

# CHIEF EXECUTIVE'S MONTHLY UPDATE REPORT – JANUARY 2016

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Trust Board paper D

## Executive Summary

### Context

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

- (a) the Quality and Performance Dashboard for November 2015 attached at appendix 1 (the full month 8 quality and performance report is available on the Trust's public website and is hyperlinked within this report);
- (b) the new template Board Assurance Framework (BAF) dashboard and the extreme and high risks dashboard attached at appendices 2 and 3 respectively. The full BAF and risk register entries are available on the Trust's public website and are hyperlinked within this report;
- (c) a letter summarising the Trust's Quarter 2 Review Meeting with the NHS Trust Development Authority attached at appendix 4 and
- (d) a report on quarter 3 progress against the Trust's Annual Priorities 2015/16 attached at appendix 5.

### 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 progress against the annual priorities 2015/16?
- 3. Is the Trust Board happy with the reporting of the Board Assurance Framework.

### 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	[Not applicable]
Board Assurance Framework	[Not applicable]

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: February 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 not comply]

## UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

**REPORT TO: TRUST BOARD**

**DATE: 7 JANUARY 2016**

**REPORT BY: CHIEF EXECUTIVE**

**SUBJECT: MONTHLY UPDATE REPORT – JANUARY 2016**

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### 1. Introduction

- 1.1 My monthly update report this month focuses on:-
- (a) a range of issues which I think are important to highlight to the Trust Board;
  - (b) the Board Quality and Performance Dashboard, attached at appendix 1;
  - (c) key issues relating to our annual priorities 2015/16; and
  - (d) the Board Assurance Framework Dashboard and Organisational Risk Register Dashboard, attached at appendices 2 and 3, respectively.
- 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. Care Quality Commission: Regulatory Action

- 2.1 I note here that the Care Quality Commission (CQC) has taken formal regulatory action against the Trust following their unannounced inspection of the Emergency Department on 30<sup>th</sup> November 2015. A separate report on this important issue features elsewhere on the agenda for this Board meeting which sets out details of the actions taken in response to the CQC findings; and which comments also on the Risk Summit held on 18<sup>th</sup> December 2015.

### 3. Quality and Performance Dashboard – November 2015

- 3.1 The Quality and Performance Dashboard for November 2015 is appended to this report **as 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 continues to be reviewed in depth at meetings of the Integrated Finance, Performance and Investment Committee and Quality

Assurance Committee, respectively. The [month 8 quality and performance report](#) continues to be published on the Trust's website.

#### *Good News*

- 3.4 **RTT** - The RTT incomplete target remains compliant. This is particularly good in the light of rising referrals. The NHS has failed this target as a whole which makes our compliance increasingly rare. **DTOC** - Delayed transfers of care continue to remain well within the tolerance which reflects the good work that continues across the system in this area. **MRSA** - remains at zero for the year. **Annual appraisals rates** – continue to improve for the third month in a row. **C DIFF** – within monthly and year to date trajectories. This continues to be closely monitored in respect of antibiotic prescribing controls and cleaning standards. **Pressure Ulcers** - there were zero avoidable **Grade 4** pressure ulcers reported for the eighth consecutive month. **Fractured Neck Of Femur** – performance much improved at 72.5% after the dip in performance last month.

#### *Bad News*

- 3.5 **ED 4 hour performance-** was 81.7% which for now the fourth month in a row was worse than the corresponding month the year before. 2015/16 performance has slipped to 90.0% year to date. This continues to be primarily driven by record ED attendances and emergency admissions but has also been contributed to by staffing issues. Further detail is in the Chief Operating Officer's emergency care report. **Referral to Treatment 52+ week waits.** We are struggling to bring down these long waits due to an inability to recruit additional Consultants or to find capacity at other Providers. This is an issue of national significance due to the numbers involved. **Diagnostics** - There has been a slight improvement in month with performance estimated at 6.5%. This is behind the planned recovery trajectory. **Cancelled operations** and **patients rebooked within 28 days** - were both non-compliant, predominantly due to increased adult and children emergencies cancelling last minute cancellations. **Cancer Standards** the 62 day backlog remains high. A Remedial Action Plan has been submitted to Commissioners with a revised compliance date of June 2016, although we are aiming for March 2016. **Ambulance Handover** – again a very challenging month for Ambulance handovers, directly linked to the emergency demand referenced above. This remains a serious risk in the system.
4. Quarter 2 Review Meeting with the NHS Trust Development Authority (TDA)
- 4.1 The Chairman, a number of Executive Directors and I met with the NHS TDA on 11<sup>th</sup> November 2015 to review the quarter 2 position and progress in delivering our 2015/16 plan.

- 4.2 A copy of the letter dated 20<sup>th</sup> November 2015 summarising the meeting from Mr D Bywater, Director of Delivery and Development, NHS TDA **is attached at appendix 4.**
- 4.3 I will report orally at the Board meeting on 7<sup>th</sup> January 2016 on our response to the 7 action points which feature at the end of the TDA letter.
5. Annual Priorities 2015/16 – Progress at the end of Quarter 3
- 5.1 As we complete the third quarter of the financial year, **I have attached as appendix 5** a high-level assessment against our annual priorities for 2015/16, including a RAG rating, which relates to the likelihood of successfully achieving each priority by the year end (or before, if scheduled for earlier completion).
- 5.2 Board members will see that, overall, there has been mixed progress in Q3, with some areas improving whilst others deteriorated; the latter are largely connected with in-year capital constraints. I will comment verbally on these trends at the meeting.
6. Delivering the Forward view : NHS Shared Planning Guidance 2016/17 – 2020/21
- 6.1 On 22<sup>nd</sup> December 2015, the NHS Shared Planning Guidance 2016/17 – 2020/21 was published by NHS England, the NHS Trust Development Authority, Monitor, the Care Quality Commission, Health Education England, Public Health England and the National Institute for Care and Health Excellence. It includes the national priorities for 2016/17, agreed by all national health and care bodies, plus the business rules that will support delivery.
- 6.2 A copy of the Planning Guidance can be accessed via the NHS England website at [www.england.nhs.uk](http://www.england.nhs.uk)
- 6.3 I have circulated separately to the Board the ‘on the day briefing’ note prepared by NHS Providers which helpfully summarises the guidance and comments also on the accompanying financial settlement.
- 6.4 Further information on the planning framework features elsewhere in the agenda for this Board meeting as part of the Director of Strategy’s paper on our proposed annual priorities for 2016/17.
- 6.5 I will comment verbally on the new guidance at the meeting.

## 7. Update on Capped Rates for Agency Staff

7.1 I reported to the Trust Board on 3<sup>rd</sup> December 2015 on the introduction by Monitor and the NHS Trust Development Authority of caps on the hourly rates paid for all agency staff with effect from noon on 23<sup>rd</sup> November 2015.

7.2 The Executive Workforce Board considered the latest position at its meeting on 22<sup>nd</sup> December 2015. Key headlines are as follows:-

- (a) currently, some 300 – 400 shifts per day are in practice booked through agencies;
- (b) East Midlands NHS Human Resources and Workforce Directors are pursuing a 'consortium' approach to managing the agencies within the price caps, complemented in the interim with local negotiations with agencies;
- (c) the Trust is to instruct the master vendor (HCL) for medical agency staff to move to maximum payments at capped rates as soon as possible in 2016, subject to the continued ability to gain authorisation to override those caps where necessary in the interests of patient safety;
- (d) work continues to move to a position where there is Executive Director consideration of potential breaches of the caps in advance of bookings wherever possible – however, the process needs to be practicable and to not impede the speed of fill of vacant shifts, in particular those to be filled urgently;
- (e) as required, weekly reporting to the TDA has commenced, with the Director of Workforce and Organisational Development authorising the Trust's weekly returns;
- (f) the Trust remains committed to moving towards compliance with agency price caps wherever this is safe to do so.

7.3 The Trust Board will be updated further on this subject as the Executive Team continues to develop its response to these new requirements.

## 8. Board Assurance Framework and Organisational Risk Register Dashboards

8.1 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 available here as [background Board papers for information](#)

## *Board Assurance Framework Dashboard*

### 8.2 The Trust Board is asked to note that:

- (a) principal risk 6 has seen an increase in risk score from 9 – 16 attributable to an unsuccessful application for ‘Athena Swan Silver’ award by the University of Leicester Medical School. The Respiratory BRU and cardiovascular BRU are due to submit their own applications for ‘Athena Swan Silver’ in December, however, the minimum requirement of NIHR is for the University to achieve ‘silver’ in order for the BRUs to be eligible to apply. The National Institute for Health Research has issued a call for applications to run the next phase of Biomedical Research Centres (BRCs) and Units (BRUs), with an initial pre-qualification deadline in early February 2016. BRC and BRUs undertake translational clinical research in priority areas of high disease burden and clinical need.

At present there are two tiers in the system, Biomedical Research Units (of which UHL has three (Cardiovascular, Respiratory and Lifestyle)) and Biomedical Research Centres. In the new system, there will only be Centres. Following discussions, we will be submitting a single BRC bid incorporating all three of the existing BRUs, in partnership with the Universities of Leicester and Loughborough. We believe that the call aligns well with our local strengths, and will allow us to build on existing collaborative relationships. Nevertheless, it should be noted that this will be a highly competitive process and success is by no means guaranteed. The outcome is expected to be known in Summer 2016.

- (b) principal risk 8 has seen an increase in risk score from 12 – 16 attributable to lack of recruitment into studies (currently approximately 50% below trajectory with a deteriorating trend). Additional research staff are being appointed to assist with improving this situation.
- (c) principal risk 12 has seen an increase in risk score from 12 – 20 reflecting an increased likelihood for a ‘slow-down’ of capital schemes due to reduction in capital funding for 2016/17.

### *Organisational Risk Register*

- 8.3 The number of risks rated high or extreme continues with two new high risks opened during November 2015. There are currently 53 risks on the UHL risk register and thematic analysis shows the majority of risks are related to workforce capacity and capability which, should they occur, might impact on patient safety, quality of services and operational targets.

Following a review of the 52 operational risks scoring 15 and above related to workforce there are some themes emerging:

- 56% have a key theme of workforce capacity / capability

- Of the 29, analysis of the risk description has identified the key themes relate to:
  - Increased patient activity - mentioned in 15 risks;
  - Turnover (retirements / leavers) – mentioned in 9 risks;
  - Sickness absence – mentioned in 6 risks;
  - Maternity leave – mentioned in 1 risk;
  - National / local staff shortages – mentioned in 3 risks;
  - Internal recruitment processes – mentioned in 2 risks;
  - Compliance with national standards – mentioned in 2 risks.
  
- Of the 29 risks, the staff groups referred to include:
  - Medics (Consultant level) – mentioned in 9 risks;
  - Medics (Junior / Middle Grade) – mentioned in 7 risks;
  - Nursing – mentioned in 15 risks;
  - Administration & Clerical – mentioned in 3 risks;
  - Blood Transfusion – mentioned in 1 risk.

8.4 The Board is invited to consider the Board Assurance Framework Dashboard and Organisational Risk Register Dashboard attached as appendices 2 and 3 and, in particular, the “assurance rating” assigned by the Risk Team to the risks on the former Dashboard.

## 9. Rik Basra Leukaemia Campaign

9.1 Members of the Trust Board may recall that, in 2015, the Trust lent its support to the Rik Basra Leukaemia Campaign (#PassItOnLeicester), led by Rik, a Police Inspector, to raise awareness about stem cell donation and recruit new donors to the Anthony Nolan register from the Asian community.

9.2 On 21<sup>st</sup> December 2015, I had the honour of joining Rik and colleagues at the unveiling of the flag signed by all the newly recruited donors in the Hambleton Bone Marrow Transplant Suite, Leicester Royal Infirmary.

9.3 The event was attended by Rory Palmer, Deputy Mayor, City of Leicester.

9.4 I am pleased to report that the campaign secured over 2000 new donors.

## 10. Conclusion

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

John Adler  
Chief Executive - 23<sup>rd</sup> December 2015

## Quality & Performance

	YTD		Nov-15		Trend*	Compliant by?
	Plan	Actual	Plan	Actual		
S1: Clostridium Difficile	61	34	5	4	●	
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	31	N/A	4	●	
S11: Falls per 1,000 bed days for patients > 65 years	<7.1	5.2	<7.1	4.3	●	
S12: Avoidable Pressure Ulcers Grade 4	0	0	0	0	●	
S13/14: Avoidable Pressure Ulcers Grade 2 & 3	168	79	14	5	●	
C1: Inpatient and Day Case friends & family - % positive	Q4 97%	96%	Q3 96%	96%	●	
C2: A&E friends and family - % positive	Q4 97%	96%	Q3 96%	97%	●	
W11: % of Staff with Annual Appraisal	95%	91.1%	95%	91.1%	●	Mar-16
W12: Statutory and Mandatory Training	95%	92%	95%	92%	●	Mar-16
E1: Mortality Published SHMI (Apr 14 - Mar 15)	100	98	100	98	●	
E9: 30 day readmissions (October)	<7%	9.0%	<7%	9.0%	●	Note 1
E10: Neck Femurs operated on 0-35hrs	72%	64.1%	72%	72.5%	●	
E11: Stroke - 90% of Stay on a Stroke Unit (October)	80%	85.4%	80%	81.1%	●	
R1: ED 4hr Waits UHL+UCC - Calendar Month	95%	90.0%	95%	81.7%	●	Mar-16
R3: RTT waiting Times - Incompletes	92%	93.8%	92%	93.8%	●	
R5: 6 week – Diagnostics Test Waiting Times	1%	6.5%	1%	6.5%	●	Feb-16
R11: Operations cancelled (UHL + Alliance)	0.8%	0.9%	0.8%	1.2%	●	Dec-15
R14: Delayed transfers of care	3.5%	1.1%	3.5%	1.3%	●	
R16: % Ambulance Handover >60 Mins (CAD+)	TBC	13%	TBC	27%	●	Note 2
R17: % Ambulance handover >30mins & <60mins (CAD+)	TBC	21%	TBC	26%	●	Note 2
RC9: Cancer waiting 104+ days	0	13	0	13	●	

	YTD		Oct-15		Trend*	Compliant by?
	Plan	Actual	Plan	Actual		
RC1: 2 week wait - All Suspected Cancer	93%	88.9%	93%	90.0%	●	Nov-15
RC3: 31 day target - All Cancers	96%	95.6%	96%	95.2%	●	Feb-16
RC7: 62 day target - All Cancers	85%	77.2%	85%	77.0%	●	Jun-16

## Enablers

	Qtr1 15/16		Qtr2 15/16		Trend*	Compliant by?
	Plan	Actual	Plan	Actual		
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		Nov-15		Trend*	Forecast Outturn
	Plan	Actual	Plan	Actual		
Surplus/(deficit) £m	(29.3)	(31.0)	(2.3)	(3.0)	●	(34.1)
Cashflow forecast (balance at end of month) £m	3.0	5.2	3.0	5.2	●	3.0
CIP £m	28.6	27.3	3.9	4.1	●	42.5
Capex £m	30.1	24.2	5.2	2.6	●	49.5

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

	YTD		Nov-15		Trend*	Compliant by?
	Plan	Actual	Plan	Actual		
Percentage of Cleaning Audits achieving the required standard	100%	N/A	100%	85%	●	Mar-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. Contract sanctions continue to be applied to IFM on this and a number of related matters. The figure is higher this month due to the number of theatres included in the audits.

\* 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 be agreed following implementation of 8 week action plan jointly agreed with EMAS.

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.

UHL Board Assurance Dashboard:		November 2015							
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/QAC	
An effective and integrated emergency care system	2	Emergency attendance/ admissions increase	COO	25	6	↔	A	EPB/TB	
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	12	6	↔	G	EPB/IFPIC	
Integrated care in partnership with others	4	Existing and new tertiary flows of patients not secured compromising UHL's future more specialised status.	DS	15	10	↔	A	ESB/TB	
	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	15	10	↔	R	ESB/TB	
Enhanced delivery in research, innovation and clinical education	6	Failure to retain BRU status.	MD	15	6	↑	A	ESB/TB	
	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/TB	
	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/TB	
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/TB	
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/IFPIC	
	12	Limited capital envelope to deliver the reconfigured estate which is required to meet the Trust's revenue obligations	DS	20	8	↑	G	ESB/IFPIC	
	13	Lack of robust assurance in relation to statutory compliance of the estate	DS	16	8	↔	A	ESB/IFPIC	
	14	Failure to deliver clinically sustainable configuration of services	DS	12	8	↔	A	ESB/IFPIC	
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/IFPIC	
	16	Failure to deliver UHL's deficit control total in 2015/16	CFO	15	10	↔	G	EPB/IFPIC	
	17	Failure to achieve a revised and approved 5 year financial strategy	CFO	15	10	↔	G	EPB/IFPIC	
Enabled by excellent IM&T	18	Delay to the approvals for the EPR programme	CIO	16	6	↔	A	IMT/IFPIC	
	19	Perception of IM&T delivery by IBM leads to a lack of confidence in the service	CIO	16	6	↔	G	IMT/IFPIC	

Risk ID	CMG	Risk Title	Current Risk Score	Target Risk Score	Risk Movement	Themes from 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
2549	Musculoskeletal and Specialist Surgery	There is a known risk of excessive waiting times in the departments of Orthodontics and Restorative Dentistry	26 15	1	↓	Safe, high quality, patient centred healthcare
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	20	2	↔	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
2654	Clinical Support and Imaging	There is a risk of failure of delivering Breast Histopathology Services due to unplanned Consultant Pathologist sickness absence	20	4	↔	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	20	8	↔	Workforce capacity and capability
1042	Women's and Children's	Unavailability of USS and not meeting National Standards for USS in Maternity	20	6	↔	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	NEW	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
2471	CHUGS	There is a risk of Radiotherapy Tx on the Linac (Bosworth) being compromised due to poor Imaging capability of the machine.	16	4	↔	Safe, high quality, patient centred healthcare
2671	CHUGS	There is a risk of delays to patients treatment in the Endoscopy Unit	16	6	↔	Workforce capacity and capability
2621	CHUGS	There is a risk to patient safety & quality due to high nurse vacancy levels 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	16	4	↔	Workforce capacity and capability
2623	CHUGS	There is a risk of harm or death to a patient if scopes are not properly decontaminated.	16	2	↔	Safe, high quality, patient centred healthcare
2617	RRC	Shortfall in appropriately skilled nursing staff at Northampton's renal units	42 16	8	↑	Workforce capacity and capability
2609	RRC	Risks to the quality of Patient Cardiac Rehabilitation individual assessments due to new clinic location in LRI	16	8	↔	Safe, high quality, patient centred healthcare
2605	RRC	There is a risk that the Transplant Laboratory's IT database for managing patients and donors will experience a system 'crash'	46 12	4	↓	IM&T services
2606	RRC	There is a risk that the Transplant Laboratory may not receive CPA accreditation damaging the reputation of the service	46 8	4	↓	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	↔	Workforce capacity and capability
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	↔	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	16	1	↔	Safe, high quality, patient centred healthcare
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
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. Safe, high quality, patient centred healthcare
182	Clinical Support and Imaging	POCT - Inappropriate patient Management due to inaccurate diagnostic results from Point Of Care Testing (POCT) equipment	16	2	↔	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	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
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
2593	The Alliance	There is a risk of cross infection and non compliance with JAG due to inadequate design of the endoscopy decontamination dept	16	2	NEW	Regulatory standards. Safe, high quality, patient centred healthcare
2394	Communications	No IT support for the clinical photography database (IMAN)	42 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
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
2325	Corporate Nursing	There is a risk that security staff not assisting with restraint could impact on patient/staff safety	16	6	↔	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
760	EFMC	Fire compartmentation at LGH	15	2	↔	Estates and Facilities services
2561	Clinical Support and Imaging	Non specialist Provision of Vascular Access Services on the LGH/GGH site in comparison to the services offered at the LRI	15	4	↔	Workforce capacity and capability
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
2426	Clinical Support and Imaging	There is a risk that an increase in referrals could compromise safety for patients with complex nutritional requirements	15	3	↔	Workforce capacity and capability
2278	Women's and Children's	There is a risk that the Leicester Fertility Centre could have its licence for the provision of treatment and services withdrawn	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
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
2467	Emergency and Specialist Medicine	Outlying medical patients to ward 24 (Neurology) and into other CMG beds due to bed capacity	26 10	9	↓	Safe, high quality, patient centred healthcare

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20 November 2015

Dear John

### **Quarterly Review Meeting**

I am writing to thank you and the other members of your Board for attending the Quarterly Review on 11<sup>th</sup> November 2015. The purpose of the meeting was to review the Quarter 2 position; and progress with regards to delivery of your 2015/16 plan. This letter summarises the key messages and actions.

### **Quality**

You outlined that broadly speaking the Trust is consistent with Quarter 1 and have either maintained or improved on key quality metrics. You summarised that the work the organisation has completed on pathway redesign has resulted in more consistent delivery of quality standards. Your friends and family scores remain good indeed, when you benchmarked your organisation, UHL's ED presented the highest score within your peer group. This is a commendable result given the significant, sustained pressure the department has been under. You noted that there had been a slight increase in CDiff and as yet have not been notified of a date for a CQC visit.

### **Performance**

Whilst Improvement has been made the Trust has been underperforming in a number of key areas over the last two quarters as outlined below:

- **RTT**

The key risk remains with the volume of Orthodontic 52+ patients c240, whilst I can see a range of actions to secure additional capacity have been taken they are not having the desired impact of either treating or removing patients from the waiting list. This is a key priority for the Trust, your original trajectory of 0 52+ patients by the end of March 2016 is unlikely to be achieved and you were unable to present a revised end point. I require a further options appraisal for the orthodontic service in which you explore support from other providers to ensure this cohort of patients are treated.

- **Diagnostics**

You acknowledged that delivery of the 1% standard has not been as fast as you expected. Pressure within Endoscopy has been sustained and you reported high volumes of activity being undertaken in October. You assured me that the Trust will deliver the 1% diagnostic standard by the end of December and gave further assurance that the waiting list amnesty, having highlighted 4 services with minor problems, should ensure no further significant surprises.

- **Cancer**

The Trust is routinely failing to meet the 62-day cancer standard; key issues are predominantly in Lower GI, Upper GI and Urology. Additional capacity is in place and the current plan shows recovery in March 2016. You outlined that 2WW is projected to achieve for the month of November. Delivery of all cancer standards will continue to be closely monitored.

- **A&E**

The issues regarding A&E are well documented and the Trust has been subject to an escalation meeting with the regional NHSE and TDA team. You outlined the volume of attendances to the Trust as being unprecedented. I acknowledge that the Board are well sighted on this and continue to support new and innovative ways to improve flow both internally and with external partners particularly EMAS. A rapid piece of work is required to improve the performance of ambulance turnaround times and I expect you to work collaboratively with EMAS and system partners to resolve the current pressure. You agreed that a re-set of the current winter plan is required given that assumptions on activity made in your earlier version are no longer consistent with the daily attendances and admissions to the Trust. In addition you confirmed that two specific actions will be taken immediately; firstly an area co-located with ED will be used to cohort patients safely when attendances to the department hit your overflow trigger. Secondly, replicating processes undertaken in Leeds Teaching Hospital, accelerating flow through UHL using a "push" system. Julie explained that the Trust would access the Leeds protocol and would be discussing implementation with the CQC on 11<sup>th</sup> November. I am keen to hear the outcome of the CQC discussion and to understand the impact this approach is having on flow at the Trust.

## **Finance**

It was helpful to receive an overview of your financial position and the key financial risks relating to the achievement of your £34.1m planned stretch deficit. At quarter 2 the Trust is reporting a deficit of £26.5m, which is £0.45m adverse to plan. The drivers of this variance and risks to delivery were briefly outlined by you and the team. You are aware that a recovery plan has been requested and I expect this to include a clear set of actions that will deliver the required volume of income without increasing your expenditure and will consider the impact of actions agreed at this meeting and any outstanding risks to the application of fines, etc.

You have a nursing agency cap of 4% which is a small reduction on your out turn for last year and is indicative of you not using large agency supply. You need to ensure that your

team focus on mapping the use of agency against you recruitment and retention plans to ensure you maintain control on agency spend.

## **Actions**

Following this meeting, there are 7 actions which we would like you to progress:

1. A further options appraisal regarding the orthodontic service, including actions the Trust and NHSE are taking to support community providers to source Orthodontist capacity. This is required by 11<sup>th</sup> December 2015
2. Deliver the diagnostic 1% standard by the end of December 2015
3. Deliver the 62 day standard consistently for the month of March 2016 onwards.
4. Work with the SRG to re-set the winter plan ensuring that current activity levels are reflected in the assumptions and enhanced actions are taken by 4<sup>th</sup> December 2015
5. Confirm that ED overflow cohorting capacity is operational and meets safety and quality requirements. Immediate action
6. Confirm the outcome of your CQC discussion with reference to a "push" process to support improved flow. Immediate action
7. Submit an in-year financial trajectory to demonstrate recovery to a year-end outturn delivery of plan (including stretch) i.e. £34.1m deficit. This should include Trust actions in place to enable / ensure delivery of the recovery plan. The deadline for the trajectory was 13 November 2015 and is now overdue. It should be provided to your TDA business consultant by 4<sup>th</sup> December 2015.

Thank you again for your support and for accommodating the scheduling pressures determined by availability at our respective organisations.

Yours sincerely



**Dale Bywater**

Director of Delivery & Development

cc: Karamjit Singh, Chairman  
Jeff Worrall, Portfolio Director  
Jill Robinson, Business Director  
Maggie Boyd, Clinical Quality Director  
Siobhan Heafield, Associate Nursing Director  
Helen Hendley, Senior Delivery and Development Manager

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 has reduced to 99 calendar year 2014. Further actions within Quality Commitment should reduce this further over time..				
<ul style="list-style-type: none"> <li>Reduce patient harm events by 5% (Quality Commitment 2)</li> </ul>	Q2 report shows reduction in serious harm events ahead of trajectory, however deficiencies in sepsis care highlighted within that overall improvement.				
<ul style="list-style-type: none"> <li>Achieve a 97% Friends and Family test score (Quality Commitment 3)</li> </ul>	Inpatient results holding at 97%. Other tests 95-96%broadly 96%.				
<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.			N/A	
<ul style="list-style-type: none"> <li>Develop a "UHL Way" of undertaking improvement programmes</li> </ul>	UHL Way development now complete. To be launched January 2016.				
<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 present a serious risk to 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 has been expanded to include detailed CDU and wider Glenfield actions.				
<ul style="list-style-type: none"> <li>Improve the resilience of the Emergency Department in the evening and overnight</li> </ul>	Further improvement actions in place. Recent performance has demonstrated continued vulnerability, partially but not entirely linked to high demand.				

<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>	Data issues remain but available data shows a deterioration in over 60 minute delays and an improvement in 30-60 minute delays. Joint improvement work with EMAS underway but has yet to impact. In addition, high activity levels may compromise performance regardless of process improvements.				
<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 but progress on 62 days slower than expected. Now doubtful for year end.				
<ul style="list-style-type: none"> <li>Deliver the diagnostics access standard</li> </ul>	Strong performance derailed by endoscopy recordings issue, but this will be recovered.				
<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. Consultation now delayed.				
<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. More work required on LLR model.				
<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 but meeting revised trajectory.				
<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 just issued. Response approach agreed and bids being drafted.				

<ul style="list-style-type: none"> <li>Develop a Commercial Strategy to encourage innovation within UHL</li> </ul>	Preparatory work underway but lack of resource may limit progress.				
<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.				
<ul style="list-style-type: none"> <li>Ensure compliance with new national whistleblowing policies</li> </ul>	Necessary actions in place.				
<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. Revised timeline being developed..				

<ul style="list-style-type: none"> <li>Commence Phase 1 construction of the Emergency Floor</li> </ul>	FBC and funding now approved. Some delay awaiting funding – now received. To be mitigated as far as possible.				
<ul style="list-style-type: none"> <li>Complete vascular full business case</li> </ul>	Full Business Case approved by Trust Board but progress now slowed due to capital constraints in 15/16.				
<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 underway.				
<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 underway. Other schemes in development.				
<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>	M8 results close to revised plan. Realistic prospect of achieving stretch target (£34m), but not certain.				
<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. Approval now unlikely in 15/16.				
<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 but LiA event indicates issues which need addressing to provide suitable environment for EPR and improve user satisfaction. Action plan in place.				