

CHIEF EXECUTIVE'S MONTHLY UPDATE REPORT – SEPTEMBER 2015

Author: Stephen Ward Sponsor: John Adler Date: Thursday 3 September 2015

Trust Board paper D

Executive Summary

Context

The Chief Executive's monthly update report to the Trust Board for September 2015 is attached. It includes:-

- (a) the Quality and Performance Dashboard for July 2015 attached at appendix 1, and
- (b) key current issues relating to our annual priorities 2015/16.

Questions

1. Is the Trust Board satisfied with our performance and plans on the matters set out in the report?
2. Does the Trust Board have any significant concerns relating to progress against the annual priorities 2015/16?

Conclusion

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

Input Sought

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

For Reference

Edit as appropriate:

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

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

2. This matter relates to the following governance initiatives:

Organisational Risk Register	[Not applicable]
Board Assurance Framework	[Not applicable]

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

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

5. Scheduled date for the next paper on this topic: October 2015 Trust Board

6. Executive Summaries should not exceed 1 page. [My paper does comply]

7. Papers should not exceed 7 pages. [My paper does comply]

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT TO: TRUST BOARD

DATE: 3 SEPTEMBER 2015

REPORT BY: CHIEF EXECUTIVE

SUBJECT: MONTHLY UPDATE REPORT – SEPTEMBER 2015

1. Introduction

1.1 My monthly update report this month focuses on:-

(a) our new Quality and Performance Dashboard, attached at appendix 1;

(b) key current issues relating to our annual priorities 2015/16.

1.2 I would welcome feedback on this report which will be taken into account in preparing further such reports for future meetings of the Trust Board.

2, Quality and Performance Dashboard – July 2015

2.1 The Quality and Performance Dashboard for July 2015 is appended to this report **as appendix 1**.

2.2 The Dashboard aims to ensure that Board members are able to see at a glance how we are performing against a range of measures.

2.3 The more comprehensive monthly Quality and Performance report continues to be reviewed in depth at meetings of the Integrated Finance, Performance and Investment Committee and Quality Assurance Committee. The [Quality and Performance report](#) continues to be published on the Trust's website.

3. Strategic Objective: Safe, High Quality, Patient Centred Healthcare

Quality Commitment 2015/16 – Quarter 1 Report

3.1 The Trust's Quality Commitment is a key driver to deliver our vision to provide 'Caring at its Best'. Launched in 2012, the desire is to deliver safe, high quality, patient centred healthcare. The Quality Commitment was refreshed earlier this year following discussions at the Executive Quality Board and Quality Assurance Committee and is summarised in the diagram attached **at appendix 2**.

3.2 Each year we select a set of specific improvement actions and set goals under the three pillars of the commitment. For 2015/16, we are aiming to reduce UHL's SHMI (mortality rate) to 100 or less, reduce

harm events by 5%, and to have a Trust-level Friends and Family Test score (FFT) of 97% by March 2016.

- 3.3 Attached at **appendix 3** is a brief summary of quarter 1 2015/16 Quality Commitment performance. This summary, together with a good deal more underlying detail, is being considered by the Quality Assurance Committee at its meeting on 27th August 2015.
- 3.4 It is worth highlighting that our SHMI rate has fallen to its lowest level since records began in 2011. Our score now stands at 99; in the 2013 calendar year it was 106.
- 3.5 For those not familiar with SHMI, it is an indicator which reports on mortality at individual Trust level across the NHS in England. The SHMI is worked out by looking at 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. The average 'score' across all NHS Trusts is 100 and any Trust rated at less than 100 is better than average, conversely a score of over 100 is worse than average.
- 3.6 Based on the latest SHMI data, I think it is clear that the priorities we have set for ourselves via the Quality Commitment are beginning to translate into better outcomes for patients, for example earlier recognition of patients who are deteriorating, faster treatment for patients with pneumonia and more accurate diagnosis of sepsis.
- 3.7 There is still much more work to do and we should recognise that the SHMI score can fluctuate but the overall trend has been one of improvement for some considerable time now and this reflects the significant amount of hard work which has taken place over the last 2 – 3 years to improve the quality and effectiveness of the care we provide.

Patient Led Assessment of the Care Environment (PLACE) 2015 Results

- 3.8 The results of the Patient Led Assessment of the Care Environment (PLACE) assessment programme which took place from 11th March – 26th March 2015 have recently been published and the results achieved by our three hospitals are set out **at appendix 4**.
- 3.9 Overall, the results achieved in the PLACE audits are very concerning. At Trust level, all aspects except Privacy, Dignity and Wellbeing have deteriorated since 2014, and in all aspects are below the national average. Particularly concerning are Cleanliness, Food and Appearance, which are all well below average.
- 3.10 The tables attached **at appendices 5 and 6** compare UHL's results to those of our peer group.
- 3.11 The Quality Assurance Committee at its meeting on 27th August 2015 is to consider the 2015 PLACE results, together with an update from

the Director of Estates and Facilities on the actions to be taken to bring about improvements. There are clear connections here with concerns about the performance of the facilities management contract, but it should be noted that not all the issues fall within the responsibility of the contractor.

4. Strategic Objective: An Effective and Integrated Emergency Care System

Performance

- 4.1 Recent weeks have seen a deterioration in our emergency care performance, driven at least in part by continuing “winter” levels of attendances and emergency admissions. This has reversed the trend of significant improvement compared to last year, albeit below the required standard. The Chief Operating Officer’s report describes the actions that have been agreed on a health economy basis since the last meeting and I will not repeat the detail here. There has been some progress but we need to drive forward these actions to ensure that they are impactful in advance of winter. Otherwise, our forecasting indicates clearly that admissions will rise to an unsustainable level.

5. Strategic Objective: Services which consistently meet National Access Standards

July 2015 Performance

- 5.1 **RTT admitted, non-admitted and incomplete** targets remain compliant. **62 Day Cancer** performance continues to improve with more patients treated within 62 days than ever before and more patients seen within 2 weeks than ever before. The **screening standard and 31 day standards** failed because of a small number of patients who were cancelled due to ITU pressures. **Delayed transfers of care** remain well within tolerance. **MRSA** and avoidable **Grade 4 pressure ulcers** remain at zero. **Grade 2 pressure ulcers** were within the upper limit for the month.
- 5.2 **C-Diff** remains at 4 this month which is higher than the April and May lows but is on track with the year to date trajectory. **RTT 52+ week waits** exist predominantly in orthodontics and this is set to continue given the difficulties with Locum Consultant recruitment. As mentioned last month, problems in **endoscopy** have had a big impact on **diagnostics 6 week wait** performance which is not expected to regain compliance until September. The numbers have worsened as the longest waiting patients are being offered dates. The Board should be aware that the numbers involved here are very significant at a regional level. Having said that, they only exist as we are in the process of rectifying a previously inappropriate way of managing the endoscopy waiting list.

- 5.3 **Fractured Neck of Femur** performance continues to struggle, and this is the subject of a separate, detailed report to the Integrated Finance, Performance and Investment Committee on 27th August 2015.
- 5.4 **Cancelled operations on the day of surgery** deteriorated further in July due to a number of factors, including some estates issues, but also a high number of patients who were cancelled due to ITU unavailability.
- 5.5 **Reported cleaning standards** remained poor in July and the Board is already aware of the action being taken in relation to the performance of the facilities management contract. This also connects to the PLACE audit results mentioned earlier.

6. Strategic Objective: Integrated Care in partnership with Others

LLR Better Care Together Programme

- 6.1 During August, two all-day sessions involving senior officers and patient representatives were held to develop the narrative which will feature in the forthcoming public consultation on the Better Care Together Programme. I attended in my capacity as both UHL CEO and joint SRO for the BCT programme, along with a number of UHL colleagues.
- 6.2 I am pleased to report that the sessions were well attended by all key stakeholders and there was a good deal of helpful discussion of the key outstanding issues that need to be resolved prior of the start of public consultation on 30th November 2015. There is still a good deal of work to do, but all partners re-confirmed their determination to adhere to the current timetable for consultation. This in itself was very encouraging. The sessions included a detailed presentation of UHL's approach to reconfiguration which was well received by our partners

7. Strategic Objective: Enhanced Delivery in Research, Innovation and Clinical Education

Medical Workforce

- 7.1 On 6th August 2015, together with Trust colleagues and Dr P Homa, Chief Executive, Nottingham University Hospitals NHS Trust, I met with the Regional Local Director and Postgraduate Dean of Health Education East Midlands to discuss how the proposed redistribution of postgraduate training posts impacts on the Trust.
- 7.2 Health Education East Midlands (HEEM) intend to redistribute some medical training posts (i.e. foundation and specialist trainee level) predominantly away from Leicestershire and Nottinghamshire and towards the other East Midlands counties, notably Lincolnshire. This is to address imbalances in the current distribution. Both UHL and NUH support this concept in principle but have been concerned about the impact on service provision and some of the approaches being used to make the changes. The meeting was productive and a number of key

agreements were reached. The most important of these is that existing post should not be moved until the appropriate alternative workforce was in place. This will allow us to work collaboratively with HEEM to develop alternative solutions and new roles, which links into our Medical Workforce Strategy.

8. Strategic Objective: A Caring, Professional and Engaged Workforce

Graduate Training Scheme

- 8.1 Following two years of participation in the Health Education East Midlands Internship Programme, UHL, in partnership with NHS England has introduced its own Graduate Training Scheme to form a pipeline of talent for challenging managerial posts in the future. We have worked in partnership with the internship programme, the University of Leicester, De Montfort University and Loughborough University to source suitable graduates for the programme. Following an assessment centre in August, nine high calibre graduates were appointed to a range of operational roles in ITAPs, Children's Services, my Office, Strategy and CSI, a further four placements are provided at NHS England. These posts are funded via existing resources and will deliver on a range of objectives in the placement area to support delivery of our plans. During the placement, graduates will undertake a comprehensive development programme which includes completion of a Post Graduate Certificate in Leadership and will be supported by mentorship and action learning sets. The placements are for 20 months. We look forward to welcoming these graduates from October 2015.

Delivering Caring at its Best, Our 5-Year Plan

- 8.2 As the Board will recall, during July we held a series of large scale events with staff to launch Delivering Caring at its Best, Our 5-Year Plan. A total of 541 staff attended the events and details of the evaluation by staff were reported to the Trust Board last month.
- 8.3 The full feedback from staff is being evaluated and **I will make a presentation at the Board meeting** on what we are planning to do in the light of this feedback, having mapped it against our current plans.

UHL Leadership Conference – 29th September 2015

- 8.4 The Trust is holding its second Leadership Conference on 29th September 2015. We will be testing with the UHL Leadership Community the emerging thinking on the development of a 'UHL Way' of undertaking improvement programmes.
- 8.5 I will report orally at the Trust Board on 1st October 2015 on the outcomes of the Conference.

9. Strategic Objective: A Financially Sustainable NHS Organisation

Month 4 Financial Performance and Cost Improvement Programme

- 9.1 Financial performance in the fourth month of the financial year – an adverse variance of £1.4M – is of concern. We are now £3.6M adverse to plan in this financial year, primarily due to pay overspend but, for the first time this year, income was worse than plan by £1.3M in July 2015.
- 9.2 The adverse performance to plan has been discussed at the meeting of the Executive Performance Board held on 25th August. Perhaps the most significant element for the Board to be aware of is the introduction of selective recruitments controls. There will be no blanket vacancy freeze, but we do need to reverse the continued growth in our headcount except where that is our deliberate policy (e.g. to achieve safe ward nurse staffing levels). Central controls such as these will complement the recovery plans being put in place by individual Clinical Management Groups.
- 9.3 The Integrated Finance, Performance and Investment Committee is to consider the position at its meeting on 27th August 2015 and a separate report on month 4 financial performance also features elsewhere on the Board agenda.
- 9.4 Cost Improvement Programme delivery in month was slightly adrift of plan (£0.1M) and, currently, we have an under delivery against plan of £2.6M in this financial year. Again, the detailed position was reviewed carefully by the Executive Performance Board on 25th August 2015 and is to be further scrutinised by the Integrated Finance, Performance and Investment Committee on 27th August 2015.
- 9.5 It is essential that we get back on plan as soon as possible but we must do this in a way that does not compromise patient safety or the quality of care we deliver.

10. Strategic Objective: Enabled by Excellent IM&T

Feedback from IM&T Frustrations Listening Event June 2015

- 10.1 As previously reported to the Trust Board, in June 2015 the Trust's IM&T Directorate and IBM held a listening event, led by myself and John Clarke, Chief Information Officer.
- 10.2 Subsequently, a comprehensive 12–point action plan has been compiled which addresses the issues raised by staff and explains how they will be tackled. A summary version of this plan is attached at **appendix 7**. Much more detail lies beneath this plan and is available on request.
- 10.3 I have to say I am very impressed with how seriously both IM&T and IBM have taken this process and I think the detail set out in the action plan is particularly reassuring.

10.4 Quarterly updates will be provided on the progress of this plan via by monthly Chief Executive Briefings and formal reports to the new Executive IM&T Board.

11. Conclusion

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

John Adler
Chief Executive

26th August 2015

Quality & Performance

	YTD		Plan	Jul-15 Actual	Trend*	Compliant by?	
	Plan	Actual					
Safe	S1: Clostridium Difficile	61	12	5	4	●	
	S2A: MRSA (All)	0	0	0	0	●	
	S2B: MRSA (Avoidable)	0	0	0	0	●	
	S3: Never events	0	0	0	0	●	
	S4: Serious Incidents	N/A	16	N/A	5	●	
	S11: Falls per 1,000 bed days for patients > 65 years	<7.1	5.5	<7.1	5.7	●	
	S12: Avoidable Pressure Ulcers Grade 4	0	0	0	0	●	
	S13/14: Avoidable Pressure Ulcers Grade 2 & 3	168	42	14	9	●	
Caring	C1: Inpatient and Day Case friends & family - % positive	Q4 97%	96%	Q2 96%	96%	●	
	C2: A&E friends and family - % positive	Q4 97%	96%	Q2 96%	96%	●	
Well Led	W11: % of Staff with Annual Appraisal	95%	89.1%	95%	89.1%	● November	
	W13: Statutory and Mandatory Training	95%	91%	95%	91%	●	
Effective	E1: Mortality Published SHMI (Jan 14 - Dec 14)	100	99	100	99	●	
	E9: 30 day readmissions (June)	N/A	9.1%	N/A	9.0%	●	
	E10: Neck Femurs operated on 0-35hrs	72%	57.4%	72%	60.3%	● October	
	E11: Stroke - 90% of Stay on a Stroke Unit (June)	80%	83.3%	80%	82.0%	●	
Responsive	R1: ED 4hr Waits UHL+UCC - Calander Month	95%	92.3%	95%	92.2%	●	
	R3: RTT waiting Times - Admitted	90%	91.7%	90%	91.7%	●	
	R4: RTT waiting Times - Non Admitted	95%	95.1%	95%	95.1%	●	
	R5: RTT waiting Times - Incompletes	92%	95.4%	92%	95.4%	●	
	R7: 6 week – Diagnostics Test Waiting Times	1%	10.9%	1%	10.9%	● September	
	R13: Operations cancelled (UHL + Alliance)	0.8%	0.9%	0.8%	1.3%	● August	
	R16: Delayed transfers of care	3.5%	1.2%	3.5%	0.9%	●	
	R18: % Ambulance Handover >60 Mins (CAD+)	TBC	7%	TBC	8%	● TBC	
	R19: % Ambulance handover >30mins & <60mins (CAD+)	TBC	19%	TBC	17%	● TBC	
			YTD		Plan	Jun-15 Actual	Trend*
		Plan	Actual				
RC1: 2 week wait - All Suspected Cancer		93%	90.1%	93%	91.1%	●	September
RC3: 31 day target - All Cancers		96%	95.1%	96%	93.7%	●	July
RC7: 62 day target - All Cancers	85%	76.9%	85%	84.2%	●	October	

Enablers

	Qtr4 14/15		Qtr1 15/16		Trend*	Compliant by?	
	Plan	Actual	Plan	Actual			
People	W6: Staff recommend as a place to work	N/A	54.9%	N/A	52.5%	●	
	C6: Staff recommend as a place for treatment	N/A	71.4%	N/A	68.7%	●	
Finance		YTD		Plan	Jul-15 Actual	Trend*	Forecast Outturn
		Plan	Actual				
	Surplus/(deficit) £m	(16.2)	(19.9)	(1.8)	(3.2)	●	(36.1)
	Cashflow forecast (balance at end of month) £m	3.0	6.0	3.0	6.0	●	3.0
	CIP £m	12.8	11.6	3.8	3.3	●	42.8
Capex £m	11.9	7.1	0.0	2.6	●	106.4	
Estates & facility mgt.		YTD		Plan	Jul-15 Actual	Trend*	Compliant by?
		Plan	Actual				
	Percentage of Cleaning Audits achieving the required standard	100%	N/A	90%	23%	●	

To present a more accurate reflection of standards this indicator has been changed from last month's report. It now includes scores solely from audits observed or commissioned directly by the Trust Facilities Team

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

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

QUALITY COMMITMENT

AIM	Clinical Effectiveness Improve Outcomes	Patient Safety Reduce Harm	Patient Experience Care and Compassion
	To reduce preventable mortality	To reduce the risk of error and adverse incidents	To improve patients' and their carers' experience of care
KPI	UHL's SHMI =/ < 100 by March 2016	Reduction in Harm Events by 5%	Trust level F&FT score to 97% by March 2016
2015 / 16 PRIORITIES	<p>Improve pathways of care:</p> <ul style="list-style-type: none"> Review of all in-hospital deaths Use of clinical benchmarking tools Identify actions and work-streams where greatest potential for preventable mortality <p>Improve Consistency of 7 Day Services</p> <ul style="list-style-type: none"> In line with Keogh 10 Clinical Standards 	<p>Earlier Recognition and Rescue of the Deteriorating Patient</p> <ul style="list-style-type: none"> Sepsis Handover EWS Acting on results <p>Consistencies in Core Practices</p> <ul style="list-style-type: none"> Medication Safety Infection Prevention 	<p>Further expand end of life care processes</p> <ul style="list-style-type: none"> Early identification of patients requiring supportive and palliative care (SPICT) Strengthen bereavement support <p>Improve the experience of care for older people across the trust</p> <ul style="list-style-type: none"> 'Fixing the Fundamentals' Improve the Environment
	<p>Learning and Development</p> <p>Implementation of Trust M&M Database for shared learning across all areas</p>	<p>Learning and Development</p> <p>Implementation of Safety Briefings in wards and departments</p>	<p>Learning and Development</p> <p>Triangulation and review of feedback from all sources and all key characteristic groups</p>
<p>UNDERPINNING WORK STREAMS</p> <p>I.T. Enablers - Guidance and Monitoring Adequate Resources - Time in Job Plan and Admin Support Trained and Motivated Workforce - "Team Around the Patient"</p>			

Appendix 3

SUMMARY OF PERFORMANCE – Clinical Effectiveness.

There are 6 specific priorities for 2015/16 to reduce UHL'S S SHMI with 12 actions highlighted at Appendix 3.

Performance is reported as green for the 7 of these actions and amber for 5.

Work programmes / action plans are attached at 3a – 3d. The Medical Director and Head of Clinical Effectiveness will be available to answer any questions.

It should be noted that some of the resources require securing (appointment of staff) and this will potentially impact on delivery.

SUMMARY OF PERFORMANCE – Patient Safety.

There are 3 specific priorities for 2015/16 to reduce harm by 5% with 9 actions highlighted at Appendix 4. Performance is reported as green in all with 1 to be confirmed, work programmes/ actions are included at 4a but do not provide the depth of the other domains.

In 2014/15 a project lead was in post for the safety domain and has now since secured another post. This post was key in collating reports and having an overview of the domain. Arrangements are being put in place to secure a similar post that will have this responsibility.

SUMMARY OF PERFORMANCE – Patient Experience.

There are 3 specific priorities for 2015/2016 to deliver a Friends and Family Test of 75% with 10 actions highlighted at Appendix 5. Appendix 5a provides detailed actions and performance against these.

It should be noted that patients do not like the terminology "Fixing the basics" and prefer "Fixing the fundamentals ". The QC will be updated to reflect this.

Although some resource have been secured through Leicester Hospitals Charities further resource requirements will be discussed at the Frail Older People's Board once re-established.

UNIVERSITY HOSPITALS OF LEICESTER

PATIENT LED ASSESSMENT OF THE CARE ENVIRONMENT RESULTS 2015

	Cleanliness			Food and Hydration			Privacy, Dignity and Wellbeing			Condition Appearance and Maintenance			Dementia
	2013	2014	2015	2013	2014	2015	2013	2014	2015	2013	2014	2015	2015
TRUST AVERAGE SCORE	89.23%	98.36% ↑	93.96% ↓	84.51%	83.27% ↓	78.82% ↓	78.19%	83.58% ↑	84.18% ↑	78.00%	88.62% ↑	80.25% ↓	67.10%
NATIONAL AVERAGE	95.74%	97.25% ↑	97.59% ↑	88.89%	88.79% ↓	88.49% ↓	88.87%	87.73% ↓	86.03% ↓	88.75%	91.97% ↑	91.11% ↓	74.51%
GLENFIELD HOSPITAL	95.89%	99.81% ↑	97.12% ↓	85.94%	88.87% ↑	75.89% ↓	84.73%	82.00% ↓	88.29% ↑	89.67%	96.61% ↑	87.70% ↓	72.89%
LEICESTER GENERAL HOSPITAL	86.82%	98.83% ↑	91.81% ↓	85.57%	74.80% ↓	87.19% ↑	71.95%	82.29% ↑	82.10% ↓	74.91%	88.92% ↑	77.62% ↓	72.47%
LEICESTER ROYAL INFIRMARY	85.08%	97.44% ↑	92.96% ↓	83.58%	86.15% ↑	73.38% ↓	78.25%	86.49% ↑	82.16% ↓	75.00%	80.35% ↑	75.33% ↓	62.22%

UHL PLACE Results 2015 - % Comparisons to Peer Group and National Averages

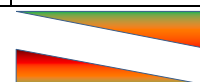
Site	Cleanliness	Food & Hydration	Privacy Dignity & Wellbeing	Condition Appearance & Maintenance	Dementia (new 2015)
Newcastle Teaching	99.50	91.72	92.58	94.23	58.57
University College London	99.37	87.13	91.04	96.53	73.19
Barts Health	99.31	87.54	81.84	93.79	88.15
Leeds Teaching	99.31	93.50	88.35	93.98	76.38
Sheffield Teaching	99.00	88.91	86.97	85.88	58.30
Pennine Acute	98.89	87.84	90.33	90.24	76.11
University Hospital North Midlands	98.65	90.95	87.65	95.85	86.95
Imperial College	98.60	86.07	78.39	86.76	67.60
Central Manchester	98.22	90.62	88.04	95.15	83.67
Heart Of England	97.57	91.37	78.44	86.26	62.46
Norfolk & Norwich	97.33	89.97	92.83	90.64	83.62
King's College	97.23	88.86	79.14	87.62	71.21
Hull & East Yorkshire	95.78	93.84	80.64	80.49	49.62
Nottingham	94.56	89.28	75.89	84.09	63.52
East Kent	94.44	82.79	72.16	89.72	72.19
University Hospitals of Leicester	93.74	77.01	83.65	78.90	67.10
Oxford University	92.24	80.46	76.95	81.42	58.34
United Lincolnshire	91.86	81.63	86.04	84.98	68.23
University Hospitals of Leicester	93.96	78.82	84.18	80.28	67.10
Peer Average	96.98	87.75	83.94	88.70	70.29
National Average	97.57	88.49	86.03	90.11	74.51
Ranking 1= Best -18 = Worst	16th	18th	10th	18th	12th

RED = greater than 2% below average

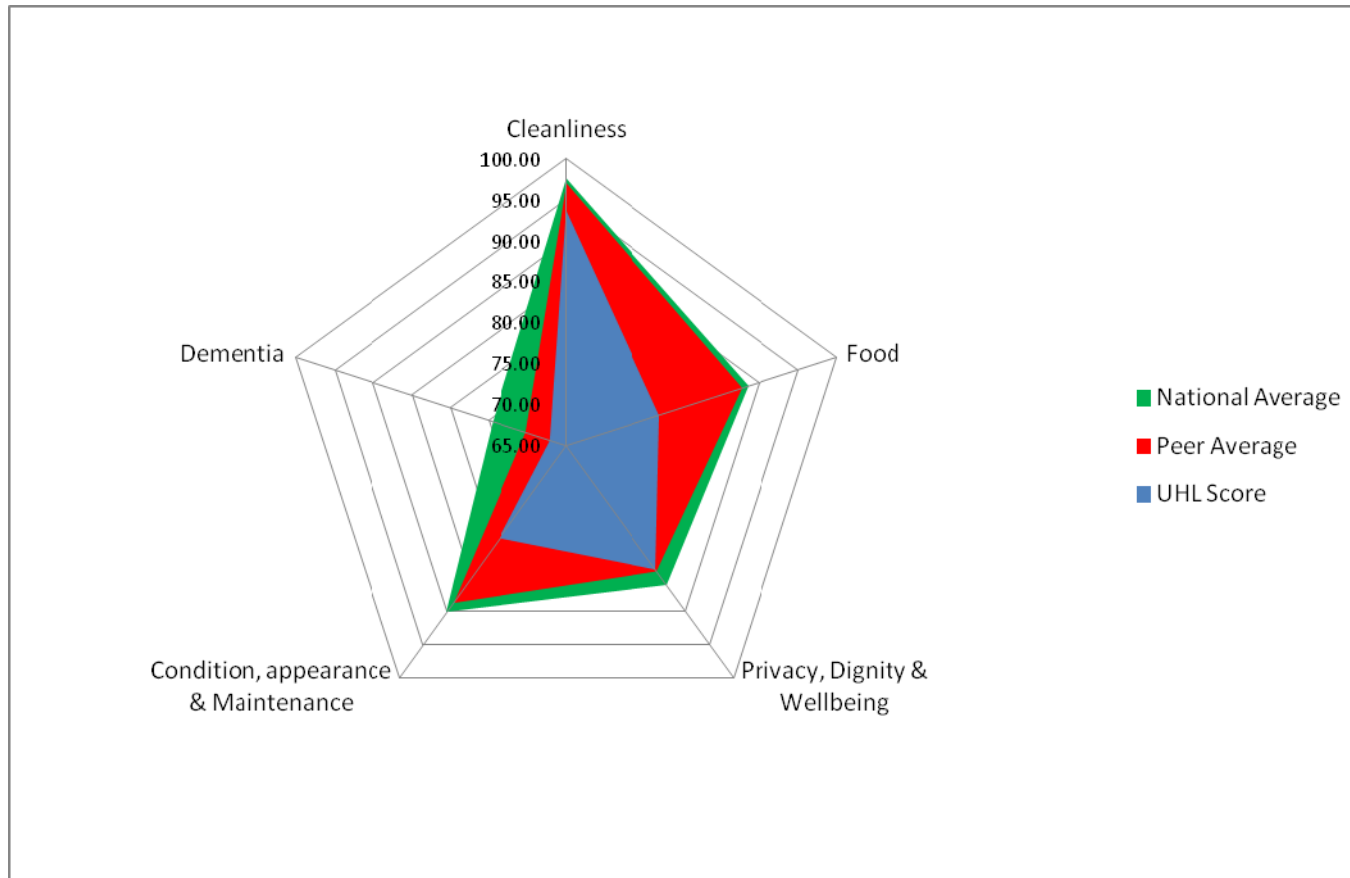
AMBER = within 2% of average

RAG rating againsts peer average

RAG rating against national average



UHL PLACE Results 2015 - % Comparisons to Peer Group and National Averages



Feedback from IM&T Frustrations Listening Event

As I mentioned last month, IM&T and IBM held a listening event in June, led by myself and John Clarke. They have since pulled together a comprehensive 12-point action plan which addresses what was raised and how they have already started or will be tackling. Below is the summary version this plan. Much more detail lies beneath this.

I have to say I am very impressed with how seriously both IM&T and IBM have taken this process and I think the detail below is particularly reassuring. What you will not see is any overnight miracles! There is a lot of work and investment needed.

I will feedback back to you every quarter via this briefing progress on the action plan and we will start to share monthly the IM&T newsletter which will also highlight improvements.

Plan	Hardware	Software	Support	Community	Progress
Increase the delivery of the new Desktop solution	Replaces old equipment	Allows access to a better standard (new versions) of software	Requires less support	Will be available to all staff	Now rolling out to Ward 7,8, 21,22 & Kinmonth
Upgrade of wireless solution	Replacement of the aged controllers	Change the security model to allow your own devices (November)	Better more stable wireless solution	Work to expand the 320 current Leicestershire hotspots	LRI is complete. The plans for GH/LGH are being developed
Upgrade of the core network	Replacement of the 7 year old network components		Faster more stable networking solutions		Equipment purchased and plan to be in place for December 2015
EPR Project	Funding for equipment replacement	Ensuring systems will talk to each other	Specific support will be put in place	Available everywhere	With the DH for Approval
Mobile computing - All projects are being designed now with mobile	700+ devices are being planned to roll out to clinical areas as part of 2 major projects	New software which does not support mobility is not being purchased	We are standardising our solutions to make it easier to support	The new remote access is now available for users	In progress. Remote users are being notified
Service Desk	New staff to help with Hardware issues are coming into the UK team	More training for service/support people will be made available	Review of the service desk operation and the creation of an improvement plan by August 2015	Work with LHIS to ensure we are correctly supporting staff in community hospitals	A visit from the UK teams to the off-shore teams has taken place and initial improvements have been identified

Appendix 7

Plan	Hardware	Software	Support	Community	Progress
Standard software		Upgrading the standard software (browser/office etc.)			Plans are being drawn up for office/chrome/Internet explorer 11
Hardware & software Upgrade communications	Publish plans Ward visits to identify broken equipment	Publish plans	UHL IM&T staff to take responsibility for linking in with CMGs/Wards to identify and champion issues	Publish plans	All projects will be reported on the IM&T pages in INsite
Performance Transparency	Publish performance	Publish performance	Publish performance	Publish performance	All KPIs and performance information will be available on INsite
Improving Mobility	Pilot with orthopaedic consultants	Accelerate plans to enable your own devices to run our software		Pilot with community midwifery	In August we will be running several pilots to ascertain the best equipment and software
Improved communications	Provide communications around "how to" Develop FAQs	Provide communications around "how to" Develop FAQs	CMGs to provide an IT lead/Link UHL to provide an named IT link to CMGs	UHL to provide an named IT link to the Alliance	Links In place. Improved communications plan, including the UHL IM&T web pages
Changes to service delivery (not easy)	Develop an equipment library and stock system to ensure speedier resolution to issues	Restart the single sign on project – enabling users to have one password for the majority of the clinical systems ahead of the EPR project	Enhance the number of items that can be fixed over the phone (i.e. password reset) Work with the service desk to solve the knowledge issues	After the pilot produce a joint strategy with LHS, LPT and the Alliance for the support of users who work across organisational boundaries and mobility through the health economy	Pilots have been identified. Project plans are being created for single sign on / equipment library Service desk improvement plan is being created