Trust Board Paper T

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

Trust Board Bulletin – 3 September 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:-

- **NHS Trust Over-Sight Self Certification return for the period ended 30 June 2015 (as submitted to the NTDA on 31 July 2015)** – Lead contact point Mr S Ward, Director of Corporate and Legal Affairs (0116 258 8721) – **paper 1**

- **Updated declaration of Trust Board interests (Mr K Singh, Trust Chairman, Ms J Smith, Chief Nurse and Ms L Tibbert, Director of Workforce and OD)** – Lead contact point Mr S Ward, Director of Corporate and Legal Affairs (0116 258 8721) – **paper 2**

- **2015-16 quarter 1 sealings report** – Lead contact point Mr S Ward, Director of Corporate and Legal Affairs (0116 258 8721) – **paper 3**

- **Members' Engagement Forum Minutes 13.8.15** – Lead Director Mr M Wightman, Director of Marketing and Communications (0116 258 8615) – **paper 4**

It is intended that this paper will not be discussed at the formal Trust Board meeting on 3 September 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.

NTDA Submission Pages

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Select your Trust: UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

Enter your Name: John Adler

Contact Email: john.adler@uhl-tr.nhs.uk

Contact Number: 01162588940

Submit

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Oversight: Monthly self-certification requirements - BOARD STATEMENTS Monthly Data.

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST RWE John Adler john.adler@uhl-tr.nhs.uk

SELF CERTIFICATION DETAILS:

Submission Date: 2015-07-31

Reporting Year: 2015

Select the Month:

○ April	○ May	○ June
○ July	○ August	○ September
○ October	○ November	○ December
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BOARD STATEMENTS:

CLINICAL
QUALITY FINANCE
GOVERNANCE

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

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

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UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST RWE John Adler john.adler@uhl-tr.nhs.uk

For **CLINICAL QUALITY**, that

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

Compliant? Yes

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For **CLINICAL QUALITY**, that

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

Compliant? Risk

Timescale for compliance: 2016-03-31

Response: Comment where non-compliant or at risk of non-compliance. If N/A please explain why it is Not Applicable to your Trust.

The Trust's private sector partner, Interserve Facilities Management Limited, has recently introduced changes to cleaning and catering services across all three sites. As a consequence, we have seen deterioration in cleaning standards evidenced by our monitoring plus feedback from patients and our own staff. Because of this, we have used our rights within the contract to issue a service warning notice to Interserve as they failed to follow due process with service change. We are also applying the strength of the contract to penalise Interserve and if the levels of cleanliness in our hospitals continue to deteriorate and Interserve refuse to rectify this, then we will use the contractual mechanisms available to us to ensure our hospitals are returned to an appropriate standard.

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For **CLINICAL QUALITY**, that

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

Compliant? Yes

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For **FINANCE**, that

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

Compliant? Yes

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UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST RWE John Adler john.adler@uhl-tr.nhs.uk

For **GOVERNANCE**, that

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

Compliant? Yes

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For **GOVERNANCE** that

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

Compliant? Yes

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For **GOVERNANCE** that

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

Compliant? Yes

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For **GOVERNANCE**, that

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

Compliant? Yes

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For **GOVERNANCE** that

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

Compliant? Yes

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For **GOVERNANCE** that

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

Compliant? Risk

Timescale for compliance: 2016-01-31

Response: Comment where non-compliant or at risk of non-compliance. If N/A please explain why it is Not Applicable to your Trust.

The 30 July 2015 UHL NHS Trust Integrated Finance, Performance and Investment Committee and Quality Assurance Committee received reports identifying the causes of underperformance on the following indicators, and endorsed the remedial actions being taken to achieve compliance. The individual anticipated compliance dates are shown against relevant indicators:-

RTT 52 weeks + waits (January 2016);
6-week diagnostic test waiting times (September 2015);
Cancer-2-week wait for urgent GP referral (September 2015);
Cancer 31-day wait for second or subsequent treatment (August 2015);
Cancer waiting 104 days (November 2015);
Cancellations not rebooked within 28 days (August 2015).

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For **GOVERNANCE**, that

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

Compliant? Yes

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For **GOVERNANCE**, that

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

Compliant? Yes

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For **GOVERNANCE**, that

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

Compliant? Yes

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For **GOVERNANCE**, that

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

Compliant? Yes

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Updated Trust Board declarations of interest – 2015-16

NAME	POSITION	NEW/ADDITIONAL INTEREST(S) DECLARED
Mr K Singh	Trust Chairman	Trustee – Joseph Rowntree Foundation; Trustee – Joseph Rowntree Housing Trust; Council Member of Justice; family member working as a Partner and Director of Research for Lakeside Consortium, Northamptonshire; Trustee (non remunerated role) for a 5-year term (from 4.7.15) with the GNP Sikh Temple, Coventry
Ms J Smith	Chief Nurse	None to declare
Ms L Tibbert	Director of Workforce and OD	Director, Public Sector People Managers' Association (until June 2016)

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT TO: **TRUST BOARD**

DATE: **3 SEPTEMBER 2015**

REPORT BY: **DIRECTOR OF CORPORATE AND LEGAL AFFAIRS**

SUBJECT: **SEALING OF DOCUMENTS**

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1. The Trust's Standing Orders (Standing Order 12) set out the approved arrangements for custody of the Trust's seal and the sealing of documents.

2. Appended to this report is a table setting out details of the Trust sealings for the 2015-16 financial year to date (by quarter).

3. The Trust Board is invited to receive and note this information.

4. Reports on Trust sealings will continue to be submitted to the Trust Board on a quarterly basis.

Stephen Ward
Director of Corporate and Legal Affairs

List of Trust Sealings for Quarter 1, 2015/16

Date of Sealing	Nature of Document	Date of Authority and Minute Reference	Sealed by	Remarks
30/04/15	Renewal Lease of Property at Leicester Royal Infirmary between (1) UHL, (2) WH Smith Hospitals Limited (3) WH Smith Hospital Holdings Limited	Trust Board – 5.3.15 Minute 60/15/1	Chairman/ Assistant Director – Head of Legal Services	Originals x3 handed to James Hume. 30/04/15

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

MEMBERS ENGAGEMENT FORUM MEETING

Thursday 13th August 2015 at 6:00pm-8:00pm in the Lecture Theatre, Education Centre, Leicester General Hospital

MEETING NOTES

1. Welcome and Introductions – Karamjit Singh, UHL Chairman

Karamjit Singh welcomed everyone to the forum.

2. Delivering Caring at its Best – John Adler, Chief Executive

John Adler delivered a presentation about the 5 year plan for the Trust as part of 'Delivering caring at its Best'.

3. Q & A Session

The floor was opened up to questions from the audience about the Delivering Caring at its best plans.

1. **Ketan Power:** ***"You mentioned that there will be plans for both the LRI and GH hospital sites. What are the plans for the Leicester General Hospital?***

   John Adler responded that this is a work in progress and we need acute 24/7 services on 2 sites and the LRI and GH are the sensible positions as they have the facilities and equipment. Mental Health services, the Leicester Diabetes Centre and other non-acute facilities will stay at the LGH.
   There are early discussion about an integrated primary and secondary service at LGH under the Better Care Together (BCT) interface planning new ideas for development.

2. **Malcolm Woods, PPI member of BCT and PPG for the LLR Alliance:** ***"The BCT consultation date is set for November this year. Are the Board aware that many BCT streams are not engaging people and may get the sign off from clinical leads.***

   John Adler agreed that the engagement and consultation process is important and this will be talked about during the BCT consultation in November.
   Malcolm said that many of the stakeholders on the BCT workstream are all at different stages and need to engage before the consultation in November. We need reassurance that this has been done before November – if this does not happen that what will happen to the UHL plan?
   John Adler stated that, although key bits of the reconfiguration of the hospitals are linked to the BCT consultation, the 5 year plan will not be affected. This consultation is crucial to ensure that we 'get it right'

3. **Eleanor Smith: "***I would like to know, has funding for this been guaranteed already or is it subject to business cases?"*
   JA said that the funding is subject to business cases as a plan needs to be drawn up and then funding is given. There was a big strategy last year which

went to the Trust Development Authority (TDA) and NHS England who have agreed the basic plan and funding. Individual projects are subject to be funded. NHS problems such as a shortage of capital may slow down the pace of development but the plans will go ahead.
Eleanor asked if there is a contingency plan in place?
JA said that there is an interim solution in place on a smaller, sustainable scale.

4. ***If there is a revenue budget in NHS England will this affect your plans if they are nationally short of capital?***
   JA answered that we need to maintain financial viability and have talked to staff about financial measures in place i.e budgeting and stock control to ensure confidence and investment.
   National problems will likely slow down these plans but they will go ahead with time. The availability of funds will be kept accounted for.
   Karamjit Singh input that we are absolutely focused on cost-saving and using public money as a Board.

5. **Vivienne Hedges *"what is a DGH – as written on the slide?"***
   JA explained that DGH stands for District General Hospital, these provide basic hospital care. It is difficult to maintain 3 specialised services around Leicestershire and so 2 hospitals will be specialised and 1 will be more general.

6. ***"Do you share best practice with other Trusts?" – for example during reconfiguration changes.***
   John Adler stated that a lot of the work we are doing takes cases from best practice examples nationally. For example in order to plan for the reconfiguration of the Emergency Department many staff from UHL went to Derbyshire Hospital ED department which is one of the best.
   "Why can't you email appointment times instead of using letters?"
   The IT System will have the functionality for emailing appointment times – however this is not done at the moment because email is not a secure system.
   "I would prefer to receive this by email as it would save the hospital costs on posting"
   Anthony Stephens *said that he prefers to receive appointments by post.*
   JA said that it would be ideal to give patients a choice of how they wish to receive this information.

7. ***"After hearing that more and more GPs are retiring early and there are less junior doctors in training, there a concern about the lack of GPs – is there a problem in the Trust?***
   JA answered that in some areas there is no problem although there are concerns where there are national shortages and this varies.
   For example there was a shortage in ED however a package was developed and there were posters put out emphasising development and training opportunities – to make the posts more appealing to staff.
   A number of nursing staff were successfully recruited due to an international recruitment campaign a few years ago.

4. UHL Performance: Cancer Waiting Times – William Monaghan, Director of Performance and Information

Agenda item proposed by UHL Patient Partners.
Please see Appendix 1.

5. Q & A Session

8. **Balu Patel, Mercury Patients Panel: *"In MDT cases – are there recordings taken and are these heard during the decision making process?***
   Will Monaghan answered that treatment options are discussed with the patient

and different options for treatment should be discussed ie. With what works well for the patient – this needs to be incorporated into MDT decision making. UHK still have a way to go with that.
Is this recording given to patients if they want a second opinion?
Yes – not many people opt for a second opinion, however seeking a second opinion may be part of the patient journey so this is given to the patient on request.

9. **David Mell, NED at Leicester Partnership Trust** ***"In the 5-yearplan presentation, the endoscopy unit in Market Harborough was not mentioned. This unit is only open 132 days a year. Are there any plans for the development of this as part of the reconfiguration?***
Mark Wightman answered that this is part of the LLR Alliance and we will be meeting with the Alliance to talk about how we get the most out of the endoscopy unit.
David Malcolm asked if there were any discussions about recruiting a larger number of endoscopists for the unit?
Mark Wightman answered that this is being looked at and potentially. If a cancer diagnosis is made it could be easier for patients to have endoscopy closer to home.

10. ***"Is there co-operation between organisations when patients require a second opinion?"***
Will Monaghan answered that this information is sent over via DVD which can be password protected for confidentiality. Hand-written notes are also given where requested.

11. ***"There are a lot of different operational processes going on across different services. How much is this process being standardised across the hospital?***
Will Monaghan said that the elective waiting times have been significantly reduced – however the discipline and speed of processes does need to be looked at. For example the discharge process.
John Adler added that we have inconsistent processes which need to join up so we can get this right – for example the discharge process.
"There are still many people who are formally discharged but still occupying beds."
John Adler agreed that his is an issue and we are trying to address this for example by having more doctors on the and rounds or having more volunteers in the wards as well as making some improvements to the discharge areas.
Anthony Stephens: "key workers for him during his cancer treatment have been invaluable. They are contacts of information, and an important bridge for communication."
Will Monaghan added that the number of patients being treated for cancer has increased and as such the number of key workers for the cancer specialists also needs to increase. Although some tumour sites are better resourced than others for example they are good with lung cancers however urology should be better resourced. This needs to be scaled appropriately.

12. **Arthur:** ***"my wife was diagnosed with non-Hodgkin's lymphoma and is currently having chemotherapy. She was initially called in for an appointment at 11am to have a blood test, waited for the analysis and results then saw the consultant at 1:30pm but hadn't been told about the wait. This was a regular appointment. However after talking to a friend we were made aware that these blood tests could be done at the GP surgery. This option and choice should be suggested by staff as it gives the patient a choice to choose what works best for them.***

13. **Anthony Stephens, Lung Cancer Patient:** ***"I have an issue with people smoking near the hospital entrances. Is there something in place to make***

sure people don't smoke in this area?"
John Adler answered that there are smoking shelters in place – however people simply don't use them. There are discussions with the City Council to introduce a local law to make smoking a criminal offence in hospitals. Something similar has been done in Nottingham. However there may be problems with patients and staff smoking around the local neighbourhood area. Thus we need to think of a way to effectively enforce the smoking ban.

14. **"*About six weeks ago there was news that Interserve standards of cleanliness in the hospitals were disappointing. Is there any news on Interserve?***
John Adler said that in results published last week the standards of cleaning have deteriorated on all 3 hospital sites. We are concerned by it as we are also receiving a lot of negative feedback about the estates. We are currently in talks with Interserve about this. The Trust Board is very concerned and will not tolerate low standards so are working through contract with Interserve.

15. **Gillian Jillet: *"I was on Ward 37 a few weeks ago. In my first week, the cleaning was good and cleaners were cheery. However in the second week cleaners who were previously cleaning stopped cleaning and then served food. This is when the standard of cleaning declined. I saw this first hand.*"**
John Adler said that the actual Interserve staff do a great job and we are trying to make them feel welcome as the housekeeping model can work (cleaning and hygiene and food.) However it is not currently working well as Interserve have introduced this without enough resources. Infection control and staff are also concerned.

16. ***"The discharge lounge is horrible – it takes ages for people to be discharged which wastes a lot of time for patients and the organisation."***
John Adler said that the discharge process does take time as transport and medicines are arranged.
It would be a good idea to put volunteers in the discharge area and provide food for those waiting for hours.
John Adler agreed that the discharge process is not great and need to be better.

17. ***"There are problems that can be treated in Community Hospitals, and are often older patients treated at the LRI. How do you monitor what other Community hospitals can do instead of at the LRI.***
John Adler answered that there is a plan with the LPT to join forces and successfully treat older people together. He added that we are keen to break down barriers. We are currently seeing too many re-admissions which may be because we are discharging patients too early, but we are measuring the emergency admission rate. Pieces of work are going on concerning re-admissions.

6. Any other Business

Chairman Karamjit Singh thanked everyone for attending and invited everyone to the Trust Annual Public Meeting on 17th September 2015 at the Big Shed, Leicester.

7. Date and Time of Next Meeting

The next Engagement forum meeting will be held on Thursday 29th October 2015, 6pm-8pm at the Education Centre, Leicester General Hospital.

Cancer Performance at UHL

Presentation to Patient Partners
August 2015

Will Monaghan
Director of Performance and Information

Introduction

- Key performance measures for Cancer
- A recent history of Cancer performance at UHL
- Factors affecting our performance
- Actions we are taking to improve our current position

Key performance measures

- Externally, we are measured against 9 waiting time standards for Cancer
- Key targets include:
  - Two week wait (2WW) from receipt of urgent GP referral to first appointment
  - 31 day pathway from decision to treat to treatment
  - 31 day pathway from treatment to subsequent treatment
  - 62 day pathway from receipt of GP referral to treatment
- Internally, we set a target that 80% Cancer imaging requests should have a 7-day turnaround period

Context – external factors affecting performance

- Referral numbers
  - 2WW referrals have increased, but not the number of confirmed cancers
  - Impact: less time for tracking and chasing as staff are spread more thinly
  - Action we are taking: working with GPs and commissioners to improve the quality of referrals
- UHL as a tertiary centre
  - Therefore we receive complex referrals from other providers at a later stage often close to 62 day breach
  - Impact: detrimental effect on reporting
- Oncology services
  - Supporting Northampton General Hospital with delivery of chemotherapy and radiotherapy to their patients due to local recruitment issues
  - Impact: medical resource diverted away from UHL

Services under Pressure but doing better. Two week wait patients.

	June 14	June 15
Patients referred	1,700	2,300
Patients Seen in time	1,550	2,067

Services under Pressure but doing better. 62 days to treatment.

	June 14	June 15
Patients Treated	175	209
Patients Seen in time	128	175

Context – internal factors affecting performance

- Support for diagnostic and treatment phases of pathways
  - Standard Operating Procedure (SOP) in place with Imaging to ensure correct prioritisation of Cancer patients
  - Incorrect labelling of request forms for Imaging and Pathology
  - Capacity in Pathology
- Parallel priorities
  - Balancing the different operational demands placed upon the hospital

Getting back on track – actions with Trust-wide impact

- **We expect to become compliant with the 62 day standard in October**
- Overarching Cancer action plan
- Highlights include:
  - Development of an SOP between the Cancer Centre and all CMGs
  - 96 hour escalation route to me
  - Protecting and carving out extra theatre capacity
  - Review of all Cancer meetings to assess effectiveness
  - Standardised labelling for Pathology samples and Imaging requests
  - Work to improve our data provision and timeliness
  - Review breaches in particularly struggling tumour sites

Getting back on track – actions at tumour site level

- Action plan includes local actions as well as central actions
- Three additional Service Managers to support our three struggling tumour sites (Lung, Urology, Lower GI)
  - Sole focus: Cancer
- Recruitment of additional staff across Skin, Urology, Head and Neck
- Tightening processes between services, e.g. Head and Neck and Lymphoma
- Increase in frequency of complex cases/ MDTs
- Endoscopy
  - Detailed action to address performance issues in Endoscopy including new electronic scheduler, new SOP, administrative recruitment, external support

Conclusion

- Cancer care is an area of huge pressure across the Trust due to increasing number of referrals.
- But other factors influencing Cancer performance that are within our gift to solve.
- Financial investment in extra capacity is key – medical, nursing, administrative.
- For three most challenged tumour sites, introduction of three managers with sole focus on Cancer will have a big impact.
- Expect to achieve in October.

UHL Cancer Patients User Group

- Friday 18th September 2015
- 10.30am to 12.30pm
- Coping with Cancer, Helen Webb House, 35 Westleigh Road, Leicester, LE3 0HH

ANY QUESTIONS?