

## Report by Acting Chief Executive – monthly update: December 2020

Authors: Rebecca Brown and Stephen Ward

Sponsor: Rebecca Brown

Trust Board paper E (revised)

### Purpose of report:

This paper is for:	Description	Select (X)
Decision	To formally receive a report and approve its recommendations OR a particular course of action	
Discussion	To discuss, in depth, a report noting its implications without formally approving a recommendation or action	X
Assurance	To assure the Board that systems and processes are in place, or to advise a gap along with treatment plan	
Noting	For noting without the need for discussion	

### Previous consideration:

Meeting	Date	Please clarify the purpose of the paper to that meeting using the categories above
CMG Board (specify which CMG)	N/A	
Executive Board	N/A	
Trust Board Committee	N/A	
Trust Board	N/A	

## Executive Summary

### Context

The Acting Chief Executive's monthly update report to the Trust Board for December 2020 is attached.

### Questions

Does the Trust Board have any questions or comments about our performance and plans on the matters set out in the report?

### Conclusion

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 the content of this month's report to the Board.

**For Reference:**

**This report relates to the following UHL quality and supporting priorities:**

**1. Quality priorities**

Safe, surgery and procedures	[Yes]
Safely and timely discharge	[Yes]
Improved Cancer pathways	[Yes]
Streamlined emergency care	[Yes]
Better care pathways	[Yes]
Ward accreditation	[Yes]

**2. Supporting priorities:**

People strategy implementation	[Yes]
Estate investment and reconfiguration	[Yes]
e-Hospital	[Yes]
More embedded research	[Yes]
Better corporate services	[Yes]
Quality strategy development	[Yes]

**3. Equality Impact Assessment and Patient and Public Involvement considerations:**

- What was the outcome of your Equality Impact Assessment (EIA)? N/A
- Briefly describe the Patient and Public Involvement (PPI) activities undertaken in relation to this report, or confirm that none were required – None Required.
- How did the outcome of the EIA influence your Patient and Public Involvement ? N/A
- If an EIA was not carried out, what was the rationale for this decision? On the basis that this is a monthly update report.

**4. Risk and Assurance****Risk Reference:**

Does this paper reference a risk event?	Select (X)	Risk Description:
<b>Strategic:</b> Does this link to a <i>Principal Risk</i> on the BAF?	X	ALL
<b>Organisational:</b> Does this link to an <i>Operational/Corporate Risk</i> on Datix Register	X	There are several risks which feature on the organisational risk register relating to matters covered in this paper.
<b>New Risk</b> identified in paper: What <i>type</i> and <i>description</i> ?	N/A	N/A
<b>None</b>		

5. Scheduled date for the **next paper** on this topic: January 2021 Trust Board
6. Executive Summaries should not exceed **5 sides** [My paper does comply]

## **UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**

**REPORT TO: TRUST BOARD**

**DATE: 3 DECEMBER 2020**

**REPORT BY: ACTING CHIEF EXECUTIVE**

**SUBJECT: MONTHLY UPDATE REPORT – DECEMBER 2020**

---

1. Introduction

1.1 My report this month is confined to a number of issues which I think it important to highlight to the Trust Board.

2. UHL response to COVID-19

2.1 I will report orally at the Trust Board meeting on the current position.

2.2 I would also like to put on record my sadness at the loss on 20<sup>th</sup> November 2020 to COVID-19 of Professor Anthony Gershlick, known as Tony, a Consultant Cardiologist at Glenfield Hospital and Professor of Interventional Cardiology at the University of Leicester.

2.3 Professor Gershlick had worked at UHL since May 1989. In December 2018, he formally began work for the University of Leicester, but continued working as an honorary Consultant at UHL.

2.4 The recipient of the inaugural British Cardiovascular Intervention Society (BCIS) Lifetime Achievement Career Award in 2017, Professor Gershlick had been involved in coronary intervention shortly after it was introduced in the UK. He undertook his first procedure in the mid-1980s and remained active clinically until he became unwell recently. He had been involved in practice-changing research conceiving, initiating and running four major National and International trials that have changed the way patients are treated. These have been incorporated into International Guidelines.

2.5 He was the UK lead for over 10 international trials and attracted more than £3 million of research funding from bodies such as The British Heart Foundation and National Institute for Health Research and the Medical Research Council (MRC).

2.6 Professor Gershlick had also run national courses for U.K. Interventional physicians in Leicester for many years designed to disseminate best practice and sat on multiple National Committees.

2.7 Tony was a much loved member of the team who will be missed greatly by everyone who knew him, our thoughts are with his family and I would like to offer our sincere condolences to them on behalf of everyone at the Trust.

### 3. Quality and Performance Dashboard – October 2020

3.1 The Quality and Performance Dashboard for October 2020 is appended to this report at **appendix 1**.

3.2 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.

3.3 The more comprehensive monthly Quality and Performance report has been reviewed as part of the deliberations of the November 2020 meetings of the People, Process and Performance Committee and Quality and Outcomes Committee, respectively. The [month 7 quality and performance report](#) is published on the Trust's website.

#### 3.4 **Good News**

- **Mortality** – the latest published SHMI (period July 2019 to June 2020) is 98, and remains within the expected range.
- **CAS alerts** - compliant.
- **MRSA** – 0 cases reported.
- **C DIFF** – 8 cases reported this month.
- **90% of Stay on a Stroke Unit** – threshold achieved with 82.9% reported in September.
- **VTE** – compliant at 98.0% in October.
- **Fractured neck of femurs operated 0-35hrs** – compliant at 72.5%
- **TIA (high risk patients)** – 66.3% reported in October
- **Cancelled operations OTD** –1.0% reported in October.
- **Cancer Two Week Wait** was 93.0% in September against a target of 93%.
- **Cancer Two Week Wait (Symptomatic Breast)** was 94.2% in September against a target of 93%.

#### 3.5 **Bad News**

- **Never Events** – 1 case reported.
- **UHL ED 4 hour performance** – 71.3% for October, system performance (including LLR UCCs) for October is 80.2%.
- **Ambulance Handover 60+ minutes (CAD)** – performance at 5.5%.
- **12 hour trolley wait** - 3 breaches reported.
- **Cancer 31 day treatment** was 89.2% in September against a target of 96%.
- **Cancer 62 day treatment** was 68.9% in September against a target of 85%.
- **Referral to treatment** – the number on the waiting list (now the primary performance measure) was above the target and 18 week performance was below the NHS Constitution standard at 58.2% at the end of October.
- **52+ weeks wait** – 4,538 breaches reported in October.
- **Diagnostic 6 week wait** was 30.6% against a target of 1%.

- **Patients not rebooked within 28 days following late cancellation of surgery – 22.**
- **Statutory and Mandatory Training** is at 88%.
- **Annual Appraisal** is at 83.8%.

#### 4. UHL Leadership Conference

- 4.1 UHL's seventh annual Leadership Conference took place on Friday, 6<sup>th</sup> November 2020 and was attended by approximately 350 leaders with 921 leaders invited. Consistent with previous years, leaders at Agenda for Chang Band 7 (Ward Manager level) and above (including Trust Board members) joined us at this event. The focus this year was on 'Becoming the Best' with key emphasis on our People Plan and quality and financial efficiencies. The conference also included a keynote speaker, Mike Chitty (NHS Leadership Academy/Realise Development), who offered leaders the opportunity for personal reflection and development on 'leading with compassion'.
- 4.2 I led the conference which was delivered virtually using MS Teams Live. The event was recorded to enable leaders unable to attend to watch 'on demand'. Event feedback received so far has been very positive and engagement on the day via MS Teams Live and Twitter was excellent. We have requested that evaluation feedback is submitted by Friday, 11 December (we have allowed longer than usual to feedback to enable colleagues that watch the event via recordings, to also comment) and we will subsequently summarise and report on this feedback.

#### 5. UHL BAME Conference

- 5.1 UHL's second BAME Conference took place on Thursday, 29<sup>th</sup> October 2020 and was attended by approximately 130 BAME network members with over 250 members invited. This event was a fantastic opportunity to showcase our achievements and successes along our Race Equality journey. We are proud that the event was branded as 'UHL BAME Voice – every voice counts' and during the event we launched our new 'Your Voice Reporting Line' dedicated to supporting BAME colleagues. During the event we also focused on our future plans and how we will sustain and build on our successes going forward, incorporating learning from the last twelve months and the impact of COVID-19 and global race equality movement. The conference also included a keynote speaker, Dr Habib Naqvi, the Director of NHS Race and Health Observatory, who shared insights on health inequalities within the UK population and progress with developing a diverse workforce.
- 5.2 The conference was led by Ballu Patel, Non-Executive Director and supported by our Chairman and myself. This event was delivered virtually using MS Teams Live and recorded to enable leaders and network members unable to attend to watch 'on demand'. This event was a huge success reflecting excellent feedback received from BAME network members, guests and engagement on the day via social media. The planning and organising of the event was led by Dr Biju Simon and his vice chairs, in consultation with our UHL BAME Voice Network members.

## 6. British Association for Parenteral Enteral Nutrition – Service Improvement and Innovation Award

- 6.1 The COVID-19 pandemic has required clinical teams across the United Kingdom to rapidly alter their working practices. Many Nutrition Support Teams (NSTs) had already been dealing with significant challenge due to the disruption to Home Parenteral Nutrition (HPN) Services. COVID-19 meant that many patients requiring HPN were now required to shield, acute hospital services were dealing with significant numbers of patients requiring critical care and respiratory support, and community teams and the care home sector were challenged in gaining access to specialist clinical support. NSTs across the United Kingdom had to rapidly adapt their clinical practice to ensure the highest standard of care for patients.
- 6.2 The British Association of Parenteral and Enteral Nutrition have established a set of awards to promote and celebrate the service improvement and innovations that have taken place across the country during the most challenging period in the history of the NHS, and I am pleased to report that the UHL Nutrition and Dietetic Service has been highly commended in the awards.
- 6.3 A copy of the UHL entry is attached at **appendix 2** to this report, for information.

## 7. EU Exit

- 7.1 The United Kingdom (UK) officially left the European Union (EU) at 11pm on 31<sup>st</sup> January 2020, at which point it entered a “transition period” whereby it can continue its current relationship with the EU while the future trading relationship and security cooperation can be agreed. If at the end of the transition period no deal has been reached on a future trading relationship, the UK will rely on World Trade Organisation terms and previous international conventions for security cooperation.
- 7.2 It is important that the health and social care system is prepared for any potential impacts which may arise as a result of no deal being reached at the end of the transition period.
- 7.3 To support local preparations for the end of the transition period, I am acting as the Trust’s Senior Responsible Officer (SRO). I am supported by an EU Exit Planning Group which has been meeting on a regular basis to review any guidance, assess risks, and to ensure appropriate mitigation arrangements are put in place before the end of the transition period. To ensure arrangements are joined up, the Trust has also been working closely with LLR partners to support system-wide preparations.
- 7.4 On 17<sup>th</sup> November, the Chief Commercial Officer for the Department of Health and Social Care wrote to the Trust with updates on:
- alternative routes procured for category 1 goods, which include health supplies. Companies and suppliers can now view these routes and have been strongly advised to register for these freight services;
  - support for trader readiness for the new customs and border processes;
  - working with suppliers and the supply chain on their contingency plans for buffer stocks of medical supplies; and
  - plans to prevent and manage shortages and minimise any risk to patients.






- 7.5 This guidance has been reviewed by the EU Exit Planning Group and all appropriate action has been taken.
- 7.6 Moving forward, the EU Exit Planning Group will meet with increased frequency in the lead up to the end of the transition period on 31<sup>st</sup> December 2020. This is in anticipation of daily reporting and the expectation that further guidance will be made available to support planning arrangements.
8. Compliance Certificate and Revised Enforcement Undertakings
- 8.1 I attach, as appendices 3 and 4 to this report:
- (a) a certificate of compliance issued by NHS Improvement, certifying that the Trust has complied with enforcement undertakings given previously in respect of quality; and
  - (b) revised enforcement undertakings issued by NHS Improvement which it is proposed that the Trust enter into covering operational performance, financial performance, funding conditions, spending approval and governance.
- 8.2 I will report orally on these matters at the Trust Board meeting and recommend the Board to authorise either myself or the Chairman to enter into the revised undertakings on behalf of the Trust.
9. Conclusion
- 9.1 The Trust Board is invited to consider and comment upon this report and the attached appendices.

Rebecca Brown  
Acting Chief Executive

1<sup>st</sup> December 2020

## Quality and Performance Report Board Summary October 2020

This dashboard uses icons to indicate if a process is showing special cause or common cause variation. It also indicates whether the process is able to meet any stated target. Here is a key to the icons

Icon	Description
	Special cause variation - cause for concern (indicator where high is a concern)
	Special cause variation - cause for concern (indicator where low is a concern)
	Common cause variation
	Special cause variation - improvement (indicator where high is good)
	Special cause variation - improvement (indicator where low is good)




These icons are used to indicate statistical variation. We have identified special cause variation based on three rules which are shown below. If none of the rules are present then the metric is showing common cause variation.

- An upwards or downwards trend in performance for seven or more consecutive months.
- Seven or more months above or below the average.
- One month or more outside the control limits .

**Green** indicates that the metric has passed the monthly or YTD target while **Red** indicates a failure to do so.

The trend shows performance for the most recent 13 months.

**Data Quality Assessment** – The Data Quality Forum panel is presented with an overview of data collection and processing for each performance indicator in order to gain assurance by best endeavours that it is of suitably high quality. The forum provides scrutiny and challenge on the quality of data presented, via the attributes of (i) Sign off and Validation (ii) Timeliness and Completeness (iii) Audit and Accuracy and (iv) Systems and Data Capture to calculate an assurance rating.

Icon	Description
	The system is expected to consistently fail the target
	The system is expected to consistently pass the target
	The system may achieve or fail the target subject to random variation

These icons are used to indicate if a target is likely to be achieved next month, has the potential to be achieved or is expected to fail.



# Quality and Performance Report Board Summary October 2020

Domain	KPI	Target	Aug-20	Sep-20	Oct-20	YTD	Assurance	Variation	Trend	Data Quality Assessment
Safe	Never events	0	1	0	1	4				Jan-20
	Overdue CAS alerts	0	0	0	0	0				Nov-19
	% of all adults VTE Risk Assessment on Admission	95%	98.3%	98.7%	98.0%	98.6%				Dec-19
	Emergency C-section rate	No Target	22.4%	18.5%	21.1%	20.2%				Feb-20
	Clostridium Difficile	108	3	10	8	47				Nov-17
	MRSA Total	0	0	0	0	0				Nov-17
	E. Coli Bacteraemias Acute	No Target	4	6	11	53				Jun-18
	MSSA Acute	No Target	4	3	4	19				Nov-17
	COVID-19 Community Acquired <= 2 days after admission	No Target	94.4%	79.7%	75.5%	78.6%				Oct-20
	COVID-19 Hospital-onset, indeterminate, 3-7 days after admission	No Target	2.8%	6.8%	12.1%	8.9%				Oct-20
	COVID-19 Hospital-onset, probable, 8-14 days after admission	No Target	0.0%	5.9%	6.7%	7.1%				Oct-20
	COVID-19 Hospital-onset, healthcare-acquired, 15 or more days after admission	No Target	2.8%	7.6%	5.7%	5.4%				Oct-20
	All falls reported per 1000 bed days	5.5	4.1	4.5		4.6				Oct-20
	Rate of Moderate harm and above Falls PSIs with finally approved status per 1,000 bed days	No Target	0.07	0.02		0.07				Oct-20

Domain	KPI	Target	Aug-20	Sep-20	Oct-20	YTD	Assurance	Variation	Trend	Data Quality Assessment	
Caring	Staff Survey Recommend for treatment	No Target	Reporting will commence once national reporting resumes								Aug-17
	Single Sex Breaches	0	National reporting commences in April 2021								Mar-20
	Inpatient and Daycase F&F Test % Positive	TBC	98%	98%	98%	98%					Mar-20
	A&E F&F Test % Positive	TBC	96%	93%	95%	95%					Mar-20
	Maternity F&F Test % Positive	TBC	96%	97%	98%	96%					Mar-20
	Outpatient F&F Test % Positive	TBC	94%	93%	94%	94%					Mar-20
	Complaints per 1,000 staff (WTE)	No Target	National reporting expected to resume from November onwards								Jan-20

Domain	KPI	Target	Aug-20	Sep-20	Oct-20	YTD	Assurance	Variation	Trend	Data Quality Assessment	
Well Led	Staff Survey % Recommend as Place to Work	No Target	Reporting will commence once national reporting resumes								Sep-17
	Turnover Rate	10%	8.9%	9.2%	9.3%	9.3%					Nov-19
	Sickness Absence	3%	5.4%	6.1%		6.9%					Oct-16
	% of Staff with Annual Appraisal	95%	74.7%	82.7%	83.8%	83.8%					Dec-16
	Statutory and Mandatory Training	95%	96%	84%	88%	88%					Feb-20
	Nursing Vacancies	No Target	11.2%	11.8%		11.8%					Dec-19

# Quality and Performance Report Board Summary October 2020

Domain	KPI	Target	Aug-20	Sep-20	Oct-20	YTD	Assurance	Variation	Trend	Data Quality Assessment
Effective	Mortality Published SHMI	99	97	97	98	98 (Jul 19 to Jun 20)				Sep-16
	Mortality 12 months HSMR	99	102	103	102	102 (Aug 19 to Jul 20)				Sep-16
	Crude Mortality Rate	No Target	1.1%	1.2%	1.2%	1.7%				Sep-16
	Emergency Readmissions within 30 Days	8.5%	9.7%	9.1%		9.7%				Sep-20
	Emergency Readmissions within 48 hours	No Target	1.4%	1.1%		1.2%				Sep-20
	No of #neck of femurs operated on 0-35hrs	72%	82.5%	74.2%	72.5%	63.8%				Sep-20
	Stroke - 90% Stay on a Stroke Unit	80%	89.6%	82.9%		86.4%				Mar-20
	Stroke TIA Clinic Within 24hrs	60%	79.9%	51.3%	66.3%	67.5%				Mar-20

Domain	KPI	Target	Aug-20	Sep-20	Oct-20	YTD	Assurance	Variation	Trend	Data Quality Assessment
Responsive	ED 4 hour waits UHL	95%	76.9%	70.2%	71.3%	77.0%				Mar-20
	ED 4 hour waits Acute Footprint	95%	84.2%	80.1%	80.2%	84.0%				Aug-17
	12 hour trolley waits in A&E	0	0	0	3	3				Mar-20
	Ambulance handover >60mins	0.0%	1.8%	6.5%	5.5%	2.5%				TBC
	RTT Incompletes	92%	48.7%	54.3%	58.2%	58.2%				Nov-19
	RTT Waiting 52+ Weeks	0	3137	3886	4538	4538				Nov-19
	Total Number of Incompletes	66,397 (by year end)	69,696	72,292	74,717	74,717				Nov-19
	6 Week Diagnostic Test Waiting Times	1.0%	32.1%	30.2%	30.6%	30.6%				Nov-19
	Cancelled Patients not offered <28 Days	0	2	10	22	141				Nov-19
	% Operations Cancelled OTD	1.0%	0.8%	0.8%	1.0%	0.8%				Jul-18
	Long Stay Patients (21+ days)	70	138	137	139	139				Sep-20
	Inpatient Average LOS	No Target	3.5	3.3	3.3	3.6				Sep-20
	Emergency Average LOS	No Target	4.6	4.9	4.8	4.8				Sep-20

Domain	KPI	Target	Jul-20	Aug-20	Sep-20	YTD	Assurance	Variation	Trend	Data Quality Assessment
Responsive - Cancer	2WW	93%	90.0%	89.4%	93.0%	90.0%				Dec-19
	2WW Breast	93%	97.7%	95.5%	94.2%	95.7%				Dec-19
	31 Day	96%	91.2%	91.9%	89.2%	90.9%				Dec-19
	31 Day Drugs	98%	100%	100%	98.8%	99.7%				Dec-19
	31 Day Sub Surgery	94%	68.9%	73.0%	68.0%	72.0%				Dec-19
	31 Day Radiotherapy	94%	100%	99.0%	96.4%	90.4%				Dec-19
	Cancer 62 Day	85%	71.8%	76.4%	68.9%	68.7%				Dec-19
	Cancer 62 Day Consultant Screening	90%	0.0%	25.0%	92.9%	45.5%				Dec-19

Domain	KPI	Target	Aug-20	Sep-20	Oct-20	YTD	Assurance	Variation	Trend	Data Quality Assessment
Outpatient Transformation	% DNA rate	No Target	6.2%	6.6%	6.7%	6.3%				Feb-20
	% Non Face to Face Appointments	No Target	51.6%	48.4%	45.3%	57.5%				Feb-20
	% 7 day turnaround of OP clinic letters	90%	85.1%	83.0%	86.5%	88.7%				Feb-20

## BAPEN COVID-19 Service Improvement & Innovation Awards Entry Form



Please tick this box if you **do not** want your entry to feature on the BAPEN Website and social media channels

### Author(s):

Angela Holohan  
Charlotte Rubio  
Melanie Baker

### Institution:

Leicester Intestinal Failure Team  
University Hospitals Of Leicester NHS Trust (UHL)

### Summary of the Service Improvement & Innovation:

The UHL Nutrition Specialist Nurses have challenged their pre COVID-19 working practice for adult Community Home Enteral Nutrition & Home Parenteral Nutrition Patients who would normally access Acute Hospital Services. Remodelling the service to undertake home assessments has

- Reduced Emergency Dept (ED) attendances
- Reduced hospital admissions
- Avoided outpatient appointments and allowed provision of care closer to home
- Improved patient experience
- Increased interaction/ teaching with Community Dietetic Enteral Nutrition Services (HENS) to prevent hospital attendance
- Whilst also maintaining teaching and development in an altered setting/ environment

Providing home assessments for patients referred for placement or removal of an enteral feeding tube has ensured assessment whilst reducing face to face clinics as these patients would have been routinely brought into the nurse led hospital clinic. Many of these patients have complex needs and require carers to accompany them and also require hospital transport. The change in practice has led to less physical and emotional upheaval for the patient and a reduced footfall in the hospital. In the short term this has been provided to protect from the spread of disease but in the long term the benefit of this change in service provides efficient and timely assessments and admission prevention.

For the HPN patients, home visits for assessing line complications and potential sepsis, blood tests and cultures, and general assessments have enabled appropriate referrals and direct admissions avoiding ED.

Traditionally in Leicestershire a patient needing a balloon gastrostomy tube change had to access the Nutrition Nurse via ED if the tube had been in for less than 4 months. The changes made because of COVID now enable the HEN service to directly refer to the nutrition nurse who will visit the patient in their own home for change of tube if it has been in for longer than 6 weeks. Additionally the nurse may intervene where a problem has not been resolved in the community. In these cases ED is avoided.

Buried bumper syndrome during COVID has been addressed by working closely with the HENS to teach and facilitate insertion of Jejunostomy extension tubes to allow continued enteral access whilst waiting for a replacement PEG (the reduced capacity in endoscopy due to the aerosol generating procedures has lengthened waiting times).

Face to Face Parenteral Nutrition Competency teaching has been reduced from a full day to a half day, with additional electronic resources, facilitating the full number of students to attend by running 2 sessions a day and adhering to social distancing rules.

**Challenges faced and how they were overcome:**

Change to working hours/ on call service – nurses offered flexibility to facilitate this.

Change in employment contract – support from team manager to facilitate this.

Reduced capacity for training – change in format to the taught study day to maintain capacity and quality.

Reduced capacity for endoscopy – Jejunostomy extension tubes for buried bumper until appointment available.

Unable to physically assess a patient due to cancelled face to face clinics - Video and telephone clinics used if appropriate with a follow up home visit if required for a full assessment.

Measuring the quality of the service – patient feedback questionnaires and comparison to ED attendance last year.

**Evaluation and Outcomes:**

Patient feedback survey shows positive outcomes and preference for a home visit over hospital attendance.

**Comments from patients**

***“As a result of your visit my PEG tube has been successfully changed”***

***“ So pleased to be treated at home instead of having to go into hospital”***

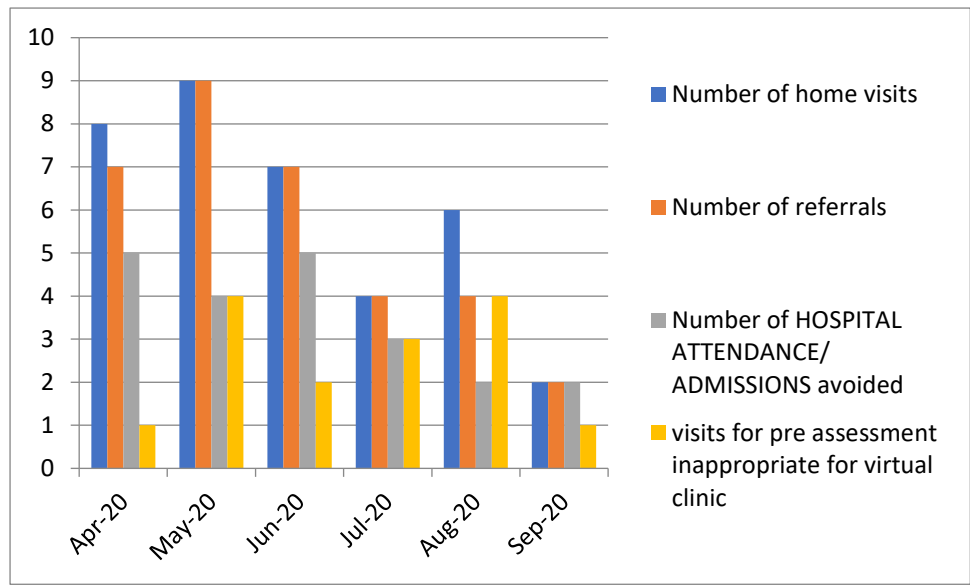
***“Advised me on the future care of my PEG”***

***The nurses made a difficult procedure easy”***

Patients attending acute hospital services for enteral tube complications reduced.

Adequate numbers of competency trained staff are still available within the nominated wards to deliver PN despite staff turnover and movement.

**Chart to show data collected from April 2020**



**Future Plans:**

Business case development for a fully integrated and funded joint Community and Acute Trust Service for Home Enterally Fed Patients.

Further pathway development for HPN patients with direct access routes to radiology and gastroenterology for urgent support.

Ongoing patient evaluation to shape services.



**COMPLIANCE CERTIFICATE**

**TRUST:**

University Hospitals of Leicester NHS  
Trust Headquarters  
Level 3, Balmoral  
Building Leicester  
Royal Infirmary,  
Infirmary Square,  
LE1 5WW

In this certificate, "NHS Improvement" means the National Health Service Trust Development Authority.

NHS Improvement hereby certifies that it is satisfied that the Trust has complied with paragraph 3.1 – 3.6 of the undertakings accepted from the Trust in January 2020.

**Signed:**

A handwritten signature in black ink, appearing to be 'A. H.' or similar.

**Position: Director of Strategy and Transformation (Central Midlands)**

**Date: 30 November 2020**

## **ANNEX 1 ENFORCEMENT UNDERTAKINGS**

### **NHS TRUST:**

University Hospitals of Leicester NHS Trust Headquarters  
Level 3,  
Balmoral Building  
Leicester Royal Infirmary,  
Infirmary Square  
LE1 5WW

### **DECISION:**

On the basis of the grounds set out below and pursuant to the powers exercisable by NHS Improvement under or by virtue of the National Health Service Act 2006 and the TDA Directions, NHS Improvement has decided to accept undertakings from the Trust.

### **DEFINITIONS:**

In this document:

“the conditions of the Licence” means the conditions of the licence issued by Monitor under Chapter 3 of Part 3 of the Health and Social Care Act 2012 in respect of which NHS Improvement has deemed it appropriate for NHS trusts to comply with equivalent conditions, pursuant to paragraph 6(c) of the TDA Directions;

“NHS Improvement” means the National Health Service Trust Development Authority;

“TDA Directions” means the National Health Service Trust Development Authority Directions and Revocations and the Revocation of the Imperial College Healthcare National Health Service Trust Directions 2016.

### **BACKGROUND**

On **30 November 2020** NHS Improvement issued a compliance certificate in relation to paragraph 3.1 3.6 of the undertakings accepted from the Trust in January 2020. Although the Trust has made some progress regarding quality of care since the undertakings were agreed in January 2020 the Trust was placed into Special Measures for Finance on **14 July 2020** due to continuing financial challenges. The Trust were notified in writing on **13 August 2020**.

Special Measures for Finance is a package of measures applied to particular NHS bodies as part of a reset of expectations of financial discipline and performance in

the NHS. Special Measures for Finance is designed to help NHS bodies facing the biggest financial challenges.

NHS Improvement is now taking further regulatory action in the form of accepting these undertakings due to continuing concerns relating to governance, operational performance and financial issues. They replace and supersede the January 2020 undertakings in relation to those undertakings where a certificate of compliance has not been issued, which cease to have effect from the date of these undertakings. This ensures that the undertakings which NHS Improvement has accepted and remain outstanding are set out in a single document and, where relevant, have been varied and updated.

## **GROUNDINGS:**

### **1. The Trust**

1.1. The Trust is an NHS trust whose facilities and establishments are situated in England.

## **BREACHES:**

### **2. Issues and need for action**

NHS Improvement has reasonable grounds to suspect that the Trust has provided and is providing health services for the purposes of the health service in England while failing to comply with the following conditions of the Licence: FT4(5)(a) to (h), and FT4(6)(a) to (f).

In particular:

#### Operational Performance

2.1 The Trust continues to fail to deliver the 4 Hour Access Standard despite targeted support and the benefit of a purpose built, state of the art Urgent Care facility.

2.2 The on-going poor performance regularly places UHL and the LLR System in the bottom 15 nationally for "All Type" 4 Hour Access Standard performance. Performance remains on average at 84.71%. The Trust has not delivered its 19/20 plan in Q1. And has not delivered against its 19/20 plan for Months 1-5.

#### Financial position

2.3 In 2017/18 the Trust reported a deficit of £36.7m and did not meet its control total deficit.



2.4 In 2018/19 the Trust reported a deficit of £54.8m and did not meet its plan or control total deficit.

2.5 The Trust entered 2019/20 with an agreed deficit plan of £48.7m excluding PSF. Monthly financial reporting continued to report a forecast outturn (FOT) in line with plan until month 9 when a £75.8m (excluding PSF) year to date deficit was reported. The Trust reported a year end deficit of £128.8m (excluding PSF), £80.1m worse than plan. This is still subject to final sign off by External Audit.

2.6 The underlying position as at 1 April 2020 has been calculated as a £119.4m deficit.

Need for action:

2.7 NHS Improvement believes that the action which the Trust has undertaken to take pursuant to these undertakings, is action required to secure that the failures to comply with the relevant requirements of the conditions of licence do not continue or recur.

Appropriateness of Undertakings

2.8 In considering the appropriateness of accepting, in this case the undertakings set out below, NHS Improvement has taken into account the matters set out in its Enforcement Guidance.

### **3. Undertakings**

NHS Improvement has agreed to accept, and the Trust has agreed to give the following undertakings:

Operational performance (Urgent and Emergency Care)

3.1. The Trust will take all reasonable steps in order to meet its projected operational performance and will take all reasonable steps to deliver an improvement in its compliance with the 4-hour A&E standard, in line with the agreed Trust recovery plan previously submitted to NHS Improvement. It is important to note that the COVID-19 pandemic adds complexity to achieving sustainable improvement in performance.

3.2. Via regular Escalation Meetings, the Trust will keep NHS Improvement updated about its Urgent and Emergency Care improvement plans and those of the wider system aimed at achieving compliance with the standard on a sustainable basis.

3.3. The Trust will continue to work with the Emergency Care Improvement Team and any other external support offerings as recommended by NHS

Improvement, to provide assistance in making recommendations for improvements and incorporate these into the Urgent and Emergency Care action plan to be submitted to NHS Improvement by the date and time agreed by NHS Improvement.

- 3.4. The Trust will ensure that the plans are co-produced with and endorsed by the Urgent and Emergency Care Cell as part of the STP System Leadership Team.
- 3.5. The Trust will keep the Urgent and Emergency Care plan and its delivery under review and provide appropriate assurance to its Board regarding progress towards meeting the requirements in paragraph 3.1, taking into account delivery against the LLR Health and Social Care Economy Winter Plan 2020/21.
- 3.6. The Trust will ensure there is appropriate, regular use and review of Emergency Department safety and quality metrics and appropriate, regular oversight of these metrics by the Trust Board

#### **4. Financial Performance**

4.1 While noting that the COVID-19 pandemic adds complexity to achieving sustainable improvement in performance, the Trust will ensure that robust financial recovery plans and governance arrangements are in place in 2020-21 to:

4.1.1 deliver its financial recovery plan, 2020-21 and planned CIP's, as set out in its financial plan to be agreed between the Trust and NHS Improvement;

4.1.2 minimise the revenue cash support requirement; and

4.1.3 recurrently reduce its I & E deficit run rate.

4.1 The Trust will ensure that a full assessment is completed on the impact of any efficiency schemes on quality and the Trust's underlying financial position.

4.2 The Trust will work constructively with Leicester, Leicestershire and Rutland STP partners to develop a longer-term plan in line with guidance issued by NHS England and NHS Improvement in June 2019 and NHS Improvement in June 2019. This long-term plan will demonstrate recurrent financial improvement as measured by I & E run-rate and planned financial outturn as agreed with NHS England and Improvement.

4.3 The Trust will develop a long-term financial model (LTFM) that aligns with the Leicester, Leicestershire, and Rutland STP's agreed long-term plan, the Trust's strategic direction and the STP's strategic and financial context. The Trust will agree the LTFM with its Board, system leads and partners and

share it with NHS England and NHS Improvement at a date agreed by the FID.

4.4 The Trust will take all reasonable steps to ensure that appropriate governance arrangements are in place to deliver its LTFM which will deliver an ambitious but realistic financial recovery and improvement in the underlying I & E run rate and its system's long-term plan.

4.5 The scope and detailed content of the LTFM will be as agreed with NHS Improvement and the FID but will include:

4.5.1 a robust recovery plan, quality-assured and agreed by the Trust's Board that will deliver an ambitious but realistic financial recovery and achieve an improvement in the I&E run rate during 2021/22, as set out in its financial plan to be agreed between the Trust and NHS Improvement

4.5.2 details of extra controls and other measures the Trust has already put in place since being put into Special Measures for Finance to immediately strengthen financial control. These may relate, for example, to staff pay costs, procurement, cash, delegated financial limits and programme management offices (PMOs.)

4.5.3 The Trust will take all reasonable steps to ensure that appropriate governance arrangements are in place to deliver its LTFM.

## **5. Funding conditions and spending approvals**

5.1 Where interim support financing or planned term support financing is provided by the Secretary of State for Health to the Trust under Schedule 5 to the National Health Service Act 2006, the Trust will comply with any terms and conditions which attach to the financing.

5.2 Where the Trust receives payments from the Sustainability and Transformation Fund, the Trust will comply with any terms or conditions which attach to the payments.

5.3 The Trust will comply with any spending approvals processes that are deemed necessary by NHS Improvement.

## **6. Governance**

6.1 The Trust will immediately and by a date to be agreed with NHS Improvement establish a Board Development Programme which will focus on improvement of the performance of the Trust's Board in the corporate governance domain. This will be monitored via the regular oversight meetings

and via the Trust's own Board.

6.2 The Trust will co-operate and work constructively with a "buddy" NHS Trust/Foundation Trust, to be appointed by NHS Improvement, which will assist the Trust in the area of corporate governance improvement and advise in the financial management and recovery domains

6.3 The Trust will co-operate and work with a Financial Improvement Director appointed by NHS Improvement to oversee and provide independent assurance to NHS Improvement on the Trust's actions to deliver its financial recovery.

6.4 The Trust will provide the Financial Improvement Director and their team with full access to the Trust's key personnel, meetings, resources and information during the Special Measures for Finance period.

6.5 The Trust will commission a review into the operation of the Finance Department at the Trust, having agreed the scope of this review with NHS Improvement.

## **7. Development and delivery of plans**

7.1 The Trust will ensure that the LTFM is developed and delivered in a robust and coherent manner which enables to Trust meet the requirements of the undertakings.

7.2 In meeting the requirements of the undertakings, the Trust will ensure that the Plans:

7.2.1 Form a single, coherent and comprehensive approach, as part of the wider STP plan, to addressing the challenges facing the Trust, together with the Trust's other key plans, including but not limited to the latest version of the Sustainability and Transformation Plan.

7.2.2 Describe how the Trust will assess progress, including the measures to be used; and

7.2.3 Are submitted by the deadlines agreed by NHS Improvement, for discussion and agreement with NHS Improvement and with full support from the system.

## **8. Programme Management**

The Trust will implement sufficient Programme management and governance arrangements to enable delivery of these undertakings.

8.1 Such Programme management and governance arrangements must enable the Board to:

8.1.1 obtain clear oversight over the process in delivering these undertakings; and

8.1.2 obtain an understanding of the risks to the successful achievement of the undertakings and ensure appropriate mitigation; and

8.1.3 hold individuals to account for the delivery of the undertakings.

## **9. Access**

9.1 The Trust will provide to NHS Improvement direct access to its advisors, Programme leads and the Trust Board members as needed in relation to the matters covered by these undertakings.

## **10. Meetings and reports**

The Trust will:

11.1 attend meetings or, if NHS Improvement stipulates, conference calls, at such times and places, and with such attendees, as may be required by NHS Improvement; and

11.2 Introduction of a formal, minuted, monthly oversight meeting chaired by the Regional Director which will review progress against recovery plans in finance, operational performance and governance. To ensure suitable system focus in these meetings, the STP Lead would be a formal member of the monthly Oversight Meeting as part of the NHSEI Regional Director's team of advisors.

11.3 The Trust will comply with any additional reporting or information requests made by NHS Improvement.

Any failure to comply with the above undertakings may result in the NHS Improvement taking further formal action. This could include giving directions to the Trust under section 8 of the National Health Service Act 2006 and paragraph 6 of the TDA Directions.

## **THE TRUST**

Signed (Chair or Chief Executive of the Trust)

Dated

## **NHS IMPROVEMENT**

Signed (of the Regional Support Group - Midlands)

Dated