

CHIEF EXECUTIVE'S MONTHLY UPDATE REPORT – JULY 2016

Authors: John Adler and Stephen Ward Sponsor: John Adler Date: Thursday 7 July 2016

Executive Summary

Paper D

Context

The Chief Executive's monthly update report to the Trust Board for July 2016 is attached. It includes:-

- (a) the Quality and Performance Dashboard for May 2016 attached at appendix 1 (the full month 2 quality and performance report is available on the Trust's public website and is hyperlinked within this report);
- (b) the Board Assurance Framework (BAF) Dashboard and Organisational Risk Register Dashboard, attached at appendices 2 and 3, respectively. The full highest scoring organisational risk register entries are available on the Trust's public website and hyperlinked within this report;
- (c) a report on performance against our annual priorities for quarter 1 2016/17, attached at appendix 4.

Questions

1. Is the Trust Board satisfied with our performance and plans on the matters set out in the report?
2. Does the Trust Board have any significant concerns relating to quarter 1 performance against the annual priorities 2016/17?
3. Does the Trust Board have any comments to make regarding either the Board Assurance Framework Dashboard or Organisational Risk Register Dashboard?

Conclusion

1. The Trust Board is asked to consider and comment upon the issues identified in the report.

Input Sought

We would welcome the board's input regarding content of this month's report to the Board.

For Reference

Edit as appropriate:

1. The following **objectives** were considered when preparing this report:

- Safe, high quality, patient centred healthcare [Yes]
- Effective, integrated emergency care [Yes]
- Consistently meeting national access standards [Yes]
- Integrated care in partnership with others [Yes]
- Enhanced delivery in research, innovation & ed' [Yes]
- A caring, professional, engaged workforce [Yes]
- Clinically sustainable services with excellent facilities [Yes]
- Financially sustainable NHS organisation [Yes]
- Enabled by excellent IM&T [Yes]

2. This matter relates to the following **governance** initiatives:

- a. Organisational Risk Register [Yes /No /Not applicable]

If YES please give details of risk ID, risk title and current / target risk ratings.

Datix Risk ID	Operational Risk Title(s) – add new line for each operational risk	Current Rating	Target Rating	CMG
XXXX	There is a risk ...			XX

If NO, why not? Eg. Current Risk Rating is LOW

- b. Board Assurance Framework [Yes /No /Not applicable]

If YES please give details of risk No., risk title and current / target risk ratings.

Principal Risk	Principal Risk Title	Current Rating	Target Rating
No.	There is a risk ...		

3. Related **Patient and Public Involvement** actions taken, or to be taken: [N/A]

4. Results of any **Equality Impact Assessment**, relating to this matter: [N/A]

5. Scheduled date for the **next paper** on this topic: [August 2016 Trust Board]

6. Executive Summaries should not exceed **1 page**. [My paper does comply]

7. Papers should not exceed **7 pages**. [My paper does comply]

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT TO: TRUST BOARD
DATE: 7 JULY 2016
REPORT BY: CHIEF EXECUTIVE
SUBJECT: MONTHLY UPDATE REPORT – JULY 2016

1. Introduction

1.1 My monthly update report this month focuses on:-

- (a) the Board Quality and Performance Dashboard, attached at appendix 1;
- (b) the Board Assurance Framework (BAF) Dashboard and Organisational Risk Register Dashboard, attached at appendices 2 and 3, respectively;
- (c) key issues relating to our Annual Priorities 2016/17, and
- (d) a range of other issues which I think it is important to highlight to the Trust Board.

2. Quality and Performance Dashboard – May 2016

- 2.1 The Quality and Performance Dashboard for May 2016 is appended to this report **at appendix 1**.
- 2.2 The Dashboard aims to ensure that Board members are able to see at a glance how we are performing against a range of key measures.
- 2.3 The more comprehensive monthly Quality and Performance report continues to be reviewed in depth at meetings of the Integrated Finance, Performance and Investment Committee and Quality Assurance Committee, respectively. The [month 2 quality and performance report](#) continues to be published on the Trust's website.

Good News

- 2.4 **Mortality – Mortality** – the latest published SHMI (covering the period January 2015 to December 2015) is **98** – below our Quality Commitment of **99**. **Referral to Treatment** – the RTT incomplete target remains compliant although there is a risk that performance will dip below 92% in June. **Diagnostics** performance has remained compliant during May. **Delayed transfers of care** remain well within the tolerance reflecting the continuation of the good work that takes place across the system in this area. **Referral to Treatment 52+ week waits** has reduced by 35 in the last month. An organised process of transferring patients to other providers is now in progress and we

should see substantial reductions in these waits in the coming months. **Ambulance Handover 60+ minutes** – 6% for April and May - this is also examined in detail in the Chief Operating Officer's report. **MRSA** – 0 avoidable cases reported for 15 months and 0 unavoidable cases were reported this year. **C DIFF** – a good start to the year with only 9 cases reported to date. **Pressure Ulcers** – 0 **Grade 4** pressure ulcers and both **Grade 3 and Grade 2** monthly targets have been achieved in May. **Fractured NOF** – target delivered for the second consecutive month. **Patient Satisfaction (FFT)** target of 97% maintained for Inpatients and Day Cases.

Bad News

- 2.5 **ED 4 hour performance** – May performance was 79.9 % with year to date performance at 80.5%. Contributing factors are set out in the Chief Operating Officer's report. **Cancelled operations and patients rebooked within 28 days** – continued to be non-compliant, due to sustained emergency pressures. **Cancer Standards 62 day treatment** current cancer performance is an area of significant concern across UHL and focus on recovery is of the highest priority within the organisation. The **Cancer Two Week Wait** target was missed attributed to capacity problems in Head & Neck, Lower GI and Dermatology. **Patient Satisfaction (FFT)** the target of 97% has not been achieved for the last 3 months and **ED FTT coverage** remains below the threshold of 20%. **ESM nursing vacancies** continue to increase.

3. Board Assurance Framework (BAF) and Organisational Risk Register Dashboards

- 3.1 As part of a new risk reporting process, the Board Assurance Framework and risks taken from the UHL organisational risk register scoring from 15 to 25 (ie extreme and high) are now summarised in two 'dashboards' **attached to this report as appendices 2 and 3**. The summary of extreme and high risks from the organisational risk register are attached here as a background paper for the information of the Board.
- 3.2 The full Board Assurance Framework features elsewhere on the agenda for this meeting of the Trust Board as part of the Integrated Risk Report.

Board Assurance Framework Dashboard

- 3.3 Executive risk owners have updated their BAF entries to reflect the risks and assurances in relation to the 2016/17 annual priorities. The Board should note that three risks have reduced (risks 2, 9 and 13) and no other significant risks have been identified. There may be future changes to some risk scores associated with the impact on the NHS in relation to the recent decision of the United Kingdom to leave the EU.

Organisational Risk Register

- 3.4 There are 52 risks open on the organisational risk register with a current risk rating of 15 and above (i.e. scoring high and extreme). Three new high risks have been entered on the risk register during the reporting period
- 3.5 Thematic analysis of the risk register continues to reveal the majority of risks scoring 15 and above are caused by workforce capacity and capability with the potential to impact on safety, quality and performance.
4. Annual Priorities 2016/17 – Progress at the end of quarter 1
- 4.1 I have attached at **appendix 4** a high level assessment of performance rating in quarter 1 against our annual priorities for 2016/17, including a RAG rating.
- 4.2 The bulk of our priorities for the year are progressing well. Board members will see that there are a number of areas rated amber, indicating that I have some concerns about progress – I have indicated in the narrative what those are. We have more serious issues with three (red rated), all of which are familiar to the Board:
- The imbalance of demand and capacity
 - Delay to funding of the ICU and related reconfigurations
 - Delay to approval and funding of the EPR business case
5. Care Quality Commission Inspection
- 5.1 As the Trust board is aware, the Care Quality Commission (CQC) has recently undertaken a major inspection of most of our services.
- 5.2 Together with a number of Board colleagues, I attended the informal feedback session with the CQC on 23rd June 2016.
- 5.3 The inspection team was extremely complimentary about the way in which everyone in the Trust had responded to them, including being universally welcoming, open and transparent. They were clearly very impressed by the compassion, professionalism and loyalty of everyone whom they encountered. I had told the CQC that this is what they would find in my opening presentation to them, and our staff did not disappoint.
- 5.4 The CQC also reported informally that they had found a clear sense of direction in the organisation and a shared desire to improve further. The CQC team described overall morale as good and had detected a real sense of shared purpose from the front line to the Board.
- 5.5 In their informal feedback, the inspection team highlighted a number of specific examples of outstanding compassion and care; they said that these were a few amongst many that they had found:-

- taking the clothes of homeless people home to be washed;
 - undertaking a “posh tea round”;
 - allowing a pet dog to visit an end of life patient;
 - buying clothes for patients who did not have their own.
- 5.6 The CQC team actually went as far as to say that they had not encountered a single example of less than compassionate care, even when people were working under significant pressure. This is something of which we can all be truly proud.
- 5.7 There were a range of issues which were picked up in the course of the inspection, many of which were rectified as they were raised. The Executive Team will be following up those that could not be sorted out during the inspection.
- 5.8 There were two areas where there were more serious concerns. Firstly, the inspection team were concerned about overcrowding in the Ophthalmology Department (whilst at the same time praising the quality of care). This is an issue which we recognise (hence its inclusion in this year’s Quality Commitment) and we are working urgently with the service to help to improve this. Some actions have already been taken including identifying an additional waiting area.
- 5.9 Secondly, the CQC team remained concerned about the risks involved in overcrowding in the Emergency Department. Once again, the CQC team praised the quality of clinical care provided by the ED team and acknowledged recent improvements, but we all agree that overcrowding does indeed pose a threat to patient safety. Of course, this issue will be alleviated to some extent when the new Emergency Department opens in March next year, but in the meantime we all need to work together to keep overcrowding to a minimum.
- 5.10 The CQC has followed up its inspection in correspondence received by the Trust on 24 June 2016. The Trust has, as requested, provided the CQC with further information on a number of issues and the exchange of correspondence has been considered at the Quality Assurance Committee on 30 June 2016.
- 5.11 The CQC has also carried out an unannounced visit on 30th June (to all three sites) and there will also be an announced inspection of Critical Care during July – this could not be undertaken earlier as the specialist advisors needed were not available.
- 5.12 It will be a few months before we get the full CQC report and our ratings, because there is an extensive quality assurance process that has to be completed to make sure that the report is fair and accurate.
- 5.13 In the meantime, I have written to all staff to express my sincere thanks for demonstrating to the CQC the quality of our care and the compassion with which it is provided as there is no doubt that they have done themselves and the Trust proud.
- 5.14 We will be carrying out a post-inspection review of the arrangements we have put in place in connection with the inspection and will decide

what needs to be retained to add value to the quality of care we provide.

6. Leicester, Leicestershire and Rutland Sustainability and Transformational Plan (STP)

6.1 I have reported previously to the Trust Board on the development of the LLR STP under the leadership of the Chief Officer of West Leicestershire CCG.

6.2 The draft STP was submitted to NHS England and NHS Improvement by the deadline of 30th June 2016 and I have attached for information at **appendix 5** a copy of a presentation on the STP which was made to a recent meeting of the Leicester City Council's Health and Wellbeing Scrutiny Commission.

6.3 There will be a meeting to review the STP submission with Simon Stevens, Chief Executive on 22nd July. I will be attending this meeting along with senior system colleagues.

7. Biomedical Research Centre

7.1 The bid which has been developed in collaboration with University partners to establish a Biomedical Research Centre at the Trust was submitted in early July.

7.2 There is to be an interview about the bid with an international panel on 20th July and this will be attended by the Vice-Chancellors of Leicester University and Loughborough University, together with other members of the bid team and myself.

7.3 I would like to place on record my thanks to the bid team for the work they have undertaken which has produced such a strong case for BRC designation. I would however emphasise that this is a highly competitive process and success is by no means guaranteed.

8. NHS Improvement – Single Oversight Framework – Consultation

8.1 On 28th June 2016, NHS Improvement published a consultation document on its proposed approach to overseeing and supporting NHS Foundation Trusts and NHS Trusts. The single oversight framework sets out:

- the main areas of focus in overseeing Trusts;
- how information will be collected from Trusts;
- how potential concerns with a Trust's performance will be identified;
- how the Trust sector will be segmented according to the level of challenge each Trust faces.

8.2 The framework also sets out how NHS Improvement will identify where Trusts may benefit from, or require, support in the key areas of quality of care, finance and use of resources, operational performance, strategic change and leadership and improvement capability.

- 8.3 The consultation exercise closes on 4th August 2016 and NHS Improvement will also be running a series of engagement events with stakeholders to answer queries and receive their input. The Trust has the opportunity to submit its views via NHS Providers, who are working closely with its members to make a full response.
- 8.4 Further details of the framework, once finalised, will be reported to the Trust Board in due course.
9. NHS Confederation Annual Conference 2016
- 9.1 Together with the Chairman and Chief Operating Officer, I attended the NHS Confederation Annual Conference 2016 in Manchester between 15th and 17th June 2016.
- 9.2 I will report orally at the Trust Board meeting on this event.
10. Volunteers Thank you Event
- 10.1 On the evening of 7th June 2016, together with a number of Board colleagues I had the pleasure of attending a thank you event for our volunteers held at The Empire, Leicester.
- 10.2 This was a most enjoyable evening and the event proved a suitable occasion on which to express the thanks of the Trust Board for the excellent work undertaken by our active volunteers and, indeed, the Trust's Volunteer Services Team led by Ms Alison Reynolds, Voluntary Services Coordinator, which supports them.
11. Conclusion
- 11.1 The Trust Board is invited to consider and comment upon this report and the attached appendices.

John Adler
Chief Executive

30th June 2016

Quality & Performance

		YTD		May-16		Trend*	Compliant by?
		Plan	Actual	Plan	Actual		
Safe	S1: Reduction for moderate harm and above (April)	236	3	20	3	●	
	S2: Serious Incidents	49	10	4	5	●	
	S6: Never events	0	0	0	0	●	
	S7: Clostridium Difficile	61	9	5	5	●	
	S8: MRSA (All)	0	0	0	0	●	
	S9: MRSA (Avoidable)	0	0	0	0	●	
	S12: Falls per 1,000 bed days for patients > 65 years	<5.6	5.8	<5.6	5.5	●	
	S13: Avoidable Pressure Ulcers Grade 4	0	0	0	0	●	
	S14/15: Avoidable Pressure Ulcers Grade 3 & 2	122	23	11	9	●	

		YTD		May-16		Trend*	Compliant by?
		Plan	Actual	Plan	Actual		
Caring	C1: Improvements in Patient Involvement Scores (Qtr)	<i>New Quality Commitment Indicator</i>					
	C4: Inpatient and Day Case friends & family - % positive	97%	97%	97%	97%	●	
	C7: A&E friends and family - % positive	97%	96%	97%	95%	●	

		YTD		May-16		Trend*	Compliant by?
		Plan	Actual	Plan	Actual		
Well Led	W1: Outpatient letters sent within 14 days (Quarterly)	<i>New Quality Commitment Indicator</i>					
	W14: % of Staff with Annual Appraisal	95%	92.2%	95%	92.2%	●	
	W15: Statutory and Mandatory Training	95%	93%	95%	93%	●	

		YTD		May-16		Trend*	Compliant by?
		Plan	Actual	Plan	Actual		
Effective	E1: 30 day readmissions (April)	<8.5%	8.6%	<8.5%	8.6%	●	Note 1
	E2: Mortality Published SHMI (Jan 15 -Dec 15)	99	98	99	98	●	
	E6: # Neck Femurs operated on 0-35hrs	72%	78.0%	72%	78.1%	●	
	E8: Stroke - 90% of Stay on a Stroke Unit (April)	80%	72.1%	80%	72.1%	●	

		YTD		May-16		Trend*	Compliant by?
		Plan	Actual	Plan	Actual		
Responsive	R1: ED 4hr Waits UHL+UCC - Calendar Month	95%	80.5%	95%	79.9%	●	
	R3: RTT waiting Times - Incompletes	92%	92.7%	92%	92.7%	●	
	R5: 6 week – Diagnostics Test Waiting Times	<1%	0.6%	<1%	0.6%	●	
	R11: Operations cancelled (UHL + Alliance)	0.8%	1.3%	0.8%	1.2%	●	Jul-16
	R13: Delayed transfers of care	3.5%	2.0%	3.5%	2.1%	●	
	R14: % Ambulance Handover >60 Mins (CAD+)	TBC	6%	TBC	6%	●	Jul-16
	R15: % Ambulance handover >30mins & <60mins (CAD+)	TBC	12%	TBC	12%	●	Note 2
	RC9: Cancer waiting 104+ days	0	7	0	7	●	

		YTD		Apr-16		Trend*	Compliant by?
		Plan	Actual	Plan	Actual		
Responsive	RC1: 2 week wait - All Suspected Cancer	93%	91.1%	93%	91.1%	●	Jul-16
	RC3: 31 day target - All Cancers	96%	95.1%	96%	95.1%	●	Jul-16
	RC7: 62 day target - All Cancers	85%	75.9%	85%	75.9%	●	Sep-16

Enablers

		Qtr2 15/16		Qtr4 15/16	
		Plan	Actual	Plan	Actual
People	W7: Staff recommend as a place to work	N/A	55.7%	N/A	57.9%
	C9: Staff recommend as a place for treatment	N/A	71.9%	N/A	69.4%

		YTD		May-16		Trend*
		Plan	Actual	Plan	Actual	
Finance	Surplus/(deficit) £m	(11.6)	(11.4)	(5.7)	(5.4)	●
	Cashflow forecast (balance at end of month) £m	3.0	3.2	3.0	3.2	●
	CIP £m	4.3	4.4	2.3	2.7	●
	Capex £m	5.6	5.6	2.8	2.8	●

		YTD		May-16		Trend*
		Plan	Actual	Plan	Actual	
Estates & facility mgt.	Percentage of Cleaning Audits achieving the required standard	100%	87%**	100%	87%**	

** The cleaning score above predominantly reflects cleanliness in clinical areas

* Trend is green or red depending on whether this month's actual is better or worse than the average of the prior 6 months

Note 1 - Readmissions compliant by date to be confirmed following implementation of actions.

Note 2 - Ambulance Handover - Compliant by date to jointly to be agreed with EMAS following implementation of joint action plan.

Please note: Quality Commitment Indicators are highlighted in bold. The above metrics represent the Trust's current priorities and the code preceding many refers to the metrics place in the Trust's Quality & Performance dashboards. Please see these Q&P dashboards for the Trust's full set of key metrics.

UHL Board Assurance Dashboard:		MAY 2016					
Strategic Objective	Risk No.	Principal Risk Description	Owner	Current Risk Rating	Target Risk Rating	Risk Movement	Executive Board Committee for Endorsement
Safe, high quality, patient centred healthcare	1	Lack of progress in implementing UHL Quality Commitment.	CN	16	8	↔	EQB
	2	Failure to provide an appropriate environment for staff/ patients	DEF	12	8	↓	EQB
An excellent integrated emergency care system	3	Emergency attendance/ admissions increase without a corresponding improvement in process and / or capacity	COO	25	6	↔	EPB
Services which consistently meet national access standards	4	Failure to deliver the national access standards impacted by operational process and an imbalance in demand and capacity.	COO	16	6	↔	EPB
Integrated care in partnership with others	5	There is a risk that UHL will lose existing, or fail to secure new, tertiary referrals flows from partner organisations which will risk our future status as a teaching hospital. Failure to support partner organisations to continue to provide sustainable local services, secondary referral flows will divert to UHL in an unplanned way which will compromise our ability to meet key performance measures.	DoMC	12	8	↔	ESB
	6	Failure to progress the Better Care Together programme at sufficient pace and scale impacting on the development of the LLR vision	DoMC	16	10	↔	ESB
Enhanced delivery in research, innovation and clinical education	7	Failure to achieve BRC status.	MD	9	6	↔	ESB
	8	Too few trainers meeting GMC criteria means we fail to provide consistently high standards of medical education	MD	12	6	↔	EWB / EQB
	9	Insufficient engagement of clinical services, investment and governance may cause failure to deliver the Genomic Medicine Centre project at UHL	MD	12	6	↓	ESB
A caring, professional and engaged workforce	10	Lack of system wide consistency and sustainability in the way we manage change and improvement in order to deliver the capacity and capability shifts required for new models of care	DWOD	16	8	↔	EWB
	11	Ineffective structure to deliver the recommendations of the national 'freedom to speak up review	DWOD	16	8	↔	EWB
A clinically sustainable configuration of services, operating from excellent facilities	12	Insufficient estates infrastructure capacity may adversely affect major estate transformation programme	CFO	16	12	↔	ESB
	13	Limited capital envelope to deliver the reconfigured estate which is required to meet the Trust's revenue obligations	CFO	16	8	↓	ESB
	14	Failure to deliver clinically sustainable configuration of services	CFO	20	8	↔	ESB
A financially sustainable NHS Trust	15	Failure to deliver the 2016/17 programme of services reviews, a key component of service-line management	CFO	9	6	↔	ESB
	16	The Demand/Capacity gap if unresolved may cause a failure to achieve UHL deficit control total in 2016/17	CFO	15	10	↔	EPB
	17	Failure to achieve a revised and approved 5 year financial strategy	CFO	15	10	↔	EPB
Enabled by excellent IM&T	18	Delay to the approvals for the EPR programme	CIO	16	6	↔	EIM&T
	19	Lack of alignment of IM&T priorities to UHL priorities	CIO	12	6	↔	EIM&T

Risk ID	CMG	ORGANISATIONAL RISK REGISTER REPORT: HIGH & EXTREME RISKS AS AT 31/05/16 Risk Title	Current Risk Score	Target Risk Score	Risk Movement	Themes aligned with BAF	
2236	Emergency and Specialist Medicine	There is a risk of overcrowding due to the design and size of the ED footprint	25	16	↔	Effective emergency care	
2762	Corporate Nursing	Ability to provide safe, appropriate and timely care to all patients attending the Emergency Department at all times.	25	15	↔	Effective emergency care	
2354	RRCV	There is a risk of overcrowding in the Clinical Decisions Unit	20	9	↔	Effective emergency care	
2816	Emergency and Specialist Medicine	There is an element of increased clinical risk by cohorting ED Patients in the new escalation area and the ED corridor	12	16	↓ (20 - 12)	Effective emergency care	
2804	Emergency and Specialist Medicine	Outlying Medical Patients into other CMG beds due to insufficient ESM inpatient bed capacity	20	12	NEW	Effective emergency care	
2149	Emergency and Specialist Medicine	High nursing vacancies across the ESM CMG impacting on patient safety, quality of care and financial performance	20	6	↔	Workforce capacity and capability	
2333	ITAPS	Lack of paediatric cardiac anaesthetists to maintain a WTD compliant rota leading to interruptions in service provision	20	8	↔	Workforce capacity and capability	
2763	ITAPS	Risk of patient deterioration due to the cancellation of elective surgery as a result of lack of ICU capacity	20	10	↔	Workforce capacity and capability	
2505	Musculoskeletal and Specialist Surgery	There is a risk of medical patients being outlied into the Ambulatory Surgical Unit due to lack of beds within the trust.	20	6	↑ (16 - 20)	Safe, high quality, patient centred healthcare	
510	Clinical Support and Imaging	There is a risk of staff shortages impacting on the Blood Transfusion Service at UHL	20	15	↔	Workforce capacity and capability	
182	Clinical Support and Imaging	POCT- Inappropriate patient Management due to inaccurate diagnostic results from Point Of Care Testing (POCT) equipment	20	2	↔	Workforce capacity and capability	
2787	Clinical Support and Imaging	Failure of medical records service delivery due to delay in electronic document and records management (EDRM) implementation	20	4	↔	Workforce capacity and capability	
2562	Women's and Children's	There is a risk that 2 vacant consultant paediatric neurology vacancies could impact sustainability of the service	20	4	↔	Workforce capacity and capability	
2403	Corporate Nursing	There is a risk changes in the organisational structure will adversely affect water management arrangements in UHL	20	4	↔	Estates and Facilities services	
2404	Corporate Nursing	There is a risk that inadequate management of Vascular Access Devices could result in increased morbidity and mortality	20	16	↔	Safe, high quality, patient centred healthcare	
2471	CHUGS	There is a risk of poor quality imaging due to age of equipment resulting in suboptimal radiotherapy treatment.	16	4	↔	Safe, high quality, patient centred healthcare	
1149	CHUGS	There is a risk to patient diagnosis and treatment due to a failure to deliver the cancer waiting time targets	16	6	↔	Safe, high quality, patient centred healthcare	
2565	CHUGS	There is a risk of delays in patient treatment due to failure to deliver non admitted and admitted RTT targets	16	6	↔	Workforce capacity and capability	
2671	CHUGS	There is a risk of potential harm to patients due to delays in diagnostic and treatment procedures in the Endoscopy Unit	16	6	↔	Workforce capacity and capability	
2621	CHUGS	There is a risk to patient safety & quality due to poor skill mix on Ward 22, LRI	16	6	↔	Workforce capacity and capability	
2823	CHUGS	There is a risk of errors with patient medical review appointment and chemotherapy appointments due to gaps in admin workforce.	16	6	↔	Workforce capacity and capability	
2623	CHUGS	There is a risk of potential harm due to scopes not being appropriately decontaminated.	16	2	↔	Safe, high quality, patient centred healthcare	
2819	RRCV	Risk of lack of ITU and HDU capacity will have a detrimental effect on Vascular surgery at LRI	16	12	↔	Safe, high quality, patient centred healthcare	
2791	RRCV	Broadening Foundation - Loss of F1 doctors	16	2	↔	Workforce capacity and capability	
2193	ITAPS	There is a risk that the ageing theatre estate and ventilation systems could result in an unplanned loss of capacity at the LRI	16	4	↔	Workforce capacity and capability	
2541	Musculoskeletal and Specialist Surgery	There is a risk of reduced theatre & bed capacity at LRI due to increased spinal activity	16	8	↔	Workforce capacity and capability	
2758	Musculoskeletal and Specialist Surgery	There is a risk that patients have not been treated / informed of test results in a timely manner in ENT	CLOSED				
2759	Musculoskeletal and Specialist Surgery	There is a risk that performance targets are not met due to a capacity gap within the ENT department	16	2	↔	Workforce capacity and capability	
2687	Musculoskeletal and Specialist Surgery	Lack of appropriate medical cover will clinically compromise care or ability to respond in Trauma orthopaedics	16	9	↔	Workforce capacity and capability	
2504	Musculoskeletal and Specialist Surgery	There is a risk that patients will wait for an unacceptable length of time for trauma surgery resulting in poor patient outcomes	16	8	↔	Workforce capacity and capability	
1206	Clinical Support and Imaging	There is a risk that a backlog of unreported images in CT/MRI and plain film could result in a clinical incident	16	6	↔	Workforce capacity and capability	
2378	Clinical Support and Imaging	There is a risk that Pharmacy workforce capacity could result in reduced staff presence on wards or clinics	16	8	↔	Workforce capacity and capability	
1926	Clinical Support and Imaging	There is a risk that insufficient staffing to manage ultrasound referrals could impact Trust operations and patient safety	16	6	↔	Workforce capacity and capability	
2153	Women's and Children's	Shortfall in the number of all qualified nurses working in the Children's Hospital.	16	8	↔	Workforce capacity and capability	
2809	The Alliance	There is a risk that there will be no capital funding in 2016/17	16	8	↔	Workforce capacity and capability	
2394	Communications	No IT support for the clinical photography database (IMAN)	16	1	↔	IM&T services	
2338	Medical Directorate	There is a risk of patients not receiving medication and patients receiving the incorrect medication due to an unstable homecare	16	9	↔	Workforce capacity and capability	
2237	Medical Directorate	There is a risk of results of outpatient diagnostic tests not being reviewed or acted upon resulting in patient harm	16	8	↔	Workforce capacity and capability	
2325	Medical Directorate	There is a risk that security staff not assisting with restraint could impact on patient/staff safety	16	6	↔	Estates and Facilities services	
2318	Estates & Facilities	There is a risk of blocked drains causing leaks and localized flooding of sewage impacting on service provision	16	2	↔	Estates and Facilities services	
2247	Corporate Nursing	There is a risk that a significant number of RN vacancies in UHL could affect patient safety	16	12	↔	Workforce capacity and capability	
1693	Operations	There is a risk of inaccuracies in clinical coding resulting in loss of income	16	8	↔	Workforce capacity and capability	
2316	Operations	There is a risk of flooding from fluvial and pluvial sources resulting in interruption to Services	16	12	↔	Estates and Facilities services	
2836	Emergency and Specialist Medicine	There is a risk of single sex breaches on the Brain Injury Unit due to environmental design and inflow of patients.	15	2	NEW	Safe, high quality, patient centred healthcare	
2837	Emergency and Specialist Medicine	There is a risk of delay in acting upon monitoring investigation results in patients with multiple sclerosis.	15	2	NEW	Safe, high quality, patient centred healthcare	
2769	Musculoskeletal and Specialist Surgery	There is a risk of cross infection of MRSA as a result of unscreened emergency patients being cared for in the same ward bays	15	5	↔	Workforce capacity and capability	
2549	Musculoskeletal and Specialist Surgery	There is a known risk of excessive waiting times in the departments of Orthodontics and Restorative Dentistry	15	3	↔	Safe, high quality, patient centred healthcare	
2673	Clinical Support and Imaging	Decommissioning of the cytogenetics laboratory service at UHL through the NHS England Review	15	10	↔	Safe, high quality, patient centred healthcare	
1157	Clinical Support and Imaging	Lack of planned maintenance for medical equipment maintained by Medical Physics	15	6	↔	Workforce capacity and capability	
2601	Women's and Children's	There is a risk of delay in gynaecology patient correspondence due to a backlog in typing	15	6	↔	Workforce capacity and capability	
2330	Medical Directorate	Risk of increased mortality due to ineffective implementation of best practice for identification and treatment of sepsis	15	6	↔	Safe, high quality, patient centred healthcare	
2402	Corporate Nursing	There is a risk that inappropriate decontamination practise may result in harm to patients and staff	15	3	↔	Safe, high quality, patient centred healthcare	
1551	Corporate Nursing	Failure to manage Category C documents on UHL Document Management system (Insite)	15	9	↔	IM&T services	
2774	Operations	Delay in sending outpatient letters following consultations is resulting in a significant risk to patient safety & experience.	15	6	↔	Workforce capacity and capability	

APPENDIX 4

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

PROGRESS AGAINST ANNUAL PRIORITIES 2016/17

STRATEGIC OBJECTIVE/ANNUAL PRIORITY	COMMENTS ON PROGRESS	Q1	Q2	Q3	Q4
Safe, high quality, patient centred care					
a) Reduce avoidable mortality and re-admissions through screening of deaths and use of the re-admissions toolkit.	Work programme underway – too early to evaluate impact.				
b) Reduce harm through core 7-day standards, new early warning system and observation processes and safer use of insulin.	Work programme underway – too early to evaluate impact.				
c) Improve patient experience through involving them in their care, better end of life planning and improvements in outpatients.	Work programme underway – too early to evaluate impact.				
d) Prepare effectively for the 2016 Care Quality Commission Inspection.	Thorough preparation and organisation of the inspection itself – both commended by the CQC.				
e) Develop a high quality in-house Estates and Facilities service.	Smooth transition to in-house model. Initial recruitment to vacancies and new posts underway.				
An excellent, integrated emergency care system					
a) Reduce ambulance handover delays in order to improve patient experience, care and safety.	Delays remain at substantially reduced level. NHSI performance management of this issue suspended. However, delays should be reduced further.				
b) Fully utilise ambulatory care to reduce emergency admissions and reduce length of stay (including ICS).	Length of stay has further reduced. Full set of AC pathways in place.				

STRATEGIC OBJECTIVE/ANNUAL PRIORITY	COMMENTS ON PROGRESS	Q1	Q2	Q3	Q4
c) Develop a clear understanding of demand and capacity to support sustainable service delivery and to inform plans for addressing any gaps.	Initial model populated and updated at end of Q1. Shows significant gap. Some plans to address but not sufficient as yet to fully address the gap.				
d) Diagnose and reduce delays in the in-patient process to increase effective capacity.	UHL Way exemplar programme underway. Need to ensure sufficient impact across medical wards.				
Services which consistently meet national access standards					
a) Maintain 18-week Referral to Treatment(RTT) and diagnostic access standard compliance.	Achieved throughout Q1, in compliance with STF “best endeavours” trajectory.				
b) Deliver all cancer access standards sustainably.	Not achieved in Q1. Should deliver in accordance with “best endeavours” trajectory (July/Sept)				
Integrated care in partnership with others					
a) Work with partners to deliver year 3 of the Better Care Together programme to ensure we continue to make progress towards the LLR vision (including formal consultation).	Focus in S1 on STP submission. Good progress including revision to capacity model and development of integrated care framework.				
b) Develop new and existing partnerships with a range of partners, including tertiary and local service providers to deliver a sustainable network of providers across the region.	Further progress with South-East Midlands Oncology Alliance.				
c) Progress the implementation of the East Midlands Pathology (EMPATH) strategic outline case.	Good progress with implementing new governance arrangements, IT case and staff engagement.				

STRATEGIC OBJECTIVE/ANNUAL PRIORITY	COMMENTS ON PROGRESS	Q1	Q2	Q3	Q4
An enhanced reputation in research, innovation and clinical education					
a) Deliver a successful bid for a Biomedical Research Centre.	Bid submitted on schedule.				
b) Support the development of the Genomic Medical Centre and Precision Medicine Institute.	UHL is slightly off trajectory and spread across specialties needs to be improved.				
c) Develop and exploit the OptiMeD project, scaling this up across the Trust.	Business case progressing.				
d) Improve the experience of our medical students to enhance their training and improve retention, and help to introduce the new University of Leicester Medical Curriculum.	LiA project continues.				
e) Develop and implement our Commercial Strategy to deliver innovation and growth across both clinical and non-clinical opportunities.	Specialist support being sourced. Need to ensure appropriate pace.				
f) Launch the Leicester Academy for the Study of Ageing (LASA)	Successful high-profile launch and appointment of Co-Directors.				
A caring, professional, passionate and engaged workforce					
a) Develop an integrated workforce strategy to deliver a flexible multi-skilled workforce that operates across traditional organisational boundaries and enhances internal sustainability.	Strategy continues to be developed. Thinking Day held.				
b) Deliver the Year 1 Implementation Plan for the UHL Way, ensuring an improved level of staff engagement and a consistent approach to change and improvement.	Better Teams and Better Engagement strands fully underway. Need to ensure that Better Change and Academy maintain momentum.				

STRATEGIC OBJECTIVE/ANNUAL PRIORITY	COMMENTS ON PROGRESS	Q1	Q2	Q3	Q4
c) Develop training for new and enhanced roles, i.e. Physician's Associates, Advanced Nurse Practitioners, Clinical Coders.	5 new Physician Associates starting July. Range of other roles in development.				
d) Deliver the recommendations of "Freedom to Speak Up" Review to further promote a more open and honest reporting culture.	Progressing to schedule.				
e) Developing a more inclusive and diverse workforce to better represent the communities we serve and to provide services that meet the needs of all patients.	Progressing to schedule. Targets for BME representation at more senior levels issued.				
A clinically sustainable configuration of services, operating from excellent facilities					
a) Complete and open Phase 1 of the new Emergency Floor.	Progressing to time and budget. Significant issues re manpower planning due to increased demand require resolution in Q2.				
b) Deliver our reconfiguration business cases for vascular and level 3 Intensive Care Unit (ICU) and dependent services.	Vascular builds progressing to schedule. ICU and related schemes delayed by lack of capital. This will likely impact timing of vascular move.				
c) Develop new models of care that will support the development of our services and our reconfiguration plans.	Work progressing but reviewing team structure to maximise effectiveness.				
d) Develop outline business cases for our integrated Children's Hospital, Women's Services and planned ambulatory care hub.	Progressing to revised plan (capital constraints)				
A financially sustainable NHS Trust					
a) Deliver our cost improvement programme target in full.	On track at M2				

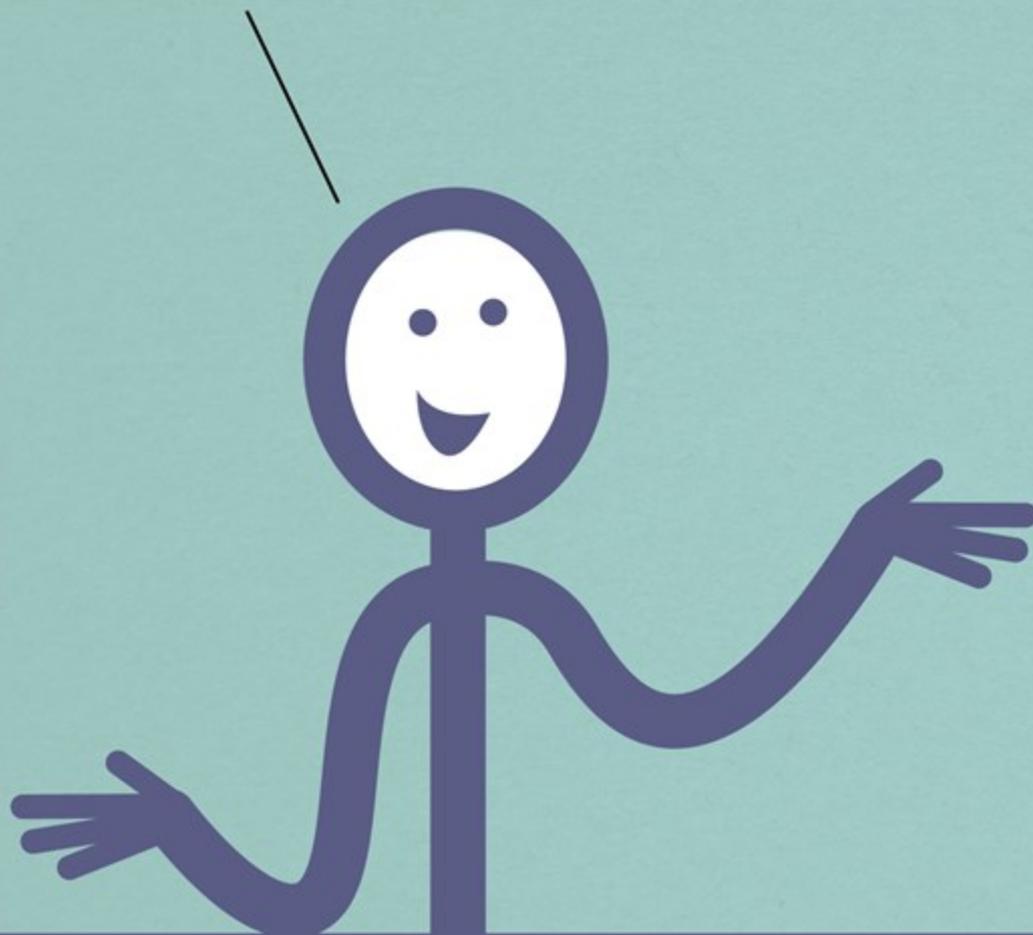
STRATEGIC OBJECTIVE/ANNUAL PRIORITY	COMMENTS ON PROGRESS	Q1	Q2	Q3	Q4
b) Reduce our deficit in line with our 5-Year Plan.	On track at M2	Green			
c) Reduce our agency spend to the national cash target.	Appeal re cap rejected so target is more challenging than expected.	Yellow			
d) Implement service line reporting through the programme of service reviews to ensure the ongoing viability of our clinical services.	Approach under review linked to models of care above.	Yellow			
e) Deliver operational productivity and efficiency improvements in line with the Carter Report.	Range of work in progress.	Green			
Enabled by excellent IM&T					
a) Improve access to and integration of our IT systems.	Large scale programme in progress. Improvements in user interface but some issues with delivery.	Yellow			
b) Conclude the Electronic Patient Record (EPR) business case and start implementation.	EPR case recommendation will go forward shortly but decision-making timescale unclear.	Red			

*'It's about our life, our health,
our care, our family and
our community'*



Better care together

Leicester, Leicestershire & Rutland health and social care



STP Footprint:

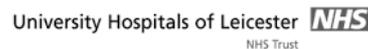
Leicester, Leicestershire & Rutland (No.15) June 2016 Update

Region: Midlands & East

Nominated Footprint Lead:
Toby Sanders, Chief Officer, NHS West
Leicestershire CCG

Presenter:
Sarah Prema, Director Strategy and
Implementation, Leicester City CCG

Organisations within footprint:



National context

44 STP footprints have been agreed

- Each will be convened by a local leader, backed by national bodies
- Footprints are not statutory boundaries – they are vehicles for collaboration
- Planning will still need take place at different levels - subsidiarity is a key principle

A good STP focuses on the big questions and early action

- Get going on some early actions rather than waiting for the plan to be complete
- As 'umbrella' plans, STPs can be a way of making sense of competing priorities
- Think about populations, not institutions or organisational form
- Spend time on identifying the practical opportunities and solutions, not endlessly debating the scale of the challenge

It won't be easy

- There will be technical challenges, e.g.
 - Cross-footprint flows and boundaries
 - Incentives that pull in different directions
- Non-technical challenges, e.g.
 - Building meaningful relationships
 - Freeing people to focus on the long-term
 - Moving quickly, whilst ensuring buy-in

This is an opportunity to build or strengthen relationships

- Across health, social care and local government – but also with patients, communities, staff and the voluntary sector
- STPs aren't all about writing the plan: building energy, relationships and collaborative leadership is even more important
- Trust and ownership is crucial for implementation

Key local STP messages

This is about:

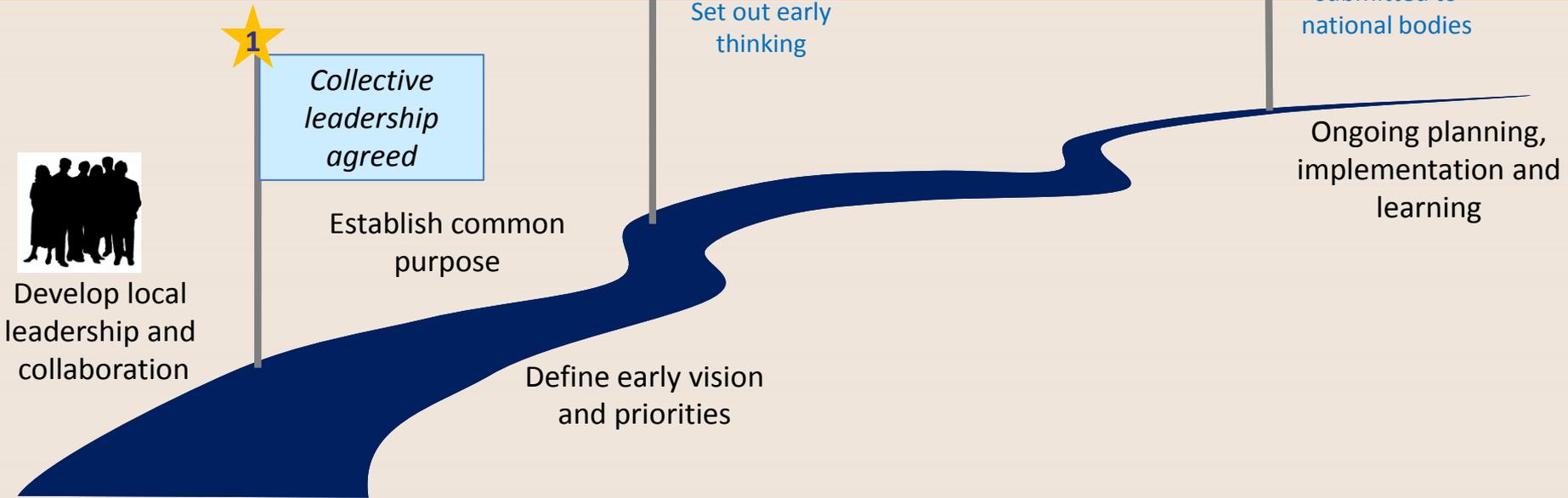
- The Triple Aim - Improving health and wellbeing, improving care and quality and improving productivity and closing the financial gap
- Building on LLR good starting position with BCT (plans, relationships and governance)
- Using STP process as vehicle for 'where next' (BCT 'Phase 2')
- Having an honest local conversation about those system issues where we either don't have a clear plan/proposition or where our current plans are not sufficient
- Looking at total health & care resource (CCG, specialised, LA)
- Identifying what is needed to give best prospect of making place based control total work by 2020.

It is not:

- A re-write of the last 2 years of BCT
- A checklist exercise
- Long on analysis and plan 'weight'
- A plan for every service/condition
- One size fits all solutions across LLR
- A supra-Health & Wellbeing Strategy for whole of LLR
- A collation of lowest common denominator solutions
- An attempt to 'answer' everything by end of June!



Overview of STP milestones





- During early April 2016 engagement took place with all partners to identify the key challenges that the STP should address – this resulted in 11 emerging priorities;
- Initial STP submission was made to NHS England on 15th April 2016 followed by a national meeting in May 2016;
- Feedback from NHS England was positive – expectation that the STP would simultaneously address the in-year challenge of delivering the 2016/17 position as well as putting in train the actions that will be needed to ensure a high quality financially sound health system by 2020/21. It needs to set out a tangible and detailed model of care, and set out an affordable capital strategy;
- BCT workstreams have refreshed their plans to identify what more can be done particularly in the later years of the plan – this has identified further savings;
- The bed reconfiguration work detailed in the Pre Consultation Business Case has been refreshed by UHL and LPT;
- The financial model has been rerun – this identifies a gap of £467m by 2020/21 if no action was taken – when the BCT workstream savings; provider CIPs and CCG QIPP are modelled in this leaves a gap of £158m - further opportunities identified, that need more scoping work, then bring the gap down to £18m – further work being done to close this gap.



What

- **Improving health outcomes and independence** – Long Term Conditions, Frail Older People, End of Life Care, Mental Health, Learning Disability and Prevention
- **Delivering care in the right place** - reconfiguration of acute and community hospital services, planned care, urgent and emergency care, maternity services
- **Making best use of resources** – reducing waits and delays, limited clinical value, reducing variation, prescribing, organisational functional integration (including CCGs and “LLR plc” back office), estate utilisation and consolidation, IT, Carter review

How

- **Integrated placed based teams** - integration of primary, community, acute and social care teams based around place
- **Ensuring resilience in primary care** – workforce, business model, service offer, premises and IT
- **System leadership** - creating the system conditions for quality improvement – LLR improvement methodology, culture and leadership (especially clinical leadership)



- During June 2016 further engagement with partners on the emerging scope of the STP will take place;
- The LLR Capacity Plan is being refreshed;
- Task and Finish Group to develop the STP for submission on 30th June 2016 – expectation that the plan will be no more than 30 pages;
- NHS England have confirmed that the June 2016 submission is an initial submission – however as LLR is seen as an area with mature plans there is an expectation that the submission will be a fuller more comprehensive submission which reflect progress to date;
- There is no expectation that formal sign off by Boards will be required for this submission;
- The Better Care Together Pre-Consultation Business Case will be refreshed to identify any changes to the consultation proposals that need to be made;
- It is anticipated that a final version of the STP will be required towards the end of the year but as a mature system we would be expected to drive forward.