

# CHIEF EXECUTIVE'S MONTHLY UPDATE REPORT – APRIL 2016

Author: Stephen Ward Sponsor: John Adler Date: Thursday 7 April 2016

Trust Board paper D

## Executive Summary

### Context

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

- (a) the Quality and Performance Dashboard for February 2016 attached at appendix 1 (the full month 11 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 BAF and 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 4 2015/16, 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 4 performance against the annual priorities 2015/16?
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

I would welcome the Board's input regarding the 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:

Organisational Risk Register  
Board Assurance Framework

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: May 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 APRIL 2016  
**REPORT BY:** CHIEF EXECUTIVE  
**SUBJECT:** MONTHLY UPDATE REPORT – APRIL 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 2015/16, and
  - (d) a range of other issues which I think it is important to highlight to the Trust Board.
- 1.2 I would welcome feedback on this report which will be taken into account in preparing further such reports for future meetings of the Trust Board.

### 2. Quality and Performance Dashboard – February 2016

- 2.1 The Quality and Performance Dashboard for February 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 11 quality and performance report](#) continues to be published on the Trust's website.

#### *Good News*

- 2.4 **Mortality** –the latest published SHMI (covering the period June 2014 to June 2015) has fallen to **95** – this compares to a peak of 105. **RTT** – the RTT incomplete target remains compliant, this is particularly good in the light the high level of cancelled operations due to emergency

pressures. **Diagnostics** performance is 1.8%, with compliance of the standard expected to be achieved at the 31<sup>st</sup> March. The **Cancer Two Week Wait** target was achieved in December for the first time this year and, although January performance dipped to 91.4%, we have delivered for February. **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. **MRSA** – remains at zero for the year. **Falls** performance continues to show a big improvement on last year. Although there was a seasonal increase in Norovirus in February, **C DIFF** remains within year to date trajectory. **Patient Satisfaction (FFT)** achieved the target of 97% for ED despite the pressures in the Emergency Department during the winter months (however, please note my comment in the bad news section regarding poor coverage).

### *Bad News*

- 2.5 **ED 4 hour performance** was 80.2% and the year to date performance has slipped to 87.8%. Contributing factors are set out in the Chief Operating Officer's report. **Ambulance Handover 60+ minutes**– showed a further improvement (despite ED pressures) but remains a serious issue – this is also examined in detail in the Chief Operating Officer's report. **Referral to Treatment 52+ week waits** - we continue to struggle to bring down these long waits, due to an inability to recruit additional Consultants or to find capacity at other providers. The NHS Trust Development Authority is now in the process of implementing an organised transfer of patients to other Providers but this may provide only a partial solution. **Cancelled operations** and **patients rebooked within 28 days** – continued to be non-compliant, predominantly due to increased emergency pressures. **Cancer Standards** - the 62 day backlog is showing signs of improvement with the latest backlog down to 61 (from a peak of 116 in January). **Fractured NOF** – target not achieved in February – this has now reverted to a persistent failure and detailed discussion on this under performance took place at the March 2016 meeting of the Quality Assurance Committee. That Committee will now review the position monthly until sustainable improvement is secured. **FFT coverage in the Emergency Department** continues to be poor – this has been escalated to the Head of Service and ED Matrons with plans in place to improve. **Pressure Ulcers** – after reporting 10 months of no avoidable **Grade 4** pressure ulcers, there was one reported in February. The case is subject to a serious incident review to be reported to the Nursing Executive Team. **Grade 2 and Grade 3 Pressure Ulcers** are within the monthly threshold. There was one **Single Sex Accommodation** breach during February.

### 3. Board Assurance Framework 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 full

Board Assurance Framework and the summary of extreme and high risks from the organisational risk register are attached [here](#) as background Board papers for information.

#### *Board Assurance Framework Dashboard*

- 3.2 The Trust Board is asked to note that in relation to principal risk 16 'Failure to deliver UHL's deficit control total in 2015/16', the Trust is still forecasting to achieve a year end deficit of £34.1m. This is being achieved through strict financial discipline on expenditure, a detailed review of provisions and a re-examination of technical accounting policies. There is very limited scope to further utilise these opportunities and the Trust is at risk should there be any significant non-forecast movements within March 2016. This progress is reflected in the Framework with the current risk score reducing from 15 to 12.

#### *Organisational Risk Register*

- 3.3 There are currently 50 risks open on the organisational risk register with a current risk rating of 15 and above (i.e. scoring high and extreme). One new high risk has been entered during the reporting period around the impact the delay in electronic document and records management (EDRM) implementation will have on the medicals records service. Mitigating actions are being monitored for full rollout of the EDRM to adult wards in order to treat this risk to its target risk rating (low). At its meeting on 24<sup>th</sup> March, the Integrated Finance, Performance and Investment Committee agreed to request the Chief Information Officer to report to a future meeting on EDRM implementation and will no doubt consider risk mitigation measures when considering the Chief Information Officer's report in due course.
- 3.4 There continues to be steady movement on the risk register with six risks increasing to a high rating, six risks reducing to a moderate rating and two risks closing in the reporting period.
- 3.5 Thematic analysis of risks scoring 15 and above on the risk register reveals the majority of risks continue to be caused by workforce capacity and capability with potential to impact on safety, quality and performance.

#### 4. Annual Priorities 2015/16 – Progress at the end of Quarter 4

- 4.1 As we conclude the financial year 2015/16, I have attached at **appendix 4** a high level assessment of performance in quarter 4 against our annual priorities for 2015/16, including a RAG rating.
- 4.2 Board members will see that, overall,
- We have fully achieved 27 priorities (green)
  - We have partially achieved 8 priorities (amber)
  - We have not achieved 9 priorities (red)

- 4.3 Analysing our performance by strategic objective theme, we made good progress in respect of quality, estates investment and reconfiguration (with the exception of ICU), financial sustainability, research and education, partnerships and workforce. We did not make the expected progress in the areas of emergency care, access, innovation and IM&T (the latter due to delays with the Electronic Patient Record business case approval).

5. Annual Operational Plan 2016/17

*NHS Trust Development Authority – Confirm and Challenge Feedback*

- 5.1 I reported orally at the Trust Board meeting on 3<sup>rd</sup> March 2016 on the outcome of the confirm and challenge meeting held with the NHS Trust Development Authority (TDA) on 29<sup>th</sup> February 2016. Subsequently, the TDA Director of Delivery and Development has provided written feedback on the Trust's plans and a copy of his letter dated 11<sup>th</sup> March 2016 is attached at **appendix 5**.

- 5.2 The most difficult issue is likely to be that of balancing demand and capacity, which is also the subject of detailed on-going work. This work will be presented to the Trust Board Thinking Day on 14<sup>th</sup> April and the definitive plan will then be reported to the Integrated Finance Performance and Investment Committee on 28<sup>th</sup> April. The highlights will be included in my report to the May Board.

*Annual Operational Plan 2016/17 – Final Version*

- 5.3 A report features elsewhere on the agenda for this meeting of the Board on the latest position in respect of the Trust's Annual Operational Plan 2016/17. We are required to submit our Plan 2016/17 to NHS Improvement by 11<sup>th</sup> April 2016 – but this will be an interim submission as, currently, contract negotiations continue. I anticipate that a final version of the Plan for 2016/17 will be submitted to the next public Board meeting on 5<sup>th</sup> May 2016, for approval.

6. Developing Sustainability and Transformation Plans to 2020/21

- 6.1 On 15<sup>th</sup> March 2016, NHS England confirmed details of the 'footprint' areas that will bring local health and care leaders, organisations and communities together to develop Sustainability and Transformation Plans, ie local blueprints for improved health, care and finances over the next five years, delivering the NHS Five Year Forward View.
- 6.2 Toby Sanders, Managing Director, West Leicestershire Clinical Commissioning Group will lead the development of the Leicester,

Leicestershire and Rutland (LLR) Sustainability and Transformation Plan, building on the LLR Better Care Together Programme.

6.3 National bodies have published guidance and templates to support areas in submitting information about their governance and priorities by 15<sup>th</sup> April, in advance of final submissions by the end of June 2016.

6.4 Further updates on this subject will be provided to the Trust Board in due course.

7. New Models of Care

7.1 The Leicester, Leicestershire and Rutland clinical leadership group and the Better Care Together Chief Officers are hosting an event focussing on new models of care on 6<sup>th</sup> April. The event is being held at the King Power Stadium and will be attended by Professor Chris Ham from the King's Fund, who will share what is happening nationally and internationally and act as a critical friend to the discussions.

7.2 I will report orally on this event at the Board meeting on 7<sup>th</sup> April.

8. Conclusion

8.1 The Trust Board is invited to consider and comment upon this report and the attached appendices.

John Adler  
Chief Executive

1<sup>st</sup> April 2016

## Quality & Performance

		YTD		Feb-16		Trend*	Compliant by?
		Plan	Actual	Plan	Actual		
<b>Safe</b>	S1: Clostridium Difficile	61	54	5	7	●	Mar-16
	S2A: MRSA (All)	0	0	0	0	●	
	S2B: MRSA (Avoidable)	0	0	0	0	●	
	S3: Never events	0	1	0	0	●	
	S4: Serious Incidents	N/A	45	N/A	6	●	
	S11: Falls per 1,000 bed days for patients > 65 years	<7.1	5.4	<7.1	4.8	●	
	S12: Avoidable Pressure Ulcers Grade 4	0	1	0	1	●	
	S13/14: Avoidable Pressure Ulcers Grade 2 & 3	168	110	14	10	●	
<b>Caring</b>	C1: Inpatient and Day Case friends & family - % positive	Q4 97%	97%	Q4 97%	96%	●	
	C2: A&E friends and family - % positive	Q4 97%	97%	Q4 97%	97%	●	
<b>Well Led</b>	W11: % of Staff with Annual Appraisal	95%	91.6%	95%	91.6%	●	Mar-16
	W12: Statutory and Mandatory Training	95%	92%	95%	92%	●	Mar-16
<b>Effective</b>	E1: Mortality Published SHMI (Jul 14 -Jun 15)	100	95	100	95	●	
	E9: 30 day readmissions (January)	<7%	8.9%	<7%	8.8%	●	Note 1
	E10: # Neck Femurs operated on 0-35hrs	72%	63.7%	72%	65.2%	●	Note 3
	E11: Stroke - 90% of Stay on a Stroke Unit (January )	80%	85.9%	80%	92.0%	●	
<b>Responsive</b>	R1: ED 4hr Waits UHL+UCC - Calendar Month	95%	87.8%	95%	80.2%	●	Mar-16
	R3: RTT waiting Times - Incompletes	92%	93.2%	92%	93.2%	●	
	R5: 6 week – Diagnostics Test Waiting Times	1%	1.8%	1%	1.8%	●	Mar-16
	R11: Operations cancelled (UHL + Alliance)	0.8%	1.0%	0.8%	1.1%	●	Apr-16
	R14: Delayed transfers of care	3.5%	1.3%	3.5%	1.8%	●	
	R16: % Ambulance Handover >60 Mins (CAD+)	TBC	13%	TBC	10%	●	Note 2
	R17: % Ambulance handover >30mins & <60mins (CAD+)	TBC	20%	TBC	13%	●	Note 2
	RC9: Cancer waiting 104+ days	0	17	0	17	●	
	RC1: 2 week wait - All Suspected Cancer	93%	89.9%	93%	91.4%	●	Feb-16
	RC3: 31 day target - All Cancers	96%	95.1%	96%	91.4%	●	May-16
RC7: 62 day target - All Cancers	85%	77.9%	85%	75.2%	●	Sep-16	

## Enablers

		Qtr1 15/16		Qtr2 15/16		Trend*	
		Plan	Actual	Plan	Actual		
<b>People</b>	W6: Staff recommend as a place to work	N/A	52.5%	N/A	55.7%	●	
	C6: Staff recommend as a place for treatment	N/A	68.7%	N/A	71.9%	●	

		YTD		Feb-16		Trend*	Forecast Outturn
		Plan	Actual	Plan	Actual		
<b>Finance</b>	Surplus/(deficit) £m	(34.8)	(35.6)	(2.9)	(2.1)	●	(34.1)
	Cashflow forecast (balance at end of month) £m	3.0	5.3	3.0	5.3	●	3.0
	CIP £m	40.0	39.1	3.7	3.9	●	43.1
	Capex £m	42.5	40.2	6.3	5.7	●	49.5

\*\* In month plan restated as part of September TDA plan resubmission

		YTD		Feb-16		Trend*	
		Plan	Actual	Plan	Actual		
<b>Estates &amp; facility mgt.</b>	Percentage of Cleaning Audits achieving the required standard	100%	N/A	100%	74%	●	May-16
	To present a more accurate reflection of standards this indicator includes scores solely from audits observed or commissioned directly by the Trust Facilities Team.						

\* 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.

Note 3 - # Neck of femurs operated on 0-35 hrs compliance date is to be confirmed following update of actions.

Please note: 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.



Board Assurance Dashboard:		February 2016							
Objective	Risk No.	Risk Description	Owner	Current Risk Rating	Target Risk Rating	Risk Movement	Reasonable Assurance Rating	Board Committee for Assurance	
								Comm	Date
Safe, high quality, patient centred healthcare	1	Lack of progress in implementing UHL Quality Commitment (QC).	CN	9	6	↔	G	EQB	
An effective and integrated emergency care system	2	Emergency attendance/ admissions increase	COO	25	6	↔	A	EPB	
Services which consistently meet national access standards	3	Failure to transfer elective activity to the community , develop referral pathways, and key changes to the cancer providers in the local health economy may adversely affect our ability to consistently meet national access standards	COO	16	6	↔	G	EPB	
Integrated care in partnership with others	4	Existing and new tertiary flows of patients not secured compromising UHL's future more specialised status.	DS	12	8	↔	A	ESB	
	5	Failure to deliver integrated care in partnership with others including failure to: Deliver the Better Care Together year 2 programme of work Participate in BCT formal public consultation with risk of challenge and judicial review Develop and formalise partnerships with a range of providers (tertiary and local services) Explore and pioneer new models of care. Failure to deliver integrated care.	DS	16	10	↔	R	ESB	
Enhanced delivery in research, innovation and clinical education	6	Failure to retain BRU status.	MD	9	6	↔	A	ESB	
	7	Clinical service pressures and too few trainers meeting GMC criteria may mean we fail to provide consistently high standards of medical education.	MD	12	4	↔	A	EWB	
	8	Insufficient engagement of clinical services, investment and governance may cause failure to deliver the Genomic Medicine Centre project at UHL	MD	16	6	↔	A	ESB	
A caring, professional and engaged workforce	10	Gaps in inclusive and effective leadership capacity and capability , lack of support for workforce well- being, and lack of effective team working across local teams may lead to deteriorating staff engagement and difficulties in recruiting and retaining medical and non-medical staff	DWOD	16	8	↔	G	EWB	
A clinically sustainable configuration of services, operating from excellent facilities	11	Insufficient estates infrastructure capacity and the lack of capacity of the Estates team may adversely affect major estate transformation programme	DS	20	10	↔	A	ESB	
	12	Limited capital envelope to deliver the reconfigured estate which is required to meet the Trust's revenue obligations	DS	20	8	↔	G	ESB	
	13	Lack of robust assurance in relation to statutory compliance of the estate	DS	16	8	↔	A	ESB	
	14	Failure to deliver clinically sustainable configuration of services	DS	16	8	↔	A	ESB	
A financially sustainable NHS Organisation	15	Failure to deliver the 2015/16 programme of services reviews, a key component of service-line management (SLM)	DS	9	6	↔	G	EPB	
	16	Failure to deliver UHL's deficit control total in 2015/16	CFO	12	10	↓	G	EPB	
	17	Failure to achieve a revised and approved 5 year financial strategy	CFO	15	10	↔	G	EPB	
Enabled by excellent IM&T	18	Delay to the approvals for the EPR programme	CIO	16	6	↔	A	EIM&T	
	19	Perception of IM&T delivery by IBM leads to a lack of confidence in the service	CIO	12	6	↔	G	EIM&T	

Risk ID	CMG	Organisational Risk Register as at 29th February 2016: 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	3	↔	Effective emergency care
2234	Emergency and Specialist Medicine	There is a medical staffing shortfall resulting in a risk of an understaffed Emergency Department impacting on patient care	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
2415	ITAPS	There is a risk of loss of ITU facilities at the LGH resulting in a lack of Consultant cover for the Service	12	2	↓ (20 - 12)	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
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
2787	Clinical Support and Imaging	Failure of medical records service delivery due to delay in electronic document and records management (EDRM) implementation	20	4	<b>NEW</b>	Workforce capacity and capability
2391	Women's and Children's	There is a risk of inadequate numbers of Junior Doctors to support the clinical services within Gynaecology & Obstetrics	12	8	↓ (20 - 12)	Workforce capacity and capability
2667	Women's and Children's	Emergency Buzzer & Call Bell not audible clearly on Delivery Suite which could result in MDT being delayed to an emergency	20	5	↔	Estates and Facilities services
2553	Women's and Children's	There is a risk of spread of infection due to inadequate levels of cleaning on the Neonatal Unit (NNU) at LRI.	20	6	↔	Estates and Facilities services
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	8	↔	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	↑ (12 - 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
2565	CHUGS	There is a risk of delays in patient treatment due to failure to deliver non admitted and admitted RTT targets	16	6	↑ (12 - 16)	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
2422	CHUGS	There is a risk nurse staffing levels on SAU LRI could adversely impact the quality of patient care delivered	<b>Closed</b>			Workforce capacity and capability
2617	RRCV	Shortfall in appropriately skilled nursing staff at Northampton's renal units	12	8	↓ (16 - 12)	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
2591	Emergency and Specialist Medicine	Risk of increased demand in diabetes outpatient foot clinic leading to overbooked clinics which over run	16	8	↔	Safe, high quality, patient centred healthcare
2466	Emergency and Specialist Medicine	There is a risk of Patient harm due to delays in timely review of results and Monitoring in Rheumatology	12	8	↓ (16 - 12)	Safe, high quality, patient centred healthcare
2388	Emergency and Specialist Medicine	There is risk of delivering a poor and potentially unsafe service to patients presenting in ED with mental health conditions	16	6	↔	Effective emergency care
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	↑ (12 - 16)	Safe, high quality, patient centred healthcare
2505	Musculoskeletal and Specialist Surgery	There is a risk of medical patients being outlied into the day surgical unit due to lack of beds within the trust.	16	6	↔	Estates and Facilities services
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	16	2	↑ (12 - 16)	Workforce capacity and capability
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	↑ (12 - 16)	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
607	Clinical Support and Imaging	Failure of UHL BT to fully comply with BCSH guidance and BSQR in relation to traceability and positive patient identification	16	4	↔	Regulatory standards.
1206	Clinical Support and Imaging	There is a risk that a backlog of unreported images in CT/MRI could result in a clinical incident	16	6	↔	Workforce capacity and capability
2654	Clinical Support and Imaging	There is a risk of failure of delivering Breast Histopathology Services due to unplanned Consultant Pathologist sickness absence	6	4	↓ (16 - 6)	Workforce capacity and capability
2487	Clinical Support and Imaging	Maintaining the quality of the Nuclear Medicine service for PET, Cardiac MPI and general diagnostics	16	6	↔	Workforce capacity and capability
2245	Clinical Support and Imaging	Staff vacancies and increased activity within the medical records departments is having an impact on service delivery	<b>Closed</b>			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
2384	Women's and Children's	There is an increased risk in the incidence of babies being born with HIE (moderate & severe) within UHL	16	8	↔	Safe, high quality, patient centred healthcare
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
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
2093	Medical Directorate	Athena Swan - potential Biomedical Research Unit funding issues.	16	4	↔	Reserch and Innovation
2318	EFMC	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
2772	RRCV	There is a risk that Nephrology Ultrasound equipment will fail with potential to impact patient safety and performance	12	5	↓ (15 - 12)	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	↑ (12 - 15)	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	1	↔	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
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
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

STRATEGIC OBJECTIVE/ANNUAL PRIORITY	COMMENTS ON PROGRESS	Q1	Q2	Q3	Q4
<b>Safe, high quality, patient centred healthcare</b>					
<ul style="list-style-type: none"> <li>Reduce UHL mortality rate (SHMI) to under 100 (Quality Commitment 1)</li> </ul>	Latest published SHMI (year to June 2015) shows a further reduction to 95.				
<ul style="list-style-type: none"> <li>Reduce patient harm events by 5% (Quality Commitment 2)</li> </ul>	Q3 report shows reduction in serious harm events well ahead of trajectory (254 vs 387).				
<ul style="list-style-type: none"> <li>Achieve a 97% Friends and Family test score (Quality Commitment 3)</li> </ul>	Year to date (to Feb 16) at 97% for both inpatients and ED.				
<ul style="list-style-type: none"> <li>Achieve an overall "Good" rating following CQC inspection</li> </ul>	Inspection will not now happen in 15/16. Preparation underway for inspection in June 2016.			N/A	N/A
<ul style="list-style-type: none"> <li>Develop a "UHL Way" of undertaking improvement programmes</li> </ul>	UHL Way development now complete. Launched January 16 and 2016/17 implementation plan in place.				
<ul style="list-style-type: none"> <li>Implement the new PPI Strategy</li> </ul>	Allocation of additional resources has meant that implementation plan is on track.				
<b>An effective and integrated emergency care system</b>					
<ul style="list-style-type: none"> <li>Reduce emergency admissions through more comprehensive use of ambulatory care</li> </ul>	Emergency admissions are 6% up YTD. However, ambulatory care portfolio now fully in place. Activity levels have compromised winter delivery.				
<ul style="list-style-type: none"> <li>Improve the resilience of the Clinical Decisions Unit at Glenfield Hospital</li> </ul>	EC improvement plan expanded to include detailed CDU and wider Glenfield actions. Successful pilot of GP led ambulatory care model completed.				
<ul style="list-style-type: none"> <li>Improve the resilience of the Emergency Department in the evening and overnight</li> </ul>	Performance has deteriorated, including overnight. Improvement actions have not brought expected benefits.				

<ul style="list-style-type: none"> <li>Reduce emergency medicine length of stay through better clinical and operational processes</li> </ul>	Evidence of continued improvements, particularly on MAU. LoS continued to decline in Q3.				
<ul style="list-style-type: none"> <li>Substantially reduce ED ambulance turnaround times</li> </ul>	Intensive focus has significantly reduced delays from November 2015 peak i.e. total hours lost reduced by 40% (Nov 15 vs Feb 16). However, UHL remains an outlier and delays are still too long.				
<b>Services which consistently meet national access standards</b>					
<ul style="list-style-type: none"> <li>Deliver the three 18 week RTT access standards</li> </ul>	Continued compliance being achieved.				
<ul style="list-style-type: none"> <li>Deliver the three key Cancer access standards</li> </ul>	Good progress on underlying issues and 2WW now compliant but progress on 62 days slower than expected. Will not be achieved by year end.				
<ul style="list-style-type: none"> <li>Deliver the diagnostics access standard</li> </ul>	Major in year issues in endoscopy have been rectified. On track to achieve at year end, or very close.				
<ul style="list-style-type: none"> <li>Implement tools and processes that allow us to improve our overall responsiveness through tactical planning</li> </ul>	Will not be delivered in 2015/16 as unaffordable.				

<b>Integrated care in partnership with others</b>					
<ul style="list-style-type: none"> <li>Deliver the Better Care Together year 2 programme of work</li> </ul>	Good progress on many aspects but transitional funding and workforce constraints likely to limit pace of implementation.				
<ul style="list-style-type: none"> <li>Participate in BCT formal public consultation</li> </ul>	Now delayed to 16/17.				
<ul style="list-style-type: none"> <li>Develop and formalise partnerships with a range of providers including tertiary and local services (e.g. with Northamptonshire)</li> </ul>	Good progress with a variety of partnerships, including Northamptonshire and Nottingham. Vanguard bid unsuccessful. Recent success with Lincolnshire.				
<ul style="list-style-type: none"> <li>Explore new models and partnerships to deliver integrated care</li> </ul>	Frail elderly project has reported but now taken forward. Growing consensus about need for greater integration and should make progress in early 16/17.				
<b>Enhanced delivery in research, innovation and clinical education</b>					
<ul style="list-style-type: none"> <li>Develop a robust quality assurance process for medical education</li> </ul>	Very positive report from latest HEEM inspection, with exception of cardiology. QA structure specifically praised.				
<ul style="list-style-type: none"> <li>Further develop relationships with academic partners</li> </ul>	Developing relationships with all three local universities, assisted by new senior liaison role. Recent successful meeting with UoL resulted in several key agreements. Precision Medicine Institute approved.				
<ul style="list-style-type: none"> <li>Deliver the Genomic Medicine Centre project</li> </ul>	Some issues with initial take on rate. Only just meeting revised trajectory so position fragile.				
<ul style="list-style-type: none"> <li>Comply with key NIHR and CRN metrics</li> </ul>	Ahead of target in key metrics. Positive reviews from NIHR.				
<ul style="list-style-type: none"> <li>Prepare for Biomedical Research Unit re-bidding</li> </ul>	Bidding framework issued. Response approach agreed and bids being drafted. Making good progress.				

<ul style="list-style-type: none"> <li>Develop a Commercial Strategy to encourage innovation within UHL</li> </ul>	Little tangible progress in 2015/16 due to competing priorities – will require greater focus in 16/17				
<b>A caring, professional and engaged workforce</b>					
<ul style="list-style-type: none"> <li>Accelerate the roll out of Listening into Action</li> </ul>	Detailed plans in place and proceeding to schedule. Links to UHL Way clarified.				
<ul style="list-style-type: none"> <li>Take Trust-wide action to remove “things that get in the way”</li> </ul>	Successful IM&T LiA event held and comprehensive action plan developed. 5 Year Plan events have identified new set of frustrations. Actions in place and monthly feedback.				
<ul style="list-style-type: none"> <li>Embed a stronger more engaged leadership culture</li> </ul>	Action plan on track. Contribution to UHL Way now identified and plan developed.				
<ul style="list-style-type: none"> <li>Develop and implement a Medical Workforce Strategy</li> </ul>	Progressing to schedule.				
<ul style="list-style-type: none"> <li>Implement new actions to respond to the equality and diversity agenda including compliance with the new Race Equality Standard</li> </ul>	Actions in place and new Task and Finish Group established with external input. TFG has reported to Board and implementation underway.				
<ul style="list-style-type: none"> <li>Ensure compliance with new national whistleblowing policies</li> </ul>	Necessary actions in place. However, responsibilities are split; needs rationalization to maintain momentum.				
<b>A clinically sustainable configuration of services, operating from excellent facilities</b>					
<ul style="list-style-type: none"> <li>Develop Site Development Control Plans for all 3 sites</li> </ul>	On track.				
<ul style="list-style-type: none"> <li>Improve ITU capacity issues including transfer of Level 3 beds from LGH</li> </ul>	Implementation delayed by shortage of capital and clash with operational capacity requirements.				

<ul style="list-style-type: none"> <li>Commence Phase 1 construction of the Emergency Floor</li> </ul>	FBC and funding approved and construction well underway. Revised timeline to March 2017 due to funding delay.				
<ul style="list-style-type: none"> <li>Complete vascular full business case</li> </ul>	Full Business Case approved by Trust Board. Progressing with works but at slower pace due to funding constraints. Transfer date may be impacted by ICU delay.				
<ul style="list-style-type: none"> <li>Deliver outline business cases for <ul style="list-style-type: none"> <li>Planned Treatment Centre</li> <li>Maternity</li> <li>Children's Hospital</li> <li>Theatres</li> <li>Beds</li> </ul> </li> </ul>	Progressing satisfactorily although timing will be affected by availability of capital.				
<ul style="list-style-type: none"> <li>Develop a major charitable appeal to enhance the investment programme</li> </ul>	Feasibility study commissioned and has reported.				
<ul style="list-style-type: none"> <li>Deliver key operational estates developments: <ul style="list-style-type: none"> <li>Construction of the multi-storey car park</li> <li>infrastructure improvements at LRI at and GH</li> </ul> </li> <li>Phase 1 refurbishment of wards and theatres</li> </ul>	MSCP construction complete. Other schemes in progress or complete although pace slowed by capital constraints in year.				
<b>A financially sustainable NHS organisation</b>					
<ul style="list-style-type: none"> <li>Deliver the agreed 2015/16 I&amp;E control total - £36m deficit</li> </ul>	M11 results indicate closing of gap to plan. Good prospect of achieving stretch target.				
<ul style="list-style-type: none"> <li>Fully achieve the Trust's £41m CIP target for 2015/16</li> </ul>	Good progress in identifying full programme. Slightly off track but should deliver.				
<ul style="list-style-type: none"> <li>Revise and sign off by Trust Board and TDA of the Trust's 5 year financial strategy</li> </ul>	Strategy timeline may be compromised by capital constraints. Scenarios being developed and discussions continuing.				

<ul style="list-style-type: none"> <li>Continue the programme of service reviews to ensure their viability</li> </ul>	On track and evaluation recently completed. Now better integrated with wider work.				
<b>Enabled by excellent IM&amp;T</b>					
<ul style="list-style-type: none"> <li>Prepare for delivery of the Electronic Patient Record in 2016/17</li> </ul>	Change in approval process and shortage of capital. Recent further delays in approval process. Escalation has not yet produced further progress.				
<ul style="list-style-type: none"> <li>Ensure that we have a robust IM&amp;T infrastructure to deliver the required enablement</li> </ul>	Good progress being made.				
<ul style="list-style-type: none"> <li>Review IBM support to ensure that we have the right resources in place to enable IM&amp;T excellence</li> </ul>	Contract performing well overall but some material failures in specific areas. LiA event indicates user issues which need addressing to provide suitable environment for EPR and improve user satisfaction. Action plan in place. Will need continued pursuit in 16/17.				



John Adler  
Chief Executive  
Trust Headquarters  
University Hospitals of Leicester NHS Trust

Tel: 01332 888161  
email: [dale.bywater@nhs.net](mailto:dale.bywater@nhs.net)  
[info@nhs.net](mailto:info@nhs.net)  
[www.ntda.nhs.co.uk](http://www.ntda.nhs.co.uk)

11<sup>th</sup> March 2016

Dear John

### **Trust Operational Plans 2016/17 – Confirm and Challenge Feedback**

Thank you to you and your team for attending the Operational Plan review meeting on 29 February 2016. The meeting was arranged in order that the TDA could;

- i. seek additional assurance that the Trust's plan is credible and ambitious and aims to deliver an improved financial position compared to 2015/16, drive up core standards in line with your sustainability and transformation trajectories and improve the quality of services
- ii. understand any issues which may affect contract signature
- iii. ensure that the Trust is fully prepared to implement and deliver its plan for next year and specifically for Quarter 1

We identified a number of actions and points to note within the meeting and have captured these below.

### **Feedback**

#### **Overview**

You outlined the key issues regarding the planning context for 2016/17 this included; a clear set of priorities for quality, strategy and workforce, your operational performance plans and a financial plan showing a control total deficit position of £8.3m after £23.4m Sustainability and Transformation Funding (STF).

#### **Quality Priorities**

You shared your draft 2016/17 quality commitment and preparation for your CQC visit in June 2016. You commented that the "state of emergency care" during the visit remains a high risk. I concur with your view and consider the emergency pathway including ambulance turnaround times to be the most significant, known risk to the organisation at present. You assured me that any outstanding actions from your previous CQC inspection will be addressed in advance of the forthcoming visit and that your team is taking a range of actions including; learning from NUH, mock inspections of all areas and completing a well-led self-assessment to ensure you are as well prepared as you can be.

#### **Strategic context**

You identified a number of business cases in progress which will impact on the structural changes required to meet both service needs and your longer term financial sustainability. You asked for guidance in terms of the availability of capital in 2016/17.

Jill confirmed that there is a proportion of the STF that is yet to be allocated and may become available for capital schemes but this remains unclear until operational plans have been finalised. In addition, Jill recommended that UHL could be well placed to be a priority for capital funding if you commit to achieve the 2016/17 position in your revised 5 year plan (presented to your Trust Board on 4<sup>th</sup> June 2015) of £29.9m.

You expressed your concern with the lack of pace in terms of approving the EPR business case, you acknowledged the support given by Lee Outhwaite and requested a rapid response to confirm next steps. I have committed to progress this at pace.

### **Workforce**

You spoke about the importance of building on Listening into Action to implement the UHL way of improvement and engagement. I reiterated the need for you to maintain grip on your reduction in agency spend, I was concerned that the amount you had spent had doubled when compared to YTD 2015/16. Your team agreed to investigate this. You summarised the position in relation to the repatriation of Interserve staff. There will be no adverse impact in 2015/16 but recognise there will be a need for investment in 2016/17 particularly in light of your forthcoming CQC visit.

### **Performance**

Your first cut STF trajectory submission shows that you do not expect to achieve 95% for A&E in any month in 2016/17. I accept you have made improvement from what was; a terrible position and that using the data you supplied in your presentation it would suggest long delays have reduced in December and January despite activity levels remaining high. You confirmed your “wicked issue” remains getting a grip of demand and capacity. You have a revised RAP in place with an increased focus on internal actions. Richard confirmed your current modelling suggests a 120 bed gap across all 3 sites. There are a number of actions to reduce this gap including increased use of ambulatory care pathways and the transfer of some elective activity to Loughborough. You committed to having a balanced demand and capacity plan for 2016/17. I would like to reiterate my message from your confirm and challenge session last year, in that I believe that as a Trust, you have the ability to meet the National A&E standards and this should not be an unrealistic goal.

Your trajectories show that you will remain compliant for both the RTT incomplete and diagnostic standard throughout 2016/17. I am pleased with the progress the Trust has made in respect of both of these targets. The volume of patients you have waiting 52+ weeks remains a significant risk to the Trust and continues to attract national attention from the secretary of state. I am confident that the current programme of work you are undertaking with TDA and NHSE support will deliver a steady reduction in the volume of 52+ week patients.

Cancer performance for 62-day shows compliance in September 2016, this has slipped a number of times over the last 12 months and whilst I recognise there are a variety of reasons for this I believe you can improve your 62-day performance by June 2016 and therefore we agreed that the Trust would continue with the ambition to deliver this.

### **Finance**

The Trust will deliver the planned deficit position for 2015/16 of £34.1m. This includes Cost Improvement Programme (CIP) delivery of £40.3m against a £40.2m CIP plan.

The Trust has submitted a 2016/17 plan which provides a £8.3m deficit. This is the control total you have accepted with the support of £23.4m of STF. Your underlying deficit plan of £31.7m does not align to year three of your revised five year plan where you expected 2016/17 to be in a deficit position of £29.9m. I would encourage you, prior to your next submission to consider what actions would be required to deliver a deficit position of £6.5m which would require an underlying deficit of £29.9m.

## Summary and Agreed Actions

From the updates you provided at the meeting it is clear that the plan has developed since the initial submission, but now requires further work to provide greater assurance for the year ahead.

### Key actions

1. Continue at pace with your CQC preparedness. Updates will be expected via regular contact with Amanda Callow, Head of Quality and at your monthly IDM meetings.
2. Deliver an underlying deficit position of £29.9m in line with your revised five year plan submitted June 2015 resulting in a stretch control total (after STF funding) of £6.5m
3. Trust to keep TDA business consultant informed of 2016/17 contract negotiations; in particular the activity capacity and demand assumptions which impact on both operational and financial performance with a c£53m increase in income.
4. Share your plans to continue to reduce agency spend across the full range of professions.
5. Explore what actions are required to bring the 62-day Cancer performance improvement trajectory forward to June and agree a realistic trajectory for A&E improvement.

The TDA will continue to work with you to support your 2016/17 strategic and operational plans in line with the national milestones outlined in the TDA planning guidance

Thank you again for the time you set aside to attend this meeting and hopefully the points raised above are clear and will support the submission of a more robust plan.

However, if you wish to discuss the above or any related issues further, please contact either your Portfolio Director or your Delivery and Development Manager in the first instance.

Yours sincerely



### **Dale Bywater**

Director of Delivery & Development

cc: Jeff Worrall, Portfolio Director, TDA  
Maggie Boyd, Quality Director, TDA  
Jill Robinson, Business Director, TDA  
Siobhan Heafield, Regional Nurse, TDA