

**2018-19**  
Annual Report  
& Accounts



# Our Values



## We treat people how we would like to be treated

- We listen to our patients and to our colleagues, we always treat them with dignity and we respect their views and opinions
- We are always polite, honest and friendly
- We are here to help and we make sure that our patients and colleagues feel valued



## We do what we say we are going to do

- When we talk to patients and their relatives we are clear about what is happening
- When we talk to colleagues we are clear about what is expected.
- We make the time to care
- If we cannot do something, we will explain why



## We focus on what matters most

- We talk to patients, the public and colleagues about what matters most to them and we do not assume that we know best.
- We do not put off making difficult decisions if they are the right decisions
- We use money and resources responsibly



## We are passionate and creative in our work

- We encourage and value other people's ideas
- We seek inventive solutions to problems
- We recognise people's achievements and celebrate success



## We are one team and we are best when we work together

- We are professional at all times
- We set common goals and we take responsibility for our part in achieving them
- We give clear feedback and make sure that we communicate with one another effectively

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## Welcome from the Chairman and Chief Executive

We are delighted to present our Annual Report and Accounts for the University Hospitals of Leicester NHS Trust (Leicester's Hospitals) for 2018/19.

It is our belief that we are at a pivotal stage in the development of the Trust. Over recent years, we have seen significant improvement in many areas, including harm reduction, mortality rates and patient satisfaction, whilst other required improvements have either eluded us entirely or not been sustained. The Trust Board has given this considerable thought and has sort explicitly to learn from similar scale organisations which have a stronger overall track record. The result of this work is our new Quality Strategy –“Becoming the Best”.

This strategy, which has been contributed to by many people in the organisation and has been heavily influenced by improvement resources developed by external bodies such as the Care Quality Commission and NHS Improvement, contains the detail of how we will go about sustained, comprehensive quality improvement over the coming years, including addressing the key issues of culture and leadership. Through Becoming the Best, we are confident that we will be able to achieve more consistent results and take the Trust from “Requires Improvement” to “Outstanding”. The full strategy is available here on our website.

One of the things that we have already improved is our winter planning. Following a very difficult winter in 2017/18, we planned more carefully and opened more capacity for 2018/19. Despite increases in all categories of patient activity, we were able to maintain elective care and achieve the required national targets in that regard. Emergency care performance remained challenged, but even here our relative performance improved significantly. There is more detail on this and other performance measures in the Performance Report section, and more detail on our performance against key quality measures in our Quality Account.

During 2018/19 we have seen significant progress against our ‘eHospital’ programme aimed at reducing our reliance on paper records and enabling our staff to work more effectively and efficiently with better systems and equipment. We have introduced new systems and begun a process of updating old PCs and laptops with new ones; over 2500 devices have so far been replaced. We expect to see this progress further during the coming year, bringing real benefits to our staff and patients.

We could not write our introduction without mentioning the financial challenge we have faced this year. In our original forecast at the start of the year we predicted that we would end the year with a surplus of £0.7m. Halfway through the year we looked again at our finances and compared them to our original plan which resulted in a reforecast, and ultimately a year end deficit of £41.8m. The lion's share of that deterioration in our finances relates to the cancellation of our original plan to create a wholly owned NHS subsidiary company to run our estates and facilities services, which would have delivered £22m of cash savings. In addition, a further £9m relates to the excess cost of delivering emergency services to our patients, in what has been an extremely busy year and we were not eligible to receive £12m of sustainability funding from central government as a result of not delivering our overall financial target.

We have ended the year with our senior clinical and management teams working hard to think of additional ways of saving money whilst ensuring that we maintain clinical quality and safety for our patients. This has resulted in the successful achievement of our revised forecast, a key requirement of our regulator, but this is nonetheless a disappointing performance. We are pleased to report, however, that changes to the national funding and contracting approach for 2019/20 look favourable and as such we are confident that, assisted by an improved approach to efficiency and productivity, we will achieve a much better result in 2019/20.

There have been some changes to our Trust Board this year. We welcomed Rebecca Brown as our new Chief Operating Officer and Deputy Chief Executive, Carolyn Fox our new Chief Nurse. Hazel Wyton was appointed as our Director of Workforce and OD and will be a regular Trust Board attendee. This year has also seen the re-appointment of our Chair and Deputy Chairman and the appointment of a new Non-Executive Director, Kiran Jenkins, following the departure of Richard Moore. The Board has also recently agreed to invite Darryn Kerr, Director of Estates and Facilities, and Andy Carruthers, Acting Chief Information Officer to attend all future Trust Board meetings (from March 2019).

We wanted to make a special mention of the tragic and sudden loss of one of our biggest supporters, Vichai Srivaddhanaprabha. Vichai was a very special individual, not only with his involvement with the football club,

but he made a real effort to engage with fans and the community of Leicester – which was evident with the outpouring of emotion across the city and beyond in the weeks following his death.

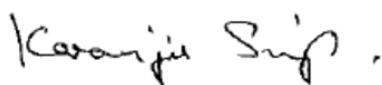
We have a very close relationship with the football club and the chairman was always incredibly supportive. We remain extremely grateful for the very generous donation he made towards our new children’s hospital. He certainly knew how to make the impossible possible, and has left behind a legacy which we are committed to keeping alive through our partnership with the club.

As referenced in the opening of this introduction, our main focus for 2019/20 will be on implementing “Becoming the Best” and the twelve key priorities we have identified for the year.

The priorities included further development of our estate: We will progress work on the expansion of our Intensive Care Unit at Glenfield Hospital (creating an additional 11 beds) so we can better treat those patients who need life-saving care, building three new surgical wards for Hepato-biliary and Transplant services and creating a new Interventional Radiology department, all at Glenfield. At the Royal Infirmary we are refurbishing three of our existing wards, creating a new ambulatory and emergency General Surgery Unit and colorectal ward which will improve the environment and experience for our patients and staff. We are also expecting NHS Improvement to undertake our first “Use of Resources” inspection, and towards the end of the summer we expect the Care Quality Commission to inspect a range of our clinical services and carry out a further “Well Led” inspection.

Finally, we could not end our introduction to this without giving our sincere thanks to the many people and organisations that support our work. To the hundreds of volunteers who give their time freely, every day, to help our patients and visitors; to the Patient Partners who act as critical friends to us and offer advice on our ideas; and to bodies such as Healthwatch, local Clinical Commissioning Groups, Local Authority partners, and GPs for their continued help and support.

Most of all, our unreserved thanks, on behalf of the whole Trust Board, must go to our staff. This past year has seen many challenges and pressures, but when we walk our wards, departments and corridors we are met with smiles and hear stories of people going above and beyond for our patients and their colleagues. We really appreciate their dedication to our organisation. We thank them for their on-going commitment to make things better, and we revere them for everything they do day in, day out to provide the best service that they can.



**Karamjit Singh CBE, Chairman**



**John Adler, Chief Executive**



## About Leicester's Hospitals

**Our patients are the most important thing to us and we are constantly striving to improve the care they receive, through looking at the ways we work, ensuring our staff are highly trained and encouraging research which allows us to offer our patients the latest technologies, techniques and medicines – and attract and retain our enviable team of more than 16,000 highly skilled staff.**

**Based in the heart of Leicester, we are one of the biggest and busiest NHS Trusts in the country**, serving the one million residents of Leicester, Leicestershire and Rutland – and our specialist services serve another two to three million patients from areas across the rest of the country.

Our nationally and internationally-renowned specialist treatment and services in cardio-respiratory diseases, ECMO, cancer and renal disorders reach a further two to three million patients from the rest of the country.

We run three city hospitals, the Glenfield, General and Royal Infirmary, which is home to our Children's Hospital.

Having a role in the development of the next generation of clinical staff is important to us so we work closely with partners at the University of Leicester and De Montfort University to provide world-class teaching to nurture and develop future doctors, nurses and other healthcare professionals, many of whom go on to spend their working lives with us.

We continue to work with many different organisations across the globe to push the boundaries of research and new surgical procedures for the benefit of our patients, with around 1,000 clinical trials taking place every year. We host an NIHR Biomedical Research Centre which supports key research into cardiovascular and respiratory disease, lifestyle and diabetes. We also host an NIHR Clinical Research Facility, which supports early phase clinical trials. Our Research Space has a new dedicated children's research facility catering for our youngest research participants. We are extremely proud that we have an Experimental Cancer Medicine Centre, and our HOPE facility is an instrumental factor in delivering clinical trials of new cancer treatments, generously supported by the locally-based charity Hope Against Cancer. We are helping to pave the way for a new era of personalised medicine for our patients by participating in the 100,000 Genomes Project. All of this means that thousands of our patients are amongst the first to be offered the latest medicines and treatments.

Our heart centre at the Glenfield hospital continues to lead the way in developing new and innovative research and techniques and has become one of the world's busiest ECMO (extra corporeal membrane oxygenation) centres and the only hospital in the UK to provide ECMO therapy for both adults and children. Our vascular services are nationally renowned, with more patients surviving longer after following an aneurysm repair (to fix a life threatening bulge in a blood vessel).

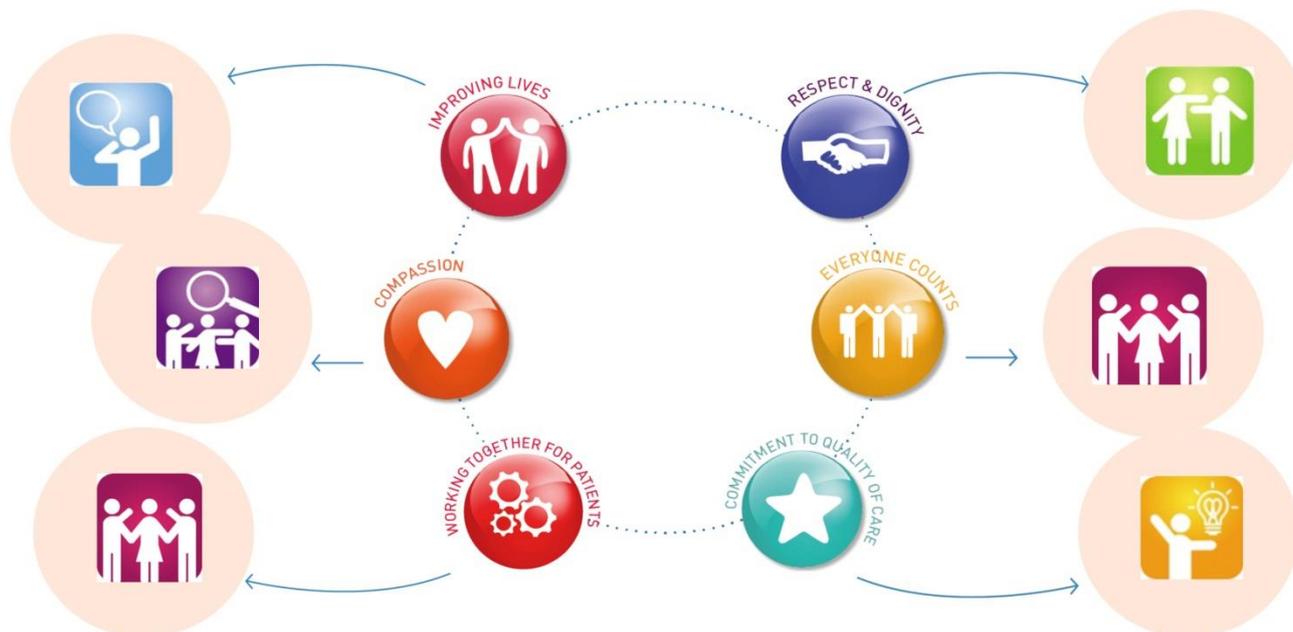
Our purpose is to provide 'Caring at its best' by living a set of values created by our staff that embody who we are and what we are here to do. They are:

- We focus on what matters most
- We treat others how we would like to be treated
- We are passionate and creative in our work
- We do what we say we are going to do
- We are one team and we are best when we work together

Our patients are at the heart of all we do and we believe that 'Caring at its Best' is not just about the treatments and services we provide, but about giving our patients the best possible experience. That is why we are proud to be part of the NHS and we are proud to be Leicester's Hospitals.

## Our values and the NHS Constitution

We created our values with staff over five years ago and made sure that they were in line with, and supported, the NHS Constitution, which was put in place by the Government on 1 April 2010. This diagram shows how our values map to the NHS Constitution.



The NHS Constitution establishes the principles and values of the NHS in England. It sets out rights to which patients, public and staff are entitled, and pledges which the NHS is committed to achieve, together with responsibilities which the public, patients and staff owe to one another to ensure that the NHS operates fairly and effectively. All NHS bodies and private and third sector providers supplying NHS services are required by law to take account of this Constitution in their decisions and actions.

The Constitution will be renewed every ten years, with the involvement of the public, patients and staff. It is accompanied by the Handbook to the NHS Constitution ([www.gov.uk/government/news/nhs-constitution-and-handbook-updated](http://www.gov.uk/government/news/nhs-constitution-and-handbook-updated)) that is renewed at least every three years, setting out current guidance on the rights, pledges, duties and responsibilities established by the Constitution. These requirements for renewal are legally binding. They guarantee that the principles and values which underpin the NHS are subject to regular review and recommitment; and that any government which seeks to alter the principles or values of the NHS, or the rights, pledges, duties and responsibilities set out in this Constitution, will have to engage in a full and transparent debate with the public, patients and staff.

There have since been a number of amendments and updates to the constitution. The latest version can be found on the gov.uk website.

Here at Leicester's Hospitals we will always endeavour to make sure that we live up to the pledges set out in the Constitution. We will ensure that we 'live our values' and create an environment where those who do not can be challenged to ensure that we provide better care.

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# **The Accountability Report**

# The Directors Report

## Our Trust Board

## Declaration of Interests



**Karamjit Singh CBE**

Trust Chairman

Family member is a partner in Lakeside Practice, Corby; Member of the UHL Corporate Trustee Board



**Vicky Bailey**

Non-Executive Director

Son has a summer 2019 internship at PwC; Council Member, University of Nottingham; External Adviser to the University of Nottingham Audit and Risk Committee; Secretary, West Bridgford Rugby Football Club; Associate Member of the Local Government Association; Member of the Department of Health and Social Care stakeholder group on the GP Partnership Review; Involved in the national support programme for CCGs, on a contracted basis; Former Trustee and current Fellow of the Queens Nursing Institute; Member of the UHL Corporate Trustee Board



**Professor Philip Baker**  
and Dean of the University  
of Leicester Medical School

Non-Executive Director

Minority shareholder of Metabolomic Diagnostics – spinout company seeking to develop predictive tests for pregnancy complications; Trustee of 'The Bridge' – a charity providing for the homeless in Leicester; Dean of Medicine, Pro-Vice-Chancellor and Head of the College of Life Sciences, University of Leicester; Member of the UHL Corporate Trustee Board



**Colonel (Ret'd)  
Ian Crowe**

Non-Executive Director

Member of the Royal British Legion; Brother by award of the Order of St John (not active in the organisation); Member of the Royal Army Medical Corps; Member of the UHL Corporate Trustee Board



**Kiran Jenkins**  
(from 1.12.18)

Non-Executive Director

Risk Officer, Experian plc; Member of the UHL Corporate Trustee Board



**Andrew Johnson**

Non-Executive Director

Elected Chairman of Morcott Parish Council, Rutland; Elected Parish Councillor of Morcott Parish Council, Rutland; Non-Executive Director Chair of Trust Group Holdings Ltd; Member of the UHL Corporate Trustee Board



**Richard Moore**  
(until 30.11.18)

Non-Executive Director

Director, Peppercorn Serviced Offices Ltd; Director, EAI 555 Limited; Director, Momentum 002 Limited; Director, Momentum Partners; Chairman, 555 Fussball Projekt & SoccerWorld Deutschland GmbH; Corporate Director of Finance and Resources, Barnardo's; Member of the UHL Corporate Trustee Board



**Ballu Patel**

Non-Executive Director

Member of the UHL Corporate Trustee Board (and Chair of the UHL Charitable Funds Committee)



**Martin Traynor**

Non-Executive Director

Position as Small Business Crown Representative, HM Govt (Cabinet Office); Member of the UHL Corporate Trustee Board

## Our Trust Board

## Declaration of Interests



**John Adler**

Chief Executive

Hospitality declarations – dinner provided by Deloitte LLP on 24.10.18 originally organised as a joint meeting with the Chief Executive of Nottingham University Hospitals NHS Trust; November 2018 reciprocal visit to Nantong University Hospital, China as part of an ongoing partnership governed by a memorandum of understanding signed in 2017. Equivalent visit to Leicester took place in 2017; dinner provided by Deloitte LLP on 24.1.19 with Ted Baker, CQC Chief Inspector of Hospitals; Member of the UHL Corporate Trustee Board



**Rebecca Brown**  
(from 25.6.18)

Chief Operating Officer

Trustee of The Bridge (Homelessness to Hope) Charity, Leicester; Member of the UHL Corporate Trustee Board



**Eileen Doyle**  
(until 24.6.18)

Interim Chief Operating Officer

Managing Director of Dunain Health Management, a Limited Company currently in dormancy



**Carolyn Fox**  
(from 1.10.18)

Chief Nurse

Member of the UHL Corporate Trustee Board



**Mr Andrew Furlong**

Medical Director

Member of the UHL Corporate Trustee Board



**Bina Kotecha**  
(from 23.4.18 - until 31.7.18)

Joint Acting Director of Workforce and OD

Confirmed no declarations to be made



**Eleanor Meldrum**  
(from 23.4.18 - until 30.9.18)

Acting Chief Nurse

Confirmed no declarations to be made



**Julie Smith**  
(until 20.4.18)

Chief Nurse

Confirmed no declarations to be made



**Paul Traynor**

Chief Financial Officer

Spouse is employed in a governance role by the LLR Alliance; Non-Executive Director of Trust Group Holdings Ltd; Member of the UHL Corporate Trustee Board



**Joanne Tyler-Fantom**  
(from 23.4.18 - until 31.7.18)

Joint Acting Director of Workforce and OD

Confirmed no declarations to be made

### Directors who provide advice to the Board



**Andy Carruthers**  
(from 5.4.19)

Acting Chief  
Information Officer

Confirmed no declarations to be made



**John Clarke**  
(until 4.3.19)

Chief Information Officer

Confirmed no declarations to be made



**Darryn Kerr**  
(Invited to attend Trust Board  
meetings from March 2019)

Director of Estates  
& Facilities

Hospitality declaration – charity dinner on 21.3.19 in support of Museum Charities, hosted by Ryder Levitt Bucknall, the Trust's approved subcontractors for capital Projects cost advice and project support.



**Louise Tibbert**  
(until 20.4.18)

Director of Workforce  
and OD

Member of the NHS Pension Board as an employer representative – 3-year appointment from 1.1.16



**Hazel Wyton**  
(from 1.8.18)

Director of People  
and OD

Confirmed no declarations to be made



**Stephen Ward**

Director of Corporate  
and Legal Affairs

Confirmed no declarations to be made



**Mark Wightman**

Director of Strategy  
and Communications

Confirmed no declarations to be made

## What is a Non-Executive Director?

The role of Non-Executive Directors is different to that of an Executive Director. They do not have responsibility for the day to day management of the Trust but share the Board's corporate responsibility for ensuring that the Trust is run efficiently, economically and effectively. They will scrutinise the executive management's performance in meeting agreed goals and objectives and monitor the reporting of performance. They must satisfy themselves on the integrity of financial information and that financial controls and a sound system for the management of risk are in place. They will seek to establish and maintain public confidence in the Trust, and must be independent in judgement and constructively challenge and help develop decisions and strategy for which they bear equal responsibility.

To be effective a Non-Executive Director needs to be well-informed about the Trust and have a good grasp of the relevant issues.

Our Non-Executive Directors bring independence, external perspectives, skills and challenge to strategy development and hold our Executive Team to account for the delivery of the strategy. They actively support and promote a healthy culture for the organisation and this reflects in their own behaviour. It is imperative that they provide visible leadership in developing a healthy culture so that staff believe Non-Executive Directors provide a safe point of access to the Board for raising their concerns.

Some of the Non-Executive Directors chair key committees that support accountability. Individual Non-Executive Directors are members of specific Board Committees, although papers of all those meetings are available to all Non-Executive Directors if they wish to see them. The Chairman and all Non-Executive Directors are members of the Trust's Remuneration Committee.

These are the Committee Chairing roles that our Non-Executive Directors carried out over the last 12 months:

Board member	Chairs
Karamjit Singh, CBE	Trust Board and Remuneration Committee
Col (Ret'd) Ian Crowe	Quality and Outcomes Committee
Kiran Jenkins	Audit Committee (from 1 December 2018)
Andrew Johnson	People, Process and Performance Committee
Richard Moore	Audit Committee (until 30 November 2018)
Ballu Patel	Charitable Funds Committee
Martin Traynor, OBE	Finance and Investment Committee

## Trust Board meetings

Our Trust Board meetings are held in public and details of dates are on our public website. The meetings move between our three hospital sites, and both staff and members of the public are welcome to attend the public session of each meeting.

We held our Annual Public Meeting on Thursday 5 July 2018 at Devonshire Place on London Road in Leicester, on the 70th anniversary of the NHS, presenting our 2018/19 annual report and accounts and answering questions from the public.

In addition to the Trust's formal Annual Public Meeting, the event on 5 July 2018 also included a "Big 7 Tea Party" to celebrate the NHS's 70th Birthday and a special "Big 7 Tea Conversation" giving members of the public an opportunity to put questions to a panel of key decision makers from local NHS organisations.

## Partners on our Trust Board

A nominated representative of Leicester and Leicestershire Healthwatch attended and contributed to our public Trust Board meetings as a non-voting/co-opted member – Ms Harsha Kotecha took over this role in October 2018.

We hope that by having a representative of Healthwatch at the Board table, it opens up the Board to a different perspective – that of the patient/public voice – which serves to enrich the Board's deliberations and decisions.

## Openness and accountability

We have adopted the NHS Executive's code of conduct and accountability, and incorporated them into our corporate governance policies (our Standing Orders, Standing Financial Instructions and Scheme of Delegation).

## Anti-Fraud and Corruption Statement

The Bribery Act 2010 came into effect on 1 July 2011. Bribery is generally defined as giving someone a financial or other advantage to encourage that person to perform their functions or activities improperly or to reward that person for having already done so. The maximum penalty for bribery is 10 years imprisonment, with an unlimited fine.

In addition, the Act introduces a corporate offence of failing to prevent bribery by an organisation not having adequate preventative procedures in place. The organisation may avoid conviction if it can show that it had procedures and protocols in place to prevent bribery. The corporate offence is not a stand-alone offence, but always follows from a bribery and/or corruption offence committed by an individual associated with the company or organisation in question.

As a result, we confirm that the University Hospitals of Leicester NHS Trust will commit sufficient time and resources to the development and embedding of an appropriate anti-bribery programme to include:

- A commitment to carry out business fairly, honestly and openly
- A commitment to zero tolerance towards bribery
- The consequences of breaching the policies for employees and managers
- The avoidance of doing business with others who do not commit to doing business without bribery as a 'best practice' objective
- The protection and procedures for confidential reporting of bribery (Whistleblowing)
- To support key individuals and departments involved in the development and implementation of the Trust's bribery prevention procedures

## Going Concern

International Accounting Standard 1 requires the Board to assess, as part of the accounts preparation process, the Group and Trust's ability to continue as a going concern. In preparing the financial statements the Board of Directors has carefully considered the principle of 'going concern' against the requirements of IAS1.

The Directors concluded that although there are material uncertainties relating to the financial sustainability of the Group and Trust, they have made appropriate enquiries and still have reasonable expectations that the Trust will have adequate resources to continue in operational existence for the foreseeable future. On this basis, the financial statements have been prepared on a going concern basis.

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# Corporate Governance Report

## Executive Summary

The annual governance review confirms that we, the University Hospitals of Leicester NHS Trust, have a generally sound system of internal control that supports the achievement of our policies, aims and objectives. We recognise that our internal control environment can always be improved and strengthened, and this work will continue in 2019/20 as part of our commitment to continuous improvement.

In 2018/19 we identified a number of significant control issues which have impacted on our overall performance. This Statement gives an account of the remedial actions which have been, and are being, taken.

## Scope of Responsibility

As the Accountable Officer, I have responsibility for maintaining a sound system of internal control that supports adherence to our policies and the achievement of our aims and objectives, whilst safeguarding both public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the Trust is administered prudently and economically, and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the NHS Trust Accountable Officer Memorandum.

In undertaking this role I, and my team, have developed strong links with the NHS Trust Development Authority (now NHS Improvement), local Clinical Commissioning Groups, and other partner organisations. In particular, the Trust plays an important role in the Leicester, Leicestershire and Rutland Sustainability and Transformation Partnership, which aims to reshape the provision of health services in Leicester, Leicestershire and Rutland by integrating the activities of NHS organisations and local authorities to improve outcomes for patients, and to deliver care more efficiently.

## The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide a reasonable and not absolute assurance of effectiveness.

The system of internal control is based on an ongoing process designed to:

- identify and prioritise the risks to the achievement of the policies, aims and objectives of the Trust; and
- evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically.

The system of internal control has been in place at the University Hospitals of Leicester NHS Trust for the financial year ended 31<sup>st</sup> March 2019 and up to the date of the approval of the annual accounts.

## The Governance Framework of the Organisation

### **Trust Board composition and membership**

Our Trust Board comprises thirteen members: a Chairman, seven Non-Executive Directors, and five Executive Directors.

During 2018/19, there have been a number of changes in the composition of the Board. In June 2018 Rebecca Brown joined the Trust as Chief Operating Officer and Deputy Chief Executive; Carolyn Fox joined as Chief Nurse in October 2018; and Kiran Jenkins commenced her role as Non-Executive Director (and Chair of the Audit Committee) in December 2018, succeeding Richard Moore.

There were changes, too, amongst those post holders who attend meetings of the Board, but not in a voting capacity. Hazel Wyton joined the Trust as Director of People and Organisational Development in August 2018; and Andy Carruthers, Acting Chief Information Officer and Darryn Kerr, Director of Estates and Facilities were invited by the Board to attend all of its meetings from March 2019 onwards.

In summary, although there has been some turnover in Director posts in 2018/19, the process of making substantive appointments to the Trust Board is now complete, creating a well-balanced Board to provide continuity of leadership going forward.

### **Performance Management Reporting Framework**

I report on key issues to each public Board meeting and a Quality and Performance Dashboard forms part of this report.

To ensure that the Board is aware to a sufficient degree of granularity of what is happening in the hospitals, a comprehensive quality and performance report is reviewed monthly at a joint meeting of the Board's People, Process and Performance Committee and Quality and Outcomes Committee. This report is also published as part of our Trust Board papers.

The monthly report:

- is structured across several domains: 'safe', 'caring', 'well-led', 'effective' and 'responsive';
- includes information on our performance against NHS Improvement's Single Oversight Framework;
- includes performance indicators rated red, amber or green;
- is complemented by exception reports and commentaries from the accountable Executive Directors identifying key issues to the Board and, where necessary, corrective actions to bring performance back on track.

Our formal Board performance management reporting framework is accompanied by a series of measures to achieve a more interactive style of governance, moving beyond paper reporting.

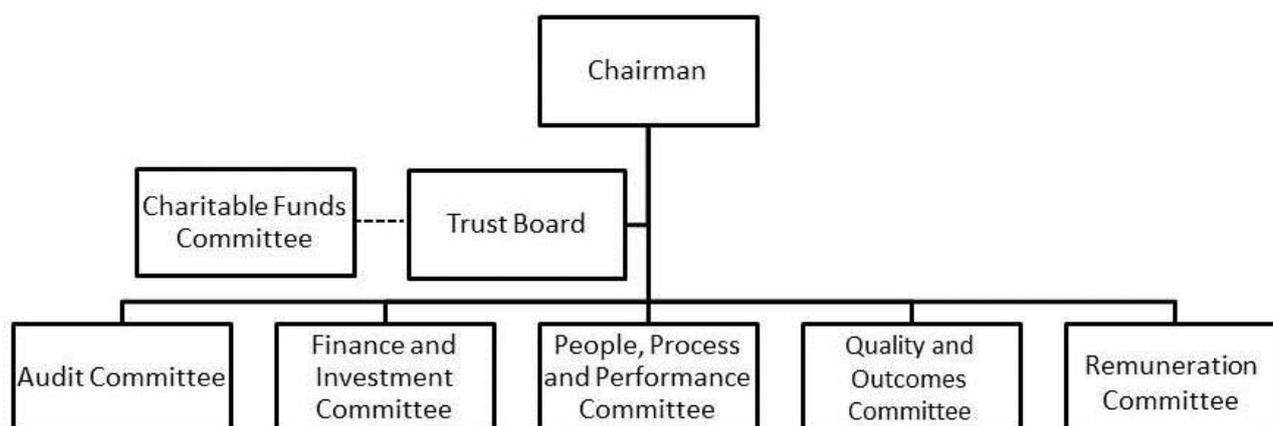
Examples include:

- staff and patient stories, which are presented in public at each Board meeting. These shine a light on staff experiences and individual experiences of patient care provided by our organisation, and act as a catalyst to our commitment to continuous improvement; and
- patient safety walkabouts carried out by Board members.

These arrangements allow Board members to help model our values through direct engagement, as well as ensuring that Board members take back to the boardroom an enriched understanding of the lived reality for staff, patients, and public.

### **Committee Structure**

We operate a committee structure to strengthen our focus on quality governance, finance, people, process and performance, and risk management. The committees carry out detailed work of assurance on behalf of the Trust Board. A diagram illustrating the Board committee structure is set out below:



All of our Board committees are chaired by a Non-Executive Director and comprise a mixture of both Non-Executive and Executive Directors within their memberships. The exceptions to this are the Audit Committee and the Remuneration Committee, which (in accordance with NHS guidance) comprise Non-Executive Directors exclusively.

The Audit Committee is established under powers delegated by the Trust Board, with approved terms of reference that are aligned with the NHS Audit Committee Handbook. The Committee has met on six occasions throughout the financial year. It has discharged its responsibilities for scrutinising the risks and

controls which affect all aspects of our organisation's business. The Audit Committee receives reports at each of its meetings from the External Auditor, Internal Auditor, and the Local Counter-Fraud Specialist, the latter providing the Committee with assurance on our work programme to deter fraud.

The Finance and Investment Committee meets monthly to oversee the effective management of our financial resources and financial performance across a range of measures. The Quality and Outcomes Committee also meets monthly, and seeks assurances that there are effective arrangements in place for monitoring and continually improving the quality of healthcare provided to patients.

To strengthen the focus on workforce issues, and on organisational systems, processes and performance management, the Trust Board has established a People, Process and Performance Committee. This Committee meets monthly, too, and amongst the standing items which feature on its agenda are (a) workforce issues – including regular review of the Workforce Strategy and progress against our equality and diversity plan; (b) urgent and emergency care performance; and (c) performance against the cancer waiting time standards. The Committee has also focussed on a number of specific process issues during 2018/19, including 'Red2Green', winter planning, and the arrangements in place via the Performance Management and Accountability Framework.

The minutes of each meeting of our Board committees are submitted to the next available Trust Board meeting for consideration. Recommendations made by the committees to the Trust Board are clearly identified on a cover sheet accompanying the submission of the minutes to the Board.

The Chair of each Committee personally presents a summary of the Committee's deliberations, highlighting material issues arising from the work of the Committee to the Board.

Every meeting of the Trust Board and each Board Committee meeting was quorate during 2018/19.

#### ***Attendance at Board and committee meetings***

The attendance of the Chairman, individual Non-Executive Directors, Executive Directors, and Corporate Directors at Board and committee meetings during 2018/19 is set out in appendix 1 to this Statement. The table reflects instances of attendances for either the whole or part of the meeting and applies to formal members and/or regular attendees as detailed in the terms of reference for each body.

#### ***Board Effectiveness***

On joining the Board, Non-Executive Directors participate in a full induction programme and are given background information about the Trust and our activities.

Our Board recognises the importance of effectively gauging its performance so that it can draw conclusions about its own strengths and weaknesses and take necessary steps to improve. As a Board we are keen to ensure that we are:

- operating at maximum efficiency and effectiveness;
- adding value; and
- providing a yardstick by which the Board can both measure its own effectiveness and prioritise its activities for the future.

During 2018/19, the Trust Board underwent an externally-facilitated developmental review, supported by the NHS East Midlands Leadership Academy. The focus of the review was to illuminate the developmental journey necessary for the Board to exercise effective leadership of quality set within the context of our emerging Quality Strategy, and taking into account the Well-Led Framework.

The outcomes of the review are summarised below:

- greater understanding by the Board of what its contribution will be to leading the Trust to an 'outstanding' rating, reflecting the premise that change starts from the top;
- greater understanding of the need to establish more effective relationships with key stakeholders who will implement change activities on the Board's behalf, principal amongst these stakeholders being clinicians;
- enhanced generative conversations at Board level, achieving an appropriate balance between challenge and support, so that Non-Executive Directors carry out the functions of challenge and

holding to account effectively, and Executive Directors respond positively to this challenge, leading to effective implementation of Board decisions;

- clarity on the Board's role in implementation of the Trust's Quality Strategy, the way this will be communicated, the expectations that the Board will have of its staff, and the way in which the Board will hold stakeholders to account in achieving quality standards;
- the transfer of knowledge from the external facilitators to the Board, based on their many years of working with Boards and being on Boards themselves.

Outside of its formal meetings, the Board has held development sessions ('Thinking Days') each month throughout the year. Amongst the topics considered were:

- responses to the Francis report : changes in Board leadership and governance in acute hospitals in England since 2013;
- the Leicester, Leicestershire and Rutland Frailty Programme;
- NHS Improvement's Culture and Leadership Programme;
- the development of our People Strategy;
- the digital agenda : the role of the Board.

Our Chairman set objectives for me and for the Non-Executive Directors for the year. In turn, I set objectives for the Executive Directors and Corporate Directors in relation to the delivery of the 2018/19 Annual Plan. Performance against objectives is reviewed formally on an annual basis by the Chairman and me, respectively, and the results reported to the Remuneration Committee for consideration.

### **Corporate Governance**

In managing the affairs of the Trust, the Board is committed to achieving high standards of integrity, ethics and professionalism across all areas of activity. As a fundamental part of this commitment, the Board supports the highest standards of corporate governance within the statutory framework.

We have in place a suite of corporate governance policies which are reviewed and updated as required. These include standing orders, standing financial instructions, a scheme of delegation, and policies to counter fraud, bribery and corruption.

The Board subscribes to the NHS Code of Conduct and Code of Accountability and has adopted the Nolan Principles, 'the seven principles of public life'. We have also adopted the Code of Conduct: "Standards for NHS Board members and members of Clinical Commissioning Group governing bodies in the NHS in England" (Professional Standards Authority: November 2012).

NHS Trusts are subject to oversight by NHS Improvement which uses the Single Oversight Framework for the purpose. The Single Oversight Framework bases its oversight on the NHS provider licence. NHS Trusts are therefore legally subject to the equivalent of certain provider licence conditions and NHS Improvement has directed that NHS Trusts must self-certify compliance with licence conditions G6 and FT4, respectively.

The Trust Board undertakes a self-assessment of compliance against these conditions annually, having regard to guidance issued by NHS Improvement, and where necessary identifies actions to mitigate risks to compliance.

Following review, the Trust Board declared compliance with conditions G6 and FT4 for the 2018/19 financial year and confirmed that the Trust took all such precautions as were necessary in order to comply with the conditions of the licence, any requirements arising under the NHS Acts and having regard to the NHS Constitution.

We have published an up-to-date register of interests for decision-making staff within the past twelve months, as required by the 'Managing Conflicts of Interest in the NHS' guidance.

### **Information Governance**

We recognise the importance of robust information governance. In May 2018, the Chief Information Officer assumed the role of Senior Information Risk Owner; the Medical Director continued as our Caldicott Guardian throughout the year.

All NHS Trusts are required annually to carry out an information governance self-assessment using the NHS Data Security and Protection Toolkit. This contains 10 standards of good practice, spread across the domains of:

1. robust patient confidential data processes
2. staff training around patient confidential data
3. staff training for the General Data Protection Regulation (GDPR)
4. accessing of patient confidential data by appropriate personnel
5. strategy, policy and process review
6. cyber-attack prevention
7. continuity planning
8. strategy for unsupported software
9. cyber-attack strategy
10. contract management

During the year we reported to the Information Commissioner's Office two serious untoward incidents involving lapses of data security. These incidents remain under consideration by the Commissioner.

In respect of other personal data related incidents experienced during the year, we have carried out investigations to ensure that the root causes are properly understood and addressed; in addition, where necessary, patients have been contacted to inform them of the lapses and to provide them with assurance about the actions we have taken to prevent recurrence.

#### ***Review of economy, efficiency and effectiveness of the use of resources***

Our clinical and non-clinical activities are managed under a devolved management structure, governed by a scheme of delegation which is reviewed and updated, where required, on an annual basis.

For clinical activities, we have in place a clinical management structure to support the effective leadership of clinical services and ensure effective care. This management structure consists of seven Clinical Management Groups, with each Clinical Management Group having a leadership team that comprises a senior clinician, senior nurse and senior manager. This core team is supported by the human resources team and information and performance colleagues, with finance support provided through embedded heads of finance and an associated Clinical Management Group-based finance team.

For non-clinical activities, we have in place a corporate directorate structure to support the organisation and to provide corporate services to the Clinical Management Groups. This management structure consists of ten corporate directorates with each directorate being led by a Director, with finance support provided through the corporate finance function.

We maintain a strong focus on performance management, with all CMGs and Directorates bearing responsibility for the delivery of quality, financial and other performance targets. Performance is monitored through a system of performance agreements which are agreed and documented as part of the annual business planning cycle and reviewed through a series of monthly performance review meetings, chaired by a Board-level Executive Director, operating under our Performance Management and Accountability Framework.

We continued to adopt a project-based approach to savings delivery in 2018/19 through an established cost improvement programme underpinned by project management office arrangements. Whilst we have enhanced our governance and oversight arrangements in respect of savings delivery during 2018/19, emerging cost pressures and operational challenges have resulted in a programme that has not been able entirely to deliver recurrent savings within the year. Non-recurrent benefits have closed this savings gap in-year, and we are aware that this position creates a further financial challenge heading into the next financial year.

The Finance and Investment Committee provides assurance to the Trust Board as to the achievement of the financial plan and priorities and, in addition, acts as the key forum for the scrutiny of the robustness and effectiveness of all cost efficiency opportunities. This Committee interfaces with the other Trust Board

Committees and Executive Board meetings, and also reviews the process of business planning, specific business case development, and capital programme management.

We have developed an internal audit programme, based on key business governance themes, with Internal Audit provider PWC, designed to enhance focus on business governance and to support improved compliance.

We had a planned deficit in 2018/19 and breached the requirement under section 30 of the Local Audit and Accountability Act 2014 to achieve break-even taking one year against another over a three year rolling period. As such, our External Auditors have made a referral to the Secretary of State for Health. This referral has been made under Section 30 of the 2014 Act.

We recognise that this position is set within the context of a wider sustainability gap across the local health economy. To address this challenge, work remains ongoing through our longer term reconfiguration programme that is inherently linked to the Leicester, Leicestershire and Rutland Sustainability and Transformation Partnership that includes local health and social care partners.

## Workforce

In October 2018, NHS Improvement published 'Developing Workforce Safeguards' to help Trusts manage common workforce problems. From April 2019, NHS Improvement will assess all providers against their compliance with the guidance in order to support a consistent approach to workforce decision-making.

The Trust Board has approved (July 2018) a five year Strategic Workforce Plan which sets out our short, medium and long-term actions to ensure appropriate levels and skills of staff are available to deliver safe, high quality care to patients and service users.

To complement this plan, in March 2019 the Trust Board approved our People Strategy, 'Becoming the Best through our people', which sets out how we will ensure we have the right people with the right leadership capability, behaviours and skills to deliver 'Caring at its Best'; and how we will prioritise and address our critical workforce gaps. To this end, our Nursing and Midwifery Workforce Plan and Medical Workforce Plan form part of the Strategy.

As part of the Annual Operational Plan 2019/20, approved by the Trust Board in April 2019, we have identified:

- our workforce planning methodology,
- our current workforce challenges and risks,
- our long-term vacancies,
- how our workforce plans align with the Leicester, Leicestershire and Rutland Sustainability and Transformation Partnership Plan, and
- new initiatives to be taken forward in 2019/20 with the benefit of funding provided by Health Education East Midlands.

At Executive level, I chair quarterly meeting of the Executive Workforce Board to oversee the implementation of our workforce plans: in 2019/20, this Board will be replaced by the Executive People and Culture Board and meet bi-monthly.

Acting on behalf of the Trust Board, the People, Process and Performance Committee meets monthly and provides assurance that our staffing processes are safe, sustainable and effective.

The Chief Nurse has assessed the requirements set out in 'Developing Workforce Safeguards' and has concluded that we are compliant with this guidance in respect of the nursing workforce.

Other professional groups do not currently have in place the same level of evidence-based, national benchmarking tools to provide assurance on safe staffing levels, but we use professional judgement to define and monitor safe staffing levels and risks are managed in line with our risk management processes and via other mechanisms, e.g. the deployment of the electronic rostering system, and review of reports prepared quarterly by the Junior Doctors' Guardian of Safe Working (received by the People, Process and Performance Committee and Trust Board).

Having regard to the approach described above, I am satisfied that the Trust has in place appropriate workforce strategies and staffing systems in compliance with the Developing Workforce Safeguards recommendations.

## The Risk and Control Framework

### *Capacity to handle risk*

Our Board-approved Risk Management Policy describes an organisation-wide approach to risk management, supported by effective and efficient systems and processes. The Policy clearly describes our approach to risk management and the roles and responsibilities of the Trust Board, management, and all staff.

The Medical Director is the lead Director for risk management at the Trust and is supported in this role by the Director of Safety and Risk and Risk and Assurance Manager, respectively. Staff are trained to manage risk in a way appropriate to their authority and duties via the risk management awareness training programme.

The review of risk registers is a standing item on the agenda of each monthly performance review meeting held between the Executive Directors and individual Clinical Management Group senior management teams. Risks which threaten the achievement of our strategic objectives and which feature on the Board Assurance Framework are reviewed at each Executive Board meeting.

Our major risks in 2018/19 (as featured on the Board Assurance Framework) are set out below:

- If we are unable to achieve and maintain the required workforce capacity and capability standards, then it may result in widespread instances of poor clinical outcomes for patients and increased staff workloads, affecting business (finance) and reputation (breach in regulatory duty/adverse publicity);
- If we are unable to achieve and maintain financial sustainability, then it will result in a failure to deliver the financial plan, affecting business (finance) and reputation (breach in regulatory duty/adverse publicity);
- If we are unable to effectively manage the emergency care pathway, then it may result in widespread instances of poor clinical outcomes for patients and sustained failure to achieve constitutional standards, affecting business (finance) and reputation (breach in regulatory duty/adverse publicity);
- If we do not adequately develop and maintain its estate, then it may result in an increased risk of failure of critical patient, equipment and core critical services leading to compliance issues, risk of regulatory intervention, impact upon business and patient critical infrastructure and adverse publicity.

Good risk management encourages organisations to take well-managed risks that allow safe development, growth and change. However, it is impossible to eliminate all risks, and every organisation has to live with a degree of risk. Through its review of the Board Assurance Framework, the aim is that the Trust Board will be able to decide the balance between the cost of mitigating risks, tolerating risks and accepting risk which is not mitigated – in other words, to determine the Trust's risk appetite. The Trust Board accepts that further work is necessary to meet this aim and planned changes to the Framework, to be implemented in 2019/20, will assist in meeting this objective.

All key strategic risks are documented in our Board Assurance Framework. Each strategic risk is assigned to an Executive Director as the risk owner and the Executive Team reviews the Framework on a monthly basis. Key risks to the achievement of these objectives, the controls in place and assurance sources, along with any gaps in assurance, are identified and reviewed. As Chief Executive, I highlight the key issues in a monthly report to the public meeting of the Trust Board. A copy of the full Framework is also published monthly with the Board papers and scrutinised by the Board.

Data security risks are managed and controlled under arrangements led by our (Acting) Chief Information Officer. We have employed a Managed Business Partner to support us in our work, and they deploy a number of approaches to monitoring our data security infrastructure to manage cyber risks, including appropriate risk mitigation strategies. An information asset register is in place, and data protection impact assessments are completed in line with our data security and protection policies.

Our Annual Operational Plan 2019/20 responds to and addresses the strategic risks we face. The current Board Assurance Framework has been updated to reflect risks in the 2019/20 plan and will continue to be reviewed at regular intervals by both the Executive Team and Trust Board.

## **Risk Assessment**

We operate a risk management process which enables the identification and control of risks at both a strategic and operational level. Central to this is our Risk Assessment Policy which sets out details of the risk assessment methodology used across the Trust. This methodology enables suitable, trained and competent members of staff to identify and quantify risks in their respective area and to decide what action, if any, needs to be taken to reduce or eliminate risks. All risk assessments must be scored and recorded in line with the procedure set out in the Risk Assessment Policy. Completed risk assessments are held at Clinical Management Group and Corporate Directorate level and, when they give rise to a significant residual risk, they must be linked to our risk register.

We use a common risk-scoring matrix to quantify and prioritise risks identified through the risk assessment procedure. It is based on the frequency or likelihood of the harm combined with the possible severity or impact of that harm. The arrangement determines at what level in the organisation a risk should be managed and who needs to be assured that appropriate management arrangements are in place.

Control measures are in place to ensure that our organisation complies with all of our obligations under equality, diversity and human rights legislation. Each of our policies is subject to an equality impact assessment and actions are taken as appropriate when an assessment identifies issues which warrant attention.

We have an open and supportive reporting culture, and staff are actively encouraged to report not only actual incidents but also 'near misses'. Evidence of our good reporting culture is demonstrated by the fact that we are placed in the top quartile for reporting incidents to the National Reporting Learning System.

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure we comply with all employer obligations contained within the Scheme regulations. This includes ensuring that deductions from salary, employer's contributions and payments into the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the regulations.

We have carried out risk assessments and have a sustainable development management plan in place which takes account of UK Climate Projections 2018 (UK CP18). We ensure that its obligations under the Climate Change Act and the Adaptation reporting requirements are complied with.

## **Annual Quality Account**

We are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended) to prepare a Quality Account for each financial year. The Department of Health has issued guidance to NHS Trusts on the form and content of annual Quality Accounts.

The Director of Clinical Quality co-ordinates the preparation of our Annual Quality Account, on behalf of our Chief Nurse. This is reviewed in draft form by our Quality and Outcomes Committee, ahead of its eventual submission to the Trust Board for final review and adoption. In reviewing the draft Quality Account 2018/19, the Quality and Outcomes Committee noted and endorsed our internal controls and standards which underpin the Statement of Directors' responsibilities in respect of the Quality Account – the Statement will be reviewed and signed by the Chairman and Chief Executive on behalf of the Board on 6<sup>th</sup> June 2019, including a statement that the Board is satisfied that the Quality Account presents a balanced picture of the Trust's performance over the period covered.

Our quality governance arrangements are set out in detail in our Governance Framework, approved by the Trust Board. Our quality framework includes the following key components:

- an open and participative culture in which education, research and the sharing of good practice are valued and expected;
- a commitment to quality that is shared by staff and managers, and supported by clearly identified local resources, both human and financial;
- a tradition of active working with patients, users, carers and the public;
- an ethos of multi-disciplinary teams working at all levels in the organisation;
- regular Board level discussion of all major quality issues for the organisation and strong leadership from the top;

- good use of information to plan and to assess progress.

During 2018/19, each of our Clinical Management Groups undertook a self-assessment against the registration requirements of the Care Quality Commission (expressed via the 'Key Lines of Enquiry'). The results were reported to, and reviewed by, the Executive Quality Board. Internal Audit reviewed our governance structure for the surgery core services and reviewed the extent to which the Clinical Management Groups responsible for overseeing surgery were continually assessing compliance with the Care Quality Commission Key Lines of Enquiry. The review identified opportunities to improve our arrangements for carrying out Clinical Management Group CQC self-assessments of compliance, and actions will be taken in 2019/20 to strengthen our approach.

We are fully compliant with the registration requirements of the Care Quality Commission.

### **Data quality, including elective waiting time data**

The following arrangements are in place to assure the quality and accuracy of data (including elective waiting time data):

- the Data Quality Forum meets regularly and oversees the process of assuring the quality of data reported to the Trust Board, and to external agencies, to ensure by best endeavours that it is of suitably high quality, timely and accurate. This process uses a locally agreed data quality framework to provide scrutiny and challenge on the quality of data presented. Where such assessments identify shortfalls in data quality, the risks are identified together with recommendations for improvements to ensure that the quality is raised to the required standards;
- there are quarterly reports on the quality of commissioning data and clinical coding which are presented to the Executive Quality Board. These review our position compared to peer organisations within the NHS Data Quality Maturity Index (produced by NHS Digital) and include the benchmarking of coding completeness;
- a Secondary Uses Service Assurance Group determines the priorities for improving the quality of data used for commissioning and other secondary uses. This includes developing action plans and implementing changes mandated for national data and commissioning standards; acting on external data quality advice and using external benchmarking to improve the quality of commissioning data. Data is analysed over time; trends are monitored and unexpected variation is investigated. We work closely with the local Commissioning Support Unit to ensure that they receive additional data flows to support the commissioning process;
- a Corporate Data Quality meeting takes place each week, where inaccurate and incomplete data collections are challenged. The Data Quality Team act on a daily basis to maximise the coverage of NHS Number, accurate GP registration, and ensure singularity of patient records.

In 2018/19 we commissioned Internal Audit to carry out a review of the quality and accuracy of our data quality systems, which included an assessment of two indicators reported monthly in our Quality and Performance report; namely 18 week wait referral to treatment – patients on incomplete pathways and long-term follow-up patients. Two medium risk actions were identified, and these will be addressed during 2019/20 and implementation will be followed up by Internal Audit and reported to the Audit Committee.

### **Review of the Effectiveness of Risk Management and Internal Control**

As Accountable Officer, I have the responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the Internal Auditors, Clinical Audit and the Executive Managers, and our clinical leads who have responsibility for the development and maintenance of the internal control framework. I have drawn on the content of the Quality Account 2018/19, along with other performance information made available to me.

Recognising that clinical audit is a key component of good governance, we are committed to undertaking effective clinical audits across all clinical services and recognise this is a key element of maintaining and developing high quality clinical services. Implementation of the clinical audit programme is reviewed at regular intervals by the Executive Quality Board and Quality and Outcomes Committee; and the Audit Committee also incorporates a review of the clinical audit system within its annual work programme.

My review is also informed by comments made by the External Auditors in their management letter and other reports.

During the year I have also been advised on systems of internal control by the Board, the Audit Committee, Finance and Investment Committee, People, Process and Performance Committee and Quality and Outcomes Committee. Each of these bodies has been involved in a series of processes that, individually and collectively, has contributed to the review of the effectiveness of the system of internal control.

In the Head of Internal Audit Opinion 2018/19, the Head of Internal Audit notes that Internal Audit have carried out fourteen reviews during the year. None of the individual assignment reports had an overall classification of critical risk.

The Head of Internal Audit is satisfied that sufficient internal audit work has been carried out in 2018/19 to allow an opinion to be given as to the adequacy and effectiveness of governance, risk management and control. In giving this opinion, the Head of Internal Audit notes that assurance can never be absolute – the most the Internal Audit service can provide is reasonable assurance that there are no major weaknesses in the system of internal control.

The Head of Internal Audit Opinion for 2018/19 is that governance, risk management, and control in relation to business critical areas are generally satisfactory. However, there are some areas of weakness in the framework of governance, risk management, and control which potentially put the achievement of objectives at risk. Some improvements are required in those areas to enhance the adequacy and effectiveness of the control framework. I accept these findings and am committed to strengthening the internal control environment, as detailed in this Statement.

We have taken, and are taking action, to address the findings of all of the Internal Audit reviews carried out in 2018/19 and the implementations of the actions in question will be reviewed by the Audit Committee during 2019/20.

High risk findings were identified in the following reviews:

**Post Project Review – Emergency Department Front Door Procurement**

- Internal Audit's high risk finding from this review was that many elements of an effective Contract Management Framework were not in place for non-NHS Commissioned services. There were also a number of medium risk findings relating to (a) a number of gaps/ areas for improvement in respect of our Procurement policy; (b) the need to clarify and confirm roles and responsibilities as between the Procurement and Contract Teams, respectively; and in respect of operational teams; and (c) the need for the Trust to improve its contract mobilisation arrangements. We have addressed these findings and subsequently reported to the Audit Committee on a proposed contract management approach for future contracts.

**Fraud Risk Assessment Validation and Financial Systems Review Follow-Up**

- The scope of this Internal Audit review was to validate the controls in place for a number of high rated risks arising from our financial Risk Assessment, and also carry out a follow-up of cash management actions and outstanding purchase to pay actions from previous reviews. Two high risk issues were noted in relation to supplier bank detail changes; and employee leavers. Actions to address these findings have been agreed and they will be followed up in the usual way in conjunction with Internal Audit.

**Business continuity and emergency planning**

- Internal Audit's high risk finding from this review was that an IT disaster recovery test programme was not in place. We will develop a programme that seeks to validate the IT disaster recovery plans, and conduct such testing on an annual basis (commencing 2019), with the results being reported to the Audit Committee.

Using our Board Assurance Framework, our Trust Board has also identified actions to mitigate other risks in the year in relation to:

- a. inadequate clinical practice and/or ineffective clinical governance;
- b. employment market factors (such as availability and competition to recruit, retain and utilise a workforce with the necessary skills and experience); lack of extensive education; training and leadership; and demographic changes;

- c. delivery of income, the control of costs and the delivery of cost improvement plans;
- d. persistent unprecedented level of demand for services; primary care's ability to provide services; ineffective resources to address patient flow; and fundamental process issues;
- e. an inability to secure appropriate resources (including external capital and workforce); a critical infrastructure failure; ineffective system resilience; and preparedness of an external IT supplier or an external shut-down attack;
- f. a lack of resources to address the backlog maintenance programme, insufficient clinical decant capacity and the sheer volume of technical work to address ageing buildings;
- g. a breakdown of relationships amongst partners and ineffective clinical strategies for the local population.

Any changes in the current or target risk scores are highlighted to the Trust Board, and the Board also reviews and seeks assurances on the management actions in place to mitigate the identified risks.

### Significant Control Issues

NHS Trusts are required to identify in their statements significant control issues and outline the action taken, or proposed, to deal with such issues.

The Guidance issued by NHS Improvement offers examples of factors to consider when determining whether an internal control issue is significant, whilst not prescribing which issues should be considered to be significant.

I can confirm that, annually, we have regard to the guidance issued by NHS Improvement and I apply that guidance in arriving at a consistent view of what constitutes a significant control issue. I am advised in this task by the Audit Committee whom I consult in identifying the specific issues to be included in the Statement each year.

The following significant control issues have been identified in 2018/19.

### Never Events

Never events are serious, largely preventable incidents that should not occur if the available preventative measures have been implemented.

During 2018/19, we reported eight incidents which met the definition of a never event. These related to the unintentional connection of a patient requiring oxygen to an air flow meter; a wrong implant/ prosthesis; and six instances of wrong site surgery.

In each case, we informed the patients and their relatives of the errors and we apologised for our failings.

A thorough root cause analysis of each incident was carried out to identify key actions to prevent recurrence and to share learning across the organisation. Implementation of these actions was tracked by the Quality and Outcomes Committee on behalf of the Trust Board. The actions included the implementation of a comprehensive programme entitled "Stop the Line" which has sought to reinforce the importance of observing the Trust's Safer Surgery policy and encourage staff to speak up if they feel that patient safety is being, or is about to be, compromised by a failure to follow procedure. In addition, we have taken action to ensure that non-theatre areas which carry out invasive procedures have in place suitable standard operating procedures, 'Local Safety Standards for Invasive Procedures' (LocSSIP). Some of the issues involved in never events are cultural and will continue to be addressed through our new comprehensive Quality Strategy.

### Key Financial Duties

In respect of performance in 2018/19, against the key financial duties, we have:

- a. not delivered the planned surplus of £0.7m including £21.9m of Provider Sustainability Funding offsetting a deficit of £21.2m. This was due to (i) the cessation of our planned estates and facilities management subsidiary, and (ii) a reduction in Provider Sustainability Fund amounts received. Our actual deficit was £41.7m including Provider Sustainability Fund of £10.1m;
- b. achieved the External Financing Limit (the limit placed on net borrowing) of £50.6m;

c. achieved the Capital Resource Limit (the limit placed on net capital expenditure) of £25.9m.

Our financial plan for 2018/19 forecast the need for £49.5m of cash to continue to support revenue. At year end, we had accessed £49.5m of an 'Uncommitted Interim Revenue Support Facility'. Further cash support of £10.7m is projected as part of our 2019/20 financial plan and an application has been submitted to NHS Improvement as part of the annual planning process.

The level of loans to support our deficit position increased from £198.0m to £245.3m in 2018/19, with this amount expected to rise to £253.8m in 2019/20, representing over 20 per cent of our projected turnover.

£34.1m of loans are due to mature over the next 12 months and although the mechanism for repaying these through the availability of renewed working capital or longer term loan facilities has yet to be defined, we are planning that these facilities will be made available. These loans first matured in 2018/19, and their terms were extended to 2019/20 so we can reasonably expect the same thing to happen when the loans mature for a second time.

The net increase in loans will be £8.5m.

Our net assets have decreased from £215.4m (2017/18) to £207.7m (2018/19). This is a net impact of the increased cash borrowing, offset by the increase in asset valuations and receipt of Public Dividend Capital funding.

The Board has agreed plans to deliver the agreed 2019/20 financial plan – a £10.7m deficit – which includes the delivery of a £26.6m Efficiency Programme. Acting on behalf of the Trust Board, the Finance and Investment Committee receives a report at each of its monthly meetings tracking performance against the annual financial plan, as well as the Efficiency Programme.

### **Going Concern**

At its meeting in May 2018, the Audit Committee assessed the 'going concern' position of the Trust. The Committee's deliberations were aided by consideration of a 2018/19 going concern statement, prepared by the Chief Financial Officer.

The Audit Committee endorsed the going concern statement, underpinned by a working capital strategy, the key objectives of which were to:

- a) maintain the cash balance as planned during 2018/19, including drawing down temporary and permanent borrowing, and managing our other working capital balances;
- b) improve performance against the 'Better Payment Practice Code';
- c) achieve the External Financing Limit and Capital Resource Limit; and
- d) further develop monitoring and reporting processes to ensure that there were robust linkages between cash balances; revenue income and expenditure; and capital expenditure.

The Trust Board accepted the 2018/19 'going concern' position statement at its meeting in May 2018, on the recommendation of the Audit Committee; adopted the recommendation that we should prepare our financial statements on a going concern basis; and has taken steps to ensure that this has remained the case for at least 12 months from the date of the approval of the Annual Accounts.

Throughout the 2018/19 financial year, we have failed to meet our obligations under the Better Payment Practice Code and have experienced considerable pressures in managing the day to day cash position. This situation has arisen as a result of historic financial deficits; delays in accessing cash within year; and sub-optimal cash management and forecasting processes. In response to these pressures, in 2017/18 we commissioned PricewaterhouseCoopers to review our approach to cash management, cash forecasting, and the associated reporting of the cash position to the Finance and Investment Committee. We accepted PricewaterhouseCoopers final report and recommendations. Cash performance continues to be reviewed at each meeting of the Finance and Investment Committee and scrutinised further, on a periodic basis, by the Audit Committee. However, we will not be able to meet the Better Payment Practice Code without a significant cash injection.

## Emergency Care

Unfortunately, we failed to meet the 4-hour standard in 2018/19, achieving a performance of 77.3 per cent (77.6 per cent 2017/18) against a target of 95 per cent. Emergency Department attendances increased by 6.2 per cent in 2018/19, placing considerable pressure on us.

As a member of the Leicester, Leicestershire and Rutland A&E Delivery Board, we are fully committed to working with our partners across the health and social care sectors to improve emergency care performance in 2019/20. In particular, this will focus on reducing the substantial gap between current demand and capacity, which is the root cause of our on-going poor performance. It is anticipated that this will be achieved by reducing patient flows to us, dealing with (particularly frail) patients more effectively at the front door, expanding medical bed capacity, improving internal processes to reduce avoidable delays and expediting discharges (especially those requiring multi-agency input).

In parallel, we will continue to implement our internal action plan with a continued focus on (a) reducing demand; (b) improving ambulance handover performance; (c) improving patient flow through the Emergency Department; and (d) improving patient flow in and out of our hospitals. Progress will continue to be the subject of monthly reporting to, and monitoring by, the People, Process and Performance Committee, acting on behalf of the Trust Board, as well as at the monthly meeting of the A&E Delivery Board.

Our assessment is that the combined impact of the actions described above will enable us to improve our performance against the 4-hour standard in 2019/20, and we have set out our anticipated performance trajectory in our 2019/20 Annual Operational Plan.

## Cancer waiting time standards

Our performance in 2018/19 against the cancer waiting time targets is set out below:

Performance Indicator	Target	2018/19
Two week wait for an urgent GP referral for suspected cancer to date first seen for all suspected cancers	93% or above	91.9%
Two week wait for Symptomatic Breast Patients (Cancer Not Initially Suspected)	93% or above	77.1%
31-Day (Diagnosis To Treatment) Wait For First Treatment: All Cancers	96% or above	95.71%
31-Day Wait For Second Or Subsequent Treatment: Anti-Cancer Drug Treatments	98% or above	99.5%
31-Day Wait For Second Or Subsequent Treatment: Surgery	94% or above	85.9%
31-Day Wait For Second Or Subsequent Treatment: Radiotherapy Treatments	94% or above	98.1%
62-Day (Urgent GP Referral To Treatment) Wait For First Treatment: All Cancers	85% or above	75.8%
62-Day Wait For First Treatment From Consultant Screening Service Referral: All Cancers	90% or above	83.5%
Cancer waiting 104 days	0	27

We are fully committed to improving our performance in this area in 2019/20 and, specifically, to ensure that at least 85 per cent of cancer patients begin their first treatment within 62 days of an urgent GP referral. A comprehensive action plan is in place, with a series of targeted dates, to achieve this objective, with specific actions for each tumour site/cancer specialty. We also continue to work with colleagues in primary care to both reduce demand and reduce late referrals, and in 2019/20 tertiary referral centres will carry out a root cause analysis if any patient is referred to the Trust after day 39. Performance against the cancer waiting

time standards will continue to be the subject of monthly reporting to the People, Process and Performance Committee, acting on behalf of the Trust Board.

## Conclusion

My review confirms that we, the University Hospitals of Leicester NHS Trust, have a generally sound system of internal control that supports the achievement of our policies, aims and objectives. We recognise that the internal control environment can always be improved and strengthened, and a plan to address weaknesses and ensure continuous improvement of the system is in place.

In 2018/19, we identified the following significant control issues which have impacted on our overall performance:

- the incidence of never events;
- non-delivery of the requirement to achieve financial break-even taking one year with another over a three year rolling period;
- non-delivery of the national 4-hour standard; and
- non-delivery of a number of the national cancer waiting time standards.

In addition to the actions taken/ to be taken to address the specific significant control issues identified above, further work will also be carried out in the coming year to review and strengthen our governance, risk management, and internal control systems, policies and procedures as part of our commitment to continuous improvement. During 2019/20 we will start to implement our Quality Strategy, "Becoming the Best", which will provide a more comprehensive approach to quality improvement than has hitherto been the case, with a particular focus on consistent methodology and implementation as well as cultural and leadership issues. I am confident that this new approach will help us to continue our journey to become an 'Outstanding' organisation.



Signed:

Chief Executive (on behalf of the Trust Board)

Date:

## Trust Board and Committee attendance 2018/19

Name	Trust Board maximum – 18	Audit Committee maximum – 6	Finance and Investment Committee maximum - 12	Quality and Outcomes Committee maximum - 12	People, Process and Performance Committee maximum - 12	Remuneration Committee maximum – 5	Charitable Funds Committee maximum – 6
Karamjit Singh – Chairman	16/18	N/A	10/12 Ex-officio	9/12 Ex-officio	10/12 Ex-officio	4/5	5/6 Ex-officio
Vicky Bailey – Non-Executive Director	14/18	N/A	N/A	11/12	11/12	5/5	N/A
Professor Philip Baker – Non-Executive Director	13/18	N/A	N/A	7/12	7/12	3/5	N/A
Ian Crowe – Non-Executive Director	17/18	6/6	N/A	12/12	12/12	5/5	5/6
Kiran Jenkins – Non-Executive Director <b>(1)</b>	4/5	2/2	4/4	N/A	4/4	2/3	N/A
Andrew Johnson – Non-Executive Director	17/18	6/6	11/12	N/A	11/12	5/5	6/6
Richard Moore – Non-Executive Director <b>(2)</b>	10/13	4/4	5/8	N/A	2/8	3/5	N/A
Ballu Patel – Non-Executive Director	17/18	N/A	N/A	11/12	11/12	5/5	5/6
Martin Traynor – Non-Executive Director	17/18	5/6	12/12	N/A	12/12	5/5	N/A
John Adler – Chief Executive	16/18	1/1	9/12	6/12	8/12	5/5	N/A
Rebecca Brown – Chief Operating Officer <b>(3)</b>	12/13	N/A	9/10	N/A	9/10	N/A	N/A
Andy Carruthers – Acting Chief Information Officer <b>(4)</b>	1/1	N/A	N/A	N/A	N/A	N/A	N/A
Eileen Doyle – Interim Chief Operating Officer <b>(5)</b>	5/5	N/A	2/2	N/A	2/2	N/A	N/A
Carolyn Fox – Chief Nurse <b>(6)</b>	7/7	N/A	N/A	6/6	6/6	N/A	2/3
Mr Andrew Furlong – Medical Director	16/18	N/A	N/A	9/12	9/12	N/A	N/A
Darryn Kerr – Director of Estates and Facilities <b>(7)</b>	1/1	N/A	9/12	N/A	N/A	N/A	N/A
Bina Kotecha and Joanne Tyler-Fantom – Joint Acting Directors of Workforce and OD <b>(8)</b>	6/6	N/A	N/A	N/A	4/4	2/2	N/A
Eleanor Meldrum – Acting Chief Nurse <b>(9)</b>	9/10	N/A	N/A	5/6	4/6	N/A	0/2
Julie Smith – Chief Nurse <b>(10)</b>	1/1	N/A	N/A	N/A	N/A	N/A	N/A

<b>Name</b>	<b>Trust Board</b> maximum – 18	<b>Audit Committee</b> maximum – 6	<b>Finance and Investment Committee</b> maximum - 12	<b>Quality and Outcomes Committee</b> maximum - 12	<b>People, Process and Performance Committee</b> maximum - 12	<b>Remuneration Committee</b> maximum – 5	<b>Charitable Funds Committee</b> maximum – 6
Louise Tibbert – Director of Workforce and OD <b>(11)</b>	1/1	N/A	N/A	N/A	N/A	N/A	N/A
Paul Traynor – Chief Financial Officer	17/18	6/6	11/12	N/A	10/12	N/A	6/6
Stephen Ward – Director of Corporate and Legal Affairs	17/18	6/6	N/A	N/A	N/A	5/5	6/6
Mark Wightman – Director of Strategy and Communications	17/18	N/A	11/12	N/A	N/A	N/A	6/6
Hazel Wyton – Director of People and OD <b>(12)</b>	9/11	N/A	N/A	N/A	7/8	3/3	N/A

**Notes:**

- (1) Non-Executive Director from 1 December 2018
- (2) Non-Executive Director until 30 November 2018
- (3) Chief Operating Officer from 25 June 2018
- (4) Acting Chief Information Officer from 5 March 2019 and invited to attend Trust Board meetings from March 2019
- (5) Interim Chief Operating Officer to 24 June 2018
- (6) Chief Nurse from 1 October 2018
- (7) Invited to attend Trust Board meetings from March 2019
- (8) Joint Acting Directors of Workforce and OD from 23 April 2018 to 31 July 2018
- (9) Acting Chief Nurse from 23 April 2018 to 30 September 2018
- (10) Chief Nurse until 20 April 2018
- (11) Director of Workforce and OD until 20 April 2018
- (12) Director of People and OD from 1 August 2018

# Remuneration Report

## Salary and Pension entitlements of senior managers – Salary 2018/19

Name and Title	Salary (bands of £5,000) £000	Expense payments (taxable) (to the nearest £100) £000	Performance pay and bonuses (bands of £5,000) £000	Long term performance pay and bonuses (bands of £5,000) £000	All pension-related benefits (bands of £2,500) £000	TOTAL (bands of £5,000) £000
<b>BOARD MEMBERS</b>						
<b>EXECUTIVE DIRECTORS</b>						
J Adler, Chief Executive	205-210	163	0	0	0	220-225
E Doyle, Interim Chief Operating Officer (left 24th June 2018)	75-80	0	0	0	1,340-1,342.5	1,420-1,425
R Brown, Chief Operating Officer (from 25th June 2018)	130-135	0	0	0	155-157.5	268-273
P Traynor, Chief Finance Officer	185-190	0	0	0	0	185-190
J Smith, Chief Nurse (left 20th April 2018)	5-10	0	0	0	0	5-10
E Meldrum, Acting Chief Nurse (from 21st April to 30th September 2018)	95-100	0	0	0	402.5-405	500-505
C Fox, Chief Nurse (from 1st October 2018)	70-75	0	0	0	52.5-55.0	125-130
A Furlong, Medical Director	180-185	0	0	0	0	180-185
<b>NON EXECUTIVE DIRECTORS</b>						
K Singh, Chairman	35-40	0	0	0	0	35-40
M Traynor, Non-Executive Director	5-10	0	0	0	0	5-10
Colonel (retired) I Crowe, Non-Executive Director	5-10	0	0	0	0	5-10
A Johnson, Non-Executive Director	5-10	0	0	0	0	5-10
Professor P Baker, Non-Executive Director	5-10	0	0	0	0	5-10
B Patel, Non-Executive Director	5-10	0	0	0	0	5-10
V Bailey, Non-Executive Director	5-10	0	0	0	0	5-10
R Moore, Non-Executive Director (left 30th November 2018)	0-5	0	0	0	0	0-5
K Jenkins, Non-Executive Director (from 1st December 2018)	0-5	0	0	0	0	0-5
<b>SENIOR MANAGERS</b>						
S Ward, Director of Corporate & Legal Affairs	105-110	0	0	0	0	105-110
M Wightman, Director of Marketing and Communications	125-130	0	0	0	125.0-127.50	255-260
D Kerr, Director of Estates and Facilities (From 1st March 2019)	125-130	0	0	0	132.50-135.0	260-265
A Carruthers, Acting Chief Information Officer (from 5th March 2019)	65-70	0	0	0	215-217.5	285-290
H Wyton, Director of People and Organisational Development (from 1st August 2018)	90-95	0	0	0	32.5-35.0	125-130
L Tibbert, Director of Workforce and Organisational Development (left 20th April 2018)	5-10	0	0	0	0	5-10
B Kotecha, Joint Acting Director of Workforce and Organisational Development (from 23rd April to 31 July 2018)	85-90	0	0	0	0	85-90
J Tyler-Fantom, Joint Acting Director of Workforce and Organisational Development (from 23rd April to 31 July 2018)	85-90	0	0	0	0	85-90

The Trust has determined that the senior managers shown in the above table are the regular attendees at the Trust Board meetings. The Executive Medical Director – Andrew Furlong receives remuneration in his other capacity as a Consultant Trauma and Children’s Orthopaedic Surgeon banding (in £000) of 60-65 included in the figure above. There are no benefits in kind, performance related pay, nor severance payments (2017/18 - £nil) paid to any board member.

### Salary and Pension entitlements of senior managers - Pension Benefits 2018/19

Name and Title	Real Increase in accrued pension (bands of £2500) £'000	Real Increase in lump sum (bands of £2500) £'000	Accrued pension as at 31/03/19 (bands of £5000) £'000	Lump Sum as at 31/03/19 (bands of £5000) £'000	CETV AS AT 31/03/19 £'000	CETV AS AT 31/03/18 £'000	Real increase in CETV £'000
J Adler, Chief Executive	0-2.5	0-2.5	85-90.	255-260.	2,019	1,795	170
A Furlong, Medical Director	0	0	40-45.	120.0-125.0	997	851	120
E Doyle, Interim Chief Operating Officer (left 24th June 2018)	12.5-15.0	40.0-42.5	65-70.	200-205.	184	122	14
S Ward, Director of Corporate & Legal Affairs	0	0	45.0-50.0	145-150.	1,157	1,027	98
M Wightman, Director of Marketing and Communications	5-7.5	10.0-12.5	35-40.	90-95.	727	526	185
H Wyton, Director of People and Organisational Development (from 1st August 2018)	0-2.5	2.5-5.0	15-20.	55-60.	434	342	55
R Brown, Chief Operating Officer (from 25th June 2018)	5-7.5	10.0-12.5	50-55.	125-130.	983	726	181
C Fox, Chief Nurse (from 1st October 2018)	0-2.5	0-2.5	40-45.	110-115.	763	618	63
E Meldrum, Acting Chief Nurse (from 21st April to 30th September 2018)	7.5-10	22.5-25.0	45-50.	145-150.	1,104	616	207
D Kerr, Director of Estates and Facilities (Board Member from 1st March 2019)	0-2.5	0	60-65.	150-155.	1,221	1,065	10
A Carruthers, Acting Chief Information Officer (from 5th March 2019)	0-2.5	0-2.5	20-25.	50-55.	342	160	13
B Kotecha, Joint Acting Director of Workforce and Organisational Development (from 23rd April to 31 July 2018)	0	0	5-10.	10-15.	125	252	0
J Tyler-Fantom, Joint Acting Director of Workforce and Organisational Development (from 23rd April to 31 July 2018)	0	0	5-10.	5-10.	95	159	0

J Smith, L Tibbert, and P Traynor are not members of the NHS Pension Scheme.

As Non-Executive members, including the Chairman, do not receive pensionable remuneration there will be no entries in respect of pensions for Non-Executive members.

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme, or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies. The CETV figures the other pension details, include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include

any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries. CETVs are calculated in accordance with the Occupational Pension Schemes (Transfers Values) Regulation 2008. Real Increase in CETV reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another scheme or arrangement) and uses common market valuation factors for the start and end of the period. The factors used to calculate a CETV increased on 20 October 2018 which will affect the calculation of the real increase in CETV.

### Directors and Senior Managers Remuneration

We classify our Directors and Senior Managers as Very Senior Managers (VSM) these members of staff are deemed to be on a VSM payscale which is non agenda for change. The remuneration of these individuals is set by our remuneration committee and each case is considered on an individual basis. On an annual basis the remuneration committee decides on any pay uplift or pay award for VSM for the forthcoming year.

### Average number of employees (WTE basis) (subject to audit)

			2018/19	2017/18
	Permanent	Other	Total	Total
	Number	Number	Number	Number
Medical and dental	358	1,637	1,995	1,695
Administration and estates	2,252	320	2,572	2,370
Healthcare assistants and other support staff	1,254	53	1,307	1,330
Nursing, midwifery and health visiting staff	3,403	339	3,742	3,592
Nursing, midwifery and health visiting learners	2,027	-	2,027	1,851
Scientific, therapeutic and technical staff	1,884	91	1,975	1,847
Other	-	3	3	3
<b>Total average numbers</b>	<b>11,179</b>	<b>2,442</b>	<b>13,621</b>	<b>12,696</b>
<b>Of which:</b>				
Number of employees (WTE) engaged on capital projects	25	2	27	27

## Analysis of staff numbers

The table below shows the staff composition by group.

Staff Group	Gender		
	Female Number	Male Number	Total Number
Scientific and Technic	324	100	424
Clinical	2,057	331	2,388
Administrative and Clerical	2,101	516	2,617
Allied Health Professionals	472	165	638
Estates and Ancillary	885	555	1,439
Healthcare Scientists	265	178	443
Medical and Dental	753	1071	1,824
Nursing and Midwifery Registered	3,320	355	3,675
Board Members	2	2	4
Non-Executive Directors	2	6	8
Senior Managers	1	4	5
Students	1	0	1
Grand Total	10,183	3,283	13,466

## Exit Packages (subject to audit)

2018-19								
Exit package cost band (including any special payment element)	Number of compulsory redundancies	Cost of compulsory redundancies	Number of other departures agreed	Cost of other departures agreed	Total number of exit packages	Total cost of exit packages	Number of departures where special payments have been made	Cost of special payment element included in exit packages
	Number	£000s	Number	£000s	Number	£000s	Number	£000s
Less than £10,000	1	0	0	0	1	0	0	0
£25,001 - £50,000	1	27	0	0	1	27	0	0
£50,001 - £100,000	1	77	0	0	1	77	0	0
<b>Total</b>	<b>3</b>	<b>104</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>104</b>	<b>0</b>	<b>0</b>

2017-18								
Exit package cost band (including any special payment element)	Number of compulsory redundancies	Cost of compulsory redundancies	Number of other departures agreed	Cost of other departures agreed	Total number of exit packages	Total cost of exit packages	Number of departures where special payments have been made	Cost of special payment element included in exit packages
	Number	£000s	Number	£000s	Number	£000s	Number	£000s
Less than £10,000	3	9			3	9		
£50,001 - £100,000	2	142			2	142		
<b>Total</b>	<b>5</b>	<b>151</b>	<b>0</b>	<b>0</b>	<b>5</b>	<b>151</b>	<b>0</b>	<b>0</b>

Redundancy and other departure costs have been paid in accordance with the provisions of the NHS Scheme. Exit costs in this note are accounted for in full in the year of departure. Where the NHS Trust has agreed early retirements, the additional costs are met by the Trust and not by the NHS pensions scheme. Ill-health retirement costs are met by the NHS pensions scheme and are not included in the table. This disclosure reports the number and value of exit packages taken by staff leaving in the year.

## Staff Report

This chart shows the number of whole time equivalent (wte) staff employed by our organisation:

	2018/ 19	2017/ 2018	2016/ 2017	2015/ 2016	2014/ 2015	2013/ 2014	2012/ 2013	2011/ 2012	2010/ 2011	2009/ 2010
Medical and Dental	1,824	1,709	1,753	1,680	1,645	1,570	1,551	1,496	1,477	1,496
Administration and Estates	4,073	3,976	3,806	2,500	2,383	2,095	2,066	2,417	2,534	2,624
Healthcare Assistants and other support staff	2,389	2,291	2,224	2,042	2,044	1,955	1,811	1,710	1,781	1,882
Registered Nursing and Midwifery	3,675	3,567	3,548	3,547	3,531	3,345	3,230	3,195	3,168	3,091
Scientific, Therapeutic and Technical	1,504	1,455	1,378	1,306	1,272	1,201	1,202	1,210	1,210	1,328
<b>TOTAL</b>	<b>13,466</b>	12,709	12,709	11,075	10,874	10,167	9,860	10,029	10,171	10,421

### Staff group by composition

	31st March 2019		31st March 2018		31st March 2017	
	Heads	wte	Heads	wte	Heads	wte
<b>Female</b>	12,345	10,183	11,892	9,807	11,533	9,566
<b>Male</b>	3,666	3,283	3,537	3,191	3,450	3,143
<b>Grand Total</b>	16,011	13,466	15,429	12,998	14,983	12,709

## Staff Costs

The table below shows an analysis of staff costs. Employee charges are included in the social security costs and pension contributions.

	2018/19	2017/18
	Total	Total
	£000	£000
Salaries and wages	517,156	492,251
Social security costs	48,307	45,870
Apprenticeship levy	2,500	461
Employer's contributions to NHS pensions	58,117	54,568
Pension cost - other	69	36
Termination benefits	104	151
Temporary staff	18,870	21,076
Total gross staff costs	645,123	614,413
<b>Total staff costs</b>	<b>645,123</b>	<b>614,413</b>
<i>Of which</i>		
Costs capitalised as part of assets	763	1,875
<b>Total employee expenses excluding capitalised costs</b>	<b>644,360</b>	<b>612,538</b>

## Off payroll engagements

We had 40 relevant off-payroll engagements as of 31 March 2019, for more than £220 per day and that last longer than six months.

All off-payroll engagements have been subject to a risk based assessment and assurance has been sought as to whether the individual is paying the right amount of tax.

For all off-payroll engagements as of 31 March 2019, for more than £220 per day and that last longer than six months:

	Number
Number of existing engagements as of 31 March 2019	180
Of which, the number that have existed:	
for less than one year at the time of reporting	53
for between one and two years at the time of reporting	41
for between 2 and 3 years at the time of reporting	19
for between 3 and 4 years at the time of reporting	24
over 4 years at the time of reporting	43

For all new off-payroll engagements between 1 April 2018 and 31 March 2019, for more than £220 per day and that last longer than six months:

	Number
Number of new engagements, or those that reached six months in duration, between 1 April 2018 and 31 March 2019; of which the number for whom:	
assurance has been requested	53
assurance has been received	53

Off-payroll engagements of board members and/ or senior officials with significant financial responsibility, between 1 April 2018 and 31 March 2019.

	Number
Number of off-payroll engagements of board members, and/or senior officers with significant financial responsibility, during the financial year.	0
Total no. of individuals on payroll and off-payroll that have been deemed "board members, and/or, senior officials with significant financial responsibility", during the financial year. This figure should include both on payroll and off-payroll engagements.	16

## Expenditure on consultancy

We spent £0.8m on consultancy services.

## Pay multiples

Reporting bodies are required to disclose the relationship between the remuneration of the highest-paid director in their organisation and the median remuneration of the organisation's workforce.

The banded remuneration of our highest paid director in the financial year 2018/2019 was £205,000 - £210,000 (2017/18 £205,000 - £210,000). This was 8.8 times (8.7 times in 2017/18) the median remuneration of the workforce, which was in the banding £25,000 - £30,000 (2017/18 £25,000 - £30,000). The salary of the highest paid director has not changed and the median remuneration of the workforce has reduced by £2,000.

In 2018/19, three employees received remuneration in excess of the highest-paid director (three employees in 2017/18). Remuneration across the Trust ranged from £1,000 - £320,000 (2017/18 £7,000 - £244,000).

Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind, but not severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions. For the purposes of this disclosure the remuneration of each employee is stated on an annualised, full time equivalent basis.

## Policy in relation to disabled employees

It is our intention to value all staff, treating them fairly and equitably, providing real opportunities for people with a disability to join our organisation, be retained and to have equal access to training and development

opportunities. It is also our intention to support employees with disabilities and to ensure their retention in work, thereby enabling us to retain their skills and experience.

We are committed to the 'Positive about Disabled People' initiative, this will include using the Disability 'two ticks' symbol on all job advertisements. We guarantee an interview to anyone declaring a disability providing that they satisfy the minimum essential criteria for the post.

All staff have responsibilities to undertake all mandatory training and comply with this policy by:

- Being aware of this policy and treating all individuals' that have a disability with respect.
- Attending training and awareness sessions offered and familiarising themselves with the contents of our Equality and Diversity web page.

## **Modern Slavery Act**

We are committed to ensuring the absence of slavery in our organisation and supply chain.

In line with the requirements of the Modern Slavery Act (MSA) which came into force in 2015; we continue to take the following actions:

- On-going assessment of our contracts which have the highest risk of modern slavery;
- Use of national MSA compliant supplier Pre-Qualification Questionnaire (PQQ); to support assurance that our suppliers comply with the MSA;
- Inclusion of MSA clause in our standard terms and conditions.

## **Reducing staff absence**

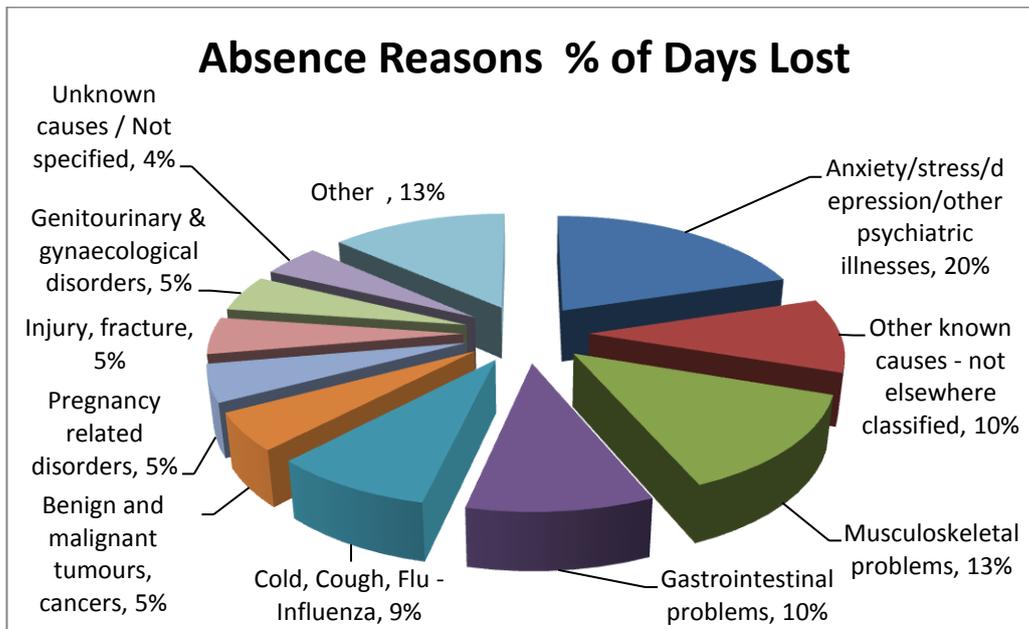
We recognise that staff are our most valuable resource. The approach we took over the last year to reduce sickness absence goes hand in hand with promoting staff health and wellbeing.

Managers are supported by Human Resources, Staff Engagement/ Health and Wellbeing Service, Occupational Health and AMICA (our confidential staff counselling and psychological support service) to manage sickness absence in line with our revised Trust policy and we support staff to attend work regularly or sustain a return to work following a period of absence.

We recognise that there are many positives benefits from improving employee health and wellbeing; these include increased staff productivity, better morale and improved communication between teams. This, in turn leads to better quality services, improved patient satisfaction and a decrease in staff turnover.

Our sickness absence target is 3 per cent. Absence rates have continued to be proactively managed throughout 2018/19 and these are reported retrospectively and an overall Trust sickness absence rate of 3.42 per cent (excluding Estates and Facilities in view of under-reporting until systems are fully implemented) was reported for February 2019 against a 3 per cent Trust target; this is down by 0.24% in comparison to February 2018.

Most days are lost due to Stress / Anxiety / Depression / other psychiatric illness (20.15 per cent) and Musculo Skeletal problems (9.90 per cent).



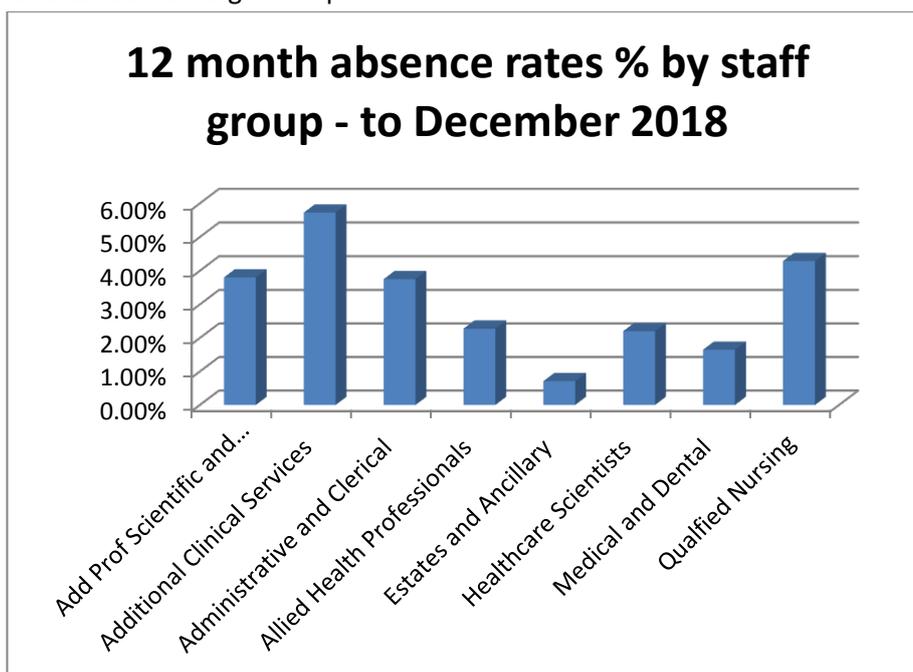
To support our staffs mental health, we committed to, and signed in September 2017, the ‘Time to Change’ pledge which is a national initiative run by the charities Mind and Rethink Mental Illness. Its aim is to change how we think and act about mental health.

Our pledge is *“We pledge to create a culture where our staff feel they can openly discuss and manage their mental health and wellbeing. We will raise awareness of the importance of mental health and wellbeing at work, encourage staff to share their experience to break down stigma”*.

We have recruited 89 Time to Change champions across our services and with the champions have agreed a programme of work that was endorsed by the Trust Board in February 2019, including line managers training, senior leadership champions, use of Wellness Action Plans, Mental Health First Aid training at all levels, sharing experiences/ case studies and promoting best practice.

We have also improved access to fast track physiotherapy for our staff through a self-referral process, in order for them to receive early intervention to avoid or reduce sickness absence.

The highest sickness rates are in ‘Other clinical support and qualified nursing’ staff groups. Admin and clerical staff are also above our target of 3 per cent.



We have planned the following actions to reduce sickness absence and improve Staff Health and Wellbeing:

- Absences recorded using the in-house 'SMART Absence' tool which facilitates reporting of absences and ensures structured Return to Work discussions are held, prompts Occupational Health referrals , Stress Risk Assessments and further support;
- Embedding Time to Change through line managers training to 'manage' mental health, Wellness Action Plans, Mental Health First Aid training, learning from staff stories, sharing good practice and materials from Time to Change website;
- Implementation of the health and well-being strategy with a focus on a different area each month.



Signed:

Chief Executive (on behalf of the Trust Board)

Date:

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# **The Performance Report**

## Overview

This section of the report provides an overview of our performance against key national standards, as well as our annual priorities and Quality Commitment for 2018/19.

**Emergency care and winter:** Overall, our winter plan worked better than in recent years, with good attention to detail and more capacity. This was despite very significant increases in demand, e.g. a 10.6 per cent increase in emergency attendances in February 2019 compared to February 2018. Our performance on ambulance handovers was also much improved but not always where we would want it to be.

Part of our winter plan was to open some additional capacity to help with bed pressures. We opened two wards at the Royal infirmary and a ward at the Glenfield, and whilst we plan to decrease the additional bed capacity over the summer months we will be keeping one ward open for medicine at the Royal Infirmary throughout the year and then flexing up additional capacity for winter again.

Despite these improvements, our performance against the 4-hour standard was well below target; having said that, our relative performance compared to other Trusts improved significantly.

**Cancer care:** We clearly have more to do to improve the care for cancer patients, and we know the services where we see the most challenge and are working with them to decrease the number of steps in patients pathways to ensure that patients are diagnosed and treated as quickly as possible. We have also seen great progress in the 'Living with and beyond Cancer' team who play such an essential role to our patients and their families in providing support and education. We remain proud of our increased focus and achievements in cancer care and are committed to doing more in 2019/20.

**Electives** – We have made positive strides throughout the year for patients waiting for planned treatment. The central target was to meet national planning guidance and have a waiting list size at the end of March 2019 that was less than March 2018. Subject to final validation, we have managed to achieve this with 200 fewer patients on the waiting list for planned care.

Key to achieving this were positive changes to the cancellations policy, including a more robust escalation process and protecting planned operations for long waiting patients. Over the course of the year, 147 fewer patients were cancelled on the day for non-clinical reasons and 1,371 fewer patients cancelled prior to the day of their operation. This allowed us to reduce the number of patients waiting more than 18 weeks for planned treatment by 541 in 12 months - working with the independent sector this year has helped with that progress. As demand rises, the challenge for us remains to have the available capacity to treat these patients.

Over the winter of 2018/19 we maintained more elective care than in 2017/18. As a result we were able to avoid any patients waiting over 52 weeks since July 2018. This remains a key quality standard nationally, and will remain priority for us throughout 2019/20.

We saw an increase in 2 week wait referrals for Endoscopy this year, and an increased demand for MRI and CT – all of which presented us with a challenging start to the year for our diagnostic services. Positive changes to the way we manage capacity within the services has led to us being able to deliver the diagnostic DM01 standard from September 2018 onwards and we expect to continue it through to the end of the 2018/19 financial year.

**Infection prevention:** Whilst we should be aiming to have zero cases of MRSA, we have had fewer cases in this financial year than in previous years (only 2) and we were under our target for CDiff – 57 cases/ target no more than 61. This was a very considerable achievement given service pressures and increasing patient numbers.

A clear challenge this year was the identification of carbapenem resistant organisms (CROs) in a number of Leicester patients. CROs are bacteria that are typically resistant to a wide range of antibiotics, especially carbapenem's, an antibiotic class that is often relied on for treatment of infections when other antibiotics are ineffective. We have a very stringent approach to infection prevention and the Infection Prevention team took swift measures to ensure that this organism did not spread any further and as patients were treated and discharged we began a thorough process of deep cleaning and disinfection of the wards with hydrogen peroxide vapour to eliminate any trace of the bacteria.

**Never Events:** NHS Improvement defines Never Events as serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented, although a recent CQC report suggests that system issues and human factors are the principle reasons for their occurrence. In 2018/19, we reported eight incidents (less than 2017/18) which met the definition of a Never Event.

We thoroughly investigate each event to understand exactly what happened and we review national Healthcare Safety Investigation Branch reports to understand the wider system issues. Every Never Event is discussed at our monthly Chief Executive's Briefings and we provide an action plan and learning bulletin for each event. Patients and/ or their families were informed of the subsequent investigations and involved throughout the process and learning is shared with staff. We share the learning from these incidents locally, regionally and nationally and have also heard the patient's story of such an event at the public Trust Board meeting.

We continue to see a good track record of staff reporting incidents and pleasingly the trend of serious incidents is down.

**SHMI:** In March the latest published SHMI mortality data (from November 2017 to October 2018) was published. The SHMI is the ratio between the actual number of patients who die following hospitalisation at the Trust and the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated there.

Our SHMI is currently at 99, which is within the expected threshold. We have continued to review pathways of care for any patient or diagnostic groups with a SHMI above 100 in order to identify any areas for learning or improvement as part of our Quality Commitment programme. We have also made excellent progress with implementing our Learning from Deaths programme and specifically our Medical Examiner process which will become a national requirement from 1<sup>st</sup> April 2019.

**Success for patients with a broken hip:** A clear success this year, and marked improvement for our patients is the work around improving the speed in which we treat patients with a broken hip - Fractured Neck of Femur, or also called #NOF.

In June 2018 our #NOF service was labelled as failing due to inconsistency in the way we treated that group of patients and our inability to get more than 72 per cent of these patients operated on within the first 36 hours. There is national evidence that the sooner a patient is treated the better the outcome and the greater the delay, the greater the mortality and morbidity.

We knew we needed a different approach so brought together key clinical leads from all of the specialties involved in the care of these patients and between them they developed a new approach to care. Fundamental to this was the message that these patients should be treated as emergencies moving concentration away from the '36 hour target'. The team reorganised existing resources and developed capacity.

The outcome is that in the seven months from August 2018 to February 2019 we have consistently been above 72 per cent - with a year to date average of 74 per cent (target 72 per cent). We have assured our regulators that we have a grip on this standard and a contract ban placed on us over two years ago and earlier this year that was lifted. More importantly this group of patients are being operated on in a more timely way which means they can mobilise more quickly and go home sooner.



**John Adler**  
Chief Executive

# Performance Against National Standards



Performance Indicator	Target	2018/19	2017/18	2016/17	Trend
A&E (UHL) - Total Time in A&E (4hr Wait)	95%	77.0%	77.6%	79.6%	↓
A&E (UHL+ LLR UCC) - Total Time in A&E (4hr Wait)	95%	83.0%	80.6%	N/A	↑
12 Hour Trolley Waits In A&E	0	0	40	11	↑
MRSA (All)	0	2	4	3	↑
MRSA (Avoidable)	0	2	4	0	↑
Clostridium Difficile	61	52	68	60	↑
% Of All Adults Who Have Had VTE Risk Assessment On Admission To Hospital	95%	95.6%	95.4%	95.8%	↑
Never Events	0	8	8	4	↔
Single Sex Accommodation Breaches (patients affected)	0	56	30	60	↓
SHMI Mortality	≤99	99	98	102	↓
Delayed Transfers Of Care	3.5%	1.5%	1.9%	2.4%	↑
Urgent Operations Cancelled Twice (UHL+ALLIANCE)	0	0	0	3	↔

	Green = target achieved		Green upward arrow = Improvement against previous year (Target Achieved)
	Red = target failed		Green downward arrow = Deterioration against previous year (Target Achieved).
			Red upward arrow = Improvement against previous year (Target Failed)
			Red downward arrow = Deterioration against previous year (Target Failed).

Note: Cancer performance is for April 18 to January 19. FY2018/19 performance will be available around 10th May

## Performance Against National Standards



Performance Indicator	Target	2018/19	2017/18	2016/17	Trend
Operations cancelled for non-clinical reasons on or after the day of admission		1.1%	1.3%	1.2%	↑
RTT - incomplete 92% in 18 weeks	92%	85.1%	85.2%	91.8%	↓
RTT 52 Weeks+ Wait (Incompletes)	0	0	4	24	↑
Diagnostic Test Waiting Times	1.0%	0.9%	1.9%	0.9%	↑
Cancer: 2 Week Wait From Referral To Date First Seen - All Cancers	93%	91.6%	94.7%	93.2%	↓
Cancer: 2 Week Wait From Referral To Date First Seen - For Symptomatic Breast Patients	93%	75.2%	91.9%	93.9%	↓
All Cancers: 31 Day Wait From Diagnosis To First Treatment	96%	95.2%	95.1%	93.9%	↑
All Cancers: 31 Day For Second or Subsequent Treatment - Anti Cancer Drug Treatments	98%	99.6%	99.1%	99.7%	↑
All Cancers: 31 Day For Second or Subsequent Treatment - Surgery	94%	86.3%	85.3%	86.4%	↑
All Cancers: 31 Day For Second or Subsequent Treatment - Radiotherapy Treatments	94%	97.7%	95.4%	93.5%	↑
All Cancers: 62 Day Wait For First Treatment From Urgent GP Referral	85%	75.9%	78.2%	78.1%	↓
All Cancers: 62 Day Wait For First Treatment From Consultant Screening Service Referral	90%	83.1%	85.2%	88.6%	↓



Green = target achieved



Red = target failed



Green upward arrow = Improvement against previous year (Target Achieved)

Green downward arrow = Deterioration against previous year (Target Achieved).



Red upward arrow = Improvement against previous year (Target Failed)

Red downward arrow = Deterioration against previous year (Target Failed).

Note: Cancer performance is for April 18 to January 19. FY2018/19 performance will be available around 10th May

## Key Performance Measures

For the Trust Board to assure itself that key performance measures are being met they review monthly at Trust Board meetings a performance report and the Board Assurance Framework (BAF) – both are accessible on our website in our monthly Trust Board papers.

CQUINS, national performance standards, annual priorities incorporating our Quality Commitment are also key performance measures monitored by the Trust Board, and detail on achievements in year can be found throughout this report: national performance standards pages 24-2; CQUINS (below) page 26; annual priorities pages 35-77 and our Quality Commitment pages 38-40. The Corporate Governance Report on page 12 identifies risks and uncertainty and how these are mitigated.

## Commissioning for Quality and Innovation payment framework (CQUINS)

The CQUIN payment framework aims to support a cultural shift towards making quality the organising principle of the Trust, by embedding quality at the heart of commissioner–provider discussions. It is an important lever, supplementing Quality Accounts to ensure that local quality improvement priorities are discussed and agreed at board level within, and between, organisations.

A proportion of our income in 2018/19 was conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework (CQUINS). The current CQUIN scheme ran for two years (2017-19) with aim to improve quality of outcomes for patients.

For 2018/19 we had five mandated national CQUINS which each had a minimum weighting of £1,110,865; ten NHS England Specialised CQUINS with a total value of £5,651,842 and four locally agreed CQUINS, to support the development of Sustainability and Transformation Partnerships (STPs), each with weighting of £1,376,082.

The combined 2018/19 CQUIN schemes were worth 2.5 per cent of our contract value, which equates to £16,660,494.

Further details of the agreed goals for 2017/18 and for the following 12 month period are available electronically via the NHS England website.

We did not fully meet the targets set for three of the national CQUINS: Improving staff health and wellbeing, reducing the impact of serious infection and preventing ill health through risky behaviours. Similarly two of the NHS England Specialised CQUINS were only partially met: Hepatitis C Network and Haemophilia Haemtrack. We expect to fully meet the local STP CQUINS.

## Organisational Structure

In 2013 our organisation changed its internal structure to seven Clinical Management Groups that are supported by a number of corporate directorates.

The Clinical Management Groups are:

- Cancer, Haematology, GI Medicine and Surgery
- Emergency and Specialist Medicine
- Musculoskeletal and Specialist Surgery
- Professional Services, Imaging, Medical Physics and Empath
- Cardiac, Renal and Respiratory
- Theatres, Anaesthesia, Pain and Sleep, (ITAPS)
- Women's and Children's

The corporate directorates are:

- Corporate Medical
- Corporate Nursing
- Corporate Operations
- Finance
- People and Organisational Development
- Estates and Facilities

- Strategy and Communications
- Information Management and Technology
- Corporate and Legal Affairs

Each Clinical Management Group has the support of finance, human resource lead, patient safety, medical education, research, and transformation leads to support the running of their “business”.

Each Clinical Management Group is led by a Clinical Director (medical lead), a Head of Nursing (senior nurse) and Head of Operations (manager). They all report monthly to the Chief Operating Officer and the Clinical Directors are members of the Executive Boards that meet weekly under the leadership of the Chief Executive.

## Sustainability Report

Our Estates and Facilities Teams are committed to implementing sustainability across a diverse range of services including procurement. This direction is reinforced within the revised Estates and Facilities 5-Year Strategy, and Development Control Plans 2019. The plans outline the project designs and associated deliverables, to implement an effective sustainable environment. This will give the foundation for our future, ensuring our commitment to “providing a sustainable, safe and welcoming environment, where clinical care of the highest standard can be delivered”.

We have chair representation of the Energy and Sustainability Group; a forum that will provide technical and statutory guidance in support of our Sustainability Development Management Plan.

The Technical Compliance Team have advised and promoted elements of sustainability. This has ensured new projects; new works and refurbishments incorporate the most effective, “Low Carbon Technology” available within limited resources.

We completed and submitted the various statutory annual reports as listed below.

- a) Estates Return Information Collection (ERIC)
- b) Property Assurance Model Report (PAM)
- c) European Union Emissions Trading Scheme (EUETS)
- d) Carbon Reduction Commitment (CRC)
- e) Combined Heat and Power Quality Assurance (CHPQA)

### Energy and Sustainability Projects

During 2018/19 the Estates and Facilities have successfully built/refurbished and commissioned the following

- a) Mortuary reconfiguration upgrade (Royal Infirmary)
- b) Commissioned a replacement heating boiler (Glenfield)
- c) Built and commissioned 28 bed winter pressure ward (Glenfield)
- d) Installed and commissioned a new Water treatment plant for the Renal Dialysis Unit (General)

All the above included the use of “Low Carbon Technology” and the incorporation energy efficient management strategies. They included LED lighting (currently additional external funding is being sourced), Variable Speed Drives, High Efficiency Pumps and Motors, Building Management Systems, insulation and boilers. The adoption of good working practices and housekeeping is actively promoted. Resources have concentrated on planning the delivery of the three additional roof top wards, Interventional Radiology unit and the Adult Intensive Care Unit at the Glenfield. Also the development of the relocation plans for the Congenital Heart Unit to the Royal Infirmary. The enabling works have started with an expected beneficial clinical use during 2020.

## Heating and Power

This period the CHP units have improved their availability as they have been fine tuned to the sites demand.

1 April 2018 – 31 March 2019	Royal Infirmary	Glenfield Hospital	Total
CHP gas used	34,298,744	14,979,576	49,278,320
CHP Elec Generated	13,199,304	5,684,845	18,884,149
CHP Heat Generated	7,996,000	5,664,000	13,660,000
<b>Est. CO2 Saving</b>	<b>1,985</b>	<b>1,329</b>	<b>3,314</b>
Hours run	8,048	7,500	15,548
<b>Est. Cost Saving</b>	<b>£479,611</b>	<b>£263,901</b>	<b>£743,513</b>
<b>Est. Cost Saving/hr</b>	<b>£59.59</b>	<b>£35.19</b>	<b>£47.82</b>

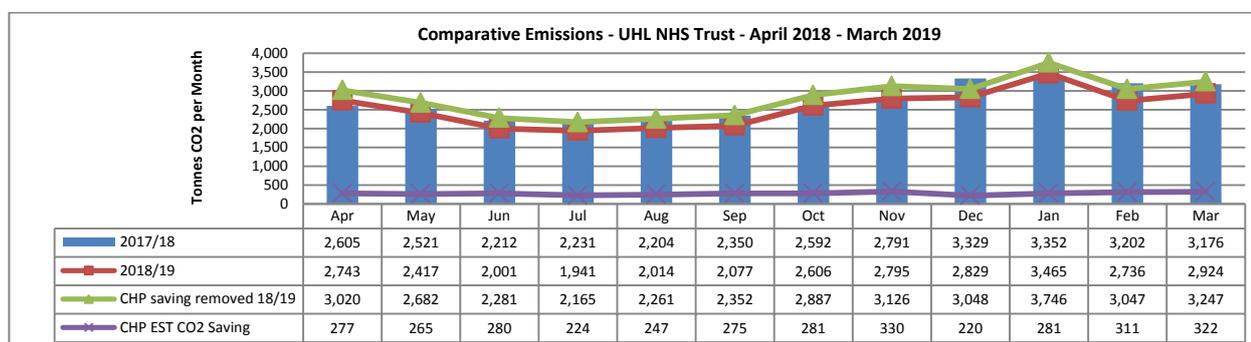
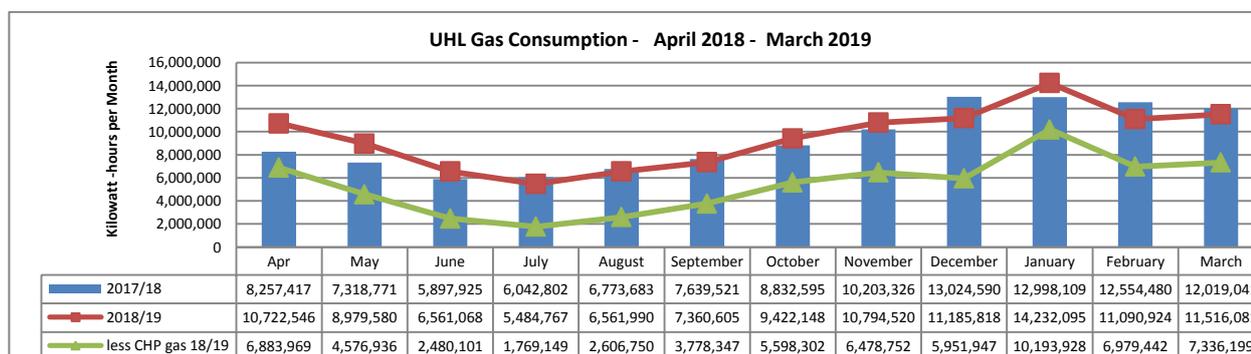
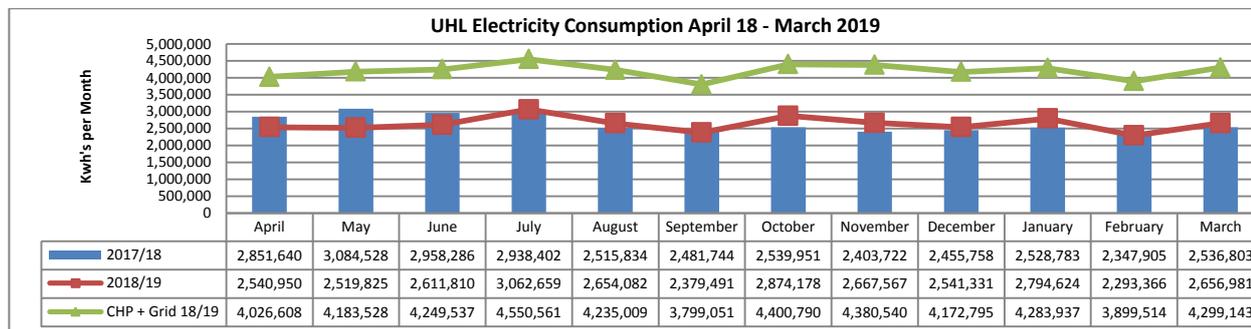
The table and graphs below indicate that our fuel mix has changed to be more efficient. Grid electricity has reduced; gas has increased as the CHP units have performed to a higher level. This has reduced our overall emissions. The data takes account of an increase in patient activity/ demand for your services, poor winter conditions, and the increase cost in utilities from our suppliers.

One of the objectives within our Sustainable Management Development Plan (SDMP) is a 28 per cent reduction in direct CO<sub>2</sub> emissions to our 2012/13 baseline by 2020. This is deemed to be achievable with a 3 per cent reduction target of our 2018/19 emissions.

Description	Gas	Grid Electricity	Totals	Cost	CO <sub>2</sub> Emissions	CO <sub>2</sub> Emissions
Year	Usage (KWh)	Usage (KWh)	(KWh)	Costs (£)	(Tonnes)	(CRC Cost)
2006/07	116,873,611	29,357,222	146,230,833	£5,252,319	37,531	N/A
2007/08	99,831,667	30,681,111	130,512,778	£4,403,428	35,090	N/A
2008/09	109,781,944	33,822,222	143,604,167	£7,320,137	38,633	N/A
2009/10	93,697,272	36,426,819	130,124,091	£5,136,734	36,910	N/A
2010/11	96,694,476	39,489,130	136,183,606	£5,282,765	39,236	N/A
2011/12	85,673,210	42,535,080	128,208,289	£6,479,603	38,881	£376,571
2012/13	86,601,762	46,390,022	132,991,784	£7,223,638	41,334	£404,539
2013/14	83,164,032	48,522,097	131,686,129	£7,995,022	40,724	£400,777
2014/15	92,086,201	38,205,678	130,291,879	£7,072,683	36,950	£281,979
2015/16	101,496,587	32,832,008	134,328,594	£6,390,731	36,138	£291,598
2016/17	110,655,067	29,972,229	140,627,296	£5,485,501	33,707	£281,694
2017/18	111,562,261	31,665,782	143,228,042	£6,344,521	32,567	£313,497
2018/19	113,912,142	31,596,864	145,509,006	£7,063,903	30,548	£287,704
2019/20 3%	110,494,778	30,648,958	141,143,736	£7,487,737	29,631	N/A
2020/21 2%	107,179,935	29,729,489	136,909,424	£7,937,001	28,743	N/A
2021/22 2%	103,964,537	28,837,605	132,802,141	£8,413,222	27,880	N/A
Annual Change	-2,349,882	68,918	-2,280,964	-£719,382	2,019	£25,793
% age change	-2.11%	0.22%	-1.59%	-11.34%	6.20%	8.23%
2012/13 Change	-27,310,380	14,793,158	-12,517,222	£159,735	10,786	N/A
% age change	-32%	31.89%	-9%	2.21%	26.09%	N/A

Note: TBA is for future data which have a large reliance on many variables, but predominantly

1. Consumption of power and or gas depends on activity, weather and the availability of the CHP units – just for volume.
2. Cost of the utilities as commodity and non-commodity which is made up of several components plus the activity on the site and the CHP unit's availability.



## Travel Management

Our approach to transport is to provide a mixture of sustainable travel options along with parking facilities for those that need. The following list provides some of the main initiatives:

- At the end of 2018 we appointed an outside consultant to work with us on an updated Travel Plan. The Travel Plan will set out our strategy for reducing dependency on the private car while facilitating and encouraging travel by healthier more sustainable modes. In tandem with promoting alternative modes of transport the plan will aim look at car park provision;
- The Travel Plan will also look at footfall changes over the next five to seven years and the associated transport/travel impact of these changes;
- All alternative travel modes are promoted throughout the Trust including Park and Ride Services;
- The new patient and visitor multi-storey car park which opened on 1 February 2016 includes over 430 additional spaces which incorporate 21 disabled bays;
- The main surface level car park at the Royal Infirmary has a dedicated drop off and pick up area;
- We offer a variety of saver tickets for patients and prime carers;

- We are working with the police to promote security of cycles;
- We are working with the city council and Sustrans to promote with cycle surgeries across all three sites;
- We continue to promote the Cycle to Work scheme i.e. purchasing a bike through salary sacrifice;
- We have reviewed staff parking arrangements reissuing permits based upon a new criteria that focuses on work related travel;
- We continue to audit car parks and the use of the car parks using access data as and when available;
- We continually review the issuing of parking permits;
- Our Hospital Hopper service continues to carry over 12,000 people a week across Leicester and between the three hospital sites.

## Complaints

Complaints are a vital source of information about the views of our patients, families and carers about the quality of our services and standards of our care. Leicester's Hospitals Patient Information and Liaison service (PILS) administer all formal complaints and concerns. General Practitioner (GP) concerns received from the Clinical Commissioning Groups are now managed by our GP Services team.

Leicester's Hospitals Patient Information and Liaison Service (PILS) administer all formal complaints and concerns. Between 1 April 2018 and 31 March 2019 we received 2,270 formal complaints and 1,167 concerns.

The table below shows the top five themes of formal complaints received by the Clinical Management Groups from 1<sup>st</sup> April 2018 to 31<sup>st</sup> March 2019;

The top five subjects account for 1,721 (76 per cent) of the 2,270 formal complaints we received

Table showing top 5 subjects of formal complaints by CMG for 2018/19										
Top 5 Primary Subjects of Formal Complaints by CMG 2018/19 Financial year	CMG 1 (CHUGGS)	CMG 2 (RRCV)	CMG 3 (ESM)	CMG 4 (ITAPS)	CMG 5 (MSK & SS)	CMG 6 (CSI)	CMG 7 (W&C)	The Alliance	Corporate Directorates	Total
Medical Care	137	53	113	19	149	13	81	18	0	583
Waiting times	50	28	63	11	138	35	10	14	3	352
Appointments including delays & cancellations	22	24	48	15	121	17	28	32	2	309
Staff attitude	31	18	72	6	47	35	39	11	14	273
Communication	43	26	56	7	23	12	28	3	6	204
<b>Top 5 total:</b>	<b>283</b>	<b>149</b>	<b>352</b>	<b>58</b>	<b>478</b>	<b>112</b>	<b>186</b>	<b>78</b>	<b>25</b>	<b>1,721</b>
<b>Overall total:</b>	<b>370</b>	<b>194</b>	<b>540</b>	<b>69</b>	<b>541</b>	<b>168</b>	<b>238</b>	<b>83</b>	<b>67</b>	<b>2,270</b>
<b>Top 5 total as % of overall total:</b>	<b>76%</b>	<b>77%</b>	<b>65%</b>	<b>84%</b>	<b>88%</b>	<b>67%</b>	<b>78%</b>	<b>94%</b>	<b>37%</b>	<b>76%</b>

Note: The top five subjects account for 1,642 (75 per cent) of the 2,175 formal complaints we received.

Leicester's Hospitals has achieved 90 per cent, 92 per cent and 90 per cent for the 10, 25 and 45 day formal complaints performance respectively.

### IMPROVED COMPLAINT HANDLING

Throughout the year we have continued to participate in the Independent Complaints Review Panel process. This panel reviews a sample of complaints and reports back on what was handled well and what could have been done better. This feedback which is used for reflection and learning included:

- Improved PILS call handling and drafting of responses using plain English. The PILS team now receive monthly one to one coaching sessions to include a review of a telephone call.

- Better, and more timely, local management and resolution of complaints. Staff training and education has been included in the patient safety training programme packages.
- The need to reduce the amount of medical jargon used. The PILS team are encouraged to mirror the language and terminology used by the complainant to provide the most appropriately worded responses.

This year to improve our complaints process and handling of cases we have:

- Changed from a paper to an electronic triage process;
- Updated our PILS patient information leaflet;
- Ensured consent within the complaints process is in line with best practice and national guidance.

In 2019/20, our plan is to carry out the following work in relation to complaints handling:

- Develop an electronic complaint satisfaction survey;
- Launch our complaints intermediate training programme;
- Assist the Parliamentary Health Service Ombudsman with their development of a good practice framework with regard to complaints.

#### RE-OPENED COMPLAINTS

Number of formal complaints received and number reopened by quarter from 1 April 2017 to 31 March 2019

	Formal complaints received	Formal complaints reopened	% resolved at first response
2017/18 Q1	381	46	88%
2017/18 Q2	475	51	89%
2017/18 Q3	487	32	93%
2017/18 Q4	522	68	87%
<b>Totals:</b>	<b>1,865</b>	<b>197</b>	
2018/19 Q1	534	42	92%
2018/19 Q2	592	45	92%
2018/19 Q3	550	59	89%
2018/19 Q4	594	57	90%
<b>Totals:</b>	<b>2,270</b>	<b>203</b>	

The number and rate of formal complaints that are resolved at first response are both subject to change at any time. This is due to a complainant being able to reopen the same complaint at any time even if it is a year after closure if they feel that their complaint has not been resolved by the initial response. This data is accurate at the time of reporting (20/05/19).

## Parliamentary Health Service Ombudsman

This year we have again had less upheld cases by the Parliamentary Health Service Ombudsman, further details are provided below.

Parliamentary Health Service Ombudsman complaints - April 2016 to March 2019				
	2018/19	2017/18	2016/17	Total
Enquiry only - no investigation	6	1	4	11
Investigated - not upheld	3	7	12	22
Investigated - fully upheld			1	1
Investigated - partially upheld	2	3	3	8
Complaint withdrawn			1	1
No decision made yet	4			4
<b>Total</b>	<b>15</b>	<b>11</b>	<b>21</b>	<b>47</b>

## Patient Information and Liaison Service (PILS)

Feedback from our patients, their families and carers gives us a valuable opportunity to review our services and make improvements. Our Patient Information and Liaison Service is an integral part of the corporate patient safety team and acts as a single point of contact for members of the public who wish to raise complaints, concerns, and compliments or have a request for information.

The service is responsible for co-ordinating the process and managing the responses once the investigations and updates are received from relevant services or individuals. They are contactable by a free phone telephone number, email, website, in writing or in person.

PILS activity (formal complaints, verbal complaints, requests for information and concerns) by financial year - April 2012 to March 2019				
	2018/19	2017/18	2016/17	2015/16
Formal complaints	2,270	1,865	1,445	1,558
Verbal complaints	493	840	1,152	1,449
Requests for information	113	140	318	439
Concern (excludes CCG & GP)	1,167	1,139	1,284	757
<b>Total</b>	<b>4,043</b>	<b>3,984</b>	<b>4,199</b>	<b>4,203</b>
<b>% change of Total against previous year</b>	<b>1% decrease</b>	<b>5% decrease</b>	<b>0.1% increase</b>	<b>10% increase</b>

## Freedom of information

The Freedom of Information (FOI) Act was passed on 30 November 2000, and the full Act came into force on 1 January 2005. The Act applies to all public authorities including us.

The purpose of the Act is to allow anyone, no matter who they are, to ask whether information on a particular subject is held by us and to ask to see that information. The Act sets out exemptions from that right, covering any information that may not have to be released.

In 2018/19, we received 715 Freedom of Information requests and/ or requests for environmental information, an increase of 5 per cent compared to 682 in 2017/18. We responded to 96.9 per cent of these requests within the statutory 20 working-day deadline.

Many of these requests contained multiple individual questions, with information needing to be obtained from more than one clinical or corporate area of our organisation – this amounted to 1,183 instances where areas had to provide information (compared to 1,093 instances in 2017/18).

The table overleaf shows the number of times that different areas had to provide information during the year to respond to those 715 FOI requests.

Some information (such as Trust Board papers, and policies and guidelines) is already publicly available on our FOI publication scheme – you can find this on our website in the Freedom of Information section.

**Freedom of Information/Environmental Information Regulation requests received between 1 April 2018 and 31 March 2019  
split by Clinical Management Group (CMG)/ Corporate Directorate**

<b>Area</b>	<b>Number of times asked to provide FOI data in 2018-19</b>	<b>Approx % of overall 2018-19 FOI activity (in terms of times needing to provide information)</b>
Finance and Procurement	155	13.1%
Operations	133	11.2%
Clinical Support and Imaging CMG	123	10.3%
Human Resources	117	9.8%
Corporate Nursing	92	7.7%
Women's and Children's CMG	91	7.7%
IM&T	83	7%
Corporate Medical	66	5.6%
Cancer, Haematology, Urology, Gastroenterology and General Surgery CMG	65	5.5%
Musculoskeletal and Specialist Surgery CMG	50	4.2%
Emergency and Specialist Medicine CMG	48	4.1%
Facilities & Estates	44	3.7%
Corporate & Legal	39	3.3%
Renal, Respiratory, CardioVascular CMG	29	2.5%
Critical Care, Theatres, Anaesthesia, Pain and Sleep CMG	22	1.9%
Strategy	17	1.4%
Marketing and Communications	4	0.3%
Research and Innovation	4	0.3%
The Alliance	1	0.1%
<b>Total</b>	<b>1183</b>	

*Please note that some requests required a response from all/multiple clinical and corporate areas, which is why the numbers shown above (which add up to 1183 times that areas had to provide information) are higher than the total of 715 requests received.*

Signed:



Chief Executive (on behalf of the Trust Board)

Date:

# **Achievements against our Annual Priorities, including our Quality Commitment**

# Our priorities for 2018/19



This is what we were focusing on during 2018/19:

## Safe, High Quality, Patient-Centred, Efficient Care



- To improve clinical effectiveness
- To improve patient safety
- To improve patient experience

Improve Emergency Care and Cancer Performance:

- We will eliminate all but clinical 4-hour breaches for non-admitted patients in ED
- We will resolve the problem of evening and overnight deterioration in ED performance
- We will ensure timely 7 days a week availability of medical beds for emergency admissions
- We will deliver the 62-day standard for cancer during 2018/19.

## Our People



***We will have the right people with the right skills in the right numbers in order to deliver the most effective care in 2018/19...***

- We will develop a sustainable 5-year workforce plan by the end of Q1 2018/19, with a delivery plan to reduce our nursing and medical vacancy rates and reduce time to hire
- We will launch our People Strategy in Q1 2018/19 to attract, recruit and 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

## Education and Research



***To deliver high quality, relevant education and research in 2018/19...***

- We will improve the experience of our medical students and address specialty-specific shortcomings in postgraduate medical education, improving our local retention rate and our medical student satisfaction score
- 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

## Partnerships and Integration



***To develop more integrated care in partnership with others in 2018/19...***

- 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 2018/19
- We will increase the support, education and specialist advice we offer to our patients and our partners to help them receive/deliver care in the community in order to reduce demand on our hospitals
- We will lead the development of a 5 year regional Specialist Services Strategy which will place us at the heart of a regional network and supporting local District General Hospital services

## Key Strategic Enablers



### ***To progress our key strategic enablers in 2018/19...***

- We will progress our hospital reconfiguration plans by developing our plans for PACH and the maternity hospital and finalising plans to relocate Level 3 ICU and dependant services at the Royal and Glenfield
  - 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 2018/19
  - We will deliver the Year 3 implementation plan for the 'UHL Way' to support and develop staff, (medical and non-medical) and offer tailored education programmes focussing on key areas
  - We will implement Year 2 of our Commercial Strategy in order to exploit commercial opportunities available to the Trust
  - We will improve the efficiency and effectiveness of our key services and our operating theatres and implement our Carter-based LLR corporate consolidation programme
  - We will continue on our journey towards financial stability as a consequence of the priorities described here, aiming to deliver our financial target in 2018/19.
-

# Safe, High Quality, Patient-Centred, Efficient Care



## Quality: our 2018/19 Quality Commitment

For 2018/19 we set the following three priorities as a part of our Quality Commitment and to deliver our annual priority Safe, High Quality, Patient-Centred, Efficient Care:

- To improve patient outcomes by greater use of key clinical systems and care pathways;
- To reduce harm by embedding a 'safe culture';
- To use patient feedback to drive improvement to services and care.



### Review of our performance against last year's clinical quality priorities:

#### We said we would:

Improve patient outcomes by greater use of key clinical systems and care pathways

#### In 2018/19 we:

- Continued to embed the use of our electronic clinical information system Nervecentre for clinical handovers, in board rounds and ward rounds and in the escalation of clinical care
- Ensured that senior clinician led daily rounds (board rounds and ward rounds) take place daily in all clinical areas
- Embedded our Red2Green processes (Red2Green is a process for minimising both internal and external delays for patients)
- Ensured that our frail patients have a Clinical Frailty Score (a score which can identify whether a person is likely to be fit or living with mild, moderate or severe frailty)

### Results: (as at quarter 3)

- Clinical Management Groups (CMGs) report that:
  - Red2Green processes are followed in 90% of applicable clinical areas across Leicester's Hospitals
  - Senior clinician led daily rounds take place in 80% of clinical areas across Leicester's Hospitals
- We have embedded the use of a Clinical Frailty Score in our Emergency Department

### Further improvements we need to make are:

- Rolling out the use of the Clinical Frailty Score throughout the rest of Leicester's Hospitals
- Continuing to embed senior clinical daily rounds across Leicester's Hospitals

### We said we would:

Reduce harm by embedding a 'Safety Culture'

### In 2018/19 we:

- Developed our electronic patient information systems to enable clinical staff to view and act on patient diagnostic results in a timely way
- Provided training and education to empower our staff to 'Stop the Line' in clinical areas (an approach that allows staff to "Stop the Line" if they see something unsafe)
- Improved the management of diabetic patients who are being treated with insulin, through better staff education and training, systems and process and information management technology

### Results: (as at quarter 3)

- 8 Never Events (compared to 8 Never Events in 2017/18)
- 581 staff trained in 'Stop the Line'
- 82 % of nursing and midwifery staff and 61% of medical staff have undertaken insulin safety training
- Reduced the number of patients experiencing an insulin error (prescribing or management) from 25.6% in quarter 1 to 22.8% in quarter 3

### Further improvements we need to make are:

- Rolling out the mobile version of ICE (an electronic requesting and ordering communications system) across Leicester's Hospitals
- Continuing to reduce the number of Never Events (serious incidents that are largely preventable)
- Ensuring that 95% of both our nursing and midwifery staff and our medical staff have undertaken insulin safety training
- Continuing to reduce the number of patients experiencing an insulin error (prescribing or management)
- Continuing with 'Stop the Line' training and develop 'Stop the Line' videos
- Continuing to adapt and implement safer surgery checklists across our clinical specialities

### We said we would:

Use patient feedback to drive improvements to services and care

### In 2018/19 we:

- Improved patient experience in our outpatient service and transformed outpatient models of care in ENT & Cardiology
- Actively involved end of life care patients and their families in decision making about their care

### Results: (as at quarter 3)

- Consistently achieved 95% positive Friends and Family test results in outpatients
- Reduced the number of outpatient follow ups by 1%
- Reduced the number of hospital cancellations in ENT outpatients clinics by 24%
- The number of end of life care patients who have moved wards three or more times during their last hospital stay remained static between 2018/19 and 2018/19
- Developed a GREAT discharge podcast and lanyards for junior doctors

### Further improvements we need to make are:

- Continuing to reduce the number of end of life patients who move wards three or more times during their last inpatient spell prior to death
- Continuing to implement GREAT discharges (improving end of life care discharge communication between Leicester's Hospitals and GPs)
- Continue to make improvements to patient experience in our outpatients services

## Improve Emergency Care and Cancer Performance:

- We will eliminate all but clinical 4-hour breaches for non-admitted patients in ED
- We will resolve the problem of evening and overnight deterioration in ED performance
- We will ensure timely 7 days a week availability of medical beds for emergency admissions
- We will deliver the 62-day standard for cancer during 2018/19.

## We will eliminate all but clinical 4-hour breaches for non-admitted patients in ED

We remain committed to resolving the areas that cause under performance across the system to support a reduction in attendances and admissions alongside returning patients to their home more quickly.

Unfortunately we did not achieve the 4-hour standard in 2018/19, achieving a performance of 77 per cent (UHL) and 82.9 per cent (Leicester, Leicestershire and Rutland total). This performance is set against an increase in demand in our Emergency Department of 6.2 per cent compared to 2018/19.

Despite the significant growth in demand, progress has been made in non-admitted performance. Through the year we have seen, treated and discharged (within 4 hours) 82.3 per cent of patients that need to be seen but not admitted and 91 per cent of patients treated in our Injuries area of the Emergency Department were seen and treated within 4 hours.

The performance in the last three months has improved as changes have been embedded. This has been achieved by putting into place the following:

- a floor manager, with a specific remit to manage flow;
- productivity review and change plan of our Injuries stream;
- DHU (our primary care provider) improving their performance by changing our streaming model in the third quarter of the year. This enabled patients to be streamed to the right place and strengthened our redirection approach;
- a review of the space in Majors and a change to the pathway to improve flow and maximise ambulatory care pathways;
- an increase in clinical triage of green ambulances;
- an increase in deflection to places other than the Royal Infirmary, through extension of clinical navigation, increase in extended primary care access and increase in direct booking to other sites;
- Alternative frailty response (in community with EMAS and Home Visiting Services/Clinical Navigation Hub);

- Out of hospital ambulatory pathways;
- Mental Health triage with EMAS (which also has an impact on overnight breaches).

### **We will resolve the problem of evening and overnight deterioration in ED performance**

We continue to tackle the problem of evening and overnight deterioration in Emergency Department performance by implementing:

- increased medical staffing overnight;
- pathway changes to the Emergency Floor assessment units which has resulted in less admissions to our base wards;
- processes to minimise variation and decrease deterioration overnight;
- EMAS 'urgent' crews reducing surge in GP referrals in the late afternoon/ evening;
- an increase in triage of green ambulances, reducing attendances;
- Pass-porting scheme with primary care and clinical navigation/ home visiting;
- Out of hospital ambulatory pathways.

### **We will ensure timely 7 days a week availability of medical beds for emergency admissions**

Despite increasing our availability of medical beds for emergency admissions, we have been unable to fully keep pace with the growth in demand. Our emergency care improvement programme continues and schemes include:

- full implementation of Red to Green;
- the reduction in stranded and super stranded patients;
- changes to the pathways in the Emergency Floor assessment units;
- an improvement to the function of our GP Assessment Unit;
- a review of, and changes to the pathway at the Glenfield including community respiratory pathways;
- the achievement of efficiencies in our medical step down ward;
- the introduction of care home telemedicine and transfer schemes – this has reduced attendances and admissions for care home residents;
- improved support to primary care to prevent admission;
- the implementation of End to End Continuing Health Care process – more timely Decision Support Tool in hospital
- and improvement to Integrated Community Support model which has led to rapid admission or turnaround from the Emergency Department/ Emergency Floor assessment units;
- the implementation of re-procured Discharge to Assess model;
- increases in the hospital discharge team;
- the implementation of trusted assessment;
- an improvement to the pick-up of packages of care for County patients;
- increased medical ward capacity;
- improvements to length of stay in community hospital through discharge initiatives (Discharge to Assess, choice, interim beds, Continuing Health Care funding agreement risk share etc)

Over the coming year we will continue to work with partners as part of the A&E Delivery Board to improve emergency care performance and we will report our progress monthly to both our internal People, Process and Performance Committee and the system wide A&E Delivery Board.

## We will deliver the 62-day standard for cancer during 2018/19.

In December we achieved 82.3 per cent against the 85 per cent target this is the best performance we have seen since 2017. Disappointingly we will not achieve the standard for the year and we will have seen a slight deterioration. We have however maintained performance against a significant increase in demand across all tumour sites.

This year we have been successful in transformational bids which will allow us to make changes to pathways to ensure improved delivery next year.

### Stop the Line

In 2018/19 we launched a campaign called 'Stop the Line' to support the introduction of the new Safer Surgery policy across all three of our hospitals and the community hospitals across Leicestershire.

Stop the Line is an approach that allows staff to "Stop the Line" if they see something unsafe and to keep our patients safe and do the right thing.

A training programme has been implemented ensuring that all staff are trained and able to Stop the Line" when they see or hear anything that is a safety concern.



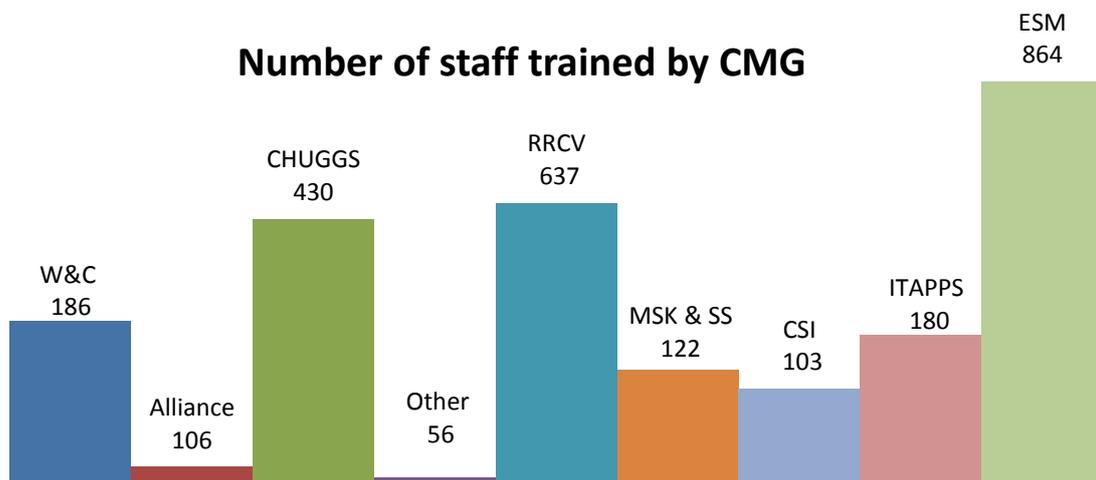
Stop the Line training has been embedded into all staff inductions so we can ensure that our staff understand the importance of keeping our patients safe. So far, we have trained 2,684 staff this year.

An evaluation in theatres revealed that all staff questioned knew about Stop the Line and it is embedded as a way to raise concerns.

*"The Trust encourages, and will always support any member of staff, who speaks up to STOP the Line when they have concerns - we are one team and we are best when we work together."*



### Number of staff trained by CMG

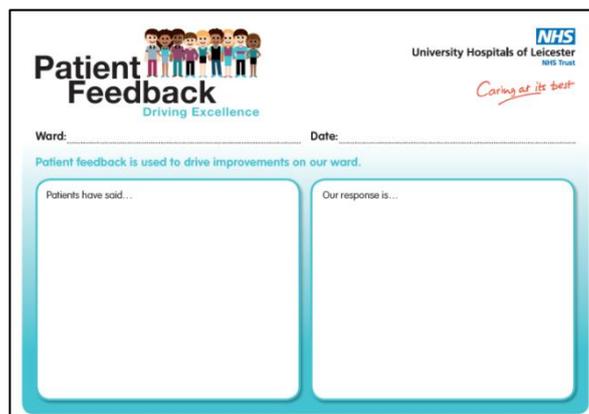


### Improving the experience of our patients

We actively seek feedback from patients, family members and carers, using the following methods:

- Patient Experience feedback forms; paper and electronic
- Family, carers and friends feedback forms; paper and electronic
- SMS/text which are sent to patients who attend outpatient appointments

- Recorded patient stories
- Community conversations conducted by the hospital Engagement team
- Volunteer surveys
- Message to Matron Cards
- NHS Choices/ Patient Opinion
- Compliments and complaints provided to the Patient Information and Liaison Service (PILS)
- Our website



Currently the clinical teams display their response to the feedback received on “You Said, We Did” boards. These have been reviewed and for 2019/20 these boards will be replaced with new “Patient Feedback Driving Excellence” boards, an example is shown below. These boards will clearly show how the clinical areas respond to patient feedback to make improvements.

In April 2018 the Quality Commitment Bulletin was launched to highlight outpatient areas that had listened and responded to patient, family and carer feedback resulting in a better experience of care.

Following the success of this bulletin, the Patient Feedback Driving Excellence Bulletin was developed and first published in November 2018, featuring both outpatient and inpatient teams who have made positive changes in their clinical area following patient feedback. The bulletin is distributed throughout the Trust and was recently recognised in the Patient Experience Network National Awards 2018 as a finalist in two categories.

### Care of older people and dementia care, including our Meaningful Activity Service

Improving care and experience for people living with dementia in our hospitals is part of our Dementia Strategy.

The Forget ME Not scheme supports national recommendations for hospitals to have a system in place to support all staff to be able to recognise patients with dementia, ensuring the delivery of person centred care. This initiative is now in place on all adult wards to support people living with dementia. Patients with a known diagnosis of dementia are placed on the scheme during their admission to hospital. A blue forget me not flower is placed in the bed space and a small forget me not flower sticker is attached to the patient’s medical notes. Both identify the patient to all staff, supporting good communication, allowing more time for each interaction, encouraging additional drinks and snacks to be offered and reminds staff to find out about the patient by reading the Know Me Better Patient Summary.

We took part in the 4th round of the National Audit of Dementia in General Hospitals at the Royal Infirmary. Staff and families and carers were encouraged to complete surveys. Work from the last audit in 2016 included improving nutritional intake for people with dementia and since then we have introduced of Energy Dense Smaller Meals to the standard menu, as feedback told us the meals were too big and off putting. We have also introduced supplementary snack finger foods for those patients who prefer to graze throughout the day.

The Meaningful Activity Service supports patients with dementia on the older people’s wards at the Royal Infirmary and on some wards at the Glenfield Hospital. The Meaningful Activity Facilitators provide therapeutic activities to help patients with dementia in hospital. Examples of activities include arts and crafts, games, puzzles, reminiscence, and music and the team host special events on the wards to celebrate cultural and religious festivals. Families, friends and carers of patients are encouraged to be involved in all activities with their loved one from the ward areas.

This year the Meaningful Activity Service expanded to provide a seven day service across the Emergency floor, to enable people living with dementia to be supported through this person centred care approach, supporting their well-being, their transition into hospital and providing individually tailored



activity to enhance their experience. Within the newly opened Emergency Floor a bespoke safe space was designed and developed, 'Memory Lane' and the 'Happy Time Café' are custom made areas for people with dementia to be able to walk, be involved in activity and socialise over tea and cake in a quiet environment with support from the Meaningful Activity Facilitators away from the clinical ward spaces. We continue to increase the number of staff that volunteers to be older people and dementia champions and over 100 staff have taken on this role throughout the year. Champions have a passion and commitment to improving the experience for our patients. The Champion Celebration event was held in September, providing our champions with the opportunity to further develop their knowledge and share ideas with each other.



Older people's feedback highlighted how important the small fundamental things are to improve their experience in hospital. Six of our wards completed the work they have been involved in through 'Fixing the Fundamentals' to improve older people's experience of care in our hospitals. As part of this work some of the things they introduced included: Freezers for patients to have ice-cream on the ward, therapy dog visit, teams worked with hearing service to better care and support patients with hearing loss, they refurbished day rooms to make sociable spaces away from the bedded areas on the wards. A market place event to celebrate their achievements and promote the teams they worked with was held at Glenfield in July and we were delighted to welcome the Lord Mayor of Leicester who joined the teams in this celebration and presented certificates to each of the wards involved. The work of 'Fixing the Fundamentals' to improve the experience for older people in our hospitals was shortlisted as a finalist for The Patient Experience Network National Awards (PENNA)



### Friends and Family Test

The Friends and Family Test is a question that is offered to patients, family members and carers who have been cared for in NHS Hospitals. The question asks:

**“How likely are you to recommend our ward to friends and family if they needed similar care or treatment?”**

The question has a range of six responses, from 'extremely likely' to 'extremely unlikely', including 'don't know'. The respondent is then given the option to give any comments which detail why they have given their chosen response.

'Extremely likely' and 'likely' are calculated as recommended responses and the 'extremely unlikely' and 'unlikely' are calculated as non-recommended responses. The tables below show the Trust results for the last two years in inpatient and day case areas.

	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
% Recommend	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%
% Not recommend	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%
	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
% Recommend	97%	98%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%
% Not recommend	1%	1%	0%	1%	1%	1%	1%	1%	1%	1%	1%	1%

We aspire to achieve a high recommended and a low non-recommended score in the Friends and Family Test. For 2018/19 97 per cent of patients cared for in our hospitals told us they would recommend us to their friends and family; and this score has been consistent over the last two years with the only exception being May 2018 where that rose to 98 per cent. The non-recommend score is also consistent with just 1 per cent of patients telling us they would not recommend us, with the exception of July 2018 when that dropped to 0% or no patients saying they wouldn't recommend us to their family and friends.

The Friends and Family Test feedback is collected using a variety of methods; paper forms in in-patient and day case areas, electronic survey devices in some clinical areas and out-patients, kiosks available in the receptions of all three of our hospitals, and we ask the questions via SMS/text in out-patients. There is further opportunity for feedback to be given via our website when the patient has left the hospital.

To ensure that patients who do not speak English as their first language are able to give feedback, the Friends and Family Test is available on paper and electronically in the top three spoken languages in Leicester, Leicestershire and Rutland; Gujarati, Punjabi and Polish.

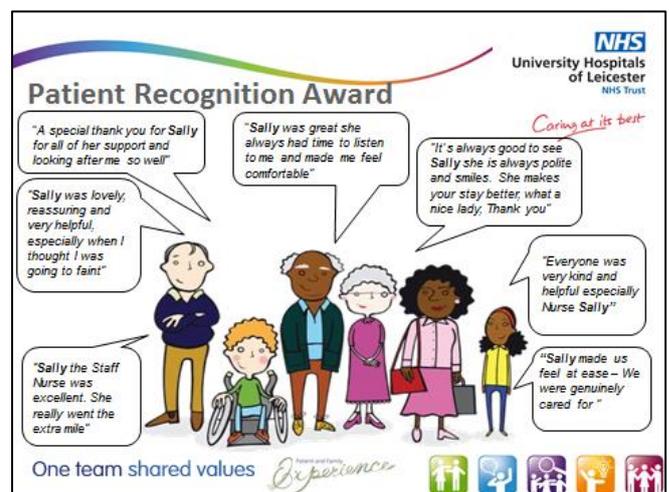
Easy read versions of the feedback form are available both on paper and electronically, allowing patients who have learning disabilities, literacy issues, visual disturbances or where English is not their first language to give their feedback. This version uses illustrations of faces which range from happy to sad, for the patient to choose from. Children have a rocket feedback form which also uses the illustrations of faces and there is a section for the child to draw a picture.

We are keen to gather feedback from family members, carers and friends who attend the hospital with a loved one. There is a designated form for them to complete and give their views of their experience.

NHS England has conducted a review of the Friends and Family Test and plan to offer new guidance to NHS hospitals during April 2019.

Frequently staff are mentioned by name in the Friends and Family Test feedback comments, detailing how they have made a difference to the patients experience while in hospital. During the year it was decided that this positive feedback should be recognised and acted upon, so we created the Patient Recognition Awards which we launched during Experience of Care week in April 2018. Currently feedback from in-patient, day case, maternity and the Emergency Department are included, and there are plans to expand this to outpatient areas during 2019/20.

Any member of staff mentioned five or more times in a three month period in a positive light by name receives a Patient Recognition Award. The staff member is visited in their clinical area by the Assistant Chief Nurse and the comments relating to them are read out, they are then presented with a certificate thanking them for their hard work and commitment. They are also presented with a certificate which shows the comments that they have received in both a formal and an illustrated version, an example is shown below:



So far there nine members of staff have received this prestigious award. This award was entered into the Patient Experience Network National Awards 2018 and achieved the position of finalist.

## Specialist Palliative Care and Care at the End of Life

Palliative care is the holistic care provided to patients with an illness which cannot be cured. Palliative care is provided alongside other treatments and might be needed early on in a disease when patients may be receiving life-prolonging treatment or towards the end of life and into bereavement. Palliative care involves managing physical symptoms such as pain, but also the psychological, spiritual and social needs of patients and families. Palliative care is something all health and social care professionals provide as part of their role with patients, supported by the Specialist Palliative Care Team.

The Specialist Palliative Care Team at Leicester's Hospitals consists of specialist nurses, consultants and specialist registrars. They provide direct support to our patients, both as inpatients and outpatients, as well as providing education and support to staff, which is essential to staff who will need to provide both palliative and end of life care.

Patients are described by the General Medical Council as approaching the end of life when they are likely to die within the next twelve months. This group therefore includes:

1. Patients who are imminently dying (in the next few days or hours);
2. Patients with advanced, progressive, incurable conditions (such as cancer which has spread to different organs in the body);
3. Patients with frailty and multiple illnesses which mean that they are expected to die within twelve months;
4. Patients with a condition which puts them at risk of a sudden acute crisis (e.g. a large inoperable abdominal aortic aneurysm); or
5. Life threatening acute conditions caused by a catastrophic event (e.g. an intracranial bleed in a patient who is not well enough for treatment or a patient with major trauma).

At Leicester's Hospitals we play an important role in supporting and managing patients at the end of life because patients will often have repeated contact with hospital services in their final months of life and for many people (over two fifths) hospital may be where they die. For some, hospital is not where they want to be looked after in their last days or hours, but for others this may be a place where they and their families can feel safe. Whatever the situation, we need to make sure that the care provided is right for that person and as good as it can be as the experience of care makes such a big difference both to the dying and to the bereaved. The End of Life and Palliative Care Committee and Specialist Palliative Care Team have continued to drive improvements across the Trust in the last twelve months and to work with our partner organisations to ensure that we move forward together with the interests of our local community at the core of what we do.

#### **Work across Leicester, Leicestershire and Rutland**

Our team is looking forward to working as part of a local taskforce to support system wide improvement in the delivery of care towards the end of life. Initial meetings are planned for the near future. Key priorities will be identified soon but are likely to include the introduction of a new document to record decisions about emergency treatment called ReSPECT (Recommended Summary Plan for Emergency Care and Treatment) and exploring how this and other developments can support patients across the healthcare economy.

#### **Our End of Life Care Strategy**

Our draft end of life care strategy has been shared widely with stakeholders inside and outside of our organisation and adapted following feedback. The latest version is now ready to be launched in May 2019 as part of Dying Matters Awareness Week.

#### **Data collection and dashboards**

Collecting quantitative and qualitative data and developing ways we can benchmark our services and outcomes will help us to understand how we can get the best experiences for our patients. Improved data collection and draft dashboards are under development for the Specialist Palliative Care Service and End of Life and Palliative Care Committee.

#### **Specialist Palliative Care Team development**

Our Specialist Palliative Care Team currently receives around 270 referrals per month from across the Trust, an almost 30 per cent increase on the previous year, with around 11,000 inpatient contacts made by the team in the last financial year.

To support the growing work of the team, a business case is in development to increase the specialist palliative care resource, particularly medical staff, supporting work in end of life care, providing clinical leadership, education and specialist support in palliative care.

A bid submitted to Macmillan to support a pilot project within the Emergency Floor has now been formally approved and the posts advertised. This bid will provide two additional full time Band 7 Clinical Nurse Specialist posts in palliative care to support the emergency floor, providing an opportunity to deliver earlier

palliative care assessment and input as well as support and education to the team. The roles will be in place for two years and the plan will be to build a business case for ongoing funding.

### **Education and Engagement with staff and public**

**Dying Matters Awareness Week:** Talking about dying, death and bereavement is a challenge for patients, families and staff. Dying Matters is a national organisation which promotes conversations about these important topics. Every year, during Dying Matters Awareness Week, hundreds of events take place across the country to encourage all of us to think about planning for what we want to happen towards the end of our lives including how we might want to be remembered; to consider registering as an organ donor; writing a will or planning a funeral.

A team from across hospital and community services in Leicester, Leicestershire and Rutland is now planning the 2019 event around the theme of “thinking ahead” (advance care planning). This supports the findings from Medical Examiner Reviews/ Learning from Adult Deaths in Our Care, the Mazars Leicester, Leicestershire and Rutland Audit and End of Life Care Hospital Improvement Programme and supports plans to roll out ReSPECT and GREAT discharges. Public engagement events are planned across Leicester’s Hospitals, Beaumont Leys and Haymarket shopping centres with our colleagues from Leicestershire Partnership NHS Trust, the Clinical Commissioning Groups and LOROS. To support this, Macmillan Cancer Support has funded a Leicestershire Dying Matters Conference allowing more than 200 staff from across local health organisations to learn and share together.

### **Staff Education**

Ward based education -The Specialist Palliative Care Team have continued to provide ward-based education including use of the McKinley T34 syringe driver, symptom management, recognition of dying and the use of the Individualised Plan of Care for the Dying Patient.

Throughout the year we have continued to run Palliative and End of Life Care Champions Days and Priorities for Care for the Dying Person Study Days which are open to all healthcare professionals.

The team has also been part of other education events at LOROS, including study days and Foundation Year 1 (FY1) teaching, regular Oncology Specialist Registrar Communication skills training, Geriatrician and Emergency department teaching. They continue to offer opportunities for individuals to work shadow, including medical and nursing students, foundation doctors, geriatrics Specialist Registrar’s, pharmacists, physiotherapists and occupational therapists.

We have developed an education programme for LOROS nurses, both Healthcare Assistants and trained staff, which allows them to shadow the team to learn more about hospital specialist palliative care.

We have developed Lightning Learning for staff in the Emergency Department around GREAT discharges, Uncertain Recovery and Palliative/End of Life Care. The Palliative Care and Emergency Department teams have come together to develop SimPall, Simulation training in the Emergency Department around Palliative Care Emergencies and communication skills.

The SPCT teach regularly on the Healthcare Assistants induction programme and preceptor programmes as well as working with DeMontfort University to offer a ten week nursing student placement with the first student starting in November 2018.

### **Care of the Dying Patient and their family**

#### **Symptom management**

The Mazars Audit identified some issues around diabetes management in the last days of life and further findings from the National Audit of Care at the End of Life (NACEL) have prompted changes to the policy and paperwork supporting the delivery of care for dying patients in our hospitals. Working with the diabetes team, we have developed additional symptom management advice to support staff looking after people who have diabetes and are dying. NACEL will be repeated later this year and will include more feedback from families after a death, which is essential. We continue to receive feedback from families as part of the Medical Examiner process and from our Specialist Bereavement Nurses and use this to recognise good practice and to identify how we could improve.

## **Volunteers At Life's End (VALE)**

VALE is a project co-ordinated by members of the Specialist Palliative Care Team, which engages volunteers within the hospital to spend quality time with patients who are dying. They provide support to ward staff by assisting with meals, offering company to patients, and in some cases a hand massage. Volunteers also offer a respite period for families who need some time to care for themselves, but would like to know their loved one is not alone. Use of this service is growing and feedback has been very positive.

## **Rapid discharge in the last days of life**

When we recognise someone as likely to die in the coming days or hours, it is important that we understand what their priorities are at this time. For some patients, being at home for the last phase of their life feels really important and so working with our partners in Leicestershire Partnership NHS Trust, we have been making changes to the way we manage rapid discharge, increasing the numbers of families we can support and learning how to be able to make this feel as seamless as it can to the patient.

## **GREAT Discharges**

Each letter of GREAT is a prompt:

**G** is for GP Supportive and Palliative Care Register

**R** is resuscitation decision

**E** for End of Life Care prescribing

**A** for Advance Care Planning

**T** for Treatment Escalation decision.

Through audits we have revealed that for the 1,991 patients who died following an emergency admission in the 12 months we looked at over 60 per cent had contact with our organisation in the preceding 90 days - many having attended outpatients or having had an emergency admission. This suggested missed opportunities to identify patients at risk of dying in the coming months and to support them to plan how they might want to be cared for when that time arrives.

Further audit work around discharge paperwork for patients with a high frailty score has revealed opportunities to improve the information provided to our community colleagues. A GREAT discharge for palliative care patients is an acronym which prompts thinking and documentation about key conversations and decision making. Funding has been secured to print lanyard cards for junior doctors and we are in the process of developing a podcast. Quality Improvement work has started on one of our geriatric wards and we will continue to work on embedding good practice.

## **Resources to support patients and families**

### **Resources for supporting care in the last days of life for adult patients**

One of the ways hospitals have helped to support grieving parents after the loss of a baby is to provide keepsakes and memories such as hand prints and photographs.

When an adult dies we are often less equipped to make this experience special or individualised. Trusts around the UK have been introducing ways of making the experience for families a more positive one by providing resources such as jewellery bags, comfort kits, battery operated candles and the offer of a lock of hair or a handprint. We have already introduced some of these ideas around our "butterfly" symbol and many ward areas already make special efforts to provide exceptional care in individual cases.

Through a successful application to the Masons charity, we have secured £2,000 to purchase some resources to trial on the emergency floor to provide our staff with the ability to approach supporting a dying family differently. We are currently buying these resources and identifying a way to educate staff and to evaluate the experience for staff and families to allow us to seek further funding and to roll out this idea to other clinical areas.

### **Resources for supporting care in the last days of life - children of adult patients**

We have begun some work to develop some resources designed to support younger family members when an adult who is close to them is dying. These resources are being trialled at the Royal Infirmary with support of charitable funds.

### **Macmillan Funded iPads**

Macmillan has provided funding for the Specialist Palliative Care Team to support reminiscence therapy using iPads, which can be particularly helpful with patients living with dementia.

### **Providing spiritual and religious care**

When someone is in hospital we also care for their pastoral, spiritual and religious needs. We are here to support those who face emotional distress arising from questions concerning life, death, meaning and purpose - questions that can be acutely highlighted by illness and suffering.

Our diverse team includes Christian, Hindu, Muslim, Non-religious and Sikh chaplains - ensuring that patients can ask to speak to someone "like minded" as they grapple with the questions they face. We offer a 24/7 availability to support patients or families in urgent situations, especially around the time of a death.

Our work is supported by 72 volunteers who have together given 3,200 hours to the hospitals. In all our chaplains and chaplaincy volunteers made about 12,500 patient contacts - an invaluable part of our commitment to delivering "Caring at its Best".

We provide multi-faith chapels and prayer facilities on each site, for the use of patients, visitors and staff. These provide a place for prayer or quiet contemplation and are in constant use.

We also continue to provide the chaplaincy service to the patients and families across the Mental Health Units and Community Hospitals run by the Leicestershire Partnership NHS Trust.

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## Our People

Our People

***We will have the right people with the right skills in the right numbers in order to deliver the most effective care in 2018/19...***

- We will develop a sustainable 5-year workforce plan by the end of Q1 2018/19, with a delivery plan to reduce our nursing and medical vacancy rates and reduce time to hire
- We will launch our People Strategy in Q1 2018/19 to attract, recruit and 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.

**We will develop a sustainable 5-year workforce plan by the end of Q1 2018/19, with a delivery plan to reduce our nursing and medical vacancy rates and reduce time to hire**

In July 2018 our Trust Board approved a Five Year Strategic Workforce Plan 2018-2023 which explored the current context of workforce planning including critical risks to the supply of our workforce. This document describes the short, medium and long term changes to our workforce. It describes how we intend to reduce our dependency on the non-contracted workforce through to proposed plans to address the future workforce demands for our transformation programmes, including intensive care and the East Midlands Congenital Heart Centre. The plan includes our current progress and future plans for new roles such as Physician Associates, Nursing Associates and Advanced Clinical Practitioners and places particular emphasis on addressing gaps in nursing and medical staff supply.

The plan is iterative, responding to wider local and system wide changes and is currently being refreshed to fully align with the NHS Ten Year Plan, Developing Workforce Safeguards standards and our own People Strategy.

Our People Strategy is appended by two comprehensive plans for the Nursing and Midwifery and Medical workforces. These are fully aligned with the principles of our Quality Strategy and describe an improved use of workforce analytics to inform our plans for improvement which include recruitment and retention interventions and reshaping of our workforce. These plans also describe actions proposed in respect of improving education, leadership, engagement and innovation with further details provided in the sections below.

**We will launch our People Strategy in Q1 2018/19 to attract, recruit and 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**

Our People Strategy was agreed at Trust Board in March 2019 and has been aligned with our new Quality Strategy, 'Becoming the Best', as an enabler to achieving outstanding in the context of the care we provide.

The People Strategy seeks to meet the significant workforce challenges arising from the NHS Ten Year Plan and regional and local context. The People Strategy has looked to capture clearly defined deliverables, over the next five years and success measures, which will create the right conditions, specifically to:

- Draw and retain the highest quality staff from home and overseas;
- Create the right leadership and culture to drive organisational change, improvement and innovation;
- Create improvement skills at all levels to implement change and maximise learning;
- Ensure we are an engaging and great place to work with Caring at its Best in our workplace.

There are six key priority areas and it incorporates workforce plans for Nursing and Midwifery and Medical and Dental staff groups, further work is being done to finalise other staff groups.

There are a number of defined deliverables which include;

- Develop, and apply, high quality workforce analytics to inform our People Strategy and workforce planning;
- Design, and develop, a flexible, multi-skilled workforce operating effectively across our organisation and the wider health system;
- Develop quality Human Resource services which are streamlined, responsive and cost efficient;
- Embed a healthy, diverse and inclusive workforce to better represent the communities we serve;
- Develop the right behaviours to continuously improve quality;
- Develop the right leadership skills, competencies and behaviours;
- Specifically develop improvement skills;
- Lead and contribute to the wider Leicester, Leicestershire and Rutland workforce.

Additionally, we have sought to align the work programme and deliverables to the recently agreed Trust annual priorities for 2019/20.

## **Workforce Equality - Developing a more inclusive and diverse workforce to better represent the communities we serve and to provide services that meet the needs of all patients**

2018/19 was a watershed year in respect of the equality and diversity agenda within our organisation. A number of nationally driven standards, such as the Workforce Race Equality Standard, have informed our direction of travel and re-prioritisation of equality issues. Other factors have also played their part in helping to re-evaluate the way in which the Trust approaches equality and diversity in terms of its employment and service delivery.

### ***Strengthened Governance Arrangements***

Equality and Diversity Governance Arrangements have been strengthened as we set up our first Equality and Diversity Board chaired by the Chief Executive in June 2018. This followed comprehensive Learning Needs Assessments of all Executive Directors and some Non-Executive Directors. The Equality and Diversity Board has agreed a robust and comprehensive Equality and Diversity Strategic Integrated Action Plan. The plan sets out a very ambitious programme of activities in order to address the under-representation within our workforce and improvements to service delivery for patients.

### ***Staff Networks***

Our BAME Voice Staff Network was set up in May 2018, launched by our Chairman and Chief Executive. It has grown and has regular attendance of 40 members with 150 members on the email distribution list. The group have elected Dr Biju Simon as Chair and have met four times during the year.

We held our first, extremely successful, BAME Voice conference in collaboration with NTT, one of its largest providers in the private sector, who are doing significant work around the diversity agenda.

### ***Equality and Diversity System Wide Training and Development***

We jointly chair a system wide Leicester, Leicestershire and Rutland Equality, Diversity and Inclusion Steering Group who have been awarded £30,000 of Health Education funding to deliver Equality Diversity and Inclusion (EDI) training and development activities. A series of master classes, which build upon the successful workshops run at the EDI conference on 15 May 2018, have been organised for 2019/20.

In December we launched a reverse mentoring scheme and a local highly reputable Stepping Up programme for BAME staff is planned for September 2019.

### ***Workforce Race Equality Standard progress***

The comparative data for 2017/18 showed improvements in the numbers of employees at leadership level (13.6 per cent from 12 per cent in the previous year) with further improvements to 15.6 per cent to date. There were significant improvements in the success rates of candidates from a BAME background applying for, and being appointed to, jobs (2.2 times less likely in 2016/17 to 1.6 times likely in 2017/18).

Disciplinary rates for BAME employees were no longer disproportionate and access to non-mandatory training appears equitable. However, the staff survey results demonstrated less positivity across all ethnic groups with

a notable difference in experience of BAME staff when it came to their perception of discrimination by their managers and perceptions of the Trust as an equal opportunities organisation.

As stated above, we have been focusing on the area of race equality for the past 12 months. It has now been recognised as an exemplar of best practice. We were asked to show case our work and progress as part of a series of NHS Improvement Master Classes on Inclusive BME Leadership during June and September 2018.

### **Service delivery**

#### ***Interpretation and Translation Service and Policy***

In February 2018 we launched the new Interpretation and Translation service, led by DA Languages. The Equality Team has supported over 3,000 staff accessing the new service and we saw a substantial increase in use of the service month on month across Clinical Management Groups. In February 2018 there were 116 interpretation sessions, which increased to 1,040 in October. The request to delivery rate is 99.3 per cent with only 0.7 per cent of unfulfilled requests.

British Sign Language provision is delivered through local provider's iNet and Action Deafness. Service Level Agreements have now been signed with both providers formalising the arrangements.

#### ***Equality Advisory Group Outcomes***

The Equality Advisory Group is our external consultative group chaired by Mark Burley, Head of Chaplaincy. The group advises the Trust on improvements it can make to improve patient care and job opportunities.

The group, via one of the group members from the Federation of Muslim Organisations campaigned for dignity gowns to be piloted in radiology. Dignity gowns provide more coverage above the knee for patients who require more privacy for religious or other reasons. The Federation of Muslim Organisations representative worked with the Muslim community and acquired funding from Pak Food Stores and Rahma Mercy for the purchase of 305 dignity gowns. The gowns have now been purchased, labelled and are in use at the Glenfield and General Hospitals.

The Equality Advisory Group have also contributed towards the modifying of the patient experience survey form to include appropriate wording for the capture of trans-gender in the equalities monitoring section, assisted with feedback on the Carers Charter and continue to work positively to provide the Trust with useful feedback on policies such as the Interpretation and Translation Policy.

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## **Our medical workforce**

During the past year we have produced an overall Strategic Workforce Plan which highlights the need to focus on our medical workforce to deliver both immediate and transformational objectives.

These range from understanding the demand for medical workforce through to transformation of the way the workforce responds to different models of care particularly in respect of frailty and the changes arising from reconfigured services such as East Midlands Congenital Heart and the potential introduction of a Treatment Centre at the Glenfield Hospital. This requires a focus on recruitment, retention, reshaping, engaging and development and education of our workforce. Our specific plans and actions are captured in the Medical Workforce Plan, which is an appendix to the People Strategy.

Throughout the year we have been using Model Hospital and Getting it Right First Time (GIRFT) benchmarking data to right size our medical workforce to deliver changes in patient demand. This work will continue as part of workforce planning and electronic rostering of medical staff and the multidisciplinary team in order that we can be assured that we are providing safe levels of resources. To date Electronic Rostering has been implemented in a number of specialties as part of a two year roll out programme.

We have been working with a number of specialties to make improvements to the way in which we market and promote roles within the Trust and we have started plans to introduce an International Recruitment Hub to both streamline recruitment activity and ensure we share best practice in respect of attracting overseas doctors. Schemes include our Medical Training Initiative, which enables overseas doctors to learn and work in the UK for a limited period.

We have continued to develop the roles of Physician Associates, Advanced Clinical Practitioners and Prescribing Pharmacists to support tasks traditionally done by doctors. This supports our mission to create new 'teams around the patient'.

We have continued to engage with our junior doctors as part of our overall ambition to improve working lives and retention. As a result we have introduced rest rooms for doctors who have worked over their hours to enable a period of rest; we have introduced a process for escalating payroll queries; new roles supporting doctors who are less than full time or returning to a training role have been introduced. We also continue to run a twice yearly Trust Grade doctors conference and have standardised our induction programme. This year we held our first Consultant Conference which was the first time this whole workforce had been given the opportunity to engage in a range of Trust wide issues.

Since our doctors perform both a service and education role, we have launched a Medical Education Strategy, which describes how we are using a range of data sources and feedback such as the General Medical Council survey to make improvements to education in terms of content, innovation and providing an appropriate learning environment across all grades of national trainee and locally employed doctors. This includes actions to support both learners and educators.

## **Our Nursing and Midwifery workforce**

### **Senior staff nurse programme**

Over two thirds of our band 5 nursing workforce is at midpoint band 5 or above, and 20 per cent are over the age of 50. Our senior staff nurse programme continues to build on the results of the 2016 Listening into Action initiative which involved feedback from over 1,500 registered nurses at mid-point band 5 and above and highlighted a sense of frustration over the lack of structured development frameworks together with desire to be recognised and valued for their clinical contribution.

The programme continues to evolve and through formal teaching and experiential learning, it encourages networking, exposure to the bigger picture, confidence building in addition to developing new leadership competences and self-awareness. Our nurses also benefit from a structured development and career conversations throughout the year of the programme.

Since April 2018 150 nurses have attended Day 1 of the programme from across the Trust and Clinical Management Group days are running throughout the year. One of our Clinical Management Groups, ITAPs, have been the pioneers for this initiative with 26 staff completing the three day programme and being awarded their title, certificate and name badge at a ceremony in May 2018. Thirteen of these staff have subsequently been promoted to a Band 6 role. The Senior Staff Nurse programme was presented at the Royal College of Nursing Leadership in Nursing Education conference in March.

### **Clinical Nurse Coach role**

It is acknowledged that many nursing staff choose to leave substantive posts as a result of changes in family circumstances and retirement. Many of these individuals do not wish to commit to regular clinical bank shifts, but want to continue working with our junior nurses and midwives and give something back to the profession. The Clinical Nurse Coach was developed as part of our 'Retire and Return' scheme that encourages experienced staff who are no longer in substantive clinical nursing posts to carry on working with us in a different role with additional training to support an 'Encore Career'.

New Clinical Nurse Coaches attend an informal interview to review their knowledge, skills and aptitude for the role together with their availability and time commitments. The nurse coaches are then matched to areas in the Trust where it has been identified that staff need support - either clinically at the bed side or in a one to one coaching capacity. To date ten nurses have registered with the bank for this role. Three have been working regularly on our practice development ward at the LRI. We now have clinical coaches who were ward sisters, nurse specialists and experienced staff nurses .

Recruitment: We, like other NHS Trusts across the country have challenges recruiting qualified nurses. Since 2014, we continue to look overseas to recruit nurses and reduce our vacancy gap.

Table shows the number of nurses registered overseas who have joined us since 2016:

COHORT	EU	Non EU
<b>Nurses with NMC PIN</b>		
Jan 14-Dec 14	210	0
Jan15- Dec 15	155	0
Jan 16-Dec 16	109	0
Jan 17-Dec 17	0	40 (43 recruited; 3 failed OSCE)
Jan 18- Dec 18	0	112 (1 awaiting decision letter)
<b>Total with NMC PIN</b>	<b>472</b>	<b>152</b>
<b>Nurses working towards NMC PIN</b>	2 (awaiting IELTS)	75
Jan 19	0	41 undertaken programme awaiting OSCE exam
March 19	0	34 started OSCE programme
<b>Total Recruited:</b>	<b>474</b>	<b>227</b>

Between January 2014 and December 2016 there were 474 EU trained nurses who joined the Trust, predominately from Portugal, Italy and Spain. The numbers joining from EU countries dwindled significantly after the introduction of the requirement to pass the IELTS that was introduced in 2015.

There have been 227 non-EU nurses join the Trust since January 2019. Of these 152 have passed the NMC OSCE exam and are working as Band 5 staff nurses. Of the remaining 75 - 41 are waiting to take their OSCE exam and 34 are currently attending the OSCE preparation programme. The overall pass rate since January 2017 is 96.8 per cent with a first time average pass rate of 65.4 per cent. The first time pass rate is improving and has remained above 82 per cent since August 2018.

Table shows country of origin for non-EU nurses recruited January 2017 - November 2018:

Nationality	Number	Staff who failed and left	Staff who have left since getting PIN
Indian	100	-1	1
Filipino	45	-2	
Nigerian	4		
Kenyan	*3		
Ghanaian	2		
Malaysian	1		
Ukraine	1		1
<b>Total</b>	<b>156</b>	<b>3</b>	<b>1</b>

\*1 member of staff has no decision letter

### Nursing Associates

In January 2017, we launched a unique Nursing Associate Programme across Leicester, Leicestershire and Rutland.

The Nursing Associate Foundation Degree and role has been developed and delivered by us in partnership with clinical nurse educators and practice staff from different NHS, private, voluntary and independent organisations across Leicester, Leicestershire and Rutland including Leicestershire Partnership NHS Trust, commissioners and GP practices and the Leicestershire Hospice, LOROS.

The programme is delivered at the Leicestershire School of Nursing Associates based at the Glenfield Hospitals as part of a formal academic partnership arrangement between ourselves and DeMontfort University and is the only model of its kind in the UK.

We believe that our school has a unique identity which reflects the academic credibility equal to that of a university with our first 22 registered Nursing Associates completing their programme and registering with the

Nursing and Midwifery Council in March 2019. A school badge has been designed by our trainees and reflects a programme and a role developed with our partners across our healthcare system.

We currently have 148 trainees (in three cohorts) from diverse specialities; adult, children's, mental health and learning disability services, GP practices and a hospice. A fourth cohort will be recruited in 2019 and we are currently refurbishing another building to increase the number of classrooms and simulation facilities.

In 2018, we aligned the programme to the apprenticeship standards and now have 105 apprentice trainee Nursing Associates.

Independent feedback from DeMontfort University, external examiners and trainees validates our success in creating a local programme and new role reflecting the core values of our NHS;

*"Modules perform in line with other comparable universities delivering Nursing Associate programmes. The majority of students gaining pass grades within the full range of marks"*

*"The trainees singled out contributions from specialist nurses as particularly stimulating and noted the enthusiasm, versatility and responsiveness of teachers"*

*"Local lecturers were noted to be accessible, helpful and supportive. Trainees felt well supported and noted the high standard of advice they'd been given"*

*"The best thing has been lecturers by practitioners who were knowledgeable, engaging and able to use practical examples to make theory relevant to practice"*

*"The programme team are commended for the development of a programme that is truly practice led, particularly noting the short timeframe given by HEE".*

### **IT Clinical Facilitation Team**

Throughout 2018 a team of Clinical IT Facilitators were appointed to support the e-hospital work streams. A key focus for this group of facilitators is to develop and support the digital literacy of our nursing workforce and help staff have confidence in using both the software and hardware available to help support improvement in clinical care.

As part of the paperless journey over the last 12 months we have achieved the following:

- 24 adult nursing assessments are live within NerveCentre. These assessments include waterlow, MUST, falls, bed rails, manual handling, frailty, sepsis, diabetes, VTE stockings and core nursing assessments;
- BB1 form (request form for bed in a community hospital) is now electronic giving greater transparency to discharge teams allowing speedier referral and reducing the need to fax requests;
- Successful proof of concept to support improving the flow of health information to care homes as part of a successful NHS England bid by sending the integrated needs assessment form directly to care homes.

The nurses within the team work regular clinical shifts to train and support staff within clinical areas. We have received some positive feedback as well as some consistent improvement in the use of electronic record keeping supporting the nursing handover and discharge planning.

The NerveCentre software also allows all patient observations to be recorded electronically - temperature, blood pressure, pulse, oxygen saturations (the amount of oxygen in the blood), capillary blood glucose (sugar) - and there are electronic triggers that, when required, can send immediate alerts to specialist teams and medical staff to get the most timely interventions for the very sick patients. The clinical facilitators support training staff to use these systems.

### **National NHS staff survey**

The NHS Staff Survey was carried out in October and November 2018, on behalf of NHS England and the results form a key part of the Care Quality Commission's assessment of NHS Trusts in respect of its regulatory activities such as registration, the monitoring of on-going compliance and reviews.

This year we carried out a full census survey – which means every member of staff (14,712) that was eligible to take part would have received a survey to complete.

We had 5,448 responses returned, giving us a response rate of 37 per cent. This was an increase of 3 per cent from the previous year; the national average (median) for Acute Trusts stands at 47 per cent.

The results of the NHS Staff Survey showed improvements in some areas relating to feedback about changes made in response to reported incidents and also in the number of staff that are satisfied with their level of pay. There was also significant improvement in managers supporting staff to receive training, learning or development identified in appraisals, however there was an overall decline in staff health and wellbeing which mirrors the national picture.

More of our staff would recommend the Trust as a place to work, compared to last year and the percentage of staff that would recommend our hospitals for care remains static at 65 per cent.

		2016	2017	2018	Position compared to 2017 result	Average (median) for acute trusts
Q21a	"Care of patients / service users is my organisation's top priority"	74%	74%	74%		77%
Q21b	"My organisation acts on concerns raised by patients/service users"	74%	75%	73%		73%
Q21c	"I would recommend my organisation as a place to work"	60%	57%	60%		62%
Q21d	"If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation"	65%	65%	65%		71%
Q22a	Patient/service user feedback collected within directorate/department	85%	90%	90%		89%

## Learning and development

Ensuring all of our staff have access to the right skills and knowledge is crucial if we are to deliver Caring at its Best by Becoming the Best. We, through our Apprenticeship and Development Team are committed to providing learning and development opportunities to all of our staff. We offer a wide range of apprenticeships and courses by working together with local colleges and private training providers maintaining a robust process for monitoring performance.

In December 2018 we gained 'Fully Endorsed' status during our annual review and revalidation for the Skills for Health Quality Mark. This quality benchmark demonstrates our passion and enthusiasm for learning excellence and 'making a difference' across our organisation and the wider health community. This also recognises that we have been innovative in the way we put together our learning programmes and we have sought to reflect that our programmes really do focus on what we, and the NHS needs. As an organisation we have also regained MATRIX Standard accreditation for our information, advice and guidance provision.

Since gaining main provider status with the Education and Skills Funding Agency we continue to develop and monitor our quality provision and deliver training to Education and Skills Funding Agency and Ofsted requirements.

Our team of competent facilitators and practitioners deliver skills, knowledge and behaviours required in new apprenticeship standards and associated qualifications, as well as support and prepare learners on their journey to the end point assessment which is carried out by external independent companies. The works supports us in developing the workforce we need to deliver our services to patients.

As a training provider, and in addition to our own robust monitoring of training provision, we welcome partner organisations to monitor our training delivery, including North Warwickshire, South Leicester College, Leicester College, MATRIX Standard, our local Workforce Development Team, City & Guilds, ILM, Pearsons and the National Skills Academy for Health.

A new partnership working arrangement has been set up with Leicester College which further supports our workforce development, both through apprenticeships and functional skills. Functional skills allow our staff to access maths and English education programmes from which their new skills impact not only their working lives but home lives, their families and local communities too.

Appropriate learning and development needs continue to be identified through the appraisal process within our Clinical Management Group's and enables our staff to the gain skills and qualifications that will meet both the needs of the organisation to improve patient care and the delivery of services.

During the last year, there were seven core business courses led by the team including appraisals and preparing for your retirement etc., which were attended by 842 members of staff.

The IT Training Team continues to deliver core clinical system training in HISS and Patient Centre functionality to staff across our organisation and the Alliance. Other areas of the training portfolio include our internal and external web pages. The team continue to support future IT initiatives and projects across the organisation, including the e-Hospital Programme. The team have recently added Excel to their developing portfolio, having to increase the number of sessions to meet demand. The team also offer courses during the 'Festival of Learning' event held later in the year. From 2018-2019 over 2000 learners have booked onto various IT Training courses through the on-line booking system, HELM.

The department runs weekly corporate induction events across the year supporting just over 2,000 new starters when they join our organisation. This is a good opportunity for new staff to meet the Chief Executive and allows us to set a standard at the start of their time with us around our values and behaviours and essential training such as fire safety, safeguarding and equality alongside receiving their new ID badge. At the beginning of 2019 we introduced the 'New Starter' pin badge to help support new staff. It is aimed at enhancing some of the great practice that is already happening in our hospitals.

The Core Training Team is responsible for the delivery of Statutory and Mandatory Training. Staff compliance levels have increased from 88 per cent in 2017/2018 to 90 per cent in 2018/2019 against a target of 95 per cent. During the year the Statutory and Mandatory Training reporting has seen three different levels of Cyber Security and Data Protection (incl. GDPR) training replace one level of Information Governance. We have also allocated three levels of Safeguarding Children Training to relevant staff members to replace the previous year's single level of training. During the past year we have also started to remove staff that are on long-term sick leave, maternity leave and those staff no longer working for us from the training data. Clinical Management Groups are still encouraged to ensure that action plans are in place to sustain/ improve performance against all core programmes. Mandatory Training continues to be supported by the provision of e-learning programmes aligned to the national Core Skills Training Framework (Skills for Health) and ten of the eleven subjects within the portfolio are included in the above data. E-Learning programmes continue to evolve, be created and rolled out across the Trust; we currently have 76 modules in development or being reviewed/ updated, with more than 90 live at the moment for staff to access.

HELMs dashboard functionality has more than 1,400 managers with access to live training data. The Pure Reporting functionality on HELM gives 50 of the senior administrators of the system access to data interrogation functions. Over 2018/2019 HELM has also started to send out automated reminders prior to staffs training expiring, to reduce the number of staffs whose training expires prior to renewal. User feedback suggests they find it very simple and easy to navigate and use. Managers and trainers are finding the Dashboard useful in chasing non-compliance and the CQC were happy with the training data they received from HELM.

## **Apprenticeships**

We continue to broaden the offer of apprenticeships during to support working towards the Public Duty of Care target, (2.3 per cent of the workforce by 2019/20 – our figure 1.10 per cent in 2018/19). We currently have 357 learners following apprenticeship education programmes, with 238 of these starting in 2018/19. We have delivered 54 per cent of our apprenticeships through our apprenticeship centre and have 43 learners on our internal centre programmes from other health and social care organisations including Leicestershire Partnership NHS Trust and LOROS. We anticipate the offer of apprenticeships will continue to grow aligned to the emerging standards and workforce needs across the system.

Through the Apprenticeship Levy, the employer is now more in control of the contracting for educational needs. A significant amount of procurement and contract work continued in 2018/19 to secure training contracts with Access Training, Complete Lean Solutions, BC Arch, Nottingham Trent University, Loughborough College and hospitality industry training as new standards are developed. In early 2018 we began to develop relationships with Regent College, Leicester College and South Leicester College to offer careers advice in apprenticeship opportunities to their health students. Collaborative relationships will continue in 2019 with the newly merged Regent College and WQE with the transition of their students who aspire to achieve careers in health with us.

Our Level 2 and Level 3 Health Care Support apprenticeship learners continue to achieve high level pass rates. We were one of the first learning providers in the country to progress through the final assessment process and continue to achieve 100 per cent final assessment pass rate in Level 2 Health.

Through the Apprenticeship Levy, which was introduced nationally in 2017/18, we have supported staff in accessing apprenticeship education programmes. The Levy pot is funded from the government top slicing of our pay budget each month by 0.5 per cent. This money can be spent solely on apprenticeship education programme costs and there are strict rules around it. At the end of March 2019 we will have access to a further levy pot of £4,020,918.00 to continue support the learners on an apprenticeship education programme and start new learners.

We continue to be the regional provider for the new Public Health England screening qualifications and the national provider for the Level 5 Assistant Practitioner Diploma (bowel screening).

We are currently working with the University of Leicester to deliver training to a cohort of Trainee Assistant Practitioners (TAPS) from our theatre teams. This is seen as part of their progressing into Operating Department Practitioner (OPD) roles.

The current new born hearing screening learners are due to complete later this year with more cohorts expected.

We have redesigned our webpage making the information more accessible to employees and managers with a link from the home page of INsite. A new Development Directory was produced to support CPD discussions at appraisals and an expression of interest form created to support enquiries. A manager's guide to recruiting an apprentice can also be found on the webpage along with information on health specific apprenticeships.

We successfully underwent an OFSTED monitoring visit in July 2018, as part of a series of national monitoring visits to a sample of new apprenticeship training providers that are funded through the apprenticeship levy. The focus of these visits was across three themes to ensure organisations were making reasonable progress with the levy. Across all themes our Apprenticeship and Development Centre was awarded the status of 'making reasonable progress'. This is a fantastic achievement and one which the centre is exceptionally proud of.

In December 2018 we were recognised and thanked at the House of Commons by RT Hon Anne Milton MP as being one of the top performing apprenticeship employers in the country.

We will be again celebrating the successes of all of our employee's apprenticeship achievements at the Leicester HUB Graduation celebration event at DeMontfort Hall in June 2019.

By the end of 2018/19, 423 new apprenticeship standards have now been approved for delivery by the Institute of Apprenticeships and are available for employers to procure through the Apprenticeship Levy.

We offered a variety of different opportunities to staff during Apprenticeship Week (4th -8th March). These included the opportunity for managers and potential learners to find out more about the range of apprenticeship opportunities from various training providers, free advice and guidance sessions, and members of the team visited the Leicester Employment Hub, Leicester College and DeMonfort University. We also held masterclasses on Inclusive Recruitment and Manager Workshops.

## **Work experience**

We currently offer work experience for varying durations for Year 12 and 13 students, degree graduates on clinical programmes and those doing health and social care related courses. Work experience in our organisation provides individuals the opportunity to work in a supervised healthcare environment and gain

valuable insights into different careers. The experience gives people the chance to actively take part and observe 'what it's like' working in the NHS and hospital setting.

The Apprenticeship and Development team continue to support the Princes Trust 'Get Into' Hospital Programme, offering a 4 week classroom and work placement programme in a hospital work environment, programmes 12 and 13 are running this year.

## Celebrating achievements

Our annual training awards ceremony allows us to celebrate staff achievements in learning and development. At our annual event in October 2018 we presented 55 learners with certificates for successfully completing vocational, skills for life, information technology or management qualifications; a number of special achievement awards were also presented by Executive and Non-Executive directors.

In November 2018, 105 people attended our 25 Year Service Recognition dinner, celebrating their long service with the NHS.

In June our annual Apprentice Graduation Ceremony took place, organised and hosted by the Leicester Apprenticeship Hub. All learners that have completed an apprenticeship in 2017/18 were eligible to attend the event. We had 26 learners in attendance celebrating the completion of their programmes. We will be again celebrating the successes of all of our employees' apprenticeship achievements at the Leicester HUB Graduation celebration event at DeMontfort Hall in June 2019.

## Valuing our staff – Reward and Recognition

We recognise that our staff are the most valuable resource we have and they are vital to us delivering high quality services for the benefit of the population of Leicestershire, Leicester and Rutland.



Our Caring at its Best Awards were launched in 2011 and have enabled us to recognise and reward more staff than ever before by moving to quarterly awards with an annual ceremony. The process involves asking not only staff, but also our patients and visitors to help us find those exceptional staff that are living our values and providing excellent care.

Our Caring at its Best Awards reflect six categories, one for each of our values (nominated by staff) and one public nominated award.

All winners and highly commended staff from throughout the year were invited to the annual dinner hosted by our Chairman and Chief Executive in September. At the event all of our winners were celebrated following a judging panel made up of variety of key stakeholders chose overall "winners" who were presented with a certificate and trophy.

At the annual ceremony we also present an award for our 'Volunteer of the Year' in thanks for the support and commitment they give to our organisation.

## Equality and Human Rights

It is our aim to provide care and services that are appropriate and sensitive to all.

We always ensure that our services promote equality of opportunity, equality of access, and are non-discriminatory.

We are proud of our place in the local community and are keen to embrace the many cultures and traditions that make it so diverse.

The diversity of this community is reflected in the ethnic and cultural mix of our staff. By mirroring the diversity that surrounds us, our staff are better placed to understand and provide for the cultural and spiritual needs of patients.

### **“Freedom to Speak Up” Guardian**

Taking every opportunity to listen to staff views and concerns is extremely important to us as we know that this improves patient safety and staff engagement. In February 2017 we appointed a Freedom to Speak Up Guardian and since then have built on mechanisms whereby staff can speak up and share their concerns.

For many years we have run a dedicated ‘3636 Staff Concerns Reporting Line’ which enables any member of staff to report a safety concern 24 hours a day, seven days a week. They may do this anonymously if they wish, but every concern reported via this route is followed up by the Director on Call for that day. More than 30 were raised in 2018/19. This ensures an immediate, very senior and totally impartial response to serious safety concerns.

Staff may also speak up or raise concerns via the Chief Executive ‘Breakfast with the Boss’ sessions, during director ward and department safety walkabouts, through the Junior Doctor Gripe Tool, as well as directly with the Freedom to Speak Up Guardian.

The Freedom to Speak Up Guardian has attended a number of team meetings across our hospitals and holds monthly “Here for you” events across all sites in partnership with the Freedom to Speak Up Guardian from Leicestershire Partnership NHS Trust and the Head of Chaplaincy.

The Freedom to Speak Up Guardian has held drop-in sessions in several departments to provide an opportunity for our staff to raise concerns. In addition, the guardian has done a number of shadowing shifts with a variety of staff to see first-hand the challenges they may face.

We continue to work closely with the National Guardian’s Office and with local and regional colleagues to promote the national Freedom to Speak up agenda across our organisation.

To promote a ‘gold standard’ approach when responding to staff concerns, we have designed a short animation called the ‘5 steps to responding to staff concerns’, available on YouTube, which encourages all staff to have a positive experience when raising concerns.

Every member of staff who raises a concern (who leaves their name) receives personal feedback and on-going information and support should they require it as we recognise it can be hard to raise a concern.

The Freedom to Speak Up Guardian attends the Trust Board and other Trust meetings, such as the Executive Quality Board and Quality and Outcomes Committee, where she presents a quarterly report on the themes and trends of concerns raised, sometimes staff stories, together with actions taken or proposals for the Board. This will continue into 2019/20.

In this last year we have completed our Freedom to Speak Up vision, strategy and plan which are available on the safety portal for all staff to see.

<b>Number of Junior Doctor Gripes received by financial quarter 2017/18</b>	<b>Quarter 1</b>	<b>Quarter 2</b>	<b>Quarter 3</b>	<b>Quarter 4</b>	<b>Total</b>
<b>2017/18 Number of Junior Doctor Gripes received</b>	39	24	21	27	<b>111</b>
<b>2018/19 Number of Junior Doctor Gripes received</b>	14	37	26	22	<b>99</b>

Number of F2SU Staff concerns received by financial quarter 2017/18	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
2017/18 Number of concerns received	20	17	17	23	77
2018/19 Number of concerns received	15	30	26	22	93

Number of 3636 Staff concerns received by financial quarter 2014/15 to 2017/18	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
2014/15 Number of concerns received	5	5	5	5	20
2015/16 Number of concerns received	3	4	9	7	23
2016/17 Number of concerns received	6	15	6	2	29
2017/18 Number of concerns received	13	23	8	14	58
2018/19 Number of concerns received	9	8	9	12	38

### Patient Safety Improvement Plan – ‘Sign up to Safety’ campaign

In September 2014 we signed up to the national 'Sign Up to Safety' campaign. The aim of the campaign was to strengthen patient safety in the NHS and make it the safest healthcare system in the world. Although this national campaign is due, we have pledged to continue this work by including our patient safety improvement plan within our Quality Commitment. As part of this continued improvement, we pledged to:

- Put patient safety first;
- Focus on continuous learning;
- Be honest and transparent;
- Collaborate with others to share learning and good practice;
- Be supportive and help people understand why things go wrong.

Our ‘Sign up to Safety’ safety improvement priorities for 2017/18 were aimed at improving the recognition, escalation and on-going management of the deteriorating patient, as a Trust we continue to strive for excellence through the sustainability and enhancement of these existing improvements.

In 2018/19, as part of the continuation of the ‘Sign up to Safety’ campaign we have:

- Embedded the team within the Emergency Department, dedicated to the recognition and management of sepsis, this team continues to provide training and support both within the emergency department and across all three sites;
- Used the “The Little Voice Inside” obstetric training package (TED) to share best practice and improve patient safety, which forms part of the NHS Improvement Attain (maternity and neonatal) national training programme. This has been introduced and adopted into maternity training programmes across NHS organisations nationwide and in New Zealand and Australia;
- Continued to develop our Patient Safety Portal in response to stakeholder feedback, current policies and the learning needs of our stakeholders;
- Continued to monitor and disseminate the human factors and ergonomics e-learning modules which provide a more in-depth understanding of human factors and the part this plays in adverse events;
- Embedded the roll-out of electronic observations across all specialities, whilst also implementing new clinical pathways and observation tools.

### Occupational Health Support

Our Occupational Health Service continues to be an integral part of our organisation and plays an ever important role in supporting our staff and their managers with all matters relating to health and work.

Service activity has grown by around 14 per cent this year, as workplace managers have made more referrals for their employees, demonstrating that they are keen to support employees' health problems in the workplace, make return to work plans after absence, and ensure that any potential hazards to health caused by work are controlled.

Once again, the Occupational Health Service has exceeded its own record and vaccinated more staff against influenza than any previous year, reaching 78.1 per cent of frontline healthcare staff; over 1,500 more than last year. This fantastic achievement has again been made possible by a dedicated and hard-working team of peer vaccinators, as well as high profile senior leadership across the Trust.

The Occupational Health Service retained its independent accreditation as a Safe, Effective, Quality Occupational Health Service (SEQOHS) following annual review.

We continue to provide occupational health services for the local and regional healthcare community, including healthcare students at Leicester and De Montfort Universities, as well as other NHS and non-NHS organisations.

## Health and Safety

Critical work this year involved the safety challenges around the building and commissioning of the proposed Endoscopy decontamination unit, and the planning and commissioning of Ward 20 at the Glenfield.

Successful initiatives were:

- the revised Health and Safety eLearning training programme that now includes Radiation Protection Training;
- the completion of our RADON Monitoring programme;
- the relaunch of the Health and safety Environmental Audit.

Last year we had an unfortunate rise in RIDDOR reportable injuries (the most serious category of reported injury) with 58 confirmed incidents compared to 34 the previous year representing a 58 per cent increase. For 2018/19 we set a target of no more than 50 incidents, and with just 44 reported, that represents a 25 per cent reduction on the previous year.

The bespoke office environment training and assessment room at the Bracken Centre, Glenfield Hospital has now been fully equipped. Providing a range of the latest designs in assistive office equipment we have had tremendous success in supporting safer working for staff in the workplace. This has promoted comfort and productivity and has had a positive effect in reducing sickness absence.

There have been no enforcement notices issued to us from the Health and Safety Executive this year.

## Manual Handling

The manual handling advisors have risen to the challenge to provide the expert help, advice, support and equipment to meet the needs of both patient and staff.

Through collaborative working with Medical Physics we have identified 18 patient hoists most in need of replacing and installed new hoists, continuing the good work that was started last year.

The manual handling training packages have been updated this year with a particular reference to the risks caused by static working. This highlights some of the risks caused by sedentary working, ways of avoiding these and keeping healthy, all supported by the Display Screen Equipment assessment area that has been set-up in the Bracken Training centre.

The rise in bariatric admissions seen over the previous years has steadied this year with numbers about the same as 2017/18.

## Security Management

This year was the first year that the classification of physical and verbal assaults has changed, and a new heading - patient's condition (PC) – has been added to use if it was deemed to be a factor in the assault. This includes stress, confusion, disorientation, delirium, prescribed medication effects, dementia, etc. As you can

see from the table, the vast majority of physical assaults were deemed to be patient condition related. Conversely, the vast majority of verbal assaults had no known patient condition factors involved.

Reported Assaults on staff					
	Physical		Verbal		Total
2014/15	238		276		514
2015/16	226		284		510
2016/17	261		239		500
2017/18	249		243		492
2018/19 April 1 <sup>st</sup> to March 11 <sup>th</sup>	<i>Physical PC</i>	<i>Physical</i>	<i>Verbal PC</i>	<i>Verbal</i>	
	194	97	38	232	561

It is clear that the overall numbers for assaults for the year will be significantly higher than reported in the previous years (a rise of 13 per cent compared to last year.) This follows the national trend seen throughout the NHS where assaults have been on the increase in the last two years. The Secretary of State for Health and Social Care has publicly stated that new measures will be put into place to combat this.

We have appointed an additional Conflict Management Trainer to support our income generating work. Initially appointed on a 12 month contract this is in relation to the courses we have been asked to put on for The Bradgate Unit, Evington Centre, and NHS Trusts in Nottingham and Birmingham, as well as private contractors ISS. The courses are bespoke to the acute care environment and have recently been reviewed by NHS England as an example of good practice.

Our CCTV infrastructure has received a £240,000 investment this year which has seen cameras and system upgrades on all three of our hospital sites. This enables better viewing of images and utilisation of the technology to analyse, edit and download images in a more timely way.

We continue to exercise powers of sanction against members of the public due to behaviour issues. This continues our commitment to maintaining a safe and secure environment for staff and patients.

The partnership between ourselves and Leicestershire Police continues to thrive and has been enhanced with contacts for Leicester City Council. This collaborative approach to crime reduction has led to addressing criminal behaviour, preventing crime and an increase in prosecutions against perpetrators.

## Emergency Planning

The patients and communities that we serve expect us to be there for them when they need it, irrespective of the circumstances we face.

As such, we must do all that we can to ensure we are well prepared to respond to any disruptive challenges or emergencies that we might come to face, which could be anything from extreme weather events, outbreaks of infectious diseases, terrorist attacks or major transport accidents.

**Highlights:** Early in the year, our emergency planning team carried out a comprehensive review of our emergency preparedness, resilience and response arrangements, the outcomes of which have gone on to inform a new three-year work programme to build on our existing resilience.

To support the new work programme, we introduced a new Emergency Preparedness, Resilience and Response Policy in October 2018, making it clear how we will meet our obligations in this area of work.

As the year progressed, the emergency planning team introduced a number of new emergency plans, including for severe weather, heat wave, cold weather, bomb threat, suspect package and lockdown plans.

A key achievement this year has been the redevelopment of our system for notifying and communicating with staff during an emergency. The new system – called UHL ALERTS – allows senior managers to quickly notify staff of an incident via voice calls, SMS and email in a matter of minutes of an incident being declared. The emergency planning team has tested the system in two communications tests during the year, the outcomes of which have been positive opportunities for learning.

**Core Standards:** We are required to assess our resilience on an annual basis against “NHS England’s Core Standards for Emergency Preparedness, Resilience and Response”, which are the minimum standards NHS organisations, like us, must meet to comply with the requirements of their planning framework, the NHS Contract and the Civil Contingencies Act.

The outcome of the self-assessment for 2018/19 showed that of the 64 applicable standards, we were:

- fully compliant with 49 of the standards;
- partially compliant with 6 of the standards;
- Non-compliant with 8 of the standards.

Overall, we were assigned an assurance rating of ‘partially compliant.’

We are confident that our new emergency preparedness, resilience and response work programme will enable it to achieve full compliance against all of the applicable core standards within three years.

**Looking Ahead:** Our emergency planning team will continue to work hard on delivering against its work programme and will provide the Trust Board an update in April and October 2019. Of particular note, this will include introducing a new Incident Response Plan which will provide staff a clear and simple framework for responding to all types of emergency and disruptions.

## Risk management

Effective risk management awareness and practice at all levels is an integral success factor for us. At its simplest, risk management is good management practice. It should not be seen as an end in itself, but as part of an overall management approach as risk is inherent in everything we do. The success of our services requires us to identify risks and ensure that these are adequately managed so that we can achieve our objectives and immediate priorities.

An established risk management policy is in place to provide a framework for the management and reporting of all types of risks to aid with decision-making. The policy includes accountability for managing risks to ensure a clear line of sight for reporting risks across all levels in the organisation from ‘ward to board’. The framework is the foundation of evidence that gives confidence to the Board that risk is being effectively managed, or, conversely, highlights gaps in systems that need to be addressed. The purpose of the Board Assurance Framework and the risk register enables the Board and its sub-committees to receive assurance that all principal and organisational (corporate and operational) risks are being effectively managed and to commission additional review where it identifies a gap. This process enables the Board to, among other things, have confidence in its self-assessment in the Annual Governance statement.

The Board Assurance Framework has been closely monitored during the year by the executive team and the Trust Board at their monthly meetings. The Board Assurance Framework includes a description of the principal risks which may have the potential to adversely affect the achievement of our strategic objectives and immediate priorities. The highest rated risks and areas of concern recorded on the Board Assurance Framework relate to workforce gaps, demand and capacity capability, management of finances and estate infrastructure.

The corporate risk team provides support to the Clinical Management Groups and corporate directorates with management of their operational and corporate risks, including risk awareness training, facilitation with risk assessments and monthly risk register reporting. Further actions to address suggested recommendations from audits and inspections will be carried out during 2019/20.

### **Risk Management - Looking ahead to 2019/20:**

- Refresh of the Board Assurance Framework to identify to manage the principal risks aligned with the new Quality Strategy ‘to deliver caring at its best to every patient, every time’;
- Work with Clinical Management Groups and corporate leadership teams and the executive team to provide specialised support and guidance to help embed enterprise risk management, including acting on the findings from inspection reports;
- Review our training needs analysis and explore alternative methods to deliver our risk awareness training programme to all levels of staff;

- Develop a risk assessment toolkit for our staff on our intranet to describe the risk assessment process and provide advice about risk descriptions, control measures, and treatment plans;
- Explore the feasibility of using a web-based risk register tool to record and report risks.

## Medical Device Incident Management

The Medicines and Healthcare products Regulatory Agency (MHRA), NHS England and NHS Improvement have formed a strategic partnership to develop safety alert broadcasts and guidance to improve the reporting of, and learning from, medical device related incidents and near misses.

A number of local actions have been taken to support compliance with the national framework, including implementing the role of the Medical Device Safety Officer and establishing a Medical Devices Safety Group, with clinical, risk management and medical physics representation.

Work programmes continue within the Trust to improve data quality in relation to medical device incident reports, subsequently enabling more effective data analysis to provide early indications of prevalent incident trends and opportunity to develop treatment plans to improve patient safety.

**Medical Device Incident Management - Looking ahead to 2019/20:** We will strengthen medical equipment governance processes through regular liaison with medical physics colleagues and the Medical Equipment Executive Group to seek assurance that there are appropriate control arrangements in place to mitigate risks to patient safety.

## Central Alerting System

National patient safety alerts, Medicines and Healthcare products Regulatory Agency medical device alerts, important public health messages and other critical safety information and guidance are issued to NHS Trusts via the national Central Alerting System. This is a web-based system that provides a mechanism for healthcare organisations to confirm that actions to comply with national alerts have been taken within specified timescales.

We consistently achieve a high level of compliance with deadlines and from 1<sup>st</sup> April 2018 to 31<sup>st</sup> March 2019 we received a total of 89 national alerts.

The Estates and Facilities Team breached an alert in 2018, reference number EFA-2018-004 – *Integrated Plumbing System Panels – Risk of Accidental Detachment*. This alert was due to close on the 21<sup>st</sup> November 2018. The closure was delayed due to the extensive number of panels across all sites and limited estates resources against other higher risk service priorities, which delayed the alert meeting the deadline. Our Executive Team agreed a revised completion date and the alert was formally closed in March 2019.

### Central Alerting System – Looking ahead to 2019/20:

- Focus on quality improvement by monitoring effectiveness of the actions that we have signed off in the alert;
- Carry out a further review of Central Alerting System governance system to explore the opportunity to introduce a web-based reporting system.

## Education and Research

Education  
& Research

### *To deliver high quality, relevant education and research in 2018/19...*

- We will improve the experience of our medical students and address specialty-specific shortcomings in postgraduate medical education, improving our local retention rate and our medical student satisfaction score
- 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

### **We will improve the experience of our medical students and address specialty-specific shortcomings in postgraduate medical education, improving our local retention rate and our medical student satisfaction score**

The implementation of the new undergraduate curriculum has been a huge but successful challenge, thanks to the hard work of colleagues across the Trust. Students have fed back positively on the Very Early Clinical Experience 'VECE' program, where they are exposed to clinical medicine early in the course. The Compassionate Holistic Diagnostic Detective Course (previously known as the Clinical Skills course) course is running really well with positive feedback, but we are still looking for more staff to be tutors.

The first cohort of new graduates completed junior medicine and surgery in year three. The feeling was that they were better prepared for the end of year examinations than ever before. The curriculum transition bulge has just passed through year four; with staff doing everything they could to accommodate the additional numbers and feedback from the apprenticeship period in year five was excellent. The apprenticeship will continue to evolve to train and prepare our students for their first day as Foundation doctors.

Leicester Medical School has risen in the national rankings since the curriculum change. Our Education Fellows have worked productively throughout the year submitting work for international meetings. Their work has seen real changes introduced in clinical teaching across many blocks demonstrating to students that we are listening to their suggestions for change. The University of Leicester has appointed a number of our consultants as Clinical Academic Tutors. These tutors will be responsible for groups of students in the clinical part of the course.

A number of our consultants have been awarded Honorary University titles in recognition of their work in education and training. The University's Head of Medical Education regularly visits us, meeting the undergraduate block leads to brief them on the curriculum and receive feedback.

Our Physician Associate Students are an emerging workforce and will support doctors in the delivery of safe high quality patient care and the education and training of trainees and medical students. We have appointed a Physician Associate Tutor to support students from De Montfort University whilst they are on placement with us.

### **We will address specialty-specific shortcomings in postgraduate medical education and trainee experience in order to make our services a more attractive proposition for postgraduates Postgraduate Medical Education:**

Our Medical Education Strategy has been updated for 2019-2021 and we continue to use an 'Education Quality Improvement Plan' which informs Trust and Executive Boards on our performance.

Our bi-annual survey has a high response rate (>50 per cent) from junior doctors and the most recent survey revealed that 88.6 per cent of this staff group would recommend their current post to a colleague. The survey provides us with data at Clinical Management Group and specialty level which is used to identify good practice and drive forward improvement.

Over the past 12 months our Chief Registrars have led on a number of projects in both hospitals to improve the working lives of junior doctors. One of these projects was to explore levels of morale at work for junior doctors and in March 2018, over 400 junior doctors responded to a local survey. Survey findings were presented to the Chief Executive and Medical Director and we continue to use a Listening into Action process to improve junior doctor morale.

A new cross-specialty Grand Round Meeting for all medical staff was launched on 4th May 2018 and meetings are now held on a monthly basis.

For the first time we recognised the excellent standard of teaching within our organization with the launch of our 'Educator Awards'. These new awards were presented to senior and junior medical staff that teach both undergraduate and postgraduate medicine. There were also a number of awards to acknowledge the crucial role played by those who support the delivery of medical education. The award ceremony was held in September 2018 and we are already planned the 2019 ceremony for this autumn.

In order to improved recruitment and retention of our junior doctors, we appointed a Communications Officer for Medical Education in November 2018. Good news stories and important, topical information have been communicated via social media and on both the external website for Clinical Education and the intranet.

We set up a steering group in 2018 to facilitate and communicate the curricular changes in the Trust and in August 2019 we will be implementing the new Internal Medicine Curriculum.

We have recently appointed Leads for Return to Training and Less Than Full Time Training. Both leads will develop support networks, induction processes and training opportunities for the respective groups of trainees over the next 12 months.

### **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**

**In 2017/18 we said: 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.**

We did: All potential members of the Leicestershire Academic Health Sciences Partnership have now held board-level discussions, and a memorandum of understanding has been agreed. It is anticipated that this will be signed and officially launched in April 2019.

#### **Overview**

**In 2018/19, research income exceeded £19.1M of which £2.1M was generated through commercial activity. When combined with the £16.6m for the hosting of East Midlands Clinical Research Network income gives a total income of £35.8m for the year.**

We have had 1,025 active trials running in the current financial year, recruiting 14,475 participants (a 25 per cent increase on 2017/18).

The newly recruited lead nurse for research is spearheading workforce development and academic career pathways for nurses and allied health professionals. In response to an internal survey, we have substantially redeveloped the Leicester's Research website to support our research staff to set-up, delivery and report their studies. We have recruited to a strategic public involvement group – the Public Research Engagement Panel – to strengthen engagement.

Professor Elaine Boyle (consultant neonatologist) was named the Leicester City Football Club's Professor of Child Health – the first time a professorship has been funded by a football club. Gerry McCann was awarded a prestigious five-year professorship from the National Institute for Health Research (NIHR) to study the use of MRI scanning to detect early signs of heart failure in patients with type 2 diabetes.

In oncology, we co-published a study to show that the time of day that breast cancer patients received radiotherapy could be an important factor in the extent to which they experienced side-effects (Symonds/Talbot). Our respiratory researchers announced that a five-year study into an intervention by specialist nurses halved the death rate from community-acquired pneumonia (Woltmann et. al). There were also awards for our post-mortem imaging team (Society of Radiographers), Dr Reem Al-Jayyousi (NIHR Clinical Research Network (CRN) national award), and our midwifery team (outstanding research delivery, NIHR CRN East Midlands award).

#### **NIHR Infrastructure**

The NIHR Leicester Biomedical Research Centre has continued apace with its vision of a clear translational research pathway from bench to bedside. We have been instrumental in developing a Midlands Health

Alliance to tackle the ‘grand challenges’ of sarcopenia and multi-morbidity. We have also led the development of a Diet, Activity and Nutrition Translational Research Collaboration (DART), approved by DHSC, which connects nine BRCs with shared research ambitions. Highlights for this year include: finding that the asthma drug, Fevipirant, reduces smooth muscle formation in the airway, with accompanying clinical trials that could lead to the pill being available in clinics by the end of the year (Brightling et al); results from a standing desk and education programme (SMARt Work: Edwardson et al) published in the BMJ showing that breaking sedentary behaviour at work improves employee well-being and productivity; and announcing that a £40 genetic tool in childhood can predict the risk of heart attacks in later life (Samani et al).

We had 86 active studies supported in the second year of the NIHR Leicester Clinical Research Facility. Notable achievements include completion of a trial using a new skin preparation to reduce scarring (Pullar et al), and commencement of the Breathspect study (Sahota et al), which is testing the efficacy of a device to detect which lower respiratory tract infections are caused by bacteria.

**Priorities for 2019/20:**

- Maximise the opportunities for our patients to benefit from research by embedding an academic ethos through all clinical areas;
  - Launch our new Leicestershire Academic Health Science Partnership;
  - Increase the percentage of clinical trials that are commercially funded, through a robust stakeholder engagement plan, in partnership with the University of Leicester.
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## Partnerships and Integration

Partnerships  
& Integration

### *To develop more integrated care in partnership with others in 2018/19...*

- 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 2018/19
- We will increase the support, education and specialist advice we offer to our patients and our partners to help them receive/deliver care in the community in order to reduce demand on our hospitals
- We will lead the development of a 5 year regional Specialist Services Strategy which will place us at the heart of a regional network and supporting local District General Hospital services.

### **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 2018/19**

Since June 2018, we have worked with our health and care system partners to design and deliver a new system of care for our functionally frail patients through the 'Leicester, Leicestershire and Rutland Frailty Task Force'.

This task force was chaired by our Chief Executive with delivery led by our strategy team in partnership with wider system partner. The task force has successfully put processes into place which will result in our frail patients receiving holistic care out of hospital, better care in hospital and will experience fewer delays when leaving hospital. For example, our new 'Frailty Emergency Squad' is in place within the Emergency Floor, proactively identifying patients who are frail and offering a multi-disciplinary assessment and treatment plan, designed to ensure the patient is only admitted if clinically necessary.

The Frailty Task Force has also enabled the sharing of summary care plans (where patient consent has been granted) meaning that hospital clinicians are able to read primary care designed care plans and work with patients and their families to enact their wishes.

The Frailty Task Force also introduced the use of the 'Clinical Frailty Score' as a means of identifying frail patients in primary care, within our ambulance services, within secondary care and across social care services to enable a common language to be used across agencies.

### **We will increase the support, education and specialist advice we offer to our patients and our partners to help them receive/deliver care in the community in order to reduce demand on our hospitals**

We continue to strengthen our working relationships and communication with colleagues both in general practice and Clinical Commissioning Groups (CCGs). Primarily focusing on the transfer of patient care between the hospitals and GPs and responding to feedback with regards to any concerns received whilst ensuring the safety of patients.

The GP Services Team continues to act as a conduit to facilitate dialogue and provide representation on interface matters, by streamlining our processes through increased electronic accessibility, as well as modifying our communication methods to GPs over the last year. This has been accomplished through working closely with all of our partners to ensure that news items, educational bulletins, events, process changes and service developments are circulated to all parties in a timely and more accessible manner. This especially includes the link of our GP News website page to the GP referral platform (PRISM) which further enables GP Practices easy access to all of the updates we produce.

Our GP Services Team continues to promote the specialist education events that are run by our individual departments ensuring that all of our partners have access to accredited educational events.

Clinical conversations between GPs and consultants continue to be supported through the significant expansion of the NHS e-Referral Service Advice and Guidance facility which enables electronic, written advice from the consultant teams.

Advancements from us to look out for in 2019/2020 as we continue improve the relationship and support for our partners:

- A reciprocal process which will provide our clinicians a mechanism through which they are able to feedback to GP Practices. This will continue to improve the transfer of care across all partners across Leicester, Leicestershire and Rutland.
- Our GP Services Team will again roll out the annual survey for primary care staff to gain a better understanding from primary care colleagues on how we can further improve our services.

### **We will lead the development of a 5 year regional Specialist Services Strategy which will place us at the heart of a regional network and supporting local District General Hospital services**

We provide comprehensive secondary health services – District General Hospital services - for over one million people in Leicester, Leicestershire and Rutland, specialised clinical services for the population of the East Midlands and some highly complex services nationally.

Locally, we provide services as part of a networked health and social care system across Leicester, Leicestershire and Rutland forming the basis of our Sustainability and Transformation Partnership – also known as Better Care Together. Regionally, we provide services working in partnership with other specialist Trusts and District General Hospital's to support the continuation and development of local care and secure referrals of specialised patients coming into our hospitals.

In July 2018 our Five Year Specialised Services Strategy was approved by our Executive Strategy Board. This strategy describes why specialised services are important to us as one of the largest and busiest acute teaching hospitals in England. They make up around a third of our acute services income and, more importantly, support a strong research and education portfolio which attracts some of the best clinicians internationally to Leicester. Our specialised services range from the large such as cardiovascular, respiratory, children's services and cancer to small, but key, services including haemoglobinopathy, cystic fibrosis and intestinal failure.

Our strategy explains that our specialised services, which we deliver through networks and partnerships, will need to adapt and transform if they are to remain at the level of excellence our patients and clinicians expect, whilst remaining clinically and financially sustainable. Services must be ready to respond to new service specifications, policies and guidelines which are ever more challenging for all providers - our organisation should stand out from the crowd, but at the same time recognising we cannot work in isolation and must not compromise patients receiving care at our partner hospitals. Get this wrong and we may lose key services or need to take on the care of new groups of patients from outside Leicester, Leicestershire and Rutland who are no longer able to access care at their local hospitals.

Our strategy describes how we will approach getting a better understanding our specialised services, prioritise those services where we will concentrate our attention and how we will work with our partners to achieve our goals.

### **Involving patients and the public**

As part of a programme of community engagement we run quarterly "Community Conversations". The aim of these events is to enable Trust Board members to be more visible in the local community, to listen to a diverse range of views on our services and promote and publicise the work of our hospitals. The events are held in a variety of different community venues across Leicester, Leicestershire and Rutland. Over the last year our events have included engagement with people with disabilities, people from the African Caribbean community and South Asian women living in Leicester.

One of the key ways in which we actively involve patients in our day to day activities is through its Patient Partner group. Patient Partners are members of the public with experience of our services, either as a patient or a carer. In 2018, we carried out an evaluation of the Patient Partner role, seeking feedback from both staff and Patient Partners themselves. Following this evaluation, and a number of discussions with the Trust Board and Patient Partners, the group will now be focusing their activity on the priorities identified in

our new Quality Strategy, supporting our aspiration to keep patients at the heart of our quality improvement journey.

We have a large public membership of around 16,500 people across the Leicester, Leicestershire and Rutland area. This membership receives regular communications from us (via email), including our quarterly magazine Together. We also run a monthly 'Leicester's Marvellous Medicine' health talk which they are invited to attend. We are pleased that attendance at these events is growing and during the year we covered topics such as organ donation, prostate cancer, the emergency treatment of injury and bleeding and cervical cancer.

## Alliance

The Alliance is a partnership of the main health organisations in Leicester, Leicestershire and Rutland, that have come together to deliver better elective care services in community and primary care settings. The Alliance operates within a culture of collaboration and is made up of the following organisations:

- East Leicestershire and Rutland Clinical Commissioning Group;
- West Leicestershire Clinical Commissioning Group;
- Leicester City Clinical Commissioning Group;
- Leicestershire Partnership Trust;
- University Hospitals of Leicester NHS Trust;
- Leicester, Leicestershire and Rutland Provider Company Limited.

The Alliance Agreement is a seven year contract and has now reached the end of its fifth year; having started on 1st April 2014.

A review carried out during the latter part of 2018/19 concluded, with agreement by all parties, to extend the Agreement for the final two years of the seven year term.

Our Trust Board remains accountable for the services provided through the UHL pillar contract and this report serves to provide an overview of performance for the year.

### Highlights for 2018/19:

- Cancelled operations 0.6 per cent with a target of 0.8 per cent;
- DNA (did not attend) rate of 7.4 per cent an improvement on last year's position of 8.0 per cent;
- 6 weeks diagnostic standard 0.5 per cent against a target of <1 per cent;
- Appointment Slot Issues rate of 12.3 per cent; a significant improvement on last year's position of 22 per cent;
- Sickness absence rate 2.5 per cent against a target of 3 per cent;
- 97 per cent of staff have had an annual appraisal (against a target of 95 per cent);
- Referral to Treatment performance started the year in a positive position, but deteriorated during the second and third quarters, ending the year at 88.4 per cent;
- Waiting list size reduction, Leicester's Hospitals and the Alliance jointly achieved the end of year waiting list size position ensuring that it was less than the previous end of March position;
- For six months of the year we maintained the 7-day clinical correspondence standard for outpatient correspondence, with only one month not meeting the standard of 10 days. This continues to be a challenge and is anticipated will remain so until we move to fully digital dictation during the next financial year.

### Activity Performance

Overall the UHL Pillar has under delivered against the activity plan. In the third quarter a Financial Recovery Plan was agreed with the Alliance Leadership Board, the actions arising from this have offset some of the under delivery, but accounts for our end of year financial position.

Over the year there continues to be around 2,000 endoscopies in gastroenterology and urology being transferred from Leicester's Hospitals to the Alliance. In addition to this there are around 200 other day case

transfers from a variety of Leicester's Hospitals specialties which means that for many patients we are able to have care closer to home. Additional service level agreements in 2018/19 in general surgery and ophthalmology in particular have led to more day case activity in our community hospitals.

### **Workforce**

The Alliance has trained two nurse endoscopists who are both practising autonomously across the Alliance sites. There is a future plan for them to be upskilled in both upper and lower endoscopy and to train to be able to interpret capsule endoscopy.

The Alliance Glaucoma Nurse Specialist has started clinic activity supporting the care of our Glaucoma Patients. We have also expanded this service by training an assistant practitioner to deliver care on relevant ophthalmic patient pathways. We continue to expand our nursing workforce with Advanced Clinical Practitioners, Trainee Assistant Practitioners and Nursing Associates. We are working with PCL to expand our pool of GPs with a special interest and have several consultants from Leicester's Hospitals appointed who are providing outpatient and endoscopy services across Leicester, Leicestershire and Rutland.

### **Transformation and Change Activities**

The Alliance has increased the focus and energy around the transformation agenda and has created a methodology for delivering change. Engaging staff and patients at the beginning of the process has helped to improve communication and identify ideas for change that increase efficiency and productivity across services.

A review of our administrative and clerical processes has resulted in us consolidating roles and centralising functions to create a more flexible and multi-skilled workforce.

By redesigning our Endoscopy services we have managed to reduce the number of patients who do not attend their appointments (a reduction in DNA rates) and an improvement to the pre-assessment process by allowing patients to book their directly with the clinic plus introducing pre-assessment telephone and face to face appointments across all specialties, has meant we have also managed to reduce the number of day case procedures cancelled on the day.

The Alliance continues to transform services and will be focusing on day case theatre utilisation and outpatient services to increase productivity and efficiency across all hospital sites.

### **Financial performance in 2018/19**

The Alliance reported a year-end deficit to plan of £190,000 for 2018/19. The main contributing factor was underperformance in patient care income due to underperformance against the activity plan. The Alliance delivered the full 3 per cent cost improvement target (£700,000) for the year.

During the year the Primary Care Pillar of the Alliance continued to make good progress across a number of contracts and is delivering the following services:

- Community non-obstetric ultrasound
- Echocardiogram
- Minor hand surgery
- Vasectomy and circumcision
- Minor general surgery
- ENT
- Dermatology

This has meant that activity has been delivered in local community settings providing quality care and representing value for money.

## Key Strategic Enablers

Key Strategic  
Enablers

### To progress our key strategic enablers in 2018/19...

- We will progress our hospital reconfiguration plans by developing our plans for PACH and the maternity hospital and finalising plans to relocate Level 3 ICU and dependant services at the Royal and Glenfield
- 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 2018/19
- We will deliver the Year 3 implementation plan for the 'UHL Way' to support and develop staff, (medical and non-medical) and offer tailored education programmes focussing on key areas
- We will implement Year 2 of our Commercial Strategy in order to exploit commercial opportunities available to the Trust
- We will improve the efficiency and effectiveness of our key services and our operating theatres and implement our Carter-based LLR corporate consolidation programme
- We will continue on our journey towards financial stability as a consequence of the priorities described here, aiming to deliver our financial target in 2018/19.

### We will progress our hospital reconfiguration plans by developing our plans for PACH and the maternity hospital and finalising plans to relocate Level 3 ICU and dependant services at the Royal and Glenfield

In 2018/19 the Reconfiguration Plan has progressed well, the main areas to report are:

**Pre Consultation Business Case (PCBC):** Last July the East Midlands Clinical Senate reviewed our plans to move clinical services to the Royal Infirmary and Glenfield Hospitals and confirmed that the move will improve clinical sustainability, workforce and clinical outcomes. They also reviewed the five year bed bridge which identifies the future capacity to be provided in the acute trusts and what clinical models will be put in place in the community to support this bed bridge, and were assured by our approach.

The PCBC was supported by the NHS England Regional Assurance panel. This is the first formal stage in the assurance process whereby the business case is scrutinised by a panel of NHS England and NHS Improvement experts to seek assurance that our proposal meets the Governments Four tests for service change as set out in NHS England's published guidance planning, assuring and delivering service change for patients.

**Intensive Care Unit Level 3 and associated services:** The Full Business Case was approved and signed off by the Department of Health and Social Care in December 2018, so the project has now moved in to the delivery phase with construction starting at the Glenfield Hospital in early 2019 which should be complete in 2020.

**East Midlands Congenital Heart Centre:** As part of our commitment to move the Children's congenital heart service to the Royal Infirmary to meet the NHS co-location standard, the plans are being progressed and the full business case is due to be presented to the Trust Board in July 2019. The construction will start next year and conclude in 2020/21. This move will form the first phase of the new dedicated Children's Hospital.

### 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 2018/19

During 2018/19 we have seen significant progress against our 'eHospital' programme objectives aimed at reducing our reliance on paper records and enabling our staff to work more effectively and efficiently in delivering excellent care.

We started the 'eEquip' equipment replacement project in August 2018 and so far have replaced more than 2,000 old PCs and laptops

**eHospital**  
programme

with new, secure Windows 10 devices. In frontline clinical areas we have also introduced single sign on capabilities allowing staff to more quickly and easily access the IT systems they need. Mobile devices more than three years old, such as those used by our nursing teams to collect eObservations on our wards, have also been replaced and we are on track to have updated more than 5,000 pieces of equipment by the end of August 2019.

This year we have developed and implemented mobile electronic patient assessments using the NerveCentre system to replace paper forms. These include clinical frailty, diabetes, falls risk, pressure ulcer risk, malnutrition screening, sepsis screening and infection risk assessments. Our eAssessments ensure information only needs to be collected once and the details entered by the nursing teams can be used to trigger automated alerts to colleagues. We have also introduced the NEWS2 early warning score to help ensure timely intervention by our staff for deteriorating patients on our wards.

Following a significant upgrade to our NerveCentre system in March we were the first hospital in the UK to implement automated alerting for patients with Acute Kidney Injury (AKI), ensuring our outreach teams can prioritise their work effectively and patients who need critical support receive it in a timely manner. We have also introduced electronic consultant to consultant referrals which allow our Emergency Department clinicians to quickly and easily contact colleagues in other specialty areas for support.

We have rolled out our ePrescribing tool (“eMeds”) to surgical wards and operating theatres at the Royal Infirmary, and across the Glenfield hospital, including theatre areas. This delivers significant patient safety benefits in terms of prescribing and medicines administration, and we plan to complete this work with our Women’s and Children’s wards and at the General Hospital in 2019/20.

As planned we implemented a locally hosted Picture Archiving system (PACS) in November 2018 which has significantly improved performance and reliability of the system for our clinicians and patients. We have also installed an alerting system (Conserus) which notifies clinicians electronically of critical imaging results.

In the summer of 2018 we upgraded our Sunquest ICE electronic requesting system for diagnostic tests to improve performance and support extension of the system to outpatient areas in 2019. We have begun monitoring performance of the electronic acknowledgement of diagnostic results with the aim of improving patient safety and efficiency for our clinicians.

We have selected our preferred supplier for a standardised transcribing and dictation tool for our clinical teams, work is underway to roll this system out across the Trust during 2019. Our document management system (Cito) is now web based and will support better and faster access to key clinical documents in outpatient clinics and on our wards.

In the coming year we will progress our eHospital agenda with a particular focus on Out-patient areas, further reducing reliance on paper on our wards and improving our integration with primary and social care partners.

### **We will deliver the Year 3 implementation plan for the ‘UHL Way’ to support and develop staff, (medical and non-medical) and offer tailored education programmes focussing on key areas**

We launched the UHL Way in January 2016. It is the way we manage change in a consistent and sustainable way, but also in a way that engages and empowers the staff involved in, and affected by that change. The UHL Way is about embedding a culture of continuous improvement across the Trust which in turn improves the quality of care we provide to patients, reduces harm, increases efficiency and effectiveness and supports cost reduction.

Over 2018/19, key benefits/ measures of improvement were set out within individual programmes and overall improvement to staff experience is monitored at quarterly intervals through the Pulse Check and on an annual basis through the National Staff Survey.

The three components to the UHL Way are:

1. Better Engagement: Continuing Listening into Action and completing Year 5 of Implementation
2. Better Teams: Targeted improvement and development
3. Better Change: Adopting the best in change and improvement methodology

These components are supported by the UHL Academy

**Better Engagement/ Listening into Action:** Classic LiA continues to support Pioneering Teams across the Trust to make changes that benefit our patients and staff. Alongside this, Thematic LiA Teams have seen some fantastic achievements, including East Midlands Congenital Heart Centre. Through their Listening Event improved weekly surgical average from 5.6 surgical cases a week to a weekly average of 8.6.

In total we have seen 286 teams making changes for patients.

**Better Teams:** Better team working is important to us as the relationship staff have with their team can make a real difference to their experience at work, and the care patients' experience.

Support has been given to a total of 33 teams during 2018/19.

**Better Change:** Better Change is our improvement methodology and consists of an online toolkit, with supporting guidance and case studies to ensure that both small and large scale change is led and supported in an optimal way.

The Better Change toolkit is based on the national NHS change methodology and has been developed in consultation with both internal and external stakeholders. The toolkit is in use and work is continuing during 2019/20 to align change methodologies across the Leicester, Leicestershire and Rutland system. In supporting change we have introduced our LEAN Apprenticeship to enable us to further embed efficiency and change methodologies throughout the organisation.

**UHL Academy:** The UHL Way Academy delivered a suite of modules to the leadership community during 2018/19. The Academy is designed to evolve with the needs of our organisation and the wider Leicestershire, Leicester and Rutland system with programmes and modules introduced and flexed to meet the requirements of all learners as they progress through their leadership journey.

The Academy and its interventions have now been integrated into our Quality Strategy, 'Becoming the Best', and are designed to support our leaders and staff to develop technical, behavioural and cultural skills to enable effective cultural growth.

As part of the newly developed Quality Strategy, we will deliver effective leadership and cultural change through implementation and delivery of the national NHS Improvement developed methodology which consists of three key stages:

- Discovery
- Design
- Deliver

We will deliver this methodology under the 'Becoming the Best', and the initial Discovery phase started in late 2018. This phase will complete in June 2019 and the Design phase will start in July and be complete by end of September. The final phase will then begin and continue to roll out throughout the rest of 2019/20.

Central to the success of 'Becoming the Best' is the involvement of staff at all levels as part of our Improvement Network and the Organisational Development Team will support the personal and team development of all involved.

Another key focus for the Organisational Development Team in 2019/20 will be supporting the delivery of the 'Middle Management Development Programme' as part of the 'Becoming the Best' and work to develop the programme was completed in 2018/19. The focus of the programme will be to develop the management group as a team with shared goals and outputs. This programme will be initially delivered to 250 key management positions during 2019/20.

**Talent Management/Succession Planning:** The Organisational Development Team will be taking a lead role in implementing our Talent Management Strategy. The strategy includes the development of an online talent portal which includes appraisal aligned to a People Capability Framework. During 2019/20 systems and processes will be implemented and all line managers developed to enable effective Talent Management and robust appraisals to take place.

As part of the Leicester, Leicestershire and Rutland Sustainability Transformation Partnership we are a pilot site for the NHS Improvement High Potential Scheme, which is being created to support the talent management and development of Bands 8a-8d. The development, pilot and roll out of this scheme will happen during 2019/20, with the first system assessment centres taking place in September 2019.

## **We will implement Year 2 of our Commercial Strategy in order to exploit commercial opportunities available to the Trust**

The primary aim within the Commercial Strategy in 2018/19 was to expand our subsidiary activities. This unfortunately proved to be impossible with the cessation of our planned facilities management subsidiary

## **We will improve the efficiency and effectiveness of our key services and our operating theatres and implement our Carter-based LLR corporate consolidation programme**

In 2019/20 we delivered £51.59m of efficiencies across our Trust (£0.1m above plan). This was highest level of cost improvement we have delivered in more than five years.

Our Productivity Improvement Programme for the year was based around the Carter Report and the opportunity areas highlighted specifically for us from the national Model Hospital portal.

Our key work-streams were focused around delivering improvements to Theatres and Out-patients, as well as reducing non pay spend through better procurement across the Trust. At the same time we also delivered significant improvements through our clinical support teams (such as pharmacy and therapies) and delivered efficiencies across Estates and our wider Corporate Services.

During the year we also gave a particular focus to understanding the longer term drivers of improved productivity across the Trust. This has included improving our data quality and increasing engagement with our patient level costing system as well as supporting 55 colleagues to complete 'lean' apprenticeships.

## **We will continue on our journey towards financial stability as a consequence of the priorities described here, aiming to deliver our financial target in 2018/19.**

This year we delivered a deficit of £51.8m, excluding Provider Sustainability Funding. This deficit was adverse to the planned deficit of £21.2m due to the decision to stop pursuing our planned facilities management subsidiary and managing an increasing patient demand for our emergency care services

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## **Procurement and supplies**

During the year, the Procurement and Supplies team have been working closely with both colleagues and suppliers to deliver on our Procurement Strategy 2015-2018

(<http://www.leicestershospitals.nhs.uk/aboutus/departments-services/procurement-and-supplies/doing-business-with-us/>).

In line with this we have made significant progress towards delivering our annual improvement plan.

Some particular highlights include:

- Enabling us to reduce its deficit through our work with both colleagues and suppliers. We have continued to enable £8m of cost improvement plan savings during the financial year;
- Continuing to play a key role in the national NHS procurement agenda and in particular supporting delivery of the Lord Carter report;
- Successful delivery of the national Carter metrics;
- Building on our Level 2 of the NHS Commercial and Procurement Standards we have been supporting other East Midlands trusts in attaining Level 1 and Level 2;
- Continued collaboration with NHS Supply Chain to engage in the new National Operating Model.

Our plans for 2019/20 include...

- Developing the Procurement Strategy for the next three years to continue to improve the procurement and supplies processes to support our staff and Clinical Management Groups;
- Refreshing our Procurement Transformation Plan;
- Delivering a further £8m or more of cash savings to the Trust;
- Continuing to support the design of the Procurement Target Operating Model in the NHS;

- Supporting the delivery of our re-configuration programme.

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Signed:

Chief Executive (on behalf of the Trust Board)

Date:

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# **Financial Statements and notes**

# The Financial Statements

## Overview of 2018/19 Financial Position

We originally planned to deliver an income and expenditure deficit of £21.2m in 2018/19. This was in line with the NHS Improvement Control Total excluding Provider Sustainability Funding and was predicated on the delivery of a Cost Improvement Programme of £51.5m that included the creation of a Facilities Management Partnership. If delivered, this Control Total would have given the Trust access to Provider Sustainability Funding of £21.9m driving a reported surplus of £0.7m.

Within the year, we were informed that the planned Facilities Management Partnership could no longer proceed. As a result we could not deliver the Control Total and excluding Provider Sustainability Funding and any impairment relating to Property, Plant and Equipment, we delivered a deficit of £51.8m for the year with Cost Improvement Programme of £51.6m.

Including Provider Sustainability Funding of £10.1m, we delivered a deficit of £41.7m with the Provider Sustainability Funding receipt being lower than the original planned value of £21.9m due to not achieving the NHS Improvement Control Total.

We spent £26.7m of capital in line with the Capital Resource Limits. The capital spend was supported by internally generated funds and centrally funded public dividend capital. The key elements of our capital programme were:

- Addressing backlog maintenance and investment within critical infrastructure;
- Additional modular ward at Glenfield;
- Redevelopments and investments within the intensive care environment to support the longer term estate reconfiguration plans; and
- Investment in IT and new equipment.

We delivered our other statutory duties.

Our Control Total for 2019/20 was issued by NHS Improvement on 15 January 2019 and requires us to deliver a £48.7m deficit.

Signing up to the Control Total gives us access to MRET central funding of £6.9m, Provider Sustainability Funding deficit of £16.4m and Financial Recovery Funding of £14.8m which drives a reported deficit of £10.7m.

## Financial Review for the Year Ended 31<sup>st</sup> March 2019

We did not meet all of our financial and performance duties for 2018/19:

- |                           |  |
|---------------------------|--|
| • Balancing the books     | We delivered an income and expenditure deficit of £41.7m                   |
| • Managing cash           | We delivered both the External Financing Limit and Capital Resource Limits |
| • Investment in buildings | We invested £26.7m in capital developments, equipment and technology       |

## Performance against our Financial Plan

We delivered a £41.7m deficit for the year including Provider Sustainability Funding (£51.8m excluding Provider Sustainability Funding) against the original planned deficit of £29.9m including Provider Sustainability Funding. Our planned deficit changed in the year as a result of the cessation of the Facilities Management Partnership.

Our final year end position included the following (excluding the impact of donated assets):

- |                |   |
|----------------|---|
| • Total income | £998.5m actual; a net movement from Plan of £5.4m. This includes adverse variances relating to Facilities Management Partnership and non-receipt of Provider Sustainability Funding offset by the receipt of Agenda for Change funding and other gains and losses |
|----------------|---|

- Total expenditure £1,041.6m actual; which was £49.3m over plan and includes the impact of Agenda for Change pay increases, Facilities Management Partnership and other gains and losses
- Impairment £1.5m impairment was incurred which was not planned at the beginning of the year. This is adjusted out of the deficit for the year of £41.7m
- Capital expenditure £26.7m against a capital resource limit of £26.7m
- Cash balance £1.5m closing cash balance (UHL only) against a plan of £1.0m
- Cost Improvement Programme Delivered £51.6m against a £51.5m target

## Balance Sheet

**Cash:** We ended the year with a cash balance of £4m which included the Trust Med Pharmacy cash balance of £2.5m and secured external financing of £49.5m. The total balance of our external financing at the year-end was £245.3m.

We also received £9.2m of Public Dividend Capital to fund our intensive care unit project and other smaller schemes.

**Non-current assets:** The value of our non-current assets (including property, plant and equipment and intangible assets) increased by £40.9m mainly as a result of:

- £26.4m total net additions; plus
- £35.6m upward revaluation; less
- £19.6m depreciation and £1.5m impairment.

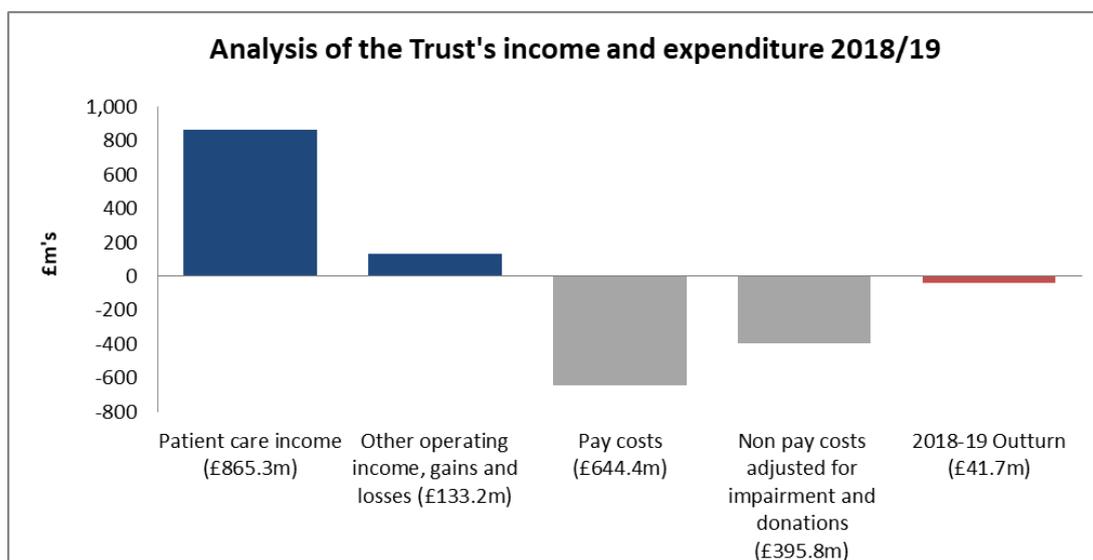
**Receivables:** Our receivables (current and non-current) have increased by £12.8m driven by an increase in non-NHS prepayments and accrued income.

**Payables:** Our payables (current and non-current) have increased by £63.2m due to the receipt of loans to fund our deficit and an increase in trade and other payables.

**Taxpayers equity:** This represents the methods of funding our assets and liabilities. The main component of our taxpayers equity is Public Dividend Capital which increased by £9.2m from the prior year.

Our retained earnings reduced by £47.1m due to our financial deficit, impairment following an asset revaluation and impact of IFRS9 on the opening balance. Our revaluation reserve balance increased by £35.6m due to the net asset revaluation.

## Key Financial Indicators

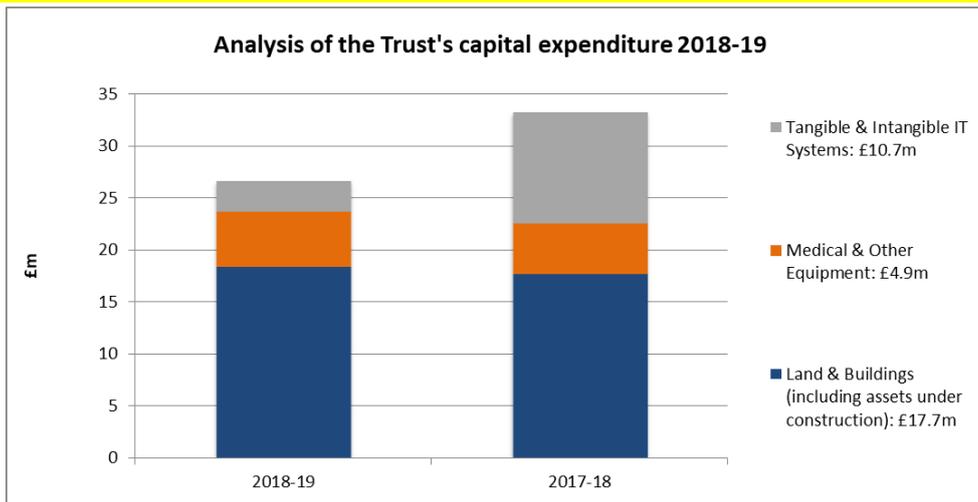


**Income:** We received £998.5m of income which is a £37.6m increase from the £960.9m we received in 2017/18.

**Pay expenditure by staff group:** We spent £644.4m on staff costs, which is a £31.5m increase over the 2017/18 total of £612.5m. £30.0m of this increase is due to substantive staff costs including £10.6m relating to an uplift in agenda for change pay. There was a £2.8m increase in the costs relating to bank staff and a reduction of £2.2m in agency spend.

**Non-pay expenditure:** We incurred £397.4m of non-pay expenditure, which was an £11.2m increase over the 2017/18 total of £386.2m. This included an impairment of our property, plant and equipment of £1.5m (2017/18 - £2.7m) following a revaluation of our estate.

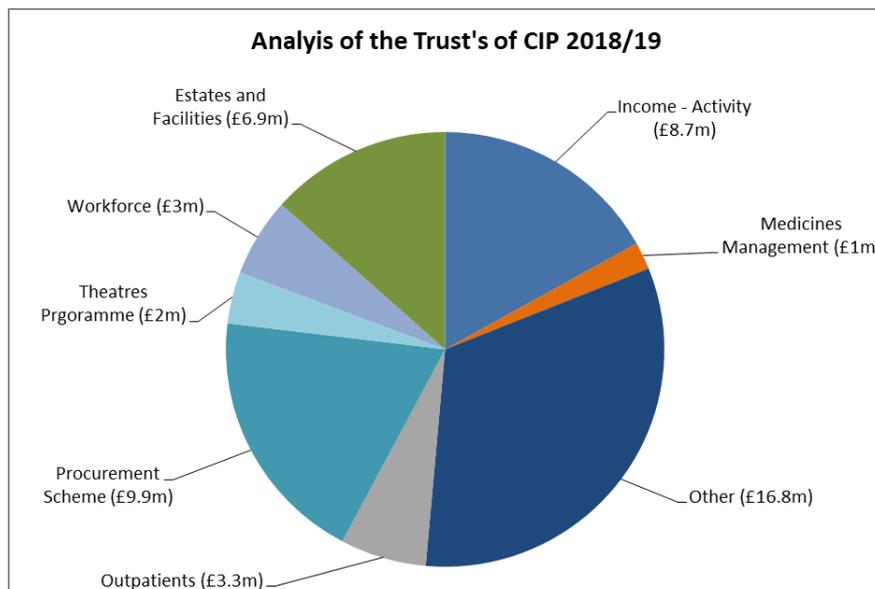
**Capital expenditure:** Our capital expenditure (excluding adjustments for donated assets) was £26.7m, a £6.6m reduction on the 2017/18 total of £33.3m. A breakdown of that spend is shown in the graph below.



Capital expenditure for 2018/19 consisted of:

- £14.8m on reconfiguration schemes including £2.9m on the Modular Ward at Glenfield;
- £3.7m on estates and facilities schemes;
- £3m on IM&T schemes;
- £5.2m on medical equipment, both purchased and leased;

**Our efficiency programme:** We delivered £51.6m against our £51.5m cost improvement programme in 2018/19. The programme focused on productivity whilst maintaining high quality patient services. £3m of improvements in the way of workforce; £8.7m of savings came from income activity; and £9.9m from procurement schemes. A breakdown of the Cost Improvement Programme achieved is shown in the chart below.



## Managing Risk

We operate within the regulatory framework determined by the Department of Health. Comprehensive risk management is monitored through the Trust Board's assurance framework, which regularly reviews all key risks and action plans. These plans cover clinical as well as corporate and business risks.

As in 2018/19, we will continue to manage key risks linked to management and control of infection, the patient experience, delivery of national waiting time targets, and delivery of financial balance.

## Future Challenges

### Financial planning

We have submitted our 2019/20 financial plan to NHS Improvement, which is a £10.7m deficit - including the delivery of a £26.6m efficiency programme.

Our financial plan and resulting deficit position is driven by our activity and income assumptions, workforce implications and Cost Improvement Programme. We have a clear process for delivering against these areas, and to ensure a realistic monthly profile of income and expenditure.

### Cash management

Further cash support of £10.7m to fund our deficit is projected as part of the 2019/20 financial plans and has been submitted to NHS Improvement as part of the annual planning process. The level of loans we will hold is expected to rise from £245.3m to £253.8m in 2019/20 representing over 20 per cent of our projected turnover.

£34.1m of loans are due to mature over the next 12 months and although the mechanism for repaying these through the availability of renewed working capital or longer term loan facilities is yet to be defined, we are planning that these facilities will be made available. These loans first matured in 2018/19, and their terms were extended to 2019/20 so we can reasonably expect the same thing to happen when the loans mature for a second time. The net increase in loans will be £8.5m.

### Capital planning

Achievement of our capital plan is dependent upon NHS Improvement confirming external funding as part of the "Emergency Capital" requirements process.

We have various options available for the final capital plan and are currently working through a prioritisation process for each of the funding scenarios. At present the capital funding includes £24.3m depreciation; £21.6m approved PDC relating to the intensive care unit project and £1m grant funding. Two items that are not subject to the prioritisation process are loan repayments of £2.2m and £4.5m relating to the capital element of finance leases. The plan will also include up to £25.9m of loan funding which has yet to be approved.

Taking this into account, together with internal capital requirements that has followed a period of constrained investment, this drives a capital plan for 2018/19 of up to £66.1m. The key elements of the 2019/20 plan are:

- Addressing backlog maintenance and investment within critical infrastructure;
- Investment in medical equipment;
- Redevelopments and investments to support the longer term estate reconfiguration plans.

### Efficiency savings for 2019/20

We have a comprehensive three year Efficiency Strategy with the aim of achieving upper quartile productivity (compared to peers) across all areas of the Trust to enable caring at its best for staff and patients.

The strategy was based around a wide of sources including NHSI Model Hospital, recommendations from the Carter Programme, the Getting It Right First Time (GIRFT) Programme, NHS Improvement Theatre Efficiency Programme (using Four Eyes consultancy) and our own 5-year Strategy.

Our overall efficiency target of £26.6m has been allocated to Clinical Management Groups and Corporate Directorates for delivery during 2019/20.

The efficiency programme includes four underpinning work streams focused around data, quality improvement and robust controls. Some of our key work streams are:

- Benchmarking and Data - focused on maximizing the use of the benchmarking tools available to the Trust with a view to identifying and delivering on the opportunities identified
- Theatres and Outpatients – building on work done in 2018/19
- Clinical Support – including improvements to our length of stay and patient flow, e.g. through enhancing support from therapists and pharmacists
- Corporate Services – the NHS Improvement benchmarking exercise highlighted opportunities within a number of our back office areas

## Directors Report

The Directors are aware of no relevant information of which the auditors are unaware. Each Director has taken all of the steps that they ought to have taken as a Director in order to make themselves aware of any relevant audit information and to establish that the auditors are aware of that information.

## Statement of Accounting Officer's responsibilities

The Accounting Officer is responsible for the preparation of the financial statements and can confirm that the annual report and accounts as a whole is fair, balanced and understandable and that he or she takes personal responsibility for the annual report and accounts and the judgments required for determining that it is fair, balanced and understandable.

The Accounting Officer can confirm, as far as he is aware, there is no relevant audit information of which the entity's auditors are unaware, and the Accounting Officer has taken all the steps that he or she ought to have taken to make himself aware of any relevant audit information and to establish that the entity's auditors are aware of that information.



Signed:

Chief Executive (on behalf of the Trust Board)

Date:

**University Hospitals of Leicester NHS Trust  
Annual accounts for the year ended 31 March 2019**

**Independent auditor's report to the Directors of University Hospitals of Leicester NHS Trust  
Report on the Audit of the Financial Statements**



# Looking forward to 2019/20

## Our priorities for 2019/20

For 2019/20 we have created new Quality Strategy, called 'Becoming the Best'. Becoming the Best describes how we will become an 'Outstanding' organisation, delivering Caring at its Best to every patient, every time. This new Strategy is based on what has worked well in other parts of the NHS, looking at organisations who have been rated as 'Outstanding' but the Care Quality Commission.

These organisations have five key things in common. These are:

- Their leadership team have an unwavering **commitment** to improving quality
- They have a **culture** of improvement, encouraged by leaders at all levels
- They systematically give people the **skills** to do improvement
- They put **patients** at the centre of improvement
- They work actively with the wider **system**

Much of the strategy is about culture change so that everyone is focussed on quality improvement, using a consistent approach across the organisation with the right support from leaders

This is a long-term approach, not a quick fix. But some things will be changing right away and we will all have many opportunities to influence what we do



Our Quality Priorities and Supporting Priorities are what we will be focusing on for the coming year; the Quality Improvement Approach will be how we deliver those priorities, supported of course by our values.

## Our Productivity Improvement Programme for 2019/20

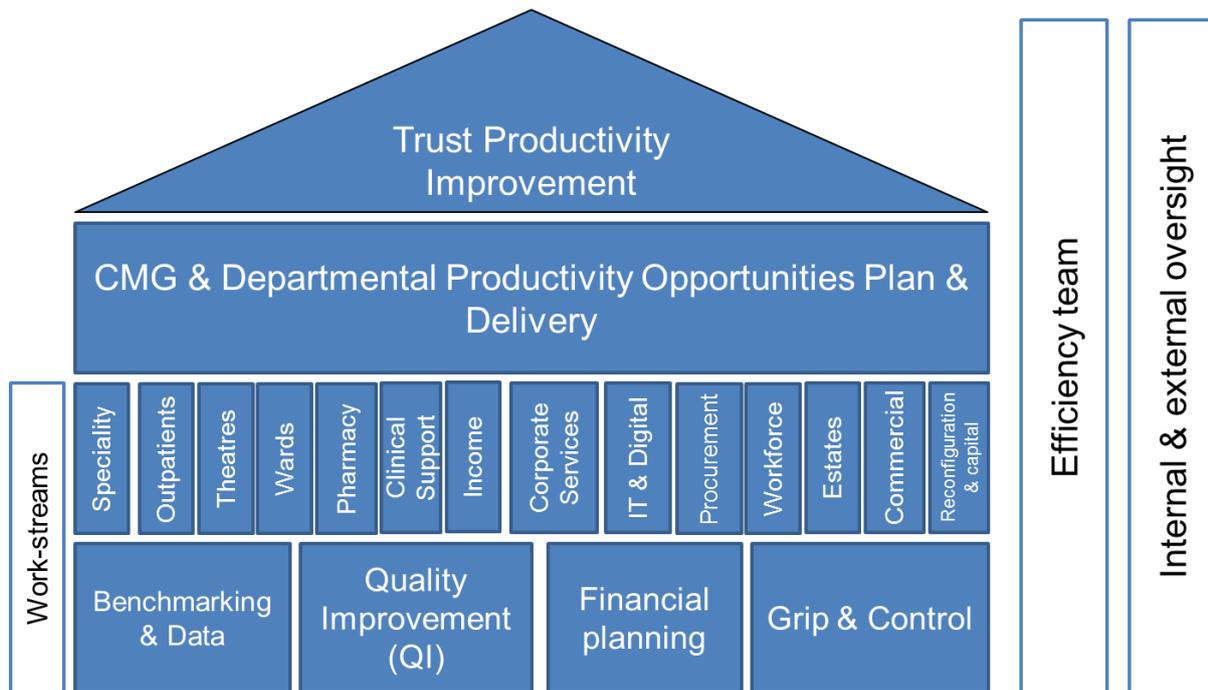
We have a comprehensive three year Productivity Strategy with the aim of achieving upper quartile productivity (compared to peers) across all areas of the Trust to enable caring at its best for staff and patients.

The strategy was based around a wide of sources including the following:

- NHSI Model Hospital
- Recommendations from the Carter Programme
- The Getting It Right First Time (GIRFT) Programme
- NHSI Theatre Efficiency Programme (using Four Eyes consultancy)
- Our 5 year Strategy
- Our Quality Strategy

We have incorporated learning from previous years; this has led to the development of our formal productivity programme. The outline of this programme is detailed in the diagram below:

## UHL Productivity Improvement Programme



### Our efficiency target

In 2019/20 our overall efficiency target is £26.7m. To ensure focus on the key opportunity areas, allocation of targets has been done using national benchmarking data (Reference Costs / Model Hospital) and a detailed overview of the known opportunities. An Accountability Framework has been developed and each of the Heads of Department will be held accountable for delivery of their efficiency targets.

All opportunities developed will be subject to a full Quality Impact Assessment process including the development of Project Initiation Documents (PID) for all schemes over £50,000. During the year we will reassess any gaps in our plans and ensure that additional plans are developed to mitigate financial risk.

In 2019/20 we will also be working more closely with colleagues across Better Care Together to deliver further system-wide cash releasing savings and collectively reduce the financial risk in our system. To achieve this we have formed a system wide working group which will be focusing on new opportunities and sharing best practice. This will involve exploring our current pathways and processes to identify new ways of working to improve both quality and system finances.

### Work streams

We have a series of work streams and areas that we focus on each year and in 2019/20 particular focus will be in outpatients and theatres, as well as improving our clinical pathways in key specialties. Each key work stream will have a lead and Executive sponsor who will be held to account for delivery.

The wider programme includes four underpinning work streams focused around data, quality improvement and robust financial controls. Some of our key work streams are:

- **Benchmarking and Data:** is focused on maximizing the use of the benchmarking tools available to us with a view to identifying and delivering on the opportunities we identify (this includes making full use of the Model Hospital Portal, Carter, GIRFT and PLICS data). For example, we have so far had 18 GIRFT visits which is more than any other Trust in the country.
- **Theatres and Outpatients** – we have been working closely with Four Eyes during 2018/19 across both our Theatres and Outpatients programmes. Our targets for 19/20 incorporate £6.6m of efficiencies which have either already been delivered through this work or will be delivered during the year.
- **Clinical Support:** during 2018/19 our colleagues in Clinical Support enabled £1.4m of schemes across the Trust through improvements to our length of stay and patient flow, e.g. through enhancing support from therapists and pharmacists. We plan to expand on this work further in 2019/20 to achieve over £1.8m of efficiencies across our clinical specialties.

## Glossary of terms

**Acute Care** is specific care for diseases or illnesses that progress quickly, feature severe symptoms and have a brief duration.

**Acuity** The measurement of the intensity of care required for a patient delivered by a registered nurse. There are six categories ranging from minimal care to intensive care.

**Admission** the point at which a person begins an episode of care, e.g. arriving at an inpatient ward.

**Ambulatory care** is medical care provided on an outpatient basis, including diagnosis, observation, consultation, treatment, intervention, and rehabilitation services. This care can include advanced medical technology and procedures even when provided outside of hospitals.

**A&E (Accident & Emergency)** see Emergency Department.

**Board Assurance Framework (BAF)** is a key mechanism which Trust Boards should be using to reinforce strategic focus and better management of risk.

**Cannulation** intravenous cannulation involves putting a “tube” into a patient’s vein so that infusions can be inserted directly into the patient’s bloodstream.

**Care Plan** a plan is a written plan that describes the care and support staff will give a service user. Service users should be fully involved in developing and agreeing the care plan, sign it and keep a copy.

**Care Quality Commission** the organisation that make sure hospitals, care homes, dental and GP surgeries, and all other care services in England provide people with safe, effective, compassionate and high-quality care, and we encourage them to make improvements.

**Carbapenem resistant organisms** are a group of germs which can live harmlessly inside the bowel and, except for their resistance to antibiotics, are identical to our normal gut bacteria. Carrying them in the bowel is not a direct risk to patients. They are only a danger if they cause infections.

**CCG (Clinical Commissioning Group)** are NHS organisations set up by the Health and Social Care Act 2012 to organise the delivery of NHS services in England.

**CIP (Cost Improvement Programme)** a Cost Improvement Programme (CIP) is the identification of schemes to increase efficiency/ or reduce expenditure. CIPs can include both recurrent (year on year) and non-recurrent (one-off) savings. A CIP is not simply a scheme that saves money. The most successful CIPs are often those based on long-term plans to transform clinical and non-clinical services that not only result in a permanent cost savings, but also improve patient care, satisfaction and safety.

**Clinical Governance** is a framework that ensures that NHS organisations monitor and improve the quality of services provided and that they are accountable for the care they provide.

**Clinical Negligence Scheme for Trust (CNST)** is a scheme for assessing a Trust's arrangements to minimise clinical risk for service users and staff. Trusts need to pay 'insurance' which can offset the costs of legal claims against the Trust. Achieving CNST Levels (1, 2 or 3) shows the Trust's success in minimising clinical risk and reduces the premium that the Trust must pay.

**Clinician** is a person who provides direct care to a patient such as a doctor, nurse, therapist, pharmacist, psychologist etc.)

**Commissioner** is responsible for getting the best possible health outcomes for the local population. This involves assessing local needs, deciding priorities and strategies, and then buying services on behalf of the population from providers such as hospitals, clinics, community health bodies, etc.

**Commissioning** is the process of identifying a community's social and/or health care needs and finding services to meet them.

**Community Care** aims to provide health and social care services in the community to enable people live as independently as possible in their own homes or in other accommodation in the community.

**Co-morbidity** is the presence of two or more disorders at the same time. For example, a person with depression may also have diabetes.

**CQUIN** stands for commissioning for quality and innovation. The system was introduced in 2009 to make a proportion of healthcare providers' income conditional on demonstrating improvements in quality and innovation in specified areas of patient care. This means that a proportion of our income depends on achieving quality improvement and innovation goals, agreed between the Trust and its commissioners. The key aim of the CQUIN framework is to secure improvements in the quality of services and better outcomes for patients, a principle fully supported at all levels of the hospital.

**Diagnosis** is identifying an illness or problem by its symptoms and signs.

**Discharge** is the point at which a person formally leaves services. On discharge from hospital the multidisciplinary team and the service user will develop a care plan (see Care plan).

**Emergency Admission** when a patient admitted to hospital at short notice because of clinical need or because alternative care is not available.

**Emergency Department** is a hospital department that assesses and treats people with serious and life-threatening injuries and those in need of emergency treatment. Also sometimes called A&E (Accident & Emergency).

**Friends and Family Test (FFT)** launched in April 2013, the FFT question asks people if they would recommend the services they have used and offers a range of responses. When combined with supplementary follow-up questions, the FFT provides a mechanism to highlight both good and poor patient experience.

**General Medical Council:** The General Medical Council (GMC) works to protect patient safety and support medical education and practice across the UK. They do this by working with doctors, employers, educators, patients and other key stakeholders in the UK's healthcare systems.

**General Practitioner (GP)** is a family doctor, usually patient's first point of contact with the health service.

**GIRFT (Getting it Right First Time):** Getting It Right First Time is a national programme designed to improve the quality of care within the NHS by reducing unwarranted variations. By tackling variations in the way services are delivered across the NHS, and by sharing best practice between trusts, GIRFT identifies changes that will help improve care and patient outcomes, as well as delivering efficiencies such as the reduction of unnecessary procedures and cost savings. Importantly, GIRFT is led by frontline clinicians who are expert in the areas they are reviewing.

**Health Care Assistants** (can also be referred to as Health Care Support Workers) are non-qualified nursing staff who carry out assigned tasks involving direct care in support of a registered/qualified nurse. There are two grades of Health Care Assistants, A and B grade. A grades would expect to be more closely supervised, while B grades may regularly work without supervision for all or most of their shift, or lead on A grade.

**Human Resources** is a department found in most organisations that works to recruit staff, assist in their development (e.g. providing training) and ensure that staff work in good conditions.

**Information Management and Technology (IM&T)** refers to the use of information held by the Trust, in particular computerised information and the department that manages those services.

**Intermediate Care Services** are services that promote independence, prevent hospital admission and/or enable early discharge. Intermediate care typically provides community-based alternatives to traditional hospital care.

**Model Hospital:** The Model Hospital is a free digital tool from NHS Improvement available to all NHS provider trusts. It supports the NHS to provide the best patient care in the most efficient way. It allows trusts to compare their productivity and identify opportunities to improve.

**Mortality** means death rate. In the NHS it is used when referring to the expected death rate for conditions or procedures.

**Multidisciplinary** denotes an approach to care that involves more than one discipline. Typically this will mean that doctors, nurses, psychologists and occupational therapists are involved.

**NICE** is the National Institute for Health and Clinical Excellence, an independent organisation responsible for providing national guidance on the promotion of good health and the prevention and treatment of ill health.

**Non-Executive Director** is a member of the Trust Board. They act a two way representative. They bring the experiences, views and wishes of the community and patients to the Trust Board. They also represent the interests of the NHS organisation to the Community.

**NHS England** leads the NHS in England. They set the priorities and direction of the NHS and encourage and inform the national debate to improve health and care.

**NHS Improvement** is responsible for overseeing foundation trusts and NHS provider trusts, as well as independent providers that provide NHS-funded care. They offer the support these providers need to give patients consistently safe, high quality, compassionate care within local health systems that are financially sustainable. By holding providers to account and, where necessary, intervening, they help the NHS to meet its short-term challenges and secure its future.

**Nursing and Midwifery Council:** The Nursing and Midwifery Council, NMC, make sure nurses, midwives and nursing associate have the skills they need to care for people safely, with integrity, expertise, respect and compassion, from the moment they step into their first job.

**Out of Hours (OOH)** is the provision of GP services when your local surgery is closed, usually during the night, at weekends and Bank Holidays.

**Palliative care** is an area of healthcare that focuses on relieving and preventing the suffering of patients.

**Peri-natal mortality** is the number of stillbirths and deaths in the first week of life per 1,000 live births, after 24 weeks gestation.

**Primary Care** is the care will receive when you first come into contact with health services about a problem. These include family health services provided by GPs, dentists, pharmacists, opticians, and others such as community nurses, physiotherapists and some social workers.

**QIPP (Quality Innovation Productivity and Prevention)** In July 2010, the White Paper 'Equity and excellence: Liberating the NHS' set out the government's vision for the future of the NHS. The White Paper outlined the government's commitment to ensuring that QIPP supports the NHS to make efficiency savings, which can be reinvested back into the service to continually improve quality of care.

**Risk assessment** identifies aspects of a service which could lead to injury to a patient or staff member and/or to financial loss for an individual or Trust.

**Royal College of Nursing:** The Royal College of Nursing is the world's largest nursing union and professional body.

**Secondary care** is specialist care, usually provided in hospital, after a referral from a GP or health professional. Mental Health Services are included in secondary care (see also tertiary care).

**Serious Untoward Incidents (SUI)** is to describe a serious incident or event which led, or may have led, to the harm of patients or staff. Members of staff who were not involved in the incident investigate these and the lessons learned from each incident are used to improve care in the future.

**SHMI (Summary Hospital-level Mortality Indicator)** The Summary Hospital-level Mortality Indicator (SHMI) is an indicator which reports on mortality at trust level across the NHS in England using a standard and transparent methodology. It is produced and published quarterly as an official statistic by the Health and Social Care Information Centre (HSCIC) with the first publication in October 2011. The SHMI is the ratio between the actual number of patients who die following hospitalisation at the trust and the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated there.

**Stakeholders** are a range of people and organisations that are affected by or have an interest in, the services offered by an organisation.

**Tertiary Care** is when a hospital consultant decides that more specialist care is needed. Mental Health Services are included in this (see also Secondary care).

**TTO (To-take-out)** are medicines supplied by the hospital pharmacy for patients to take with them when they are discharged (see discharge) from hospital.

**Triage** a system which sorts medical cases in order of urgency to determine how quickly patients receive treatment.

**Urgent Care Centre** is a category of walk-in clinic focused on the delivery of ambulatory care in a dedicated medical facility outside of a traditional emergency department. Urgent care centres primarily treat injuries or illnesses requiring immediate care, but not serious enough to require an emergency department visit. Urgent care centres are distinguished from similar ambulatory healthcare centres such as emergency departments and walk in centres by their scope of conditions treated and available facilities on-site.

**Walk-in-Centre (WIC)** is a medical centre offering free and fast access to health-care advice and treatment. Centres provide advice and treatment for minor injuries and illnesses and guidance on how to use NHS services.

**Whistle-blowing** is the act of informing a relevant person in an organisation of instances or services in which patients are at risk.

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## Please help us to improve the way we share information

We would like your views on the presentation of our annual report and accounts.

We would be very grateful if you could answer the questions below and send your response to us **by 31 December 2019**.

The answers you give will help us to ensure we present, not only the annual report, but other information in a way people find useful.

### 1 The information we give:

- a. Have we missed anything out? Please tell us any area you would like to see covered.

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- b. Is there any category you think we should leave out?

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### 2 Were there any areas of the annual report which you found most useful, please feel free to list and explain why

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### 3 What do you expect to achieve from reading this annual report? Please tick

Gain a broad understanding	
Gain a detailed understanding	

**4 Do you have another comments or suggestions about our annual report or any of our other publications?**

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If you would like to be notified when the 2019/20 annual report is available? If so, please send us your email address

.....

**Completed questionnaires can be sent to:**

**Communications Team**, University Hospitals of Leicester NHS Trust, Medical Illustration, Level 2 Windsor Building, Leicester, LE1 5WW or [communications@uhl-tr.nhs.uk](mailto:communications@uhl-tr.nhs.uk)

70  
YEARS  
OF THE NHS  
1948 - 2018



NHS

University Hospitals of Leicester

NHS Trust



If you would like this information in another language or format such as EasyRead or Braille, please telephone the number below or email [equality@uhl-tr.nhs.uk](mailto:equality@uhl-tr.nhs.uk)

اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔  
ਜੇ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਭਾਸ਼ਾ ਵਿੱਚ ਚਾਹੁੰਦੇ ਹੋ، ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਹੇਠਾਂ ਦਿੱਤੇ ਗਏ ਨੰਬਰ 'ਤੇ ਟੈਲੀਫੋਨ ਕਰੋ।  
إذا كنت ترغب في الحصول على هذه المعلومات بلغةٍ أُخرى، الرجاء الاتصال على رقم الهاتف الذي يظهر في الأسفل  
Aby uzyskać informacje w innym języku, proszę zadzwonić pod podany niżej numer telefonu  
જો તમને અન્ય ભાષામાં આ માહિતી જોઈતી હોય, તો નીચે આપેલ નંબર પર કૃપા કરી ટેલિફોન કરો.

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