

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**

**Trust Board Bulletin – 31 July 2014**

The following reports are attached to this Bulletin as items for noting, and are circulated to UHL Trust Board members and recipients of public Trust Board papers accordingly:-

- **Quarterly update on sealings** – Lead contact point Mr S Ward, Director of Corporate and Legal Affairs (0116 258 8615) – **paper 1**, and
- **Quarter 1 progress against the 2014-15 Annual Operating Plan** – Lead contact point Ms K Shields, Director of Strategy (0116 258 8566) – **paper 2**.

**It is intended that these papers will not be discussed at the formal Trust Board meeting on 31 July 2014, unless members wish to raise specific points on the reports.**

This approach was agreed by the Trust Board on 10 June 2004 (point 7 of paper Q). Any queries should be directed to the specified lead contact point in the first instance. In the event of any further outstanding issues, these may be raised at the Trust Board meeting with the prior agreement of the Chairman.

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**

**REPORT TO:** TRUST BOARD  
**DATE:** 31 JULY 2014  
**REPORT BY:** DIRECTOR OF CORPORATE AND LEGAL AFFAIRS  
**SUBJECT:** SEALING OF DOCUMENTS

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1. The Trust's Standing Orders (Standing Order 12) set out the approved arrangements for custody of the Trust's seal and the sealing of documents.
2. Appended to this report is a table setting out details of the Trust sealings for the 2014-15 financial year to date (by quarter).
3. The Trust Board is invited to receive and note this information.
4. Reports on Trust sealings will continue to be submitted to the Trust Board on a quarterly basis.

Stephen Ward  
**Director of Corporate and Legal Affairs**

**List of Trust Sealings for Quarter 1, 2014/15**

<b>Date of Sealing</b>	<b>Nature of Document</b>	<b>Date of Authority and Minute Reference</b>	<b>Sealed by</b>	<b>Remarks</b>
18/06/14	Lease of Property at Leicester General Hospital to Lloyds Pharmacy Ltd	Trust Board – 27/3/14 Minute 77/14	Acting Chairman/ Assistant Director – Head of Legal Services	Handed to Adrian Middleton, NHS Horizons on 19.6.14.
18/06/14	Lease of Property at Leicester Royal Infirmary to Lloyds Pharmacy Ltd.	Trust Board – 27/3/14 Minute 77/14	Acting Chairman/ Assistant Director – Head of Legal Services	Handed to Adrian Middleton, NHS Horizons on 19.6.14.
18/6/14	Lease of Property at Leicester Glenfield Hospital to Lloyds Pharmacy Ltd.	Trust Board – 27/3/14 Minute 77/14	Acting Chairman/ Assistant Director – Head of Legal Services	Handed to Adrian Middleton, NHS Horizons on 19.6.14.
07/07/14	Additional Party Deed relating to a Deed of Trust between Atlantic Data Limited and various NHS Trusts in respect of online Disclosure Applications for Criminal Records Bureau checks.	Trust Board – 26/6/ 14	Acting Chairman/ Assistant Director – Head of Legal Services	Original handed to Peter Rogers, HR.

<b>To:</b>	<b>Trust Board</b>										
<b>From:</b>	Kate Shields – Director of Strategy										
<b>Date:</b>	<b>31 July 2014</b>										
<b>CQC regulation:</b>											
<b>Title:</b>	<b>Quarter one review of Annual Operational Plan 2014/15</b>										
<b>Author/Responsible Director:</b> Kate Caston											
<b>Purpose of the Report:</b>  Provide a summary of the 2014/2015 Annual Operational Plan (AOP) against Quarter one (Q1) including a brief summary and direction of travel, revisiting any assumptions made in the plan and check for current validity. This report should be considered alongside the detailed quarterly and monthly quality, R&D, OD and performance reports presented to Trust Board. The aim of this report is not to repeat any of this information  Highlight areas of exception against the strategic objectives  Provide the Trust Board with a forward looking horizon scan to note any areas of interest.											
<b>The Report is provided to the Board for:</b>											
<table border="1"> <tr> <td>Decision</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Assurance</td> <td><input type="checkbox"/></td> </tr> </table>		Decision	<input type="checkbox"/>	Assurance	<input type="checkbox"/>	<table border="1"> <tr> <td>Discussion</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Endorsement</td> <td><input type="checkbox"/></td> </tr> </table>		Discussion	<input checked="" type="checkbox"/>	Endorsement	<input type="checkbox"/>
Decision	<input type="checkbox"/>										
Assurance	<input type="checkbox"/>										
Discussion	<input checked="" type="checkbox"/>										
Endorsement	<input type="checkbox"/>										
<b>Summary / Key Points:</b>											
<b>Recommendations:</b> The Trust Board are asked to receive the report											
<b>Previously considered at another corporate UHL Committee?</b>											
<b>Board Assurance Framework:</b>		<b>Performance KPIs year to date:</b>									
<b>Resource Implications (eg Financial, HR):</b>											
<b>Assurance Implications:</b>											
<b>Patient and Public Involvement (PPI) Implications:</b>											
<b>Stakeholder Engagement Implications:</b>											
<b>Equality Impact:</b>											
<b>Information exempt from Disclosure:</b>											
<b>Requirement for further review?</b>											

## Quarter one review of Annual Operational Plan 2014/15

### PURPOSE

1. The purpose of this paper is to:
  - Provide a summary of the 2014/2015 Annual Operational Plan (AOP) against Quarter one (Q1) including a brief summary and direction of travel, revisiting any assumptions made in the plan and check for current validity. This report should be considered alongside the detailed quarterly and monthly quality, R&D, OD and performance reports presented to Trust Board. The aim of this report is not to repeat any of this information
  - Highlight areas of exception against the strategic objectives

### BACKGROUND

2. The Trust submitted a two year Operational Plan to the NHS Trust Development Agency (NTDA) on 4<sup>th</sup> April.
3. The NTDA continue to work closely with the Trust to review progress against our two-year Operational Plan at specific key milestones during 2014/15, including checking on progress against remaining residual areas of non-compliance within the planning checklists. The NTDA highlighted the importance of on-going active engagement with clinical staff, patients, public and health partners regarding the development, implementation, board level monitoring and review of our two year operational plan.
4. The Trust's five year Integrated Business Plan (IBP) built on the foundations of the two year plan and was submitted to the NTDA on 20<sup>th</sup> June 2014.

### PROGRESS AGAINST THE AOP FOR Q1

5. Reviewing the strategic objectives they can be placed in three common themes;
  - Effectively lead and manage service provision in line with defined standards whilst delivering our financial plan and improving productivity
  - Build effective strategic partnerships to support delivery of safe and sustainable core and specialised services
  - Prepare strong foundations for forthcoming, large scale transformation – including improvement activities at scale and pace and early enabling capital schemes
6. Progress against each theme is;

**Effectively lead and manage service provision in line with defined standards whilst delivering our financial plan and improving productivity**

## **Delivering our Care Quality Commission (CQC) action plan**

7. The CQC action plan is presented to the Quality Assurance Committee and the Executive Quality Board on a monthly basis. It has also been subject to challenge at the Executive Quality Board on the 2<sup>nd</sup> July and subsequently updated where updates are available. Further detailed discussion will take place at the Executive Quality Board on the 6<sup>th</sup> August. The NTDA and CQC have asked for regular updates against the plan and the Director of Clinical Quality has met with representatives from both agencies to provide an update

## **Ensuring robust financial control and delivering on our financial plan**

8. The Trust is reporting (as at month 2):
  - A deficit at the end of May 2014 of £8.8m, which is £0.2m adverse to the planned deficit of £8.6m
  - The Trust is still forecasting delivery of the year-end financial plan of a deficit of £40.7m

## **Better Care Together (BCT) Strategy**

9. The Trust is actively engaged in the Better Care Together governance structure, from an operational to strategic level with John Adler as the Chair of the Strategy Delivery Group, Kate Shields is a member of the Leicester, Leicestershire & Rutland (LLR) Strategy Delivery Group and Simon Sheppard is a member of the finance sub-group.
10. Better Care Together plans are to be co-created in partnership with LLR partners and a work plan is being developed by the LLR BCT Strategy Delivery Group to be considered by the BCT Programme Board at the end of August 2014.

## **Build effective strategic partnerships to support delivery of safe and sustainable core and specialised services**

### **Effective partnerships with primary care and Leicestershire Partnership Trust (LPT)**

11. There is active engagement and leadership of the LLR Elective Care Alliance. LLR Urgent Care and Planned Care work streams are in partnership with local GPs
12. A joint project has been established to test the concept of early transfer of sub-acute care to a community hospitals setting or home in partnership with LPT. The impact of this is reflected in University Hospitals of Leicester, LPTs the LLR BCT 5 year plans.

13. There is mutual accountability for the delivery of shared objectives and these are reflected in the LLR BCT 5 year directional plan.
14. Between June and September 2014 respective plans need to be reconciled and developed in a greater level of detail to support operational delivery.

### **Regional partnerships**

15. The Trust is actively engaging with partners with a view to:
  - establishing a Leicestershire Northamptonshire and Rutland partnership for the specialised service infrastructure with Northampton General Hospital and Kettering General Hospital
  - establishing a provider collaboration across the East Midlands as a whole
  - Developing an engagement strategy for the delivery of the long term vision for and East Midlands network for both acute and specialised services
  - The Trust is to appoint a Head of External Partnership Development to progress with the above.

### **Specialised Services specifications**

16. The Clinical Management group (CMG's) are addressing Specialised Service derogation plans and a follow up meeting was held recently to identify progress to date. This progress will be monitored via the Contracts Team as part of their interface with CMG Managers and Service Managers.

### **Network relationships with partners**

17. The LLR BCT plan was submitted on 20 June to NHS England and the NTDA. The plan is directional and outlines the broad direction of travel. Detailed delivery plans to be discussed and agreed between June and September 2014.
18. A work plan is being developed by the LLR BCT Strategy Delivery Group to be considered by the BCT Programme Board at the end of August 2014.

### **Effective partnerships with primary care**

19. The Elective Care Alliance was established with agreed terms of reference for the Leadership Board and other sub groups thereby allowing structured engagement and partnership working with local GPs through the LLR Provider Company Limited. Joint business plan under development.
20. Between June and September the Alliance Business Plan and the Trust's plans need to be reconciled and developed in a greater level of detail to support operational delivery.

## **Service Line Management**

21. Each of the Trusts 49 Service Lines will undertake (over the next 24 months) a service review methodology. This will become a key component for preparing CMG's for Service Line Management. The review brings together service line resource requirements and key outcomes against which they are measured.

## **Prepare strong foundations for forthcoming, large scale transformation – including improvement activities at scale and pace and early enabling capital schemes**

22. Enabling Capital Schemes (in construction – on programme)
  - ITU Interim programme LRI – completion Aug 2014
  - Endoscopy reconfiguration GH – Complete
  - Modular Wards LRI - ground works commenced, off site construction ward are in progress - completion Sept 2014.
  - Diabetes outpatients – completion Oct 2014
  - Office Accommodation (Oliver ward, St Marks & St Lukes) – Sept 2014

## **Business Cases**

23. The Vascular Surgery business case has been approved by the Capital Monitoring and Investment Committee. It is scheduled for presentation to the Finance and Performance Committee, and Trust Board.
24. The Full Business Case is due in November 2014 with an estimated start date of March 2015.

## **QUARTER ONE PERFORMANCE AGAINST OBJECTIVES**

25. There are no exceptions to report
26. To note against objective: Completing a robust strategic case for change for consideration by the NTDA which will provide the framework for estate reconfiguration in years 3-7. The NTDA have confirmed requirement for a Strategic Outline Case is superseded by the development of the 5 year Integrated Business Plan, Long Term Financial Management, Estates Strategy and Clinical Strategy. This objective will therefore be removed.

## **RECOMMENDATION**

27. The Trust Board is asked to receive the report

Operational Plan Objective to be achieved in Q1	Achieved by	RAG RATING Q1
<b>OVERARCHING STRATEGIC OBJECTIVE: RESPONSIVE SERVICES WHICH PEOPLE CHOOSE TO USE (CORE SERVICES)</b>		
<b>Objective 2:</b> Ensure there is sufficient capacity is in place to deliver core targets including elective, ED, cancer waiting time standards and cancelled operations	Implementing stage 2 (3 beds) of phased ICU capacity increase at LRI to meet elective and emergency demand thereby reducing cancellations and reducing the risk of LLR patients going out of county.	<b>Green</b> (In construction – on programme)
<b>Objective 3:</b> To optimise both the opportunities for integration and the use of physical assets across the health and social care economy, ensuring care is provided in appropriate cost effective settings, reducing duplication and eliminating waste in the system	Subject to contract, the Trust will work with local partners in implementing a novel Alliance Contract for the LLR elective care bundle. The current service will transfer over on an 'as-is' basis on 1 April, 2014. A period of stabilisation will follow. In 2015-2016 it is envisaged that the Alliance will move forward significant shifts in elective service provision to lower acuity, lower cost settings closer to home.	<b>Green</b> (Post contract sign off work programme is on track to deliver against plans)
<b>OVERARCHING STRATEGIC OBJECTIVE: RESPONSIVE SERVICES WHICH PEOPLE CHOOSE TO USE (SPECIALISED SERVICES)</b>		
<b>Objective 2:</b> Ensure there is sufficient capacity is in place to deliver core targets including elective, ED, cancer waiting time standards and reduced cancelled operations	Implementing stage 2 (3 beds) and 3 of phased ICU capacity increase at LRI to meet elective and emergency demand thereby reducing cancellations and reducing the risk of LLR patients going out of county.	<b>Green</b> (In construction – on programme)
<b>OVERARCHING STRATEGIC OBJECTIVE: INTEGRATED CARE IN PARTNERSHIP WITH OTHERS (SECONDARY AND SPECIALISED SERVICES)</b>		
Objective 1: To deliver high quality, citizen centred, integrated care pathways,	Fostering integration and developing strong relationships by actively engaging in shaping	<b>Amber</b>

Operational Plan Objective to be achieved in Q1	Achieved by	RAG RATING Q1
delivered in the appropriate place and at the appropriate time by the appropriate person, supported by staff/citizens, resulting in a reduction in the time spent avoidably in hospital	and testing the Better Care Fund plans for implementation in 2015/2016 in collaboration with our partners. These will be underpinned by robust KPI's. The plans being developed focus on four key strands: Prevention, Long Term Condition management, Crisis Response (within 2 hours) in the community, Discharge and re-ablement.	Local approach to the Better Care Fund discussed at the BCF Chief Officer meeting on the 9 <sup>th</sup> July 2014
	Implementing with our local partners a fundamentally redesigned pathway for diabetes patients (Diabetes Super 7) in April 2014. This will see a fundamental shift of most diabetes care into primary care or the home but with appropriate access to an acute services as/when required for complex cases and/or unstable diabetes.	<p><b>Amber</b></p> <p>Super 7 Transformation Project – Left Shift of Diabetes Patients</p> <p>Two main issues outstanding relating to the coding of antenatal diabetic clinics and a difference of opinion with regard to the level of activity for transfer to the community setting. CCGs in their latest proposal remain optimistic regarding transfer volumes and this is inconsistent with analysis undertaken by the Diabetic Team.</p> <p>The Trust is reviewing patient numbers and has revised the costing by £200k. A revised proposal was issued to CCGs on 14<sup>th</sup> May 2014. The financial variance between respective proposals ranges from £200k to £1m. The Trust awaits a response to 14<sup>th</sup> May 2014 letter</p> <p>There also remains an issue with regard to funding for the seven nurses employed by the Trust. This matter is also being discussed as part of the current negotiation</p>

Operational Plan Objective to be achieved in Q1	Achieved by	RAG RATING Q1
<b>OVERARCHING STRATEGIC OBJECTIVE: DELIVERING SERVICES THROUGH A PROFESSIONAL, PASSIONATE AND VALUED WORKFORCE</b>		
<p><b>Objective 1:</b> Build capacity and capability by ensuring that our staff have the right tools, training and support to deliver care, and are supported to develop and progress.</p>	<p>Embedding the Listening into Action methodology and approach in to the organisation, spreading it as a mechanism for making staff led improvements. We will train key clinical leads to enable the facilitation of 'Listening Events' within all ward and clinical department areas and to support staff led improvement</p>	<p><b>Green</b> Nursing into Action launches at the end of July 2014. Listening Into Action (LiA) update against each of the 5 LiA work streams: Classic LiA, Thematic LiA, Enabling LiA, Management of Change LiA and Nursing into Action standing agenda items at the EWB.</p>
<p><b>Objective 2:</b> To improve the utilisation of current our workforce and where necessary build new capacity and capability to support short and medium service plans as a Trust and local economy.</p>	<p>Refreshing our three year workforce plan as above Identify and map key shifts in staffing numbers and skill mix required. Contribute towards the development of the LLR workforce plan. Utilise the output to inform commissioning plans via the LETC and LETB. Review progress and compliance with safe staffing ratios twice a year at Board</p>	<p><b>Green</b> Refreshed Workforce Plan to be submitted to the NTDA – end September 2014 Forecast future years activity (years 1 and 2), the capacity required to deliver it – including the workforce requirements – end October 2014</p>
	<p>The appraisal process to enhance quality, experience and align with pay progression with the aim that 100% of staff are responsible for having an appraisal that is valuable, productive and provides positive feedback</p>	<p><b>Amber</b> In April 2013, NHS Employers announced that: <i>“Incremental pay progression for all pay points will be conditional upon individuals demonstrating that they have the requisite knowledge skills and competencies for their role and that they have demonstrated the required level of performance and delivery”</i>. The Trust is currently seeking the views of staff in relation to proposals for determining how</p>

Operational Plan Objective to be achieved in Q1	Achieved by	RAG RATING Q1
		increments are awarded. The closing date for responses to the survey is the 28 <sup>th</sup> July 2014 after which responses will be collated and used in discussions to finalise the Trust's Pay Progression Policy
<p><b>Objective 3:</b> To improve staff survey results in those areas that have materially slipped and to maintain or improve all remaining areas by xx</p>	<p>The Friends and Family Test for NHS Staff from the 1 April. We will ask two satisfaction questions (would you recommend the Trust as a place to work? Would you recommend the Trust as a place to be treated? We will compare/contrast to the above and agree a plan for improvement</p>	<p><b>Green</b></p> <p>Improvements in Friends and Family Test Scores (Staff and Patients) reported to both the Executive Workforce Board and Trust Board</p> <p>Staff will have the opportunity to respond to two questions between April to June 2014; July to September 2014; and January to March 2015.</p> <p>The EWB will review and monitor engagement of staff with new Friends and Family Test for Staff test at Quarter 1, 2 and 4</p>
<p><b>OVERARCHING STRATEGIC OBJECTIVE: A SAFE, SUSTAINABLE, PRODUCTIVE, HIGH PERFORMING NHS FOUNDATION TRUST</b></p>		
<p><b>Objective 1:</b> As a key partner in the LLR health and care economy we will maximise value for the citizens of Leicester, Leicestershire and Rutland (LLR) by improving the health and wellbeing outcomes that matter to them, their families and carers in a way that enhances the quality of care at the same time as reducing cost to within allocated resources by restructuring the provision of safe, high quality services into the most</p>	<p>Implementing our two year operational plan with a view to our focus in 2014/2015 being on delivering performance today whilst laying down strong foundations for the future and 2015/2016 focusing on driving forward our strategic agenda. Once the LLR five year strategy is complete by June 2014, the Trust will retrospectively reconcile our two year plans with the five</p>	<p><b>Amber</b></p> <p>Reconciliation activities for June – September 2014 include:</p> <ul style="list-style-type: none"> <li>• Reconciling the LTFM with the local health economy (LHE) model - both financial and activity</li> <li>• Finalisation of an LTFM review outlining the process for development of assumptions for later iterations of LTFM</li> </ul>

Operational Plan Objective to be achieved in Q1	Achieved by	RAG RATING Q1
efficient and effective settings		
<b>Objective 2:</b> To deliver high quality, citizen centred, integrated care pathways, delivered in the appropriate place and at the appropriate time by the appropriate person, supported by staff/citizens, resulting in a reduction in the time spent avoidably in hospital by 30%	Implement the 'Sustainable Future' 3-7 Year Strategy Programme with the CMGs building on the work done to date. This will bring together all aspects of our future plans including service strategies, reconfiguration etc. This framework will support the iterative development of the Trust's sustainability plan for years 3-7 (operational plan for years 1-2) to ultimately be signed off by Trust Board on 20 June 2014	<b>Green</b> Development of Business Cases on schedule
<b>Objective 4:</b> To optimise both the opportunities for integration and the use of physical assets across the health and social care economy, ensuring care is provided in appropriate cost effective settings, reducing duplication and eliminating waste in the system	Developing and implementing a financial strategy to support our recovery plan and achieve financial balance by no later than the end of 2016/2017	<b>Amber</b> The LTFM (and associated IBP Finance Chapter) shows the Trust projecting to return to financial break even in the 2019-20 financial year which is year 6 of the plan
	Completing a robust strategic case for change for consideration by the TDA which will provide the framework for estate reconfiguration in years 3-7.	<b>Green</b> NTDA confirmed requirement for a SOC superseded by the development of the 5 year Integrated Business Plan / LTFM/ Estates Strategy / Clinical Strategy
<b>OVERARCHING STRATEGIC OBJECTIVE: ENABLED BY BETTER ESTATE, EQUIPMENT AND TECHNOLOGY</b>		
<b>Objective 1:</b> To deliver high quality, patient centred, care pathways, delivered	Securing TDA approval and delivering the Emergency Floor Business Case. This will	<b>Green</b> Full Business Case by November 2014

Operational Plan Objective to be achieved in Q1	Achieved by	RAG RATING Q1
in the appropriate place and at the appropriate time by the appropriate person, supported by staff/citizens, resulting in a reduction in the time spent avoidably in hospital by 30%	involve significant enabling works including: demolition of the Langham building in October 2014, the development of a modular ward block and out patients accommodation, re-provision of the urgent care centre in clinics 1 and 2 and refurbishment of space previously housing a Linac in the building. It is expected that the Full Business Case will be considered and approved by Trust Board and the NTDA by September 2014. The construction timetable will extend to winter 2015 for the Emergency Floor and summer 2016 for the new assessment centre.	
<b>Objective 2:</b> To optimise the use of physical assets, ensuring care is provided in appropriate cost effective settings, reducing duplication and eliminating waste in the system	Developing the Vascular OBC which is scheduled for completion by June 2014 and for consideration at Trust Board followed by NTDA consideration in July 2014.	<b>Green</b> Vascular Outline Business Case presented at the 15 <sup>th</sup> July 2014 ET meeting. To be presented at the 30 <sup>th</sup> July 2014 F&P meeting and 31 <sup>st</sup> July 2014 TB meeting
	Implementing Electronic Document Record Management (EDRM) system. The pilot studies in 2 areas (genetics and MSK) which are underway are to be completed and reviewed. Based on the results a plan for roll out will be developed.	<b>Green</b> EPR Full Business Case by October 2014
<b>Objective 3:</b> To improve the utilisation of our workforce and the development of	Optimise the productivity and quality opportunity created through technology	<b>Green</b> We have been also been awarded £622,000 as part

**APPENDIX 1**

Operational Plan Objective to be achieved in Q1	Achieved by	RAG RATING Q1
new capacity and capabilities in the technology we use	enabled nurse led agile working	of the Nursing Technology Fund, which has been launched in response to the Government's commitment to reduce the burden of bureaucracy on nurses. This funding will enable us to purchase iPad mini's, iPhones and charging cabinets, giving staff faster access to patient records via the Nerve Centre Mobile Application. This technology will enable all nursing staff (3,000 registered nurses and 2,000 HCAs) to record all patients' vital signs and patients will be able to use designated electronic devices to enable contemporary feedback and also use for education in preparation for discharge. Julia Ball, Assistant Director of Nursing is leading on this exciting project.
	Securing robust plans for the replacement of critical medical equipment (LINACs) and the potential feasibility and business case for PETCT and robotics	<b>Green</b> DaVinci robot agreed through Trust Board in May 2014 for CHUGS and W&C. Robot arrived on site on 26 <sup>th</sup> June 2014. Staff training is currently taking place.