeholder surveys presented to the Board Feedback from stakeholders in Board 360 as part of Foresight review.<br><br>BCT strategy and planning<br><br>Regular meeting with:<br>CCGs and GPs and<br>Health watch(s)<br>Mercury Panel<br>MPs and local politicians<br>TDA / NHSE<br><br>On-going review of effectiveness of clinical task force via EQB and QAC | (c)   No structured key account management approach to commercial relationships<br><br>(c)   Commissioner (clinical) relationships can be too transactional i.e. not creative / transformational. | | |

# UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – BOARD ASSURANCE FRAMEWORK

| Principal risk 22 | Failure to deliver service and site reconfiguration programme and maintain the estate effectively. | Overall level of risk to the achievement of the objective | Current score 5 x 2 = 10 | Target score 5 x 1 = 5 |
|---|---|---|---|---|
| Executive Risk Lead(s) | Director of Strategy | | | |
| Link to strategic objectives | A clinically and financially sustainable NHS Foundation Trust | | | |

| Key Controls(What control measures or systems are in place to assist secure delivery of the objective) | Assurance Source (Provide examples of recent reports considered by Board or committee where delivery of the objectives is discussed and where the board can gain evidence that controls are effective). | Gaps in Assurance (a)/ Control (c) (i.e. What are we not doing - What gaps in controls and assurance have been identified) | Actions to Address Gaps | Timescale/ Action Owner |
|---|---|---|---|---|
| Capital Monitoring Investment Committee Chaired by the Director of Finance & Procurement – meets monthly. All capital projects are subject to robust monitoring and control within a structured delivery platform to provide certainty of delivery against time, cost and scope. Project scope is monitored and controlled through an iterative process in the development of the project from briefing, through feasibility and into design, construction, commissioning and Post Project Evaluation. Project budget is developed at feasibility stage to enable informed decisions for investment and monitored and controlled throughout design, procurement and construction delivery. Project timescale is established from the outset with project milestone aspirations developed at feasibility stage. Process to follow:<br>• Business case development<br>• Full business case approvals<br>• TDA approvals<br>• Availability of capital<br>• Planning permission<br>• Public Consultation<br>• Commissioner support | Minutes of the Capital Monitoring Investment Committee meetings. Capital Planning & Delivery Status Reports. Minutes of the March 2014 public Trust Board meeting - Trust Board approved the 2014/15 Capital Programme. Project Initiation Document (PID) (as part of UHL's Delivering Care at its Best) and minutes of the May 2014 Executive Strategy Board (ESB) meeting. Estates Strategy - submitted to the NTDA on 20th June in conjunction with the Trust's 5 year directional plan. A paper briefing the TB on the outcome of the DH Gateway 0 review and the actions taken to address them in the form of a Programme Brief and governance arrangements was presented to the December 2014 TB meeting | | | |

# UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – BOARD ASSURANCE FRAMEWORK

| Principal risk 23 | Failure to effectively implement EPR programme | Overall level of risk to the achievement of the objective | Current score 5 x 3 = 15 | Target score 3 x 3 = 9 |
|---|---|---|---|---|
| **Executive Risk Lead(s)** | Chief Information Officer | | | |
| **Link to strategic objectives** | Enabled by excellent IM&T | | | |

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

# UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – BOARD ASSURANCE FRAMEWORK

| Principal risk 24 | Failure to implement the IM&T strategy and key projects effectively *Note: Projects are defined, in IM&T, as those pieces of work, which require five or more days of IM&T activity.* | Overall level of risk to the achievement of the objective | Current score 3x3 = 9 | Target score 3 x 3 = 9 |
|---|---|---|---|---|
| Executive Risk Lead(s) | Chief Information Officer | | | |
| Link to strategic objectives | Enabled by excellent IM&T | | | |

| Key Controls(What control measures or systems are in place to assist secure delivery of the objective) | Assurance Source (Provide examples of recent reports considered by Board or committee where delivery of the objectives is discussed and where the board can gain evidence that controls are effective). | Gaps in Assurance (a)/ Control (c) (i.e. What are we not doing - What gaps in systems, controls and assurance have been identified) | Actions to Address Gaps | Timescale/ Action Owner |
|---|---|---|---|---|
| Project Management to ensure we are only proceeding with appropriate projects | Project portfolio reviewed by the ESB every two months. Agreements in place with finance and procurement to catch projects not formally raised to IM&T. | | | |
| Ensure appropriate governance arrangements around the deliverability of IM&T projects | Projects managed through formal methodologies and have the appropriate structures, to the size of project, in place. KPIs are in place for the managed business partner and are reported to the IM&T service delivery board | | | |
| Signed off capital plan for 2014/15 and 2015/16 | 2 year plan in place and a 5 year technical in place highlighting future requirements - signed off by the capital governance routes | | | |
| Formalised process for assessing a project and its objectives | All projects go through a rigorous process of assessment before being accepted as a proposal | | | |

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

| Monitoring body (Internal and/or External): | UHL Executive Team |
|---|---|
| Reason for action plan: | Board Assurance Framework |
| Date of this review | **February 2015** |
| Frequency of review: | Monthly |
| Date of last review: | January 2015 |

| REF | ACTION | SENIOR LEAD | OPS LEAD | COMPLETION DATE | PROGRESS UPDATE | STATUS |
|---|---|---|---|---|---|---|
| 1 | **Lack of progress in implementing UHL Quality Commitment.** | | | | | |
| 2 | **Failure to implement LLR emergency care improvement plan.** | | | | | |
| 2.4 | Review effectiveness of specific LLR improvement actions to deliver a reduction in admissions and increase in discharges | COO / LLR MD | | Review ~~December 2014~~ February 2015 | The actions taken are not consistently having the desired effect. The required changes are being tracked through the LLR urgent care working group | 2 |
| 2.5 | Arrangements for IS to return for a two week in January 2015 (2.5) | COO | | ~~January 2015~~ March 2015 | IS's availability has changed and we are working with the new CMGD to review the best way to use IS's experience if he returns in March 2015 | 3 |
| 3 | **Failure to effectively implement UHL Emergency Care quality programme.** | | | | | |
| 3.1 | Review effectiveness of specific LLR improvement actions to deliver a reduction in admissions and increase in discharges. **NB:** *Original action reworded by COO – Dec 2014* | COO | | February 2015 | The actions taken are not consistently having the desired effect. The required changes are being tracked through the LLR urgent care working group | 2 |
| 4 | **Delay in the approval of the Emergency Floor Business Case.** | | | | | |
| 4.1 | Regular communication with NTDA | MD | | March 2015 | Communication will continue until the submission dates and beyond to keep the NTDA on track. | 4 |
| 5 | **Failure to deliver RTT improvement plan.** | | | | | |
| 5.1 | Action plans to be developed in key specialities to regain trajectory in admitted RTT | COO | | ~~September~~ ~~October~~ ~~December 2014~~ ~~February 2015~~ April 2015 | **Complete.** Action plans completed. | 5 |

| Status key: | 5 | Complete | 4 | On track | 3 | Some delay – expect to completed as planned | 2 | Significant delay – unlikely to be completed as planned | 1 | Not yet commenced | 0 | Objective Revised |
|---|---|---|---|---|---|---|---|---|---|---|---|---|

| 5.2 | Act on findings from recently published IST report | COO | | August October 2014 March 2015 | UHL plan to implement findings and recommendations to be developed. IST commissioned to be working with the Trust until end March 2015, Project plan developed and action deadline extended to reflect this. | 4 |
|---|---|---|---|---|---|---|
| **6** | **Failure to achieve effective patient and public involvement** | | | | | |
| 6.1 | Update the PPI/stakeholder engagement strategy | DMC | | February 2015 | **Complete.** Board endorsed new PPI and Engagement Strategy and plan March 2015 | 5 |
| **7** | **Failure to effectively implement Better Care together (BCT) strategy.** | | | | | |
| **8** | **Failure to respond appropriately to specialised service specification.** | | | | | |
| 8.3 | Programme Plan to be developed | DS | | April 2015 | | 4 |
| 8.7 | PID for Local Partnerships to be developed by the Head of Local Partnerships | DS | | December 2014 February 2015 March 2015 | The PID is to come to the March BCT UHL Programme Board- the reason for the delay is all work streams are to submit their PIDs to the March meeting for discussion, before going on to the Executive Strategy Board. Timescale for completion extended to reflect this. | 3 |
| **9** | **Failure to implement network arrangements with partners.** | | | | | |
| | Actions, 8.1, 8.2, 8.3 and 8.5 refer to risk 9. Action 7.3 refer to risk 7, therefore refer above for progress | | | | See risks 7 & 8 | |
| **10** | **Failure to develop effective partnership with primary care and LPT.** | | | | | |
| **11** | **Failure to meet NIHR performance targets.** | | | | | |
| **12** | **Failure to retain BRU status.** | | | | | |
| 12.1 | BRUs to re-consider theme structures for renewal, identifying potential new theme leads. (12.1) | MD | DR&D | June 2015 | Awaiting National Guidance on structure required for future bids | 4 |
| 12.2 | BRUs to identify potential recruits and work with UoL/LU to structure recruitment packages. | MD | DR&D | June 2015 | | 4 |

| Status key: | **5** | Complete | **4** | On track | **3** | Some delay – expect to completed as planned | **2** | Significant delay – unlikely to be completed as planned | **1** | Not yet commenced | **0** | Objective Revised |
|---|---|---|---|---|---|---|---|---|---|---|---|---|

| 12.3 | UHL to use RCF to pump prime appointments if possible and LU planning new academic appointments to support lifestyle BRU. | MD | DR&D | June 2015 | | | 4 |
|---|---|---|---|---|---|---|---|
| 12.4 | UoL and LU to ensure successful applications for Silver swan status and. Individual medical school depts will need to separately apply for Athena Swan Silver status. | MD | DR&D | March 2016 | VC and President has re-constituted group leading Medical School Bid with appointment of new project manager. | | 4 |
| 12.5 | Special meeting of Joint BRU Board: planning to secure BRU funding at the next NIHR competition. Further meetings planned. | MD | DR&D | March 2015 | | | 4 |
| **13** | **Failure to provide consistently high standards of medical education.** | | | | | | |
| 13.1 | To work with Finance and CMGs to ensure transparency and accountability of undergraduate and postgraduate medical training tariffs *(reworded October 2014)* | MD | AMD (CE) | ~~October 2014~~ July 2015 | **Complete.** Department of Education and Finance have completed the identification of SIFT and MADEL income in CMG budgets. There is now work to be commenced with CMGs to identify SIFT and MADEL expenditure. This will be progressed following planned meetings with CMGs and CMG Medical Education Leads. | | 5 |
| 13.2 | Ensure appropriate Consultant Job descriptions include job planning | MD | AMD (CE) | April 2015 | **Complete.** The department of Clinical Education has completed the frameworks that will enable the identification of educational roles. The medical appraisal software now has the appropriate module activated and Director of Medical Education gives a regular update at appraiser training sessions. | | 5 |
| 13.4 | Disseminate approved appraisal methodology to CMGs. | MD | AMD (CE) | ~~December~~ February 2015 | **Complete** | | 5 |

| Status key: | | 5 | Complete | 4 | On track | 3 | Some delay – expect to completed as planned | 2 | Significant delay – unlikely to be completed as planned | 1 | Not yet commenced | 0 | Objective Revised |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

| 13.5 | Work to relocate anomalous budgets to HR as other Foundation doctor contracts | MD | AMD (CE) | ~~January~~ April 2015 | **Complete.** Discussion with Acting Director of HR indicated that transfer of this budget was not considered appropriate. | 5 |
|---|---|---|---|---|---|---|
| 13.6 | Develop more robust system of appointment and appraisal of disparate roles by separating College Tutor roles in order to be able to appoint and appraise as College Tutors | MD | AMD (CE) | ~~January 2015~~ April 2015 | We have a role description agreed between UHL and HEEM – however unlike other Trusts UHL does not support College Tutor roles. A paper is being prepared for the April UHL Executive team to address this issue. Timescale for completion extended to reflect this | 3 |
| **14** | **Lack of effective partnerships with universities.** | | | | | |
| 14.2 | LU strategy to be discussed at joint BRU board. | MD | DR&D | March 2015 | | 4 |
| 14.3 | UHL membership of NCSEM management board | MD | DR&D | March 2015 | Currently MD and DR&I attending | 4 |
| 14.4 | Meeting with LU VC, UHL MD, UHL DRD and BRU Director to discuss strategy | MD | DR&D | June 2015 | Invitation sent to LU VC | 4 |
| 14.5 | Develop regular meeting with DMU | MD | DR&D | June 2015 | Regular meetings established at Exec level – relevant subgroups established | 4 |
| **15** | **Failure to adequately plan the workforce needs of the Trust.** | | | | | |
| 15.4 | Develop Innovative approaches to recruitment and retention to address shortages. | DHR | | June 2015 | Medical Workforce Strategy to be updated following feedback from HEEM quality visit and the Clinical Senate. and incorporated into a Workforce Board Thinking Session in May or June Timescale for completion extended to reflect this Services are developing a portfolio to reflect provision in better attracting consultant to services | 3 |

| Status key: | 5 | Complete | 4 | On track | 3 | Some delay – expect to completed as planned | 2 | Significant delay – unlikely to be completed as planned | 1 | Not yet commenced | 0 | Objective Revised |
|---|---|---|---|---|---|---|---|---|---|---|---|---|

| 15.6 | Delivering our Employer Brand group to share best practice and development social media techniques to promote opportunities at UHL | DHR | | ~~March 2015~~<br>June 2015 | Service areas need to provide an overview of the future of their services for use when advertising consultant posts. The timescales for developing this must link with plans for confirmation of CMG future operating models.  These are scheduled to be completed by June 2015.  Timescale extended to reflect this. | 3 |
| --- | --- | --- | --- | --- | --- | --- |
| 15.8 | Consultant recruitment review team to develop professional assessment centre approach to recruitment utilising outputs to produce a development programme | DHR | | April 2015 | Consultant recruitment process has been improved to incorporate unseen presentations. This started in January 2015 and will be evaluated | 4 |
| 15.9 | Develop new roles that address competency and skill gaps in service delivery areas | DHR | | ~~March 2015~~<br>June  2015 | UHL New Roles Group with the remit of delivering new roles in Assistant Practitioner, Advanced Practitioner and Physician Assistant.  .<br>The first cohort has commenced training and includes 8 assistant practitioners.<br><br>HEEM Funding of £250k has been approved to enable LLR providers to introduce US Physicians Assistants into the workforce.  This programme is behind original schedule as the timescales are within the control of the National Physician Associate Project Board. Precise numbers are being confirmed by UHL.  Timescale extended to reflect this issue | 3 |

| Status key: | | 5 | Complete | 4 | On track | 3 | Some delay – expect to completed as planned | 2 | Significant delay – unlikely to be completed as planned | 1 | Not yet commenced | 0 | Objective Revised |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |

| 15.10 | Refine the workforce elements of the Operational Planning cycle to ensure robust workforce plans to support organisational transformation, activity and finance | DHR | | April 2015 | Final submission of workforce plan will be March 31 2015.<br>The first confirm and challenge of these plans has taken place.  These plans have also been challenged to ensure they deliver quality standards.  Final submission of these plans is scheduled for April 2015.  The NTDA has slipped the timescales for submissions we are on track to submit plans for the 7 April and the final submission in May. | 3 |
|---|---|---|---|---|---|---|
| 15.11 | Development of Cross Cutting Programme to support focus on workforce efficiency, productivity and development | DOF and DHR | | February 2015 | **Complete.**  There will now be three work streams with the long term workforce planning forming part of the UHL Better Care Together Programme Board.  This will be an on-going work plan through 2015/16 | 5 |
| **16** | **Inability to recruit and retain staff with appropriate skills.** | | | | | |
| 16.2 | eUHL system updates required to meet Trust needs | DHR | | March 2015 | Awaiting confirmation of tender waiving process in order to continue to use OCB Media for the development a Learning Management System.  A Business Case is scheduled to be presented to the Capital Investment Committee on 13 March 2015. | 4 |

| Status key: | 5 | Complete | 4 | On track | 3 | Some delay – expect to completed as planned | 2 | Significant delay – unlikely to be completed as planned | 1 | Not yet commenced | 0 | Objective Revised |
|---|---|---|---|---|---|---|---|---|---|---|---|---|

| 16.3 | Robust ELearning policy and procedures to be developed to reflect P&GC approach | DHR | | ~~February 2015~~ May 2015 | The E-learning policy and procedures will form part of the Core Training Policy which has been submitted to Policy and Guidelines Committee (PGC).  Currently awaiting PGC feedback.  Deadline extended to reflect this. Changes are required to the Core Training Policy. Consultation will take place during April 2015 prior to revised policy submission to PGC during May 15.  Timescale extended to reflect this | 3 |
|---|---|---|---|---|---|---|
| **17** | **Failure to improve levels of staff engagement** | | | | | |
| 17.10 | Success outcomes to be shared with nursing workforce via new annual Nursing Conference –scheduled for April 2015. | DHR/ CN | | March 2016 | Nursing Conference being planned. | 4 |
| 17.11 | Workshop on 2014 survey results priorities and actions to be shared via management forums and CE Briefing | DHR | | ~~March 2015~~ April 2015 | National results known and have been analysed and compared to the previous year. A paper will be submitted to the Trust Board in April 2015.  Timescale for completion extended to reflect this. | 3 |
| 17.13 | Workshop outputs to lead to 2015/16 engagement plan for the Trust – to be shared via appropriate management forums and CE Briefing (March & April 2015). TB and ET Paper for March 2015. | DHR | | March 2016 | Awaiting the outputs from the second workshop (TBC – March 2015) | 4 |
| 17.15 | Annual performance target set with CMG breakdown available per month for CMG Board Meetings. | DHR | | March 2016 | To be discussed at March EWB meeting | 4 |
| 17.16 | Workforce KPIs included in Quarterly CMG Workforce meetings from January 2015 – to be attended by HR CMG Leads and Workforce Development Manager | DHR | | March 2016 | HR Leads identified to attend Workforce KPI Quarterly meetings. | 4 |

| Status key: | 5 | Complete | 4 | On track | 3 | Some delay – expect to completed as planned | 2 | Significant delay – unlikely to be completed as planned | 1 | Not yet commenced | 0 | Objective Revised |
|---|---|---|---|---|---|---|---|---|---|---|---|---|

| 17.17 | Premium spend / pay group to be established in February 2015 as part of the CIP Workforce Charter to review use of premium pay and reasons for use – to support CMGs to identify links to, for example, sickness absence, recruitment, & increased activities during 2015/16. | DHR | | March 2016/17 | First meeting held in February 2015. Programme Board scheduled for 2015. We have identified current premium spend reports and distribution to CMGs and in March plan to undertake a deep dive within ED, Ward 28 and CDU.  Aim to profile premium spend reduction within March/April. | 4 |
|---|---|---|---|---|---|---|
| 17.18 | Feasibility Report by 31 March 2015 with Trust Board approval. To be presented to TB in March and EWB in March 2015 | DHR | | March 2015 | Update to be provided on Mutuals in Health pathfinder Programme at EWB and TB in March 2015 | 4 |
| **18** | **Lack of effective leadership capacity and capability** | | | | | |
| 18.3 | 'Shadowing and Buddying' System being developed in partnership with HEEM and Assistant Medical Director to ensure support provided to newly appointed Consultants at initial phase  (18.3) | DHR | | April 2015 | Consultant Forum in place and key development identified to support the newly appointed consultants<br><br>Three day Mentoring Programme initially for Consultants, but second and third pilot Programmes are Multi-Professional. Pilot will finish in March 2015. Quality Assurance Standards being developed. Quarterly Mentoring Forum arranged. To build UHL capacity to provide Mentoring Training Faculty. HEEM are keen to be involved with Buddy development which will start in May 2015 | 4 |
| 18.4 | Present update on  Learner Management System  developments and NHS Healthcare Leadership Model Resources to support the provision of 360 Feedback | DHR | | ~~February 2015~~ March 2015 | Report to be presented to Executive Workforce Board on 17 March setting out 360 Degree Feedback System options and associated costing.  Deadline for completion extended to reflect this. | 3 |

| 18.5 | Support national and regional Talent Management and Succession Planning Projects by National NHS Leadership Academy , EMLA and NHS Employers | DHR | | March 2015 | UHL staff nominated to access National Leadership Academy Programme based on talent conversations.  Report on talent profile of Senior Leadership Community to be presented to Executive Workforce Board during March 2015 | 4 |
|---|---|---|---|---|---|---|
| 18.6 | Board Coach (on appointment) to facilitate Board Development Session | DHR | | ~~October 2014~~ ~~February 2015~~ March 2015 | Board Coach identified subject to agreement with the Trust Chairman. Awaiting decision  and deadline extended to reflect this | 3 |
| 18.7 | Update of UHL Leadership Qualities and Behaviours to reflect Board Development, UHL 5 Year Plan and new NHS Healthcare Leadership Model | DHR/ CE | | ~~January 2015~~ March 2015 | As above, at the initial phase the Trust Board will discuss and agree : (a) the overall leadership model; (b) The Board culture that it is seeking to shape and exemplify. Paper to be presented on national NHS Healthcare Leadership Model to Executive Workforce Board  during March 2015 | 3 |
| 19 | **Failure to deliver financial strategy (including CIP).** | | | | | |
| 19.2 | Production of a financial strategy to accelerate the recovery programme | DF | | ~~August~~ ~~Review~~ ~~September~~ ~~2014~~ February 2015 | Amending the consolidated capital investment Program.  Refreshed financial strategy to be presented to TB and TDA during February 2015. Timescale reflected to reflect this. | 4 |
| 19.10 | Business Cases to support Reconfiguration and Service Strategy | DF | | ~~July~~ ~~Review~~ ~~September~~ ~~2014~~ On-going as per individual business case timeline | BCT SOC approved by UHL and all LLR partners.  SOC submitted to TDA and NHS England and are awaiting approval. Individual business cases will be submitted to the Trust Board and TDA as per the overall reconfiguration strategy | 4 |

| Status key: | 5 | Complete | 4 | On track | 3 | Some delay – expect to completed as planned | 2 | Significant delay – unlikely to be completed as planned | 1 | Not yet commenced | 0 | Objective Revised |
|---|---|---|---|---|---|---|---|---|---|---|---|---|

| 19.11 | Agreement of long-term loans as an outcome of submission of SOC/ business cases | DF | | ~~June~~ ~~August~~ On-going action – review March 2015 | Trust received a £29m cash loan in line with the Plan and trajectory submitted to the TDA.  Application for further loans (via SOC/business cases)to be submitted as necessary | | 4 |
|---|---|---|---|---|---|---|---|
| 20 | **Failure to deliver internal efficiency and productivity improvements.** | | | | | | |
| 20.2 | Recruit substantive staff to vacant posts to ensure continuity of function of PMO | COO | | February 2015 | On track.  One vacancy out of eight remains | | 4 |
| 21 | **Failure to maintain effective relationships with key stakeholders** | | | | | | |
| 22 | **Failure to deliver service and site reconfiguration programme and maintain the estate effectively**. | | | | | | |
| 23 | **Failure to effectively implement EPR programme** | | | | | | |
| 24 | **Failure to implement the IM&T strategy and key projects** | | | | | | |

**Key**

| CEO | Chief Executive |
|---|---|
| DF | Director of Finance |
| MD | Medical Director |
| AMD | Assistant Medical Director |
| COO | Chief Operating Officer |
| DHR | Director of Human Resources |
| DDHR | Deputy Director of Human Resources |
| DS | Director of Strategy |
| DR&D | Director of R&D |
| DMC | Director of Marketing and Communications |
| DCQ | Director of Clinical Quality |
| CIO | Chief Information Officer |
| CMIO | Chief Medical Information Officer |
| CD | Clinical Director |
| CMGM | Clinical Management Group Manager |
| DDF | Deputy Director Finance |
| CN | Chief Nurse |
| AMD (CE) | Associate Medical Director (Clinical Education) |

| Status key: | 5 | Complete | 4 | On track | 3 | Some delay – expect to completed as planned | 2 | Significant delay – unlikely to be completed as planned | 1 | Not yet commenced | 0 | Objective Revised |
|---|---|---|---|---|---|---|---|---|---|---|---|---|

| PPIMM | PPI and Membership Manager |
|-------|---------------------------|

![University Hospitals of Leicester NHS Trust logo]

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**

**REPORT BY TRUST BOARD COMMITTEE TO TRUST BOARD**

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**DATE OF TRUST BOARD MEETING:  2 April 2015**

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**COMMITTEE:**          Audit Committee

**CHAIRMAN:**          Richard Moore,  Non-Executive Director

**DATE OF COMMITTEE MEETING: 5 March 2015**

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

   **None**

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

- **MSS CMG's update on their risk management processes and in particular the issues in populating the risk register (Minute 21/15 refers);**
- **review of Off Payroll Engagements (Minute 23/15/1a refers), and**
- **the preparation of the draft Annual Governance Statement 2014-15 (Minute 26/15 refers).**

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**DATE OF NEXT COMMITTEE MEETING:   27 May 2015**

**Mike Williams**
**25 March 2015**

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**

**MINUTES OF A MEETING OF THE AUDIT COMMITTEE HELD ON
THURSDAY 5 MARCH 2015 AT 2:00PM IN THE CJ BOND ROOM, CLINICAL EDUCATION
CENTRE, LEICESTER ROYAL INFIRMARY**

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

**In Attendance:**
Mr P Cleaver – Risk and Assurance Manager (for Minutes 20/15-21/15 inclusive)
Miss M Durbridge – Director of Safety and Risk (for Minutes 20/15-21/15 inclusive)
Ms N Junkin – Women's and Children's CMG HR Lead (for Minute 23/15/1a)
Mrs H Majeed – Trust Administrator
Mr R Moore – Non-Executive Director Designate
Mr R Power – Clinical Director, Musculo-Skeletal and Specialist Surgery CMG (for Minute 21/15)
Professor D Rowbotham – Clinical Director, NIHR Clinical Research Network: East Midlands (for Minute 23/15/1b)
Mr N Sone – Financial Controller
Ms E Stevens – Acting Director of Human Resources (for Minute 23/15/1a)
Ms S Taylor – Head of Operations, Musculo-Skeletal and Specialist Surgery CMG (for Minute 21/15)
Mr M Traynor – Non-Executive Director
Mr P Traynor – Director of Finance
Mr S Ward – Director of Corporate and Legal Affairs
Ms J Wilson – Non-Executive Director

Mr M Curtis – Local Counter Fraud Specialist (East Midlands Internal Audit Services) (until and including Minute 22/15/3)

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

Ms A Breadon – Director, PwC (the Trust's Internal Auditor)
Ms N Shaw – Manager, PwC (the Trust's Internal Auditor)

| **RECOMMENDED ITEM** | **ACTION** |
|---|---|

**16/15**    Report from the Director of Finance

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

**RESOLVED ITEMS**

**17/15**    **APOLOGIES**

There were no apologies for absence.

**18/15**    **MINUTES**

**Resolved – that the Minutes of the meeting held on 8 January 2015 (paper A
refers) be confirmed as a correct record.**

**19/15**    **MATTERS ARISING FROM THE MINUTES**

The Committee Chair selected the following key actions from paper B and
members reported on progress:-

Minute 7/15/1b (ii) of 8 January 2015 (Review of Governance Arrangements for Empath) – an update on the wider review of the governance structure was scheduled for the Integrated Finance Performance and Investment Committee in March 2015, and

Minute 44/14/4 of 27 May 2014 – a report on the tendering of the Internal Audit and Local Counter Fraud Service contracts would be presented to the Audit Committee in September 2015 as the Audit Committee in July 2015 would not be going ahead.

**Resolved** – that the matters arising report (paper B) be received and noted.

20/15 **UHL RISK MANAGEMENT REPORT INCORPORATING THE BOARD ASSURANCE FRAMEWORK (BAF) FOR THE PERIOD ENDING 31 JANUARY 2015**

The Director of Safety and Risk and the Risk and Assurance Manager attended the meeting to present paper C, providing an overview of the development of the UHL 2014-15 BAF and assurance in relation to the effectiveness of risk management processes within UHL.

The Director of Safety and Risk advised that draft updated 2015-16 strategic objectives, key priorities and principal risks had been discussed at the Trust Board Thinking Day on 12 February 2015 and changes were now under consideration noting that the key Quality Commitment priorities for 2015-16 had yet to be agreed.

The Director of Safety and Risk confirmed that as part of the annual work plan for the corporate risk team, a review of risk management at CMG level had been completed. The review had included attendance by the corporate risk team at CMG Quality and Safety Board meetings to observe how risk issues were discussed and managed.

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

21/15 **MUSCULO SKELETAL AND SPECIALIST SURGERY (MSS) CMG PRESENTATION – UPDATE ON RISK MANAGEMENT PROCESS IN THE CMG**

Mr R Power, Clinical Director and Ms S Taylor, Head of Operations from the MSS CMG attended the meeting to present paper D, an update on risk identification, management and maintenance of the risk register within the MSS CMG.

The Head of Operations advised that the key risks and the associated action plans were formally reviewed monthly at the CMG Board. Local owners were expected to review the risk register at regular intervals and they were accountable for ensuring that the action plan was implemented as per the risk entry. She also highlighted that the CMG had experienced issues in ensuring that the risks identified and ratified at the CMG Board were entered in a timely manner onto the risk register, however, this issue had now been addressed.

In response to a query on how issues were followed-up, the Head of Operations advised that key performance indicators, patient/ward surveys, complaints, incidents, claims information would also be reviewed to ascertain whether the issues required recording on the risk register.

Responding to a query on how the CMG senior team ensured that CMG staff understood risk management, it was noted that all staff had access to a copy of the risk management policy through the Trust's intranet. When changes were made to the policy, the CMG senior team were responsible for disseminating changes.

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

**22/15**      **ITEMS FROM THE LOCAL COUNTER FRAUD SPECIALIST**

22/15/1      Local Counter Fraud Specialist (LCFS) Progress Report

Paper E provided assurance regarding the actions taken to mitigate the risk of fraud, bribery or corruption within the Trust.

Mr M Curtis, Local Counter Fraud Specialist advised that the Counter Fraud eLearning module would be transferred onto the eUHL training format imminently. In the meantime, the counter fraud eLearning module had been issued to every member of staff that had been employed by the Trust since April 2014.

Mr R Moore, Non-Executive Director Designate queried the apparent low number of fraud cases – in response, the Local Counter Fraud Specialist acknowledged this highlighting that the distribution of cases varied significantly between geographical regions and that how cases were categorised by difference organisations was also slightly different, which might help explain the figures.

Responding to a query from Mr M Traynor, Non-Executive Director, the Director of Corporate and Legal Affairs advised that the Prevention of Bribery Policy had been prepared in line with the Bribery Act 2010 and he confirmed that an updated version of the Policy would be submitted to the Audit Committee in May 2015.      **DCLA**

Members noted the contents of appendix A – open and recent case closures.

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

**(B) the updated Prevention of Bribery Policy be submitted to the Audit Committee in May 2015.**      **DCLA**

22/15/2      Draft Annual Work Plan 2015-16 for Counter Fraud, Bribery and Corruption

Paper F, the draft Counter Fraud, Bribery and Corruption Operational Plan for 2015-16 had been formulated on the basis of the 2014-15 NHS Protect Guidance and Provider Standards as the 2015-16 guidance had not been issued at the time of preparation of the report. However, the 2015-16 guidance had now been issued.

The 2015-16 annual work plan for Counter Fraud, Bribery and Corruption was endorsed, as presented.

**Resolved – that the 2015-16 annual work plan for Counter Fraud, Bribery and Corruption be endorsed, as presented.**

22/15/3      Fraud Referral Report

**Resolved – that the contents of paper F1 be received and noted.**

**23/15**      **ITEMS FROM INTERNAL AUDIT**

23/15/1      Internal Audit Reviews

a.      Off Payroll Engagements

Paper G1 included details of Internal Audit's review of off payroll engagements. The final report had been classified as medium risk with findings reported as follows:-
- 3 medium rated operating effectiveness findings, and
- 1 low rated control design finding.

The Acting Director of Human Resources and the Women's and Children's CMG HR Lead attended the meeting to provide a management response to the audit

report.

It was noted that the Trust's guidance on off-payroll engagements was not consistently followed across the Trust and in particular there was no procedure in place to follow-up nil returns. The Women's and Children's CMG HR Lead acknowledged the issues and highlighted that revised guidance had now been drafted and circulated for comments and the final version would be launched in mid-April 2015. Responding to a query, it was noted that the actual steps that staff should follow for off-payroll engagements and the possible consequences of non-compliance had also been included in the revised guidance. The Interim Audit Committee Chair noted that appropriate steps had been taken to address the issues highlighted through the audit noting that an update on off-payroll engagements was a standing item on the agenda for the Remuneration Committee.

**Resolved – that the contents of paper G1 be received noted.**

b.      Review of the National Institute for Health Research (NIHR) Clinical Research Network (CRN): East Midlands

Paper G2 included details of Internal Audit's review of NIHR's Local Clinical Research Network (CRN) East Midlands. The final report had been classified as medium risk with findings reported as follows:-
- 1 medium and 3 low rated control design findings, and
- 2 low rated operating effectiveness finding.

Professor D Rowbotham, Clinical Director, CRN attended the meeting to provide a response to the review findings.

The Committee noted Internal Audit's findings in relation to 'commercial funding control design' and the comments of the Clinical Director in response to these findings in the light of the comments raised at the meeting.

The Committee noted that Internal Audit would re-visit the CRN East Midlands in July 2015 to seek assurance on action taken in response to the findings of the review.

**Resolved – that (A)  the contents of paper G2 be received and noted, and**

**(B) Internal Audit be requested to re-visit the Clinical Research Network East      IA Midlands in July 2015 to seek assurance that actions following their review had been completed.**

c.      Facilities Management

Paper G3 detailed Internal Audit's review of Facilities Management. The final report had been classified as medium risk with findings reported as follows:-
- 2 medium rated control design finding, and
- 1 low rated control design finding.

The key findings from this review were in relation to the absence of a succession plan and contract monitoring requirements. It was noted that Mr D Kerr, Interim Director of Estates and Facilities had been sighted to this report and would be progressing the actions.  A substantive appointment to the post of Director of Estates and Facilities was expected to be made in April 2015.

**Resolved – that the contents of paper G3 be received and noted.**

d.      Financial Systems

Paper G4 included details of the report classification and findings of the 2014-15

Internal Audit review of Financial Systems. The final report had been agreed with management at the Trust with the systems in scope classified as either low or medium risk as follows:-

- Debtors low risk – 1 low rated control design finding;
- Procurement and creditors low risk – 1 medium and 1 low rated operating effectiveness finding;
- Payroll low risk – no findings to report;
- Financial ledger low risk – 1 medium and 1 low rated operating effectiveness finding;
- Budgetary control low risk – 1 low rated operating effectiveness finding, and
- Fixed assets low risk – no findings to report.

Following discussion, the Director of Finance undertook to liaise with the Acting Director of Human Resources and arrange for a report to be presented to a future meeting of the Audit Committee in respect of the Trust's approach to salary overpayments. The Interim Audit Committee Chair commented that he was aware of another organisation which undertook a quarterly 'live' check of whether staff on the payroll were still employed – this approach had helped to identify salary overpayments.

**DF**

**Resolved** – that (A) the contents of paper G4 be received and noted, and

**(B) the Director of Finance be requested to liaise with the Acting Director of Human Resources and arrange for a report on the Trust's approach to salary overpayments to be submitted to the Audit Committee in May 2015.**

**DF**

e.     Car Parking Income Collection

Paper G5 included details of the report classification and findings of the 2014-15 Internal Audit review of Car Parking Income Collection. The final report had been classified as low risk with 1 medium and 2 low rated operating effectiveness findings and 1 low rated control design finding.

**Resolved – that the contents of paper G5 be received and noted.**

23/15/2    2014-15 Internal Audit Progress Report

The Director, Internal Audit presented paper H, an update on progress made against the 2014-15 Internal Audit Risk Assessment and Plan. An update on the total number of days allocated and utilised in respect of the Internal Audit work had been included in the progress report.

Responding to a query, it was noted that the Leicester City CCG had commissioned an audit to review overseas patients, however, this was a joint piece of work between UHL and the CCG.

In response to a query from Mr R Moore, Non-Executive Director Designate, the Director of Corporate and Legal Affairs provided an update on the process for following-up outstanding Internal Audit actions noting that there was scope for improvement.

In discussion on the list of overdue and outstanding Internal Audit actions, the Director of Finance queried whether a consolidated list of outstanding and in-progress actions following Internal Audit, External Audit and LCFS recommendations was available – the Director of Corporate and Legal Affairs advised that the consolidated list was in preparation and a report would be available for the Audit Committee in May 2015.

**DCLA**

**Resolved – that (A) the contents of paper H, Internal Audit progress report for**

**2014-15 be received and noted, and**

**(B) the Director of Corporate and Legal Affairs be requested to coordinate and ensure that a consolidated list of outstanding and in-progress actions following Internal Audit, External Audit and LCFS recommendations was submitted to the May 2015 Audit Committee meeting and to each subsequent Committee meeting.**　　　　　　　DCLA

23/15/3　2015-16 Draft Internal Audit Plan

Paper I set out the risk assessment and proposed Internal Audit plan for the Trust for 2015-16 based on discussions held with the Executive Team and review of the Board Assurance Framework.

The Interim Audit Committee Chair noted that the response of the Director, Internal Audit in relation to the Trust's approach to 'penetration testing'.

Responding to a query, it was noted that the 2015-16 fees for Internal Audit work were the same as in 2014-15.

**Resolved** – that the internal audit plan for 2015-16 (paper I) be approved.

**24/15　ITEMS FROM EXTERNAL AUDIT**

24/15/1　External Audit Progress Report

Paper J detailed the External Audit progress report updating the Committee on work undertaken in the last quarter, planned for the next quarter and provided technical updates, for information. Mr J Brown, KPMG highlighted that NHS England guidance on the review of Quality Accounts had not yet been issued but was imminent.

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

24/15/2　2014-15 External Audit Plan

Paper K set out the 2014-15 External Audit plan and audit fee for 2014-15. According to the Audit Commission's Code of Audit Practice, External Auditors were required to review and report on:-
- financial statements (including the Annual Governance Statement): providing an opinion on the Trust's accounts, and
- use of resources: concluding on the arrangements in place for securing economy, efficiency and effectiveness in the Trust's use of resources (the value for money (VFM) conclusion).

In response to a query, it was noted that the Trust would be commissioning Gerald Eve to undertake a full/revaluation exercise on land and buildings as at 31 March 2015.

**Resolved** – that the contents of paper K be received and noted and the External Audit plan for 2014-15 be approved.

**25/15　FINANCE**

25/15/1　Discretionary Procurement Actions

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

25/15/2　Overseas Visitors Update – Position and Debt Write-Off

Paper M informed the Audit Committee of the current debt position in respect of overseas visitors and the actions that had been taken and which were planned to implement new national regulations in this area.

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

**26/15     DRAFT ANNUAL GOVERNANCE STATEMENT 2014-15**

The Director of Corporate and Legal Affairs presented paper O, an update on the preparation of the draft annual governance statement (AGS) 2014-15 .

The Director of Corporate and Legal Affairs suggested that the following issues would be highlighted in the AGS:-
   (a) Empath;
   (b) Emergency Department performance;
   (c) RTT Performance;
   (d) Cancer Performance;
   (e) Financial Position, and
   (f)  Interserve.

The Director of Corporate and Legal Affairs undertook to circulate a draft AGS 2014-15 outwith the meeting for comment by Committee members, ahead of the final draft version being presented to the Audit Committee in May 2015 for formal approval and onward recommendation to the Trust Board.                                                    **DCLA**

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

**(B) the Director of Corporate and Legal Affairs be requested to circulate a draft Annual Governance Statement 2014-15 outwith the meeting for comment by Committee members, ahead of the final draft version being presented to the Audit Committee in May 2015 for formal approval and onward recommendation to the Trust Board.**                                                       **DCLA**

**27/15     PLAN FOR DEVELOPING A PRIVATE PATIENT STRATEGY**

Paper P submitted on behalf of the Director of Strategy, the plan for developing a private patients' strategy was noted.

Col (Ret'd) I Crowe, Non-Executive Director suggested that alongside the development of the strategy consideration be given to a robust means to administer and recover private patient costs.                                                                       **HoP**

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

**(B) on behalf of the Director of Strategy, the Head of Partnerships be requested to give consideration to a robust means to administer and recover private patient costs.**                                                                                    **HoP**

**28/15     ASSURANCE GAINED FROM THE FINANCE AND PERFORMANCE COMMITTEE (FPC), QUALITY ASSURANCE COMMITTEE  (QAC) AND CHARITABLE FUNDS COMMITTEE (CFC)**

28/15/1     Quality Assurance Committee

**Resolved – that the Minutes of the Quality Assurance Committee meeting held on 29 January 2015 (paper Q refers) be received and noted.**

28/15/2     Finance and Performance Committee

**Resolved – that the Minutes of the Finance and Performance Committee**

**meeting held on 29 January 2015 (paper R refers) be received and noted.**

28/15/3    Charitable Funds Committee

**Resolved – that the Minutes of the Charitable Funds Committee meeting held on 19 January 2015 (paper S refers) be received and noted.**

**29/15    ANY OTHER BUSINESS**

**Resolved – that there were no items of any other business.**

**30/15    IDENTIFICATION OF KEY ISSUES THAT THE COMMITTEE WISHES TO DRAW TO THE ATTENTION OF THE TRUST BOARD**

**Resolved – that the following items be brought to the attention of the Trust Board:-**
- **report from the Director of Finance be recommended to the Trust Board for approval (Minute 16/15 refers);**
- **MSS CMG's update on their risk management processes and in particular the issues in populating the risk register (Minute 21/15 refers);**
- **review of Off Payroll Engagements (Minute 23/15/1a refers), and**
- **the preparation of the draft Annual Governance Statement 2014-15 (Minute 26/15 refers).**

**Interim AC Chair**

**31/15    DATE OF NEXT MEETING**

**Resolved – that the next meeting be held on Wednesday, 27 May 2015, between 11:00am-1:30pm in the Teaching Room 2, Clinical Education Centre, Leicester Royal Infirmary.**

The meeting closed at 16:10pm.

Hina Majeed,
**Trust Administrator**

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

| Name | Possible | Actual | % attendance |
|---|---|---|---|
| K Jenkins (Chair) | 2 | 2 | 100% |
| M Williams (Interim Chair) | 3 | 3 | 100% |
| I Crowe | 6 | 5 | 83% |
| S Dauncey | 4 | 3 | 75% |
| P Panchal | 6 | 6 | 100% |

**Attendees**

| Name | Possible | Actual | % attendance |
|---|---|---|---|
| P Hollinshead | 2 | 2 | 100% |
| S Ward | 6 | 6 | 100% |
| R Overfield | 5 | 1 | 20% |
| S Sheppard | 1 | 1 | 100% |
| P Traynor | 3 | 3 | 100% |

# University Hospitals of Leicester **NHS**

**NHS Trust**

## UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

## REPORT BY TRUST BOARD COMMITTEE TO TRUST BOARD

**DATE OF TRUST BOARD MEETING:  2 April 2015**

**COMMITTEE:  Quality Assurance Committee**

**CHAIRMAN:     Dr S Dauncey, QAC Chair**

**DATE OF COMMITTEE MEETING:  26 February 2015**

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

- **None.**

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

- **None.**

**DATE OF NEXT COMMITTEE MEETING: 26 March 2015**

**Dr S Dauncey**
**QAC Chairman**
**25 March 2015**

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**

**MINUTES OF A MEETING OF THE QUALITY ASSURANCE COMMITTEE HELD ON THURSDAY, 26 FEBRUARY 2015 AT 1:00PM IN THE BOARD ROOM, VICTORIA BUILDING, LEICESTER ROYAL INFIRMARY**

**Present:**
Dr S Dauncey – Non-Executive Director (Chair)
Mr J Adler – Chief Executive
Mr M Caple – Patient Adviser (non-voting member)
Ms R Overfield – Chief Nurse
Ms J Wilson – Non-Executive Director
Professor D Wynford-Thomas – Non-Executive Director and Dean of the University of Leicester Medical School

**In Attendance:**
Colonel Ret'd I Crowe – Non-Executive Director
Miss M Durbridge – Director of Safety and Risk
Mrs S Hotson – Director of Clinical Quality
Mrs H Majeed – Trust Administrator
Ms C Ribbins – Deputy Chief Nurse
Mr K Singh – Trust Chairman (from Minute 15/15/2)
Mr M Traynor – Non-Executive Director
Mr M Williams – Non-Executive Director

| **RESOLVED ITEMS** | **ACTION** |
|---|---|

**12/15     APOLOGIES**

Apologies for absence were received from Dr K Harris, Medical Director, Ms C O'Brien, Chief Nurse and Quality Officer, East Leicestershire CCG and Mr P Panchal, Non-Executive Director.

**13/15     MINUTES**

**Resolved – that the Minutes of the Quality Assurance Committee meeting held on 29 January 2015 (paper A refers) be confirmed as a correct record.**

**14/15     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:-

(i)     Minute 4/15/1 (Statutory Duty of Candour) – a report would be presented to EQB and QAC in March 2015;                                                                            **DSR**

(ii)    Minute 110/14/1 (Nursing Workforce Report) – in discussion, it was agreed that an update on this action had been provided within the matters arising report and therefore could be removed from the matters arising log, and          **TA**

(iii)   Minute 76/14 (QAC draft work programme) – the Chairs of the Quality Assurance Committee (QAC), Integrated Finance Performance and Investment Committee (IFPIC) and Audit Committee to have a discussion in May 2015 re. the work programme for all these Committee alongside the Board Intelligence work. The Chief Executive suggested that the Director of Corporate and Legal Affairs be contacted in respect of this matter.          **QAC Chair**

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

1

| 15/15 | **SAFETY** |
|---|---|

15/15/1    Patient Safety Report

The Director of Safety and Risk presented paper C, which provided a monthly update on internal safety issues, serious incidents, external safety news and developments. In her presentation of the report, the Director of Safety and Risk highlighted the collaboration between the Leicestershire Improvement, Innovation and Patient Safety Unit (LIIPS) and East Midlands Patient Safety Collaborative.

Members particularly noted section 5.1 of paper C which highlighted the themes from the safety walkabouts held in November 2014. In response to a query from the Patient Adviser re. one of the themes relating to 'Interserve issues', the Chief Nurse advised that the newly appointed Interim Director of Estates and Facilities was aware of the issues and work was underway to resolve the concerns raised.  Ms J Wilson, Non-Executive Director also highlighted that the Integrated Finance, Performance and Investment Committee would be undertaking a quarterly review of facilities management performance and the next review was scheduled for the meeting in April 2015. Members were advised that there would be an increase in the number of safety walkabouts in 2015.

A 'Gripe Reporting Tool' had been launched for junior doctors to report any patient safety or care issues in their workplace. A number of concerns had been reported through this route and were being dealt with real-time. Updates on this would be included in future iterations of the patient safety report. The two staff concerns reported through the '3636 reporting line' were listed in section 6.1 of paper C. In response to a query from the Committee Chair in respect of the staffing issues highlighted through these sources, the Chief Nurse advised that the reason for this might be due to the extra capacity that had been opened for a few weeks in winter 2014 and increase in sickness absence during that period, however, winter staffing pressures had recently eased somewhat. A letter from the TDA had recently been received in respect of the benchmarking of staffing – UHL was denoted as a Trust being at 'expected levels across all indicators'. This letter would be presented to QAC in March 2015. Responding to a further query regarding UHL's sickness absence rates, the Chief Nurse highlighted that UHL's sickness absence rates were comparatively lower than other Trusts. The Director of Safety and Risk commented that at a recent Corporate Medical Management Group meeting it was highlighted that rigour was required in managing junior doctor sickness absences.

**CN**

Further to a detailed discussion in respect of the never event relating to 'wrong site surgery', it was noted that the governance issues in the Alliance needed to be resolved. The Director of Safety and Risk assured members that the Head of Nursing, ITAPS would be meeting the Interim Lead Nurse/Clinical Governance Lead at the Alliance to discuss and resolve the issues identified through this never event.

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

**(B) the Chief Nurse be requested to present the TDA's benchmarking letter in respect of staffing arrangements to QAC in March 2015.**

**CN**

15/15/2    Statutory Duty of Candour

The Director of Safety and Risk provided a verbal update on implications for UHL following the CQC's recent publication on 'Regulation 20: Duty of Candour'. This regulation stated that a health service body must act in an open and transparent way in relation to care and treatment provided to patients, and (as soon as reasonably practicable after becoming aware that a notifiable incident had occurred) the Trust must notify the relevant person and provide reasonable support in relation to the incident. She particularly highlighted that previous terminology relating to Duty of Candour and The

Being Open Framework referred to "reportable patient safety incident", however, the new regulations changed this to "notifiable safety incident". A brief update on the new definitions within the regulations and examples of notifiable safety incidents were also provided. A written report on this matter would be presented to QAC in March 2015 and any exception reports would be provided to future QAC meetings.

**DSR**

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

**(B) the Director of Safety and Risk be requested to submit a written report on the 'Statutory Duty of Candour' to the QAC meeting in March 2015 and any exception reports to future QAC meetings, as appropriate.**

**DSR**

15/15/3    Safety Improvement Plan and NHSLA Bid to Support the Safety Work at UHL

The Director of Safety and Risk presented paper D, the bid to the NHSLA to support the safety work at UHL which was submitted to NHS England on 19 January 2015 and the bid to seek a 10% reduction in CNST contributions for 2015-16. The NHSLA had made it clear that to be eligible for a potential payment, the safety improvement plan would need to demonstrate how the Trust would reduce harm and potentially save lives in relation to higher volume and/or higher value claims by reducing these claims over time. A response to the bid was expected before end of March 2015.

Further to a comment from the Chief Executive, it was noted that the safety improvement plan was not separate from the Quality Commitment and would be a part of the "safety domain" within the Quality Commitment.

Ms J Wilson, Non-Executive Director drew members' attention to the table on page 5 of paper D which provided the 'number of patient safety incidents' and queried whether a step back needed to be taken in respect of looking at the wider picture and reporting these figures – it was suggested that consideration be given to including a reference to this in the context of the Quality Commitment.

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

**16/15**      **QUALITY**

16/15/1    Nursing Acuity Report

The Chief Nurse advised that it was now a national requirement that Trusts were sighted to a bi-annual detailed review of staffing using evidence-based tools to ensure appropriate deployment of staff etc. The first of these reviews (paper E refers) was presented to QAC for assurance and noting of recommendations and actions. The AUKUH collection tool had been used for this purpose. The results showed significant variation across the Trust and as expected, there were areas which required additional investment. In particular, the Surgical Assessment Unit in the CHUGGS CMG required additional resources as there had been an error in the initial calculation of the ward establishments.

An overview report regarding headline review findings (i.e. the gap in staffing according to acuity review vs. budgeted position) and resource implications for the Trust would be presented to QAC in March 2015.

**CN**

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

**(B) the Chief Nurse be requested to present an overview report regarding headline review findings (i.e. the gap in staffing according to acuity review vs. budgeted position) and resource implications for the Trust to QAC in March 2015.**

**CN**

16/15/2    Nursing Report

The Chief Nurse presented paper F, which detailed information in respect of the latest nursing staffing in post figures, real time staffing, the current recruitment position, premium pay and nursing dashboard. She suggested that future iterations of this report should only include a summarised version of the nursing position rather than the full detail as currently provided – this was agreed. Members also requested that an update on midwifery staffing be included in future iterations of this report. In discussion on the recruitment position of midwives, it was agreed that 'Midwifery Workforce Report' would be presented to QAC in March 2015.

**CN**

**CN**

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

**CN**

**(B) the Chief Nurse be requested to include an update on midwifery staffing in future iterations of the Nursing Report to QAC, and**

**(C) the Chief Nurse be requested to present the 'Midwifery Workforce Report' to QAC in March 2015.**

**CN**

16/15/3    Month 10 – Quality and Performance Update

The Chief Nurse presented paper G, which provided an overview of the January 2015 Quality and Performance report. She particularly highlighted improvements in C Diff and safety thermometer performance, and deterioration in Fractured Neck of Femur (#NOF) time to theatre performance. NHS England had recently released the 2015-16 C Diff trajectory for Acute Trusts with UHL's trajectory being confirmed as 61.

In respect of the exception reports relating to 'research', it was noted that consideration needed to be given to the role of UHL and not just the East Midlands Network. It was noted that a 'Choose and Book Graph' had inadvertently been included on page 28 of the report.

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

16/15/3a    QAC to discuss how quality and safety issues arising from cancer treatment performance and cancelled surgery statistics are being identified

The Patient Adviser expressed concern in respect of the co-ordination of the LiA workstream re. 'same day cancellation of operations', however, further to a detailed discussion it was noted that the appropriate leads had been informed and this would be monitored by the LiA Sponsor Group. It was also suggested that a patient story on a multiple-cancelled cancer operation should be presented to the Trust Board.

**CN**

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

**(B) the Chief Nurse be requested to ensure that a patient story relating to a multiple cancelled cancer operation be presented to the Trust Board.**

**CN**

16/15/4    Quality Impact Assessment of CIP Schemes

The Chief Nurse presented paper H highlighting that there had been no significant identified harm to patients from the CIP programme at end of quarter 3 (2014-15) and there were a minimal number of risks identified which were being monitored. QAC members were re-assured by this. However, she advised that there was a need for refinement in respect of the process currently in place for undertaking in-year quality impact assessment of CIP schemes.

**Resolved – that the contents of paper H and verbal update be received and noted.**

16/15/5    CQUINs and Quality Schedule Monthly Report

The Director of Clinical Quality presented paper I, an update on the quarter 3 RAG rating for the Quality Schedule and CQUIN scheme indicators. Further to the circulation of this report, the indicators had been reported to the Clinical Quality Review Group on 19 February 2015 and the '#NOF' and 'stroke' indicators had now been rated 'red'. It was noted that performance was below trajectory for the last 6 months in relation to the #NOF time to theatre performance. A LiA workstream was now underway to resolve the #NOF performance. In respect of the 'stroke' indicator, members were advised that discussion had taken place at the Executive Performance Board meeting on 24 February 2015, the CMG was aware of the issues and a new model was being developed to create more flexibility around ring-fencing of beds for stroke patients.

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

16/15/6     Schedule of External Visits

The Director of Clinical Quality presented paper J, an update on the schedule of external visits. Appendix 2 detailed the findings from the Trauma Peer Review meeting on 13 January 2015. Members were advised of a recent re-visit to review the cytology screening programme and the Quality Assurance Team were impressed with the changes that had been made since the initial visit.

In response to a query from the Trust Chairman, the Director of Clinical Quality advised that the CQC inspection was expected between July and October 2015, however confirmation on the date of the inspection was expected in April 2015. In response to a query on the readiness for the CQC visit, members were advised that the CQC compliance action plan was a regular item on the agenda for the Executive Quality Board.

Colonel Ret'd I Crowe, Non-Executive Director suggested that the presentation of the report be improved to highlight imminent visits and any of greater significance.

**DCQ**

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

**(B) the Director of Clinical Quality be requested to give consideration to improving the presentation of the 'Schedule of External Visits' report to highlight imminent visits and any of greater significance.**

**DCQ**

| **17/15** | **ITEMS FOR THE ATTENTION OF QAC FROM EQB** |
|---|---|

17/15/1     EQB Meeting of 6 January 2015 – Items for the attention of QAC

**Resolved – that the action notes of the 6 January 2015 Executive Quality Board meeting (paper K refers) be received and noted.**

17/15/2     EQB Meeting of 3 February 2015 – Items for the attention of QAC

**Resolved – that there were no items for the attention of QAC from the EQB meeting on 3 February 2015.**

| **18/15** | **ITEMS FOR INFORMATION** |
|---|---|

18/15/1     Patient Safety Annual Report

Members received and noted the contents of paper L. The Director of Safety and Risk requested that any comments on the report be fedback to her.

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

**18/15/2    Complaints Annual Report**

Members noted the contents of paper M. In response to a query on the percentage of complaints upheld, it was noted that this information was categorised by the Public Health Service Ombudsman and not held by the Trust. The Trust Chairman suggested that the existence of the Independent Complaints Panel be included within the report – the Director of Safety and Risk undertook to include this within the next iteration of the annual report.

**DSR**

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

**(B) the Director of Safety and Risk be requested to make reference to the existence of the Independent Complaints Panel in the next iteration of the Complaints Annual Report.**

**DSR**

**18/15/3    Quality Commitment – Quarter 3 Report**

The Director of Clinical Quality presented paper N, Quarter 3 report against the Trust's extended Quality Commitment (Appendix I refers). It was agreed that this report would be scheduled as a substantive agenda item for future QAC meetings rather than an 'item for information'.

**DCQ/TA**

**Resolved** – that the contents of paper N be received and noted and this report be scheduled as a substantive agenda item for future meetings.

**DCQ/TA**

**18/15/4    Dementia Implementation Plan Update**

The Deputy Chief Nurse presented paper O, an update on the Dementia Implementation Plan for quarter 3 of 2014-15 against the key performance indicators (KPIs) aligned to each of the eight work streams. It was noted that the majority of the 60 KPIs had been significantly completed.

The following points were highlighted in particular:-
(i)   the national CQUIN requirements re. 'providers must demonstrate that they have undertaken a monthly audit of carers of people with dementia to test whether they feel supported' were met;
(ii)  the Trust continued to screen over 90% of patients for the early signs of dementia;
(iii) the Pain Services in consultation with key Geriatriacians were adapting the 'Pain Aid' tool for people with dementia;
(iv)  discussions had taken place at Trust level to ensure clarity for staff members who were responsible for moving/outlying patients. The bed management policy had been amended accordingly;
(v)   carers' information and support programme had been promoted across inpatient wards;
(vi)  the patient profile had been reviewed and updated by a cross section of staff and feedback had been received from carers and people with dementia. The new form would be available for staff to use imminently;
(vii) 4.6WTE Meaningful Activity Facilitators had been appointed;
(viii) 500 places had been secured through the Leicester Hospitals Charity for staff to attend a theatre production called 'Inside Out of Mind', and
(ix)  consideration was being given to a different model for the care of these patients.

Responding to a query from Mr M Williams, Non-Executive Director, the Deputy Chief Nurse advised that expertise from both LPT and UHL staff was sought and joint dementia training was delivered to staff from both organisations.

In discussion, the Chief Nurse highlighted that good progress had also been made by the Frail Older People's Strategy Board – a report from this group was scheduled for EQB in March 2015. She suggested that this report also be presented to QAC in March

**CN**

2015.

It was agreed that this report should also feature as a substantive agenda item for future meetings rather than an 'item for information'.

**DCN**

**Resolved** – that ( A) that the contents of paper N be received and noted and this report be scheduled in future as a substantive agenda item, and

**DCN/TA**

**(B) the Chief Nurse be requested to present a report from the Frail Older People's Strategy Board to the QAC in March 2015.**

**CN**

18/15/5    Friends and Family Test (FFT) Scores

The Deputy Chief Nurse presented paper P, an overview of Friends and Family Test scores for December 2014. The scores were as follows: - Inpatient – 72.1, Emergency Department – 72.8 and Maternity – 63.8.

Members were advised that the friends and family test was launched in outpatients in October 2014 and had initially performed well. However, performance had deteriorated and the Trust was not achieving the 5% minimum footfall. The patient experience team was working with medical staff to ensure that they focussed on obtaining feedback from patients in clinics.

The Deputy Chief Nurse highlighted that to ensure achievement of the National CQUIN, Emergency Department and Eye Casualty needed to survey a minimum of 20% of discharged patients. Eye casualty and minors had made some progress, however, performance still needed to improve. Although the report indicated that FFT performance in the Women's and Children's CMG had decreased, the CMG had now taken efforts and the performance had significantly improved since.

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

**19/15    MINUTES FOR INFORMATION**

19/15/1    Executive Performance Board

In response to a query from Mr I Crowe, Non-Executive Director, the Chief Nurse advised that Qlik Sense (a software tool which would provide the Trust with new capabilities in displaying and interacting with performance data) was planned to be initially launched only in the Emergency Department.

**Resolved** – that the action notes of the 27 January 2015 Executive Performance Board meeting (paper Q refers) be received and noted.

**20/15    ANY OTHER BUSINESS**

20/15/1    Chief Nurse and Professor D Wynford-Thomas, Non-Executive Director

The Committee Chair thanked Ms R Overfield, Chief Nurse and Professor D Wynford-Thomas, Non-Executive Director for their contributions to the QAC noting that this would be their last meetings of the Committee.

**Resolved** – that the position be noted.

**21/15    IDENTIFICATION OF ANY KEY ISSUES FOR THE ATTENTION OF THE TRUST BOARD**

**Resolved** – that there were no items for the attention of the Trust Board.

**22/15      DATE OF NEXT MEETING**

**Resolved** – that the next meeting of the Quality Assurance Committee be held on **Thursday, 26 March 2015 from 1.00pm until 4.00pm in the Board Room, Victoria Building, LRI.**

The meeting closed at 3.15pm.

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

*Voting Members*

| Name | Possible | Actual | % attendance | Name | Possible | Actual | % attendance |
|------|----------|--------|--------------|------|----------|--------|--------------|
| J Adler | 11 | 9 | 81% | R Overfield | 11 | 9 | 81% |
| S Dauncey (Chair) | 11 | 10 | 90% | P Panchal | 11 | 6 | 54% |
| K Harris | 11 | 8 | 72% | J Wilson | 11 | 10 | 90% |
| K Jenkins | 1 | 0 | 0% | D Wynford-Thomas | 11 | 4 | 36% |

*Non-Voting Members*

| Name | Possible | Actual | % attendance | Name | Possible | Actual | % attendance |
|------|----------|--------|--------------|------|----------|--------|--------------|
| M Caple | 11 | 9 | 81% | K Singh | 5 | 5 | 100% |
| I Crowe | 5 | 4 | 80% | M Traynor | 5 | 2 | 40% |
| C O'Brien – *East Leicestershire/Rutland CCG*\* | 11 | 6 | 54% | M Williams | 5 | 2 | 40% |

Hina Majeed
**Trust Administrator**

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**

**REPORT BY TRUST BOARD COMMITTEE TO TRUST BOARD**

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**DATE OF TRUST BOARD MEETING:  2 April 2015**

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**COMMITTEE:  Integrated Finance, Performance and Investment Committee**

**CHAIR:          Ms J Wilson, Non-Executive Director**

**DATE OF COMMITTEE MEETING: 26 February 2015**

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

- **Draft Interim Annual Operational Plan 2015-16 (Minute 12/15)**

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

- **none**

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**DATE OF NEXT COMMITTEE MEETING:   26 March 2015**

**Ms J Wilson**

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**

**MINUTES OF A MEETING OF THE INTEGRATED FINANCE, PERFORMANCE AND INVESTMENT COMMITTEE (IFPIC), HELD ON THURSDAY 26 FEBRUARY 2015 AT 9AM IN THE BOARD ROOM, VICTORIA BUILDING, LEICESTER ROYAL INFIRMARY**

**Voting Members Present:**
Ms J Wilson – Non-Executive Director (Committee Chair)
Mr J Adler – Chief Executive
Colonel (Retired) I Crowe – Non-Executive Director
Mr R Mitchell – Chief Operating Officer
Dr S Dauncey – Non-Executive Director
Mr P Traynor – Director of Finance
Mr M Traynor – Non-Executive Director

**In Attendance:**
Mr M Allen – Director, Ernst Young (for Minutes 1815/1 and 18/15/2 only)
Mr M Archer – Head of Operations, Clinical Support and Imaging CMG (for Minute 16/15/1 only)
Ms L Bentley – Head of Financial Management and Planning
Ms J Clarke – Chief Information Officer (for Minute 16/15/2 only)
Ms S Khalid – Clinical Director, Clinical Support and Imaging CMG (for Minute 16/15/1 only)
Mr W Monaghan – Director of Performance and Information
Mr R Moore – Non-Executive Director Designate
Mrs K Rayns – Acting Senior Trust Administrator
Ms K Shields – Director of Strategy (excluding Minute 12/15 and Minutes 16/15/4 to 18/15/1 inclusive)
Mr K Singh – Trust Chairman (from Minute 13/15 to Minute 16/15/1 inclusive)
Mr G Smith – Patient Adviser
Mr M Williams – Non-Executive Director

| **RECOMMENDED ITEM** | **ACTION** |
|---|---|

**12/15    DRAFT INTERIM ANNUAL OPERATIONAL PLAN 2015-16**

The Chief Executive introduced the second interim draft of the narrative Annual Operational Plan for 2015-16 (paper F refers), particularly noting the impact of the interim 2015-16 tariff proposal upon the planning timetable.  The next full draft submission to the Trust Development Authority (TDA) would now be due in early April 2015 and the final submission would follow in May 2015, with the deadline for this submission yet to be confirmed by the TDA.

Noting the requirement for providers to decide whether to opt for the enhanced tariff option or the default tariff rollover (by 4 March 2015), the Committee provided delegated authority to the Director of Finance and the Chief Executive to determine the best option for UHL following a meeting to be held on Monday 2 March 2015.  A briefing note would then be circulated to Trust Board members explaining the rationale behind the Trust's decision and the Trust Board would be invited to ratify the decision on 5 March 2015.  The Director of Finance advised that the enhanced tariff model appeared to be the best and most likely option at the current time, but he was keeping an open mind until after the meeting on 2 March 2015.

**Recommended – that (A) the second draft Interim Annual Operational Plan for 2015-16 be received and noted;**

**(B) delegated authority be provided to the Director of Finance and the Chief Executive to select the optimum 2015-16 tariff option for UHL by 4 March 2015, and**          DF/CE

**(C) a briefing note on the preferred tariff be circulated to Board members for information.**          DF

**13/15**      **APOLOGIES AND WELCOME**

There were no apologies for absence. The Chair welcomed Mr R Moore, Non-Executive Director Designate to his first IFPIC meeting.

**14/15**      **MINUTES**

Papers A and A1 provided the Minutes of the inaugural Integrated Finance, Performance and Investment Committee meeting held on 26 January 2015.

**Resolved** – that the Minutes of the 26 January 2015 Integrated Finance, Performance and Investment Committee meeting (papers A and A1) be confirmed as correct records.

**15/15**      **MATTERS ARISING PROGRESS REPORT**

The Committee Chair confirmed that the matters arising report provided at paper B detailed the status of all outstanding matters arising from previous Finance and Performance Committee and Integrated Finance, Performance and Investment Committee meetings. Members received updated information in respect of the following items:-

(a)      Minute 5/15/1(b) of 29 January 2015 – a verbal update on the EMRAD governance review would be provided later in the agenda (Minute 16/15/5 below refers);

(b)      Minute 7/15/1 of 29 January 2015 – a discussion on the mechanism for monitoring any patient harm arising from delays in cancer treatment or cancelled surgery was scheduled for that afternoon's Quality Assurance Committee meeting. This item could therefore be removed from the progress log;      **TA**

(c)      Minute 134/14(c) and 134/14(d) of 18 December 2014 – the Emergency Floor outline business case was due to be considered by the TDA Capital Investment Group on 26 February 2015. Any feedback would be captured and incorporated into the full business case which was now due to be presented to the Trust Board on 2 April 2015. This item could therefore be removed from the progress log;      **TA**

(d)      Minute 140/14/2 of 18 December 2014 – updates on the issues regarding University of Leicester embedded space and the apportionment of clinical academic funding would be provided to the IFPIC meetings on 26 March 2015 and 30 April 2015 (respectively);      **DF**

(e)      Minute 140/14/3 of 18 December 2014 – an update on the scope to improve the alignment of hospital reception hours with peak visiting times and clinical demands would be incorporated into the 30 April 2015 Facilities Management contract review;      **DEF**

(f)      Minute 122/14(a) and 122/14(d) of 26 November 2014 – the agreed actions relating to the Electronic Patient Record business case had been completed and the Gateway Review was scheduled to be completed in March 2015. These items could therefore be removed from the progress log;      **TA**

(g)      Minute 126/14/4(a) of 26 November 2014 – the next quarterly review of Empath was scheduled to be undertaken on 26 March 2015. The Chief Executive noted a number of concerns relating to ongoing delays with the Empath business case and he agreed to liaise with the Director of Finance outside the meeting to review the Trust's position in this respect;      **CE/DF**

| | | |
|---|---|---|
| (h) | Minute 128/14/3 of 26 November 2015 – discussion took place regarding the scope to hold a financial awareness training session for Non-Executive Directors after the IFPIC and QAC meetings on 26 March 2015 or 30 April 2015.  The Acting Senior Trust Administrator agreed to seek a view from the Director of Corporate and Legal Affairs on this point, and | **TA** |
| (i) | Minute 78/14(a) of 30 July 2015 – the post-implementation review of the Da Vinci Robot had been rescheduled for 26 March 2015. | **DF** |

**<u>Resolved</u> – that the matters arising report and any associated actions above, be noted.**

**NAMED LEADS**

**16/15    STRATEGIC MATTERS**

16/15/1    <u>CMG Presentation – Clinical Support and Imaging</u>

Paper C provided an overview of the Clinical Support and Imaging CMG's operational and financial performance.  Before the CMG representatives attended the meeting, IFPIC members considered the following key points:-

- this well-performing CMG broadly divided into 2 halves (Empath pathology services and the remaining services) and the remaining services were currently noted to be supporting Empath performance.  Empath performance was scheduled to be reviewed separately by the Committee on a quarterly basis;
- slight concerns had been raised regarding increasing pay expenditure trends;
- the CMG had good cost controls in place and there was felt to be some scope for them to over-deliver against their income and expenditure forecast for 2015-16;
- assurance was required regarding the components in place to achieve compliance with diagnostic performance targets, and
- the significant contributions that CSI made to support UHL's emergency care performance (eg expanded pharmacy dispensing hours).

Ms S Khalid, Clinical Director, CSI and Mr M Archer, Head of Operations, CSI attended the meeting at this point and they were invited to summarise the CMG's current position and highlight any areas where additional Trust Board support would be helpful.  In response, they provided assurance that the CMG was on track to deliver the financial control total for 2014-15, including a forecast 5% over-delivery of the current CIP target.

In respect of the CMG's 2015-16 CIP plans, there was currently a shortfall of £120,000 which was expected to be addressed during a confirm and challenge session to be held in the next 7 days.  Confirmation was provided that opportunities to over-deliver the 2015-16 CIP target were being fully explored.  The CMG representatives highlighted some innovative workstreams within pharmacy and forensic imaging and briefed the Committee on the risks surrounding increased imaging activity, diagnostic capacity, demand management issues, workforce management of change processes and the volume of projects contributing to the Trust's 5 Year Strategy.

In discussion on the presentation and the issues raised, the Committee:-

(a) sought and received additional information regarding (i) the development of a business case for an insourced pharmacy subsidiary for homecare and medicines supply and (ii) the OPTIMED pilot within pharmacy services;

(b) commented upon opportunities to seek additional marketing expertise from the Director of Marketing and Communications (in response to the CMG's request for access to commercial/marketing expertise to support innovation);

**CD, CSI**

(c) considered the scope for UHL to develop a Commercial Strategy to support the formulation of commercial aspects of innovation and entrepreneurial activity, suggesting that this might become a priority for the Trust within 2016-17, but noting

**CE**

that other competing priorities would prevent a significant focus on this currently;

(d) sought a view from the CMG regarding the optimum timing for an update on the key risks surrounding the OPTIMED pilot to be presented to a future QAC meeting; **CD, CSI**

(e) queried how the Trust could support the CMG to deliver an improved financial outturn for 2015-16, noting in response that a framework approach to managing demand for diagnostics and greater clinical engagement in efficient patient pathways would be key areas for increased focus;

(f) considered the risks surrounding workforce issues in pharmacy, ultrasound and therapies, including the short term incentives being pursued to reduce premium pay expenditure and the longer term solutions for increasing access to training, continued professional development and strengthening recruitment plans;

(g) commented upon the significant improvement in diagnostic performance between January 2015 and February 2015 and received assurance regarding the level of resilience built into the recovery plans;

(h) noted the challenges associated with benchmarking between Trusts on the basis of the differing service provision between Trusts, and

(i) received a briefing on the positive interaction between the CMG and their embedded EY resource and the arrangements for transferring these skills across to the CMG's newly appointed transformation lead.

The Committee Chair thanked the CMG team for their presentation and they left the meeting. Following their departure, IFPIC members commented positively on the particular strengths of this CMG management team, noting the scope for additional contributions to the Trust's year end position for 2015-16 and the potential impact of future reconfiguration schemes. The Chief Operating Officer commented upon the significant contribution made by the recently appointed CSI Head of Operations and invited members to consider the performance of the other CMG Heads of Operations.

**Resolved** – that (A) the Clinical Support and Imaging CMG presentation and subsequent discussion be noted;

**(B) the Clinical Director, CSI to liaise with the Director of Marketing and Communications regarding any additional commercial or marketing expertise required to support innovation;** **CD, CSI**

**(C) the Chief Executive to consider longer term opportunities (eg in 2016-17) for developing proposals for a UHL Commercial Strategy, and** **CE**

**(D) the Clinical Director, CSI to confirm the optimum timescale for rescheduling an update to the Quality Assurance Committee on the key risks relating to the OPTIMED business case.** **CD, CSI**

16/15/2    IM&T Contract with IBM – Quarterly Review

The Chief Information Officer attended the meeting to introduce the quarterly briefing report on the IBM contract (paper D refers). The report was taken as read and discussion focused (by exception) upon the following key delivery risks, issues and major programmes of work:-

(a) data warehouse arrangements – a revised plan was expected to be signed off by the end of the week to radically improve the service and achieve an optimal and sustainable position. No single cause had been identified for the current issues, but some new equipment had been ordered which was expected to help (to some extent). IBM specialists were overseeing this workstream and a revised service level agreement was being implemented to ensure that data was available by 9am (instead of the current 4pm). The Committee Chair requested that representatives from the Operations and Finance Directorates be included in the sign-off process; **CIO**

(b) some key IBM individuals had recently taken voluntary redundancy and there had been

some slippage in project timescales due to the handover process to the refreshed teams. The level of accountability for key projects was being reviewed and a minimum notice period was being implemented;

(c) further UHL staff communications were being arranged to strengthen organisational understanding of the scope of the IBM work in order to manage staff expectations more appropriately;

(d) some additional investment in the Trust's current hardware and software (eg PAS, HISS and Clinicom) was likely to be required prior to the implementation of the Electronic Patient Record (EPR), but opportunities to mitigate this expenditure were being explored (eg purchasing of decommissioned hardware from other Trusts);

(e) the DoH had recently announced that the free SMS text delivery would be ceased for NHS Trusts and urgent work was underway to understand the impact of this change. A cost pressure had been identified which was estimated to be in the region of £24,000 per annum. The Chief Operating Officer highlighted the potential impact upon UHL's Outpatient appointment reminder system;

(f) opportunities were being explored to review the contractual KPIs and seek independent assurance that the Trust was still gaining appropriate value for money during the third year of the contract. In addition, the Chief Executive commented upon the scope to amend the IM&T governance structure and the mechanism for interaction with the wider organisation – he undertook to discuss this further outside the meeting; **CE**

(g) the current arrangements for monitoring quality and customer satisfaction were delivering a low response rate and opportunities were being explored to learn from other Trusts in respect of gathering feedback on the service;

(h) the "go live" date for Electronic Document Record Management (EDRM) in Paediatrics would be 27 April 2015, and

(i) responding to a query regarding opportunities to utilise IBM's resources to better effect (in terms of driving innovation and use of social media), the Chief Operating Officer briefed the Committee on some examples of clinical innovation which were due to be showcased in the next 7 days at the Clinical Advisory Group.

**Resolved** – that (A) the quarterly update on the IBM contract be received and noted as paper D, and

**(B) the Chief Executive be requested to consider future developments for improving the IM&T governance structure and the mechanism for interacting with the wider organisation (outside the meeting).** **CE**

16/15/3   Update on the Transfer of UHL's Clinical Services to the Alliance

The Director of Strategy introduced paper E, providing an update on progress of the Alliance Contract and the proposed clinical service transfers. She also provided a briefing on the development of the Alliance contract and the aims of the contract going forward. Members noted that Ms T Hooton had been appointed as the substantive Alliance Director through the East Leicestershire and Rutland CCG and that she was expected to commence in post mid-April 2015.

In discussion on the report, the Chief Operating Officer queried whether any financial contribution had been agreed for the proposed 2015-16 activity estimates. He also highlighted the complex nature of the pain service, noting that some elements had already transferred to Oakham and that UHL Consultants' job plans required an urgent amendment to reflect the increased travel time. The Chief Executive confirmed that these issues represented a sub-set of the wider cost pressures associated with service reconfiguration, for which there was currently no financial provision. He provided assurance that he would be progressing this issue as a priority within the wider health economy. **CE**

The Director of Strategy and the Director of Finance confirmed that each service transfer to the Alliance would be supported by a business case and all such business cases would be managed through UHL's Revenue Investment Committee.

**Resolved** – that (A) the update on progress of the Alliance Contract be received and noted as paper E;

**(B) a further update be provided to the Committee in July 2015, and**

**(C) the Chief Executive be requested to progress the issue of financial provision for reconfiguration of services outside the meeting.**   **CE**

16/15/4   Report by the Director of Finance

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

16/15/5   EMRAD Governance Review

Further to Minute 1/15 of 29 January 2015, the Director of Finance reported verbally on the outcome of his review of the proposed governance arrangements for the procurement, deployment and ongoing operation of the replacement Picture Archiving and Communications System (PACS) and the accompanying Radiology Information System (RICS).  He provided assurance that the clearly defined governance model was cost effective and fit for purpose and that this would be monitored on an ongoing basis throughout the next phases of the scheme.

**Resolved – that the verbal report on the EMRAD governance review be received and noted.**

**17/15   INVESTMENT BUSINESS CASES**

17/15/1   Forward Schedule of Business Cases for 2015-16

Paper G provided an update on the existing and proposed major reconfiguration business cases for consideration in 2015-16.  Appendix 1 detailed the anticipated expenditure profile and outlined the provisional timings for development of the outline and full business cases. Further work was taking place to define the shape of the business cases through the Executive Team, Executive Strategy Board and the Executive Performance Board and arrangements were being made to incorporate the key dates into the IFPIC calendar of business.  In response to a query from Mr R Moore, Non-Executive Director Designate, members noted that a Reconfiguration Project Director role was being developed and that a Trust Board thinking day on reconfiguration had been provisionally scheduled for 9 April 2015.

**Resolved – that (A) the forward schedule of major reconfiguration business cases for 2015-16 be received and noted, and**

**(B) the Trust Administrator be requested to incorporate the key dates into the Committee's calendar of business.**   **TA**

**18/15   FINANCE**

18/15/1   2014-15 Financial Position to Month 10

The Director of Finance introduced papers H and H1 providing an update on UHL's performance against the key financial duties surrounding delivery of the planned deficit, achievement of the External Financing Limit (EFL) and achievement of the Capital Resource Limit (CRL), as submitted for consideration by the 24 February 2015 Executive Performance Board and the 5 March 2015 Trust Board meetings.   He expressed a high level of confidence that the Trust would deliver its forecast control total for the 2014-15

financial year.

In discussion on the Trust's financial performance, IFPIC members expressed concern regarding the current run-rate for pay expenditure and queried an apparent overspend on printing and postage charges. It was agreed that updated information on these aspects would be provided to the 26 March 2015 meeting (including any short term mitigation measures for reducing premium payments for medical staffing).

**Resolved** – **that (A) the briefings on UHL's Month 10 financial performance (papers H and H1) and the subsequent discussion be noted, and**

**(B) the Director of Finance be requested to include proposals for reducing the current run-rate for pay expenditure and an update on the apparent overspend for printing and postage in the next iteration of this report.**     DF

18/15/2    Cost Improvement Programmes for 2014-15 and 2015-16

Mr M Allen, Director, Ernst Young, attended the meeting to present paper I, providing the monthly update on CIP performance for 2014-15 and the development of CIP plans for 2015-16. The total value of schemes on the Programme Management Tracking Tool (PMTT) at month 10 was £47.96m with the value of schemes RAG rated as green standing at £47.48m. The Trust was now forecast to over-deliver against the £45m CIP target by between £2.5m and £3m.

In respect of the £41m 2015-16 CIP target, the Trust had already identified almost £33m and work was continuing to identify the current £7.6m shortfall. Areas identified for increased focus included energy efficiency, procurement, blood product usage, cross cutting themes and a significant income opportunity relating to market share. Any quality or safety impact assessments attributed to CIP schemes were scheduled for review at the quarterly CMG extended quality and safety performance meetings. A report articulating the key actions to be undertaken in respect of the 2015-16 CIP programme would be presented to the Executive Team in the next 2 weeks. It was noted that a review of the Outpatients cross-cutting theme was scheduled to be presented to the IFPIC on 30 April 2015.

**Resolved** – **that (A) the Cost Improvement Programme update (paper I) and the subsequent discussion be noted, and**

**(B) a review of the Outpatients cross-cutting CIP scheme be presented to the IFPIC meeting on 30 April 2015.**     COO

18/15/3    Capital Expenditure 2014-15 and Draft Capital Programme for 2015-16

The Director of Finance introduced paper J, providing an update on the 2014-15 capital expenditure position (as at the end of January 2015) and the draft capital programme for 2015-16.

In respect of the 2014-15 programme, some assurance had been provided that the Trust would deliver the forecast expenditure position by the end of March 2015, although there remained a significant amount of work to be completed in respect of the estates, IM&T and medical equipment workstreams. The Committee requested a further report be provided to the 26 March 2015 IFPIC meeting to include an update on the plans for estates backlog expenditure. Consideration would be given to inviting the Interim Director of Estates and Facilities to attend future IFPIC meetings. The draft capital plan for 2015-16 was due to be finalised and presented to the 26 March 2015 meeting.

**Resolved** – **that an update on capital expenditure for 2014-15 and the finalised 2015-16 capital programme be presented to the IFPIC meeting on 26 March 2015.**

18/15/4    Draft Financial Plan 2015-16

Paper K detailed the process undertaken in deriving the draft financial plan for 2015-16 and briefed the Committee on the current status of contractual discussions and key financial proposals for the next financial year.  Particular discussion took place regarding the proposed development of an alternative contract model for 2015-16 and how such a model might be flexed to manage any areas of contractual over-performance, variations in activity, demographic growth, marginal rate emergency tariff and readmissions.

It was agreed that a further iteration of the report would be presented to the 26 March 2015 IFPIC meeting (prior to seeking Trust Board approval on 2 April 2015).  Mr M Traynor, Non-Executive Director suggested that consideration be given to inclusion of any risks surrounding the Interserve contract.

**Resolved** – **that an updated 2015-16 Draft Financial Plan be presented to the IFPIC**          DF
**meeting on 26 March 2015.**

**19/15       PERFORMANCE**

19/15/1    Month 10 Quality and Performance Report

Paper L provided an overview of UHL's quality, patient experience, operational targets, and HR performance against national, regional and local indicators for the month ending 31 January 2015.  Particular discussion took place regarding the Trust's improved RTT position, diagnostics performance and cancer 2 week wait and 31 day performance.

In respect of cancer 2 week wait performance, it had become apparent that (in some cases) it was actually the cancer clinic co-ordinators who were breaking the bad news to the patients regarding their cancer diagnoses.  This concern was due to be escalated to primary care colleagues via a meeting of the cancer problem solving group on 3 March 2015.  Cancer backlogs were reducing well and compliance with the most challenging (62 day) standard was expected to be achieved in July 2015.  The policy for rebooking any cancelled operations within 28 days was now fully implemented and a compliant position was expected to be achieved in May 2015.

**Resolved – that the month 10 Quality and Performance report (paper L) and the subsequent discussion be received and noted.**

19/15/2    Clinical Letters Performance

Further to Minute 127/14/3 of 26 November 2014, the Chief Operating Officer reported verbally advising that the turnaround times for clinical letters production and the volumes of outstanding letters had reduced in all CMGs.  There was still no automated process to capture the data, but work was continuing to address this.  In addition, the Medical Information Officers were working with primary care with a view to developing a direct email mechanism for clinical letters.

**Resolved – that the verbal update on clinical letters performance be received and noted.**

19/15/3    Ambulance Handover Performance

Further to Minute 127/14/4 of 26 November 2014, the Chief information Officer advised that the East Midlands Ambulance Service was expected to implement the new RFID tagging equipment by 1 April 2015, at which point more accurate performance data on ambulance handover times would become available.  However, he noted that Emergency Department occupancy levels and patient flows would remain the overriding factor in

reducing delays in ambulance handovers.

**Resolved – that the verbal update on ambulance handover performance be received and noted.**

**20/15      SCRUTINY AND INFORMATION**

20/15/1      Executive Performance Board

**Resolved – that the notes of the 27 January 2015 Executive Performance Board meeting (paper M) be received and noted.**

20/15/2      Revenue Investment Committee

**Resolved – that the notes of the 13 February 2015 Revenue Investment Committee meeting be presented to the 26 March 2015 IFPIC meeting.**

20/15/3      Capital Monitoring and Investment Committee

**Resolved – that the notes of the 13 February 2015 Capital Monitoring and Investment Committee meeting be presented to the 26 March 2015 IFPIC meeting.**

20/15/4      Draft Integrated Finance, Performance and Investment Committee Calendar of Business

Paper N provided the draft IFPIC calendar of business for the period 1 January 2015 to 31 March 2016.  Subject to the addition of the major reconfiguration business cases summarised in paper G, the Committee approved the report.

**Resolved – that (A) the Trust Administrator be requested to update the IFPIC Calendar of Business to reflect the major reconfiguration business cases set out in paper G (Minute 17/15/1 above refers), and**          **TA**

**(B) the IFPIC calendar of business be presented to the Committee as a standing agenda item.**          **TA**

**21/15      ANY OTHER BUSINESS**

**Resolved – that no other items of business were noted.**

**22/15      ITEMS TO BE HIGHLIGHTED TO THE TRUST BOARD**

**Resolved – that (A) a summary of the business considered at this meeting be provided to the Trust Board meeting on 5 March 2015, and**          **TA/ Chair**

**(B) the recommendation contained in Minute 12/15 be highlighted for the Board's approval.**

**23/15      DATE OF NEXT MEETING**

**Resolved – that the next meeting of the Integrated Finance, Performance and Investment Committee be held on Thursday 26 March 2015 from 9am – 12noon in the Board Room, Victoria Building, Leicester Royal Infirmary.**

The meeting closed at 12:03pm


Kate Rayns,
Acting Senior Trust Administrator

**Attendance Record 2014-15**

Voting Members:

| Name | Possible | Actual | % attendance | Name | Possible | Actual | % attendance |
|---|---|---|---|---|---|---|---|
| J Wilson (Chair from 29.10.14) | 11 | 10 | 91% | R Mitchell | 11 | 10 | 91% |
| R Kilner (Chair up to 24.9.14) | 6 | 6 | 100% | P Panchal | 4 | 1 | 25% |
| J Adler | 11 | 10 | 91% | S Sheppard | 4 | 4 | 100% |
| I Crowe | 11 | 10 | 91% | M Traynor | 4 | 4 | 100% |
| S Dauncey | 4 | 3 | 75% | P Traynor (from 26.11.14) | 4 | 4 | 100% |
| P Hollinshead | 3 | 3 | 100% | | | | |

Non-Voting Members:

| Name | Possible | Actual | % attendance | Name | Possible | Actual | % attendance |
|---|---|---|---|---|---|---|---|
| K Singh | 4 | 4 | 100% | M Williams | 4 | 2 | 50% |
| G Smith | 11 | 11 | 100% | D Wynford-Thomas (up to 28.2.15) | 4 | 0 | 0% |
| K Shields | 4 | 3 | 75% | | | | |

# UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

## Trust Board Bulletin – 2 April 2015

The following report is attached to this Bulletin as an item for noting, and is circulated to UHL Trust Board members and recipients of public Trust Board papers accordingly:-

- **Annual Declarations of Interest** – Lead contact point Mr S Ward, Director of Corporate and Legal Affairs (0116 258 8721) – **paper 1.**

**It is intended that these papers will not be discussed at the formal Trust Board meeting on 2 April 2015, unless members wish to raise specific points on the reports.**

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

**Annual Update of Trust Board declarations of interest – 2015-16**

| NAME | POSITION | INTEREST(S) DECLARED |
|---|---|---|
| Mr K Singh | Trust Chairman | Update awaited |
| Colonel (Ret'd) I Crowe | Non-Executive Director | Brother, Order of St John (by award, not active in the organisation). |
| Dr S Dauncey | Non-Executive Director | Trustee on the Board of Leicester Grammar School, an Independent School with Charitable Trust Status. |
| Richard Moore | Non-Executive Director | Update awaited |
| Mr Martin Traynor | Non-Executive Director | Partner – Traynor Consulting & Training LLP, Non-Executive Chairman – The Forest Experience Ltd, Non-Executive Chairman – King Richard III Visitor Centre Trust Ltd, Non-Executive Director – Leicestershire Promotions Ltd, Trustee – The National Forest Charitable Trust Ltd, Trustee – Leicestershire Rural Community Council Ltd, Trustee – LOROS Ltd, Trustee – Menphys, Member – HM Govt's Regulatory Policy Committee |
| Ms J Wilson | Non-Executive Director | None to declare |
| Mr J Adler | Chief Executive | Trustee of UHL Charity, Occasional Consultant to Guidepoint Consulting. |
| Mr A Furlong | Acting Medical Director | None to declare |
| Mr D Henson | LLR Healthwatch Representative | Board member of Healthwatch Rutland |
| Mr R Mitchell | Chief Operating Officer | None to declare |
| Mr R Palin | LLR CCG Representative | Update awaited |
| Ms C Ribbins | Acting Chief Nurse | None to declare |
| Ms K Shields | Director of Strategy | Update awaited |
| Ms E Stevens | Acting Director of Human Resources | None to declare |
| Mr Paul Traynor | Director of Finance | None to declare |
| Mr S Ward | Director of Corporate and Legal Affairs | None to declare |
| Mr M Wightman | Director of Marketing and Communications | Update awaited |