CHIEF EXECUTIVE'S MONTHLY UPDATE REPORT – JANUARY 2019

Authors: John Adler and Stephen Ward Sponsor: John Adler **Trust Board paper D**

Executive Summary

Context

The Chief Executive's monthly update report to the Trust Board for January 2019 is attached. It includes:-

(a) the Quality and Performance Dashboard for November 2018 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) key issues relating to our Strategic Objectives and Annual Priorities.

Questions

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

Conclusion

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

Input Sought

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

For Reference

Edit as appropriate:

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

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

2. This matter relates to the following governance initiatives:

a. Organisational Risk Register [Not applicable]

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

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

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

b. Board Assurance Framework [Not applicable]

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

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

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

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

5. Scheduled date for the next paper on this topic: [February 2019 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: **10 JANUARY 2019**

REPORT BY: **CHIEF EXECUTIVE**

SUBJECT: **MONTHLY UPDATE REPORT – JANUARY 2019**

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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) and Organisational Risk Register;

(c) key issues relating to our Annual Priorities, 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 – November 2018

2.1 The Quality and Performance Dashboard for November 2018 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 a joint meeting of the People, Process and Performance Committee and Quality and Outcomes Committee. The month 8 quality and performance report is published on the Trust's website.

Good News:

2.4 **Mortality** – the latest published SHMI (period April 2017 to March 2018) has reduced to 95 and is within the threshold, but now very close to "below expected", for the first time. **Diagnostic 6 week wait –** standard achieved for 3 consecutive months. **52+ weeks wait –** has been compliant for 5 consecutive months. **Cancer Two Week Wait** was 93.9% in October. **Referral to Treatment –** our performance was below national standard, however, we achieved the NHS Improvement trajectory (which is the key performance measure for 2018/19). **Delayed transfers**

of care - remain within the tolerance. **12 hour trolley wait** was 0 in November. **MRSA –** 0 cases reported this month. **C DIFF –** was within threshold. **Single Sex Accommodation Breaches** – 0 breaches in November. **Pressure Ulcers** - 0 **Grade 4 and 3** reported during November. **Grade 2** was also below threshold for the month. **Moderate harms and above** – October (reported 1 month in arrears) was below threshold. **Inpatient and Day Case Patient Satisfaction (FFT)** achieved the Quality Commitment of 97%. **Fractured Neck Of Femur** – was 83.5% in November. **TIA (high risk patients)** – 87.3% reported in November. **Annual Appraisal** is at 92% (rising trend).

Bad News:

2.5 **UHL ED 4 hour performance** – was 72.6% for November, system performance (including LLR UCCs) was 79.1%. **Cancer 31 day** and **62 day treatment** was not achieved in October. **Cancelled operations** and **Patients rebooked within 28 days** – continues to be non-compliant. **CAS alerts** – breached this month – our first after 31 consecutive months of compliance. **Ambulance Handover 60+ minutes (CAD+)** – performance at 3%. **Statutory and Mandatory Training** reported from HELM is at 82%.

3 Board Assurance Framework (BAF) and Organisational Risk Register

3.1 The Board Assurance Framework (BAF) and organisational risk register have been kept under review during October 2018 and a detailed BAF and an extract from the risk register are included in the integrated risk and assurance paper featuring elsewhere on today's Board agenda.

Board Assurance Framework

3.2 The BAF remains a dynamic document and all principal risks have been updated by the lead Directors (to report performance for November 2018) and reviewed by the relevant Executive Boards during December 2018, where they have been scrutinised ahead of the final version to the Board today.

3.3 The three highest rated principal risks on the BAF are in relation to staffing levels, the emergency care pathway and delivery of the financial control total.

Organisational Risk Register

3.4 The Trust's organisational risk register has been kept under review by the Executive Performance Board and across all CMGs during December 2018 and displays 232 risks, including 79 rated as high (i.e. with a current risk score of 15 and above), 147 rated moderate and 6 rated low.

3.5 Thematic analysis of the organisational risk register shows the two most common risk causation themes are workforce shortages and imbalance between service demand and capacity. Managing financial pressures, including internal control arrangements, is also recognised on the risk register as an enabler to support the delivery of the Trust's objectives. These thematic findings from the risk register are reflective of our highest rated principal risks captured on our BAF.

4 Emergency Care

4.1 Our performance against the four hour standard for November 2018 was 72.6% and 79.1% for Leicester, Leicestershire and Rutland as a whole.

4.2 Under the leadership of the Chief Operating Officer, working through the Urgent Care Board, we continue to implement our action plan to improve performance. Progress on implementing the plan is being made but we are not yet seeing a positive impact on performance due to a growing number of attendances and an increasing proportion of patients arriving by ambulance, which has put pressure on our ambulance assessment and 'majors' areas.

4.3 The number of patients conveyed by ambulance to the hospital in November 2018 was 6% higher than the same period last year. With resource diverted to deal with the acutely unwell ambulance arrivals, we have experienced occasions of longer waits in the areas of injuries and primary care, impacting on our ability to improve performance against the 4 hour wait standard. Work continues to implement a range of initiatives to address these pressures and a new model for walk-in assessment and primary care streaming has started to deliver improvements.

4.4 Details of the Trust's emergency care performance continue to be the subject of report by the Chief Operating Officer monthly to the People, Process and Performance Committee. Details of the Committee's most recent consideration of the position are set out in the summary of that meeting which features elsewhere on this Board agenda.

5. Annual Priorities 2018/19

5.1 At its meeting held on 11th December 2018, the Executive Strategy Board reviewed progress for the period to 30th September 2018 in relation to delivering our annual priorities 2018/19.

5.2 Full details are set out at **appendix 2**.

5.3 At this point, all but three of the priorities are expected to deliver their key performance indicators, as projected – these being implementation of year 2 of the commercial strategy; delivery of the Trust's efficiency programme; and delivery of the financial plan for 2018/19, as originally envisaged.

5.4 Key risks and issues identified are as follows:

- a large number of competing priorities for IT hardware/mobile devices,
- a number of workstreams which are dependent on the roll out of IT systems;
- the need for consistent embedding of standardised processes (eg, 'Stop The Line', 'Red2Green', Ward and Board Rounds).

5.5 Progress against the priorities 2018/19 will continue to be monitored by the Executive Strategy Board and the outcome reported onwards to the Trust Board.

6. Financial Position 2018/19

6.1 As previously agreed by the Trust Board, taking into account the cessation of our plans to establish a Facilities Management subsidiary, we are forecasting a deficit of £51.8M in 2018/19.

6.2 We are working hard to identify additional ways of saving money whilst ensuring that we maintain clinical quality for our patients.

6.3 Further information is set out in the Chief Financial Officer's report which features elsewhere on this Board agenda. In particular we have implemented a range of controls for the remainder of the financial year on pay and non-pay spend so as to reduce the "run-rate" of our expenditure whilst maintaining services.

7. Leicester, Leicestershire and Rutland Clinical Commissioning Groups (CCGs) – Joint Accountable Officer and management team

7.1 The three CCGs in Leicester, Leicestershire and Rutland have agreed proposals to appoint a joint Accountable Officer and Management Team.

7.2 The decision, made at the CCG Governing Body meetings in December 2018, represents an important milestone in the evolution of collaborative working across the combined area of more than 1.1 million patients.

7.3 It is anticipated that the move will create a stronger and more consistent commissioning voice across the three CCG areas, which will focus on working together to set high-level outcomes for the population as a whole, and hold Providers to account for delivery. In turn, it is also expected to lead to a strengthening of existing locality-working, with groups of local Providers being given increased responsibility for designing services that improve the health of the communities they serve.

7.4 The recruitment process for the new joint Accountable Officer will commence subject to the outcome of consultation with affected individuals. Firm proposals regarding the structure of the joint management team will be developed and consulted on in due course.

7.5 Although each CCG will remain as an independent statutory body at present, they have also agreed to consider the potential benefits of a legal merger. This work is expected to begin in early 2019, with the outcome of a review expected by mid-year.

8. National Developments

8.1 On 19th December I attended a national briefing meeting in Leeds for Chief Executives and Accountable Officers. The purpose of the meeting was to brief attendees about the NHS Long Term Plan, 2019/20 Planning Guidance and Brexit preparations.

8.2 The publication of the Long Term Plan is expected in early 2019 although no specific date has yet been set.

8.3 The meeting was briefed about the key elements of the national planning guidance for 2019/20. Some of this guidance was subsequently published at the end of December. There will be significant changes to much of the national system architecture, particularly in respect of financial flows. Some of this looks as though it will be advantageous to UHL as it seeks to address the issues which have caused most acute Trusts to fall into deficit in recent years. The detail of these new arrangements has not yet been published however. In terms of service priorities, these are likely to be broadly stable. Further detail will be included in future reports on the Trust's annual planning process.

8.4 The meeting was also briefed in detail about contingency planning for a "no deal" Brexit. Detailed guidance has subsequently been published. We are required to carry out a comprehensive risk assessment by the end of January and to test our contingency plans by the end of February. The results of both of these exercises will be reported to the Board. The work will be led by Stephen Ward, Director of Corporate and Legal Affairs, who has agreed to act as Senior Responsible Owner (SRO) for Brexit for the Trust, as required by the national guidance.

9. Conclusion

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

John Adler
Chief Executive
3rd January 2019

Quality & Performance

		YTD Plan	YTD Actual	Nov-18 Plan	Nov-18 Actual	Trend*	Compliant by?
Safe	S1: Reduction for moderate harm and above (1 month in arrears)	142	143	<=12	9	●	
	S2: Serious Incidents	<37	24	3	2	●	
	S10: Never events	0	6	0	1	●	Dec-18
	S11: Clostridium Difficile	61	44	5	4	●	
	S12 MRSA - Unavoidable or Assigned to 3rd party	0	0	0	0	●	
	S13: MRSA (Avoidable)	0	1	0	0	●	
	S14: MRSA (All)	0	1	0	0	●	
	S23: Falls per 1,000 bed days for patients > 65 years (1 month in arrears)	<5.6	6.3	<5.6	6.0	●	
	S24: Avoidable Pressure Ulcers Grade 4	0	0	0	0	●	
	S25: Avoidable Pressure Ulcers Grade 3	<27	3	<=3	0	●	
	S26: Avoidable Pressure Ulcers Grade 2	<84	41	<=7	5	●	
Caring	C3: Inpatient and Day Case friends & family - % positive	97%	97%	97%	97%	●	
	C6: A&E friends and family - % positive	97%	95%	97%	95%	●	
	C10: Single Sex Accommodation Breaches (patients affected)	0	41	0	0	●	
Well Led	W13: % of Staff with Annual Appraisal	95%	92.0%	95%	92.0%	●	
	W14: Statutory and Mandatory Training	95%	82%	95%	82%	●	
	W16 BME % - Leadership (8A – Including Medical Consultants) - Qtr 2	28%	29.0%	28%	29.0%	●	
	W17: BME % - Leadership (8A – Excluding Medical Consultants) - Qtr 2	28%	15%	28%	15%	●	
Effective	E1: 30 day readmissions (1 month in arrears)	<8.5%	9.1%	<8.5%	8.9%	●	
	E2: Mortality Published SHMI (Apr 17 - Mar 18)	99	95	99	95	●	
	E6: # Neck Femurs operated on 0-35hrs	72%	72.5%	72%	83.5%	●	
	E7: Stroke - 90% of Stay on a Stroke Unit (1 month in arrears)	80%	84.9%	80%	86.7%	●	
Responsive	**R1: ED 4hr Waits UHL**	95%	78.6%	95%	72.6%	●	See Note 1
	R2: ED 4 Hour Waits UHL + LLR UCC (Type 3)	95%	84.4%	95%	79.1%	●	See Note 1
	R4: RTT waiting Times - Incompletes (UHL+Alliance)	92%	86.0%	92%	86.0%	●	See Note 1
	R6: 6 week – Diagnostics Test Waiting Times (UHL+Alliance)	<1%	0.8%	<1%	0.8%	●	
	R12: Operations cancelled (UHL + Alliance)	0.8%	1.1%	0.8%	1.1%	●	
	R14: Delayed transfers of care	3.5%	1.4%	3.5%	1.3%	●	
	R15: % Ambulance Handover >60 Mins (CAD+)	TBC	2%	TBC	3%	●	
	R16: % Ambulance handover >30mins & <60mins (CAD+)	TBC	7%	TBC	9%	●	
	RC9: Cancer waiting 104+ days	0	13	0	13	●	

		YTD Plan	YTD Actual	Oct-18 Plan	Oct-18 Actual	Trend*	Compliant by?
Responsive Cancer	RC1: 2 week wait - All Suspected Cancer	93%	93.7%	93%	93.9%	●	
	RC3: 31 day target - All Cancers	96%	95.6%	96%	94.1%	●	
	RC7: 62 day target - All Cancers	85%	75.2%	85%	76.4%	●	Dec-18

Enablers

		YTD Plan	YTD Actual	Qtr2 18/19 Plan	Qtr2 18/19 Actual
People	W7: Staff recommend as a place to work (from Pulse Check)		61.1%		61.9%
	C10: Staff recommend as a place for treatment (from Pulse Check)		72.8%		75.2%

		YTD Plan	YTD Actual	Nov-18 Plan	Nov-18 Actual	Trend*
Finance	Surplus/(deficit) £m	(7.7)	(44.6)	3.9	(1.9)	●
	Cashflow balance (as a measure of liquidity) £m	1.0	10.8	1.0	10.8	●
	CIP £m	23.2	20.9	4.5	3.8	●
	Capex £m	21.4	12.6	3.0	2.6	●

		YTD Plan	YTD Actual	Nov-18 Plan	Nov-18 Actual	Trend*
Estates & facility mgt.	Average cleanliness audit score - very high risk areas	98%	96%	98%	96%	●
	Average cleanliness audit score -high risk areas	95%	93%	95%	94%	●
	Average cleanliness audit score - significant risk areas	85%	93%	85%	94%	●

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

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

Note 1 - **'Compliant by?'** for these metrics a are dependent on the Trust rebalancing demand and capacity.

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Progress update: Annual Priorities 18/19

Reporting period: September 2018

Introduction

We have reshaped our 5 year strategic objectives this year to provide even more focus on what matters most in terms of delivering our strategy.
In the centre is our Quality Commitment, putting safe, high quality patient-centred, efficient care at the centre of everything we do. This is our primary objective. Everything else will support the delivery of that:

Our People: We will have the right people with the right skills in the right numbers in order to deliver the most effective care

Education and Research: We will deliver high quality, relevant, education and research

Partnerships and Integration: We will develop more integrated care in partnership with others

Key Strategic Enablers: We will progress our key strategic enablers

Delivery of these priorities will enable the Trust to deliver high quality, safe and effective care for our patients as well as achieve the performance standards outlined in this document.

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Quality - To deliver safe, high quality, patient-centered, efficient healthcare

Annual Priority	SRO	Delivery Lead	Q2 performance against agreed KPI's	Q2 Project Plan RAG Status & Progress to plan	Concerns & Assurance
We will embed the use of Nerve Centre for all medical handover, Board rounds and Escalation of Care in 18/19	Andrew Furlong / Carolyn Fox	John Jameson/Julia Ball	**Use of NerveCentre in Clinical Handover** **Use of NerveCentre in board rounds** **Use of NerveCentre in Clinical Escalations** **Use of NerveCentre in Ward Rounds**	**Overall Project status – On Track** The project is now back on schedule. Part of the end user equipment issues will be solved by BYOD. A project led by Chris Miller has been proposed and initial plans have been formulated to improve the use of Nervecentre by junior doctors in medicine.	**Concerns & PMO Assurance** Rollout of end user equipment – wards require more equipment than originally envisaged. Is mainly to support eMeds rollout but there is an interdependency with this project
We will ensure senior clinician led daily board or ward rounds in clinical areas & fully implement our plans to embed a standardised red2green methodology	Andrew Furlong /Carolyn Fox	Max Chauhan/Gill Staton	**90% of clinical areas have a senior clinician led (ST4 above) daily ward or board round** **A standardised Red2Green methodology will be implemented by March 2019**	**Overall Project status – On Track** Complete data set received from CMGs and collated – see table below. 95% of clinical areas are reported to have a ward/board rounds across the Trust. KPI achieved Red2Green Launched within Children's CMG Roll out plan to remaining wards being finalised.	**Concerns & Assurance** Availability of project delivery team and sustainability within the CMGs.

We will ensure that frail patients in our care have a Clinical Frailty Score whilst they are in our hospital	Andrew Furlong /Carolyn Fox	Ursula Montgomery	95% of 65+ patients will receive a clinical frailty score on admission by December 2019 Q2 KPI (42%) not complete	**Overall Project status – Delay** **Achieved 42% CFS in ED** **Project Group 1: Embedding frailty in the Emergency Floor:** SOP has been completed and is available on insite. Training video now complete and available via a WeTransfer link. It is a series of Power point slides with a voice over. There are paused sections to deliver on the spot training. Education plan agreed. To be introduced as part of mandatory training for ED staff commenced 28.9.18. Further work on-going with reviewing of pathways and outcomes of frail patients and how they move through the hospital. Metrics for same day frailty discussed and agreed. Baseline data being sought for Metric 5. CFS electronic assessment module has been produced and tested and went live on 7th September. Frailty score will be based on the condition the patient was in prior to admission. After two weeks the score will drop out of the system and will need to be re-entered. However this has not happened, with the aim this will be fixed with the next upgrade. **Project Group 3:** Work continuing on community based identification of frail cohort of patients via whatever frailty tool used. Work complete to provide a useful care plan template that meets the needs of GP's, MDT and Acute services. Three other pilots being launched with specific focus. Single page briefing from each pilot area to be produced. Discharge – red to green rolled out going well. Work progressing well to identify and reduce stranded and super stranded patients. Specific services in ESM and CHUGGS identified as target area for	**Concerns & PMO Assurance** Further work is needed by NerveCentre to ensure the CFS score drops from the system after 2 weeks, as this seems to be the cause of the KPI not being met. ED staff are reporting 100% compliance but the data is not showing this. BI are looking at a workaround to give us the actual numbers, but this will need NerveCentre to fix ASAP.

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Annual Priority	SRO	Delivery Lead	Q2 performance against agreed KPI's	Overall Project Plan RAG Status & Progress to plan	Progress Update/Concerns, Issues & Risks
We will embed systems to ensure abnormal results are recognised and acted upon in a clinically appropriate time	Andrew Furlong / Carolyn Fox	Colette Marshall / Maria McAuley	1. Acknowledgement of in-patient test results on ICE within 24 hours 2. Acknowledgment of out-patient test results on ICE within ten working days 3. ICE server and software upgraded – by the end of Q1 4. ICE optimisation and configuration 5. Roll out of Mobile ICE – Requirements for Mobile ICE to be scoped as part of optimisation project On track **6. Paperless requesting for imaging and Blood tests** 7. Reporting metrics standardised and delivered every month 8. ICE used as a repository for all clinical letters	**Overall Project status – Significant Delays** The upgrade to version 7 took place in June 2018, with further work in July 2018, and a scoping document agreed and signed off. Since then The current delay is related to resource in the various IBM towers that need to complete this work. Once this resource becomes available this project will receive prioritisation COMPLETE As Acknowledgement of in-patient test results on ICE within 24 hours MOBILE ICE has not been tested and work regarding improving and testing functionality has not yet been completed by the Applications Team. An IT Project Manager was appointed W.C Sept 10th but to date no further progress has yet been made. Awaiting assignment of IT Project Manager and sign off of scoping; Document Initial Work to be completed through IBM – still not completed Before operational work can commence the application team have 400 hours of work to complete. This cannot commence until an implementation plan with Dictate IT is agreed after which the Contract with Dictate IT is signed. The work for the applications team will take 10 – 11 weeks.	**Concerns & PMO Assurance** Reliant on Configuration of ICE which has been delayed. Switching off access to iLAB – of which there are HL7 Interface issues which have yet to be resolved
We will empower staff to 'Stop	Andrew Furlong / Carolyn	Colette Marshall, Maria	1. Reduction in the number of Never Events -	**Overall Project status – slight slippage** **Number of Never Events this year has already exceeded**	Concerns/Risks Refreshed Never Event action plan Formulated Renewed focus on Safer Surgery with

the Line' in all clinical areas	Fox	McAuley	2. Percentage of clinical areas that have had Stop the Line training	trajectory Unable to present at some CMG meetings as they had been cancelled due to operational issues Stakeholders have been identified and lyrics have been written for the SLT video Examples required of positive stop the line behaviour for comms.	team-based human factors training scheduled for first QJ half day in December
We will improve the management of diabetic patients who are treated with insulin in all areas of the Trust	Max Chauhan /Carolyn Fox	Eleanor Meldrum / Max Chauhan	1. Reduction in the number of instances of severe hypoglycaemia (3 mol/L or below) 2. Reduction in the number of instances of severe hyperglycaemia (25.1 mmol/L or above) 1. Reduction in the prevalence of missed doses of insulin 2. 95% of Medical staff to complete the Foundations in Insulin Safety training module 3. 95% of Registered Nurses, Midwives and HCAs to complete the Foundations in Insulin Safety training module	Overall Project status – slight slippage RAG updated from Insulin Dashboard, no detailed highlight report has been received.	Concerns & PMO Assurance

Our Quality Commitment
Safe, High Quality, Patient-centred, Efficient Care

Quality - To deliver safe, high quality, patient-centred, efficient healthcare

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Patient Experience

Annual Priority	SRO	Delivery Lead	Q2 performance against agreed KPI's	Overall Project Plan RAG Status & Progress to plan	Concerns, Issues & Risks
We will improve the patient experience in our current outpatients' service & begin work to transform the outpatient model of care in ENT & cardiology	Andrew Furlong / Carolyn Fox	Debra Mitchell/Jane Edyvean	**Friends and Family test score (Coverage)** **Shortfall against 97% coverage** **% Positive F&F Test scores** **Level of ambition in target. Waiting times a key theme but to date we have only historically collected information from 17% of OP clinics** Paper Switch Off (PSO) - % GP referrals via ERS % Advice & Guidance Electronic Referrals Appointment Slot Issue Rate **% Clinics Waiting times Recorded (Coverage) – Challenges to data capture** Reduction in number of long term FU >12 mths **Reductions in number of FU attendances**	**Overall Project status – Slight Slippage** Patient experience: Customer Care Apprenticeship course continues with 22 participants. Initiated development of on line training package . Targeted F&FT action planning by CMG commenced. Improvements to environment progressed. Plans for implementation of rebooking service for patients progressed via the Booking Centre (completion July 2018) Programme to ensure 100% recording of waiting times in OP commenced. ENT action plan under development to address waiting times in clinics System wide transformation: System wide pathway review activities continued for the first wave of "vital few" specialities: Cardiology, Gastroenterology, ophthalmology, dermatology and elective orthopaedics. Action plans agreed for delivery in Q3. Workshops held for next cohort of specialities including ENT. System wide group established for ENT to progress action plan. Communication with patients and GPs: Transforming transcription project plan finalised. Enabling works underway in readiness for pilot in Dietetics, max – fax and Cardiology. Plans developed for future roll out. Demonstration workshops held for clinicians. Work to improve quality of appointment letters and % of letters sent via CFH continued eHospital 2020: Preparatory work initiated for electronic requesting of tests and investigations in ENT and cardiology via ICE, linked to acting on results. End User Compute programme (hardware refresh) funding approved. Computer refresh programme identified in accordance	**Concerns & PMO Assurance** Completion of clinic outcome form by consultant/medical and nursing teams Staff vacancies/high workload delaying implementation. Demand and capacity gap Levels of backlogs Increase demand and numbers of patients in the backlog

			% Letters printed via outsourced provider % Reduction in hospital cancellations (ENT) % Room Utilisation (CSI areas) Room Utilisation	with programme priorities Bookwise implemented in cardiology and to be extended to other areas in Q3. Enabling works for transforming transcription commenced	
We will improve patient involvement in care and decision making, focusing on cancer and emergency medicine	Andrew Furlong / Carolyn Fox	Sharon Hotson /John Jameson	1. Reduce the number of patients who move wards three or more times during their last inpatient spell prior to death 2 Implementation of GREAT – (actions to improve discharge communication re. End of Life from secondary to primary care)	Overall Project status – On Track Quarter 2 actions and progress ▸ Reviewed and refreshed the EoLC dashboard. ▸ Submitted Macmillan bid for dedicated EoLC nursing and Consultant resource in ED. ▸ GREAT discharge lanyards to be designed and agreed. ▸ Planning for GREAT podcast completed.	Concerns & PMO Assurance Winter pressures / bed availability The number of inpatient deaths in 2018/19 (YTD) is 2.5% higher than 2017/18 Numbers fluctuate month on month

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QUALITY commitment
Improve Emergency Care and Cancer Performance

Annual Priority	SRO	Delivery Lead	September performance against agreed KPI's	August Project Plan RAG Status & Progress to plan	Concerns, Issues & Risks
We will eliminate all but clinical 4 hour breaches for non-admitted patients in ED	Rebecca Brown	Debra Mitchell	**Increase 4 hour performance for non-admitted patients to 98% in 18/19** **KPI not met YTD – YTD**	**Overall Project status – slight slippage** ➢ Injuries weekly 4hr performance ranged between 91% and 97% in October. Performance stabilised despite the growing volume of attendances. ➢ Alongside UHL actions to improve non - admitted breaches Primary Care remains a vital component. There had been some improvement in Primary Care 4hr performance with October performance at 88% ➢ The percentage of patients discharged or admitted via the Emergency Department/Eye Casualty within 4 hours in October was 78.3%. October 2018 saw a total of 4,655 breaches (4,602 Type 1 ED breaches & 53 Type 2 Eye Casualty).	**Concerns & PMO Assurance** **Highlight Actions to Improve** We continue to focus on improving our process flow. So far we have: ☒ Extended the ED Floor managers so that they cover twilight shifts as well as the day, 7 days per week. ☒ Introduced a dedicated stream for ambulatory patients in majors. ☒ Non- clinical staff now routinely supporting patient movement in the department. ☒ Flexible use of EFU/AFU has commenced. ☒ Introduce direct admissions to base wards from GPAU to short stay and base wards. ☒ Develop the structure and function of the flow team and bed co-ordinators under the leadership of the Head of Patient Flow. Further work however is required on the creation of medical exemplar wards for the use of nerve centre and e-beds. This action has been delayed due to the impact of CRO.
We will resolve the problem of evening & overnight deterioration in ED performance	Rebecca Brown	Debra Mitchell	**Decrease the difference between 4 hour performance at 5pm and 4am to under 5%** **KPI not met YTD – 66% in Oct**	**Overall Project status – slight slippage** The percentage of breaches between 8pm and 8am is 66%	

We will ensure timely 7 days a week availability of medical beds for emergency admissions	Rebecca Brown	Debra Mitchell	95% of patients will be allocated a bed within 60 mins from DTA KPI not met 57% in Oct	**Overall Project status – slight slippage** The percentage of patients who had a decision to admit within 180 minutes averaged 57% in October. Patients allocated a bed within 60 minutes for all locations averaged 42% and for majors 37% (Figure 5).	
We will deliver the 62 day standard for cancer during 18/19	Rebecca Brown	Sam Leak	We will achieve the 62 day standard for cancer during 18/19 KPI not met YTD 75.5%	**Overall Project status – slight slippage** • Working with the Clinical Teams, the East Midlands Cancer Alliance Expert Clinical Advisory Groups and with the CCG to streamline pathways and ensure flexible capacity throughout the year. • COO is committed to Cancer as a priority for the organisation. This has been communicated to the organisation. • We have taken the decision to do less elective work to ensure we have beds for Urgent and Cancer patients.	**Concerns & PMO Assurance** The 62 day standard remains our biggest challenge.

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Our People

People - We will have the right people with the right skills in the right numbers in order to deliver the most effective care

Our Supporting Objectives

Annual Priority	SRO	Delivery Lead	October performance against agreed KPI's	August Project Plan RAG Status & Progress to plan	Concerns, Issues & Risks
We will develop a sustainable 5 year workforce plan by the end of Q1 18/19, with a delivery plan to reduce our nursing and medical vacancy rates and reduce time to hire	Hazel Wyton	Louise Gallagher	Develop a 2018 - 2023 strategic workforce plan by June 2018 KPI complete Workforce plan for 18/19 by April 2018 KPI complete Reduce Trust vacancy rate from 8.9% to 7.5% in 18/19 with bespoke target to be agreed for staff groups exceeding 10% by 31st July 2018 **Overall vacancies 8.24%. October update 8.07 % Nursing 15.24% October 16.03%** Manage agency expenditure within NHSI ceiling £18.8m	**Overall Project status – on track** Operational Workforce plan submitted to NHSI in June. Risk on substantive WTE reduction reduced - now shifted from 772 reduction to 46 WTEs. HAs now been assumed that there will be a significant reduction in premium cost in order to achieve the cost control total. Now built into financial recovery plan. Draft five year workforce plan agreed in principle by MD, Chief Nurse and Director of Strategy. Issued as draft plan to support Pre Consultation Business Case at Clinical Senate. Full plan to be presented to EWB on 17.07.18. Agency expenditure is below trajectory for Q1. EWB and PPPC approved Strategic Workforce Plan. Draft Medical Workforce Strategy in draft for October EWB. Nursing Workforce Strategy in progress, draft to EWB in October. All strategies reviewed at EWB and plans in place to align with People and Quality Improvement Strategy and show relationship with delivery of the Strategic Workforce Plan. All strategies first draft reviewed to ensure alignment with Quality Strategy	**Concerns & PMO Assurance** There are still risks to delivery of the Operational Plan if large scale reductions in paybill run rate are not achieved. Plan relies on further reduction in agency spend and WLI which is being drive by high vacancies. The five year workforce plan is slightly behind schedule in order to ensure there is a full review at EWB in July 2018. Now back on track. There is a risk to achievement of the Operational Workforce Plan because proposed changes to WLI became a risk to the meeting of the RTT target. Alternative reductions to premium expenditure need to be sought. Detailed workforce planning bridges are in place for nursing and there are risks of not achieving the 10% trajectory as a result of national competition for qualified nursing. Paybill overall now 11.8m over plan with 6.4m as a result of Agenda for Change award. CMGS have trajectory for paybill reduction.

			KPI on track Under cap £0.46m YTD below cap, Overspend in month 7 0.4m Reduce time to hire from an average 80 days to 60 days 84.4 days time to hire. 75.3 days november		
Annual Priority	**SRO**	**Delivery Lead**	**October performance against agreed KPI's**	**August Project Plan RAG Status & Progress to plan**	**Concerns, Issues & Risks**
We will launch our People Strategy in April 2018 to attract, recruit & retain a workforce that reflects our local communities across all levels of the Trust, with a specific focus on meeting the Workforce Race Equality Standards	Hazel Wyton	Louise Gallagher	**1.Percentage of staff in each of the AfC Bands 1-9 or Medical and Dental subgroups and VSM (including executive Board members) compared with the percentage of staff in the overall workforce disaggregated by:** **Q3 KPI (target – 15.5%** **2. Relative likelihood of staff being appointed from shortlisting across all posts** **Q3 KPI (target – 1.2%** **3. Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation**	**Overall Project status – on track** An Equality and Diversity Strategic Action Plan has been agreed by Trust Board. This includes hard and soft measures to improve the Trust's WRES position. Improvements are already evident. It is notable that access to non-mandatory training is well below the target set. The reason for this is that the definition of non-mandatory training has been revised. However, the differential between BME and White staff is not significant (White 3.6%). The explanation for the new definition was presented to the Equality Board at its meeting on the 24th September.	**Concerns & PMO Assurance** Equality and Diversity Board was established in June. It was therefore challenging to agree Trust wide targets and interventions prior to Equality and Diversity Board set up. This has had the consequence of some delay in implementing the E&D action plan.

			Q3 target – 32% - Actual Unknown		
			4. Relative likelihood of BAME staff accessing non-mandatory training and CPD as compared to White staff Q3 target - 28% Actual Unknown		

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Education & Research - To deliver high quality, relevant education and research:

Our Supporting Objectives

Annual Priority	SRO	Delivery Lead	October performance against agreed KPI's	August Project Plan RAG Status & Progress to plan	Concerns, Issues & Risks
We will improve the experience of medical students at UHL and address specialty-specific shortcomings in postgraduate medical education, improving our local retention rate and the UHL medical student satisfaction score	Andrew Furlong/Carolyn Fox	Sue Carr	**Improve the number of good/satisfactory 'overall satisfaction' score in the GMC NTS from 76% to >80%** **Maintain the number of good/satisfactory 'overall satisfaction' score in the GMC NTS from 76% to >80%** **Increase the retention rate of Leicester's medical students from 24% to 28% in 18/19** Work with Leicester University to improve the NSS student overall satisfaction score from 28/33 into the 3rd quartile by March 2020	**Overall Project status – on track** UHL survey outcomes for October 18 will be available in mid November.(Outcomes from Mar 18- 80% would recommend their post to a colleague.) 82% of programmes within UHL had satisfactory or good scores in the 2018 GMC survey (includes all programmes with >3 trainees) Retention rates for Leicester Medical School have been confirmed as 33% in 2018 (Data from UK Foundation Programme Office). NSS- The Leicester Medical School's overall satisfaction rose from 83% to 87%, which took the Medical School rank from 25th to 18th (out of 33 schools). Response 67.6% Improvements in this year's NSS were seen across all domains other than learning opportunities and we are now ranking within the 'middle order' of medical schools. Whilst there have been significant improvements in assessment, organisation and student voice. There were a large number of positive comments around teaching and placement quality, visibility of course leadership (whole year talks, site visits etc.) and a sense that students were now listened to, an improved sense of community, as well as recognition of changes to feedback. NSS data is held by UoL and not yet available	**Concerns** There were 75 negative outliers in the GMC survey and CMGs submitted their responses to these, to HEE, in September. HEE will notify the Trust in November if any further information/actions are required NSS-negative comments dwelt on placement quality, need for improved organisation, and remaining concerns around assessment and feedback.

We will explore the model for an Academic Health Sciences Partnership as part of our 5 Year Research Strategy and align priorities with our local universities	Andrew Furlong	Nigel Brunskill/ Stephen Ward	Academic Health Sciences Partnership assessed by the end of Q3 On track	Overall Project status – on track ✓ The Leicester Academic Health Partnership paper was approved by the University Leadership Team, and Leicester Partnership Trust executive in November 2018. The paper will be presented to the Trust Board at the meeting scheduled for the week commencing 3rd Decemeber 2108.	Concerns & PMO Assurance No concerns, plan in place and strong leadership.

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Partnerships & Integration

Partnerships & Integration - To develop more integrated care in partnership with others

Our Supporting Objectives

Annual Priority	SRO	Delivery Lead	October performance against agreed KPI's	August Project Plan RAG Status & Progress to plan	Concerns, Issues & Risks
We will integrate the new model of care for frail people with partners in other parts of health and social care in order to deliver an end to end pathway by the end of 18/19	Mark Wightman	Rachna Vyas	1. Pathway created across LLR by Sept 2018 **On track** 2. Pathway implemented by Dec 2018 **On track**	**Overall Project status – on track** In the 24 weeks since the launch of the programme, significant progress has been made in the implementation of the interventions outlined above. Progress has largely been as a result of the LLR health and care system coming together to act as a 'team of teams', with all LLR patients at the centre of the design and implementation. Previously, the LLR system has become stuck on standardisation of all services, which has proved difficult to implement on place-based/locality footprints. The work of the task force and working group has effectively looked at the outcome required for the patient and designed a service around delivery of the outcome. This has overcome many of the traditional barriers noted in previous LLR change programmes and should be a change model used in the future.	**Concerns & PMO Assurance** The Frailty programme was intended to be a time limited group, focussing on solutions for this winter. The recommendation of the Task Force has been that the programme continues for the rest of the financial year to ensure full delivery of the original aims. This is being considered at the LLR Senior Leadership Team in November 2018.
We will increase the support, education and specialist advice we offer to our patients and our partners to help them	Mark Wightman John Currington		Primary Care Education and Engagement Strategy implemented Complete	• Overall Project status – on Track ➢ A Delivery Lead has been identified for this Supporting Objective. ➢ A considerable amount of work arround support, education and specilaist advice we offer to GPs is both in place and being developed.	**Concerns & PMO Assurance** Some delays in primary care and education as a result of team concentrating resource on management of GP concerns. Reduction in numbers of concerns not

receive/deliver care in the community in order to reduce demand on our hospitals			Establish a Primary Care Oversight (PCOB) and Integration Board Complete	- Primary Care Education and Engagement Strategy supported by PCOB and being implemented. - Process in place for managing and reporting GP Concerns. - Exceeding the national CQUIN standards of 80% turnaround time of two working days for the ERS Advice and Guidance (A&G) services -148 services providing A&G across 31 specialities.	currently being seen - this may be a consequence of an effective service being in place. A&G request and response numbers have increased by over 300% in 12 months challenging capacity corporately and within the services to deliver. Head of Services for GPs is leaving.
			Monthly reporting, and reduction, of GP Concern On track		
			Advice and Guidance Service for Primary Care On track		
We will lead the development of a 5 year regional Specialist Services Strategy which will place UHL at the heart of a regional network and supporting local DGH services	Mark Wightman	Jon Currington	Five Year Regional Specialised Services Strategy complete by Q1 KPI COMPLETE	**Overall Project status – on track** Five Year Regional Specialist Services Strategy was approved by ESB in July. Work commenced on identifying the "Vital Few" of specialised services. Output fed into annual planning process.	Concerns & PMO Assurance Reporting and "Vital Few" timescales have been amended. Some delays with agreeing "Vital Few" to complete strategy - work will be prioiritised in order to recover. Back on track with other areas with the exception of reporting which will follow on from annual planning process.
			Standardised reporting of market-share/activity/income level at service level/activity type agreed.		
			Year 1 Action plan implemented by April 2019.		

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Key Strategic Enablers - We will progress our key strategic enablers

Our Supporting Objectives

Annual Priority	SRO	Delivery Lead	October performance against agreed KPI's	August Project Plan RAG Status & Progress to plan	Concerns, Issues & Risks
We will progress our hospital reconfiguration plans by developing our plans for PACH & the maternity hospital and finalising plans to relocate Level 3 ICU and dependent services at the LRI/Glenfield	Paul Traynor	Nicky Topham	ICU OBC and FBC successfully agreed through assurance process; slight delay as a result of HOSC FCBC successfully agreed through CCG assurance process KPI met - Slight delay in completion	Overall Project status – on track ICU FBC signed off by NHSI on 16th October, now waiting for final approval from SCDH / Treasurary department. STP Wave 4 Capital Bid: awaiting announcement of successful bids The PCBC assurance panel clarification points were answered on 6th November, further detail required on performance trajectories and financial position. National assurance panels have been moved from December to Feb, however this does not affect the date of the final NHSI Resource Committee (12 March).	Concerns & PMO Assurance Risk of delay to starting construction phase of ICU project if the FBC is not approved in time. EMCHC FBC delayed by 3 months (approved by NHSE).
We will make progress towards a paperless hospital with user-friendly systems by replacing all computers over 5 years old, computerising services to outpatient clinics, using technology to support Quality Commitment objectives and implementing an in-house digital imaging solution in 18/19	John Clarke	Elizabeth Simons/ Andy Carruthers	EUC -5500 desktops to be replaced Computerising Services to OPD KPI slipped Computerising Services to OPD Implementation ICE Order Comms Quality Commitment: Nerve Centre	Overall Project status – Some Slippage ➢ Forecast for Q3 17% ➢ In progress ➢ In progress On Track - MEOWS 10/10/18 Adult assessments in progress	Concerns 1. Recruitment of eMeds team has had limited success for clinical facilitators; floor walkers will use more PSO support and agency staff 2. Delays to bring in additional resources added significant delay to whole programme for remainder of this year - particularly roll-out capacity for e-PMA, Nurse Assessment forms and PMO function 3. Reduction in resources available from the MBP in particular integration, application mgmt and business intelligence constraining project capacity. Additional resources procured but delay in availability due to recruitment / training time

			Quality Commitment: ICE Acknowledging Results	Some Slippage - In progress	effective up to 15% original capacity by Jan 19. Request for DI resources from MBP now signed off. 4. Delay in sign off clinical correspondence likely to impact on clinician ability to ack results without paper copies of notes or alternative means of accessing letters electronically. 5. Roll out of eMeds deferred at the Glenfield until Jan 19 - whole project delayed by 2 months will not complete by Mar 19
			eHospital - e-PMA roll-out KPI on track	Some Slippage - Commenced at the LRI 29/10/18	
			GE – PACS No local solution	Go live 10/11/18 - Complete	
We will deliver the year 3 implementation plan for the 'UHL Way' to support & develop staff, (medical and non-medical) and offer tailored education programmes focusing on key areas	Joanne Tyler-Fantom	Bina Kotecha	Adoption and roll out of People Capability Framework with Trust identified early adopters	Overall Project status – Some Slippage ➢ early adopters in process of being identified.	Concerns & PMO Assurance Medical engagement and decision making on the use of both the PCF and Talent Management Strategy is awaiting conclusion. 03.07.18 Initial meeting with staff side scheduled for 10.07.18. Proposal meets the requirements of AFC New Deal. 04.09.18- delay in online development as we look at the possibility of incorporating new system development with the same supplier identified to deliver the new medical revalidation. October 18 LEAN programme not achieving projected numbers owing to operational pressures and unable to release staff for training. Additional risk is people's concerns about Functional Skills assessment (as required for Apprenticeships). All other work continues as per September
			Adoption and roll out of Talent Management Framework with Trust identified early adopters	➢ Framework developed and incorporated in paper based solution	
			Final agreement to agree with on line portal and supplier selected	➢ On line portal specification - initial draft has been created subject to comment and signoff.	
			Development of on line portal Talent Conversation training to include use of on line portal and guidance	➢ This is slowed down due to identification of supplier and linking to systems bought for medical appraisal- paper based version developed as contingency- ready for trial ➢ The face to face training is developed and launched- need to develop video content	
			Develop and roll out Lean Capability Programme across the Trust KPI 50	On Track ➢ Target 20 – Actual 2	
We will implement Y2 of our Commercial Strategy in order to exploit commercial opportunities available to the	Paul Traynor	TBC		Overall Project status – significant delay	No Update

Trust					
We will improve the efficiency & effectiveness of our key services and our operating theatres and implement our Carter-based LLR corporate consolidation programme	Paul Traynor	[illegible]	1. Deliver a theatre productivity programme of £2.3m in 18/19 2. Achieve 6.5% spend of turnover on back office by March 2019 3. Benchmarked Trust productivity will improve to the next quartile by the end of 18/19 4. Deliver a CIP programme of £51m in 18/19	Overall Project status – Significant Delay Although improvements are being made to the Forecast PYL out-turn and FYE, the YTD position has worsened. Programme behind at YTD by £1.6m, In year adverse variance to plan of £7.1m, an improvement on last month by £1.4m FYE adverse to plan by £12.8m, also an improvement on last month by £4m Quality Assurance approved schemes is at 58% of the programme, an increase of 3% last month. Work to identify 100% of the plan continues with escalation meetings with the CMGS and on-going monitoring with the enabling work-streams.	**Concerns & PMO Assurance** How to ensure all PIDs are completed for the current year.There are 33 PIDS outstanding for the current year. Of these £5.5m have already commenced and require urgent sign off from the Chief Nurse / Medical Director. How to deliver on CIP gap. How to improve GP letter accuracy.
We will continue on our journey towards financial stability as a consequence of the priorities described here, aiming to deliver our financial target in 18/19	Paul Traynor	Chris Benham	0% variance to financial control total and plan	Overall Project status – significant delay	No Update