

Meeting title:	Trust Board	public paper N				
Date of the meeting:	01/12/2022					
Title:	The 2022-23 UHL Seven Priorities - Quarter 2 Update					
Report presented by:	Simon Pizzey, Head of Strategy and Planning,					
Report written by:	Simon Pizzey, Head of Strategy and Planning, Simon Barton Deputy Chief Executive					
Action – this paper is for:	Decision/Approval		Assurance	X	Update	X
Where this report has been discussed previously	UHL Planning Forum, Executive Strategy Board					

To your knowledge, does the report provide assurance or mitigate any significant risks? If yes, please detail which
This report provides the Trust Board with an update on progress against the seven priorities for the 2022/23 financial year. The Annual Priorities emerged from the BAF Strategic Themes and have been created to direct the focus of UHL throughout the 22/23, with a view to mitigating known key risks within University Hospitals of Leicester, patients and colleagues.

Impact assessment
The development of a 2022/23 Annual Plan support UHL to be best placed to meet the priorities of the organisation, wider Integrated Care System and the population we serve. The presence of a credible but ambitious Annual Plan supports the organisation to realise its potential and minimise known risks throughout 2022/23.

<p>Acronyms used:</p> <p>BAF-Board Assurance Framework, CMG-Clinical Management Group, CQC-Care Quality Commission, DCEO-Deputy Chief Executive, DC&E-Director of Communications and Engagement, FIC-Financial Investment Committee, HCA-Health Care Assistant, ICB-Integrated Care Board, LLR-Leicester, Leicestershire, and Rutland, NHSE/I-National Health Service England/Improvement, RTT-Referral To Treatment, UEC-Urgent & Emergence Care, UHL-University Hospitals Of Leicester, WTE-Whole Time Equivalent,</p>

Purpose of the Report

This report has been produced to provide an update on the progress against the Annual Priorities that have been identified to guide UHL through 2022/23. The 2022/23 Annual Priorities emerged following a review of the BAF Risk Strategic themes and will support with the mitigation of known risks.

Recommendation

The Board is asked to:

Acknowledge the steps taken throughout quarter 2 to deliver the 2022/23 UHL Seven Priorities,
Approve the recommended steps to be taken in 2022/23
Provide feedback on this report and whether its format give the Board assurance on progress

Summary

This report outlines to the Board the progress against the Annual Priorities for 2022/23. The identified priorities are directly linked to the Strategic Themes and emerged from the BAF Risk process.

Main report detail

INTRODUCTION

In September 2022, The University Hospitals of Leicester (UHL) Trust Board approved Seven Priorities for 2022/23. The Seven Priorities (below) were developed in collaboration with the UHL executive team and are linked to the Board Assurance Framework (BAF) risk register.

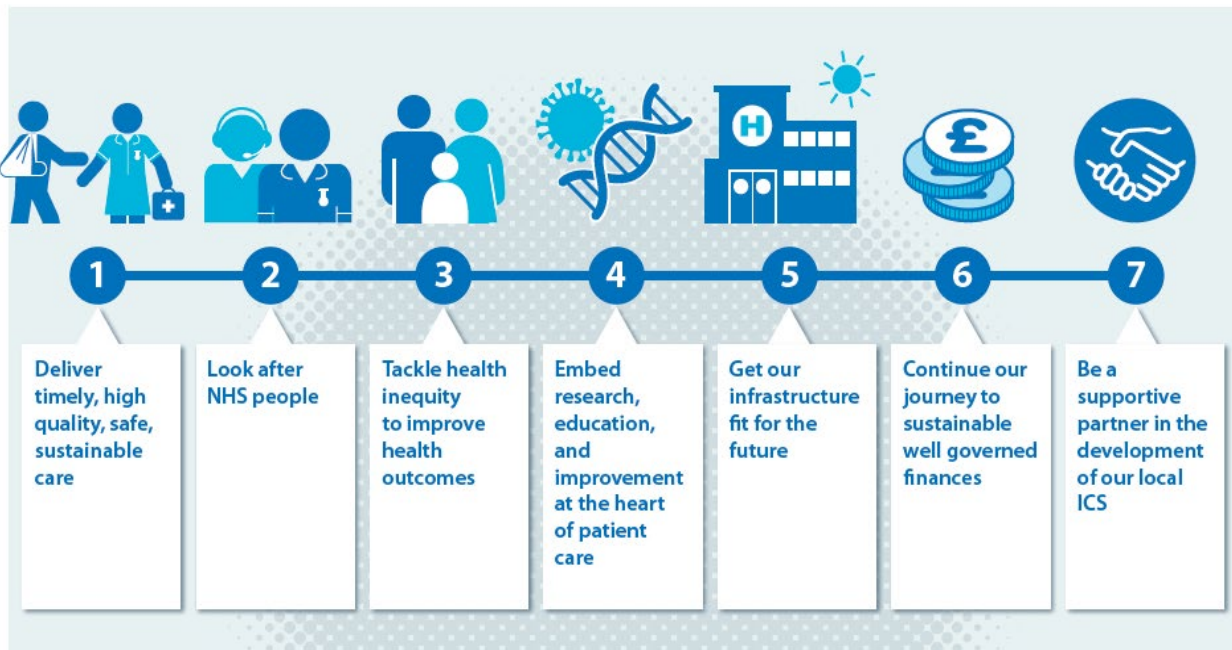
Aligned to each of the seven priorities are a number of actions that will guide the organisation's focus throughout 2022/23. The actions associated with the 2022/23 Seven Steps are owned by one or more of the UHL Executive Board. The Seven Priorities have been shared across the Trust (via the CMGs) and will continue to be communicated throughout the rest of the financial year. It is recognised that their communication needs to be improved and work is continuing on this via the DCEO and the DC&E.

This paper has been produced to provide an update on the progress of delivering the actions throughout quarter 2 of 2022/23 and the steps to be taken in the remainder of the financial year.

In terms of taking assurance from the progress, this report should not be read in isolation. Many of the priorities (as can be seen from Appendix A) sit within the assurance of a Board sub-committee. What this paper attempts to do is give a broad overview of progress, along with it being a rounded view. The Board should also take assurance in the sub-committees at a more granular levels for those particular priorities. It priority is broadly linked to a subcommittee. More work is being undertaken on this with the DCLA during quarter 3 ahead of the next report.

The 7-steps

Our Trust Priorities for 2022/23



STEP ONE - DELIVER TIMELY HIGH QUALITY, SAFE, SUSTAINBLE CARE

The first of the seven steps focus' on the NHS constitutional standards that the Trust seeks to improve its performance on throughout 2022/23. This step contains five actions and is owned by Jon Melbourne, Julie Hogg and Andrew Furlong. These measures are supported by key performance indicators which are reviewed through the Trusts Integrated Performance Report. Assurance is largely taken through QC and OPC.

Deliver timely, high quality, safe sustainable care
Reduce Ambulance Handover Delays
Reduce Waiting times for planned care and cancer treatment
Improve maternity service
Ensuring staffing is planned in accordance with the evidence base
Respond to and learn from when things go wrong

Throughout quarter 2 of 2022/23 we have delivered the following:

During Quarter 2 of 2022/23 UHL has:
Improved access to elective care, including significant reductions in the numbers of patients waiting over 79 weeks for their care.
Put in place measures to try to reduce the capacity gap that exists in emergency care including opening Ashton Care Home, extension of the Rapid Flow policy and expansion of the cardiology same day care emergency unit.
Completed a safe staffing review for ward-based nursing.
A peer review of perinatal mortality cases was undertaken with Leeds teaching Hospital. The review group found no significant discrepancies in all 9 cases reviewed, suggesting no changes in practice were required.

Throughout the rest of 2022/23 the team will:

During Quarter 2 of 2022/23 UHL will:
Reduce our 2-year waiters to zero
Implement the UHL winter plan
Develop and implement the maternity safety programme
Launch the Patient Safety Incident Response Framework (PSIRF) which is the NHS's approach to developing and maintaining effective systems and processes for responding to patient safety incidents for the purpose of learning and improving patient safety.
Implement the maternity safety programme
Refresh the pressure ulcer reduction collaborative

STEP TWO - LOOK AFTER NHS PEOPLE

The second of the seven steps seek to ensure we are supporting those during 2022/23 that work at and with UHL. This step contains five actions which are owned by Clare Teeney supported by Julie Hogg and Andrew Furlong. These measures are supported by key performance indicators which are reviewed by the PPC

Look after NHS people
Ensure feedback themes within 2021 survey are improved supporting UHL to being a better place to work including support for colleagues' health and wellbeing and those affected by in-work poverty.
Review and improve the service of operational Human Resource services such as payroll, recruitment.
Develop UHL's equality, diversity and inclusion priorities and enhance support to staff networks.
Support our colleagues where possible with the cost-of-living crisis.
Ensure feedback themes within 2021 survey are improved supporting UHL to being a better place to work including support for colleagues' health and wellbeing and those affected by in-work poverty.

Throughout quarter 2 of 2022/23 we have delivered the following:

During Quarter 2 of 2022/23 UHL has:
Review and implementation of improvement programme in transactional services (pay, recruitment etc)
Revised Medical bank pay rates introduced along with medical workforce bank implemented with Locums Nest all with the aim of improving medical fill rates
Published commitments to WRES and WDES via revised action plans
Financial wellbeing and in (work poverty support).
Listening events (non-visible disabilities and administrative and clerical colleagues).
Recruitment open days for Estates and Facilities and Admin and Clerical Colleagues.
Deployed the national staff survey for 2022

Engaged with local education providers to support people into employment and placements this has included; Project Search, The Princes Trust and Kick Start.

Throughout the rest of 2022/23 the team will:

During the rest of 2022/23 UHL will:
Enhancements to the in-work poverty support and health and wellbeing.
Improve our approach to EDI with key partnerships including BAPIO.
Deploy a programme of 'No Excuse for Abuse' support with colleagues.
Undertake an engagement exercise with our colleagues to discuss our values for the future

STEP THREE - TACKLE HEALTH INEQUALITY TO IMPROVE OUTCOMES

The third of the seven steps outline our journey to improving the levels of Equity and Inclusion of the services we deliver to our patients & the wider population. This step contains three actions which are owned by Ruw Abeyratne. These measures are supported by key performance indicators which are reviewed by the QC. .

Tackle Health Inequality to improve outcomes
Restore Services inclusively by disaggregating waiting list data to understand inequalities and enable focussed intervention and reducing differential did not attend rates for the most deprived 20% of the population and other high-risk groups.
Embed and develop existing programmes addressing health inequalities.
Collaborate system partners to ensure a cohesive approach across the Leicester, Leicestershire and Rutland system.
Restore Services inclusively by disaggregating waiting list data to understand inequalities and enable focussed intervention and reducing differential did not attend rates for the most deprived 20% of the population and other high-risk groups.
Embed and develop existing programmes addressing health inequalities.

Throughout quarter 2 of 2022/23 we have delivered the following:

During Quarter 2 of 2022/23 UHL has:
Reduction in non-attendance rates for those patients identified as at high risk of non-attendance based on our internal data (reduction of non-attendance rate from 25-50% to approx. 8%). This has gained national recognition by NHSE/I and will be the subject of a visit by Bola Owolabi, the National Director for Healthcare Inequalities Improvement in early 2023.
Disaggregation of our waiting list data to highlight and understand inequalities within our population for services across the NHSE Core20Plus5 framework. In response to our internal data, we now have >20 workstreams mapped to the Core20Plus5 framework.
Secured funding for neonatal STORK (Supportive Training Offering Reassurance and Knowledge) practitioners to continue to deliver STORK training to parents of premature babies
Series of public engagement events delivered by a multi-professional team (including 3 rd sector partners) to highlight and understand barriers to access across our sites. This has gained national recognition by NHSE/I and will be the subject of a visit.

Throughout the rest of 2022/23 the team will:

During the rest of 2022/23 UHL will:
Seek to scale and sustain the success seen in improvements in access to date, for example through engaging with tech and digital solutions to streamline how we identify the most at risk patients for nonattendance.
Continue to evolve and drive the workstreams identified as part of the Health Inequalities Taskforce from service level up, including public and patient involvement.
Develop a QI based approach to action on Health Equality at UHL through development of the UHL 10 Step Health Equality and Inclusion Framework.
Establish clearer governance processes around Health Equality and Inclusion for example by regular reporting through the Executive Quality Board and Quality Committee through to Trust Board where necessary.
Broaden the dedicated resource for Health Equality to ensure that Health Equality is at the centre of our decision making.

STEP FOUR - EMBED RESEARCH, EDUCATION, AND IMPROVEMENT AT THE HEART OF PATIENT CARE

Our fourth step aims to ensure that working with the academic partners across our health economy, UHL capitalises on the opportunities associated with embedding research. This step contains two actions which are owned by Andrew Furlong and Julie Hogg. These measures are supported by key performance indicators which are reviewed by the Executive Strategy Board.

Embed research, education, and improvement at the heart of patient care
Embedding and increasing research in clinical care.
Provide a positive and rewarding environment culture for trainees.

Throughout quarter 2 of 2022/23 we have delivered the following:

During Quarter 2 of 2022/23 UHL has:
In partnership with University of Leicester awards of NIHR clinical research facility £4.1m and new NIHR biomedical research facility £26M.
Supported the enrolment of 4,890 participants in clinical trials.
Agreed ICS research strategy.
Integrated UHL clinical research modules in the course for Medical students.
We launched quarterly engagement events for our Post Graduate Doctors' in Training.

Throughout the rest of 2022/23 the team will:

During the rest of 2022/23 UHL will:
Develop research champion's programme.
Implement new clinical research practitioner strategy across UHL.
Complete UHL R&I Strategy for 2023-2028.
Increase the coaching model to maintain the number and quality of student midwifery placements.
Shared decision-making Councils for student nurses and midwives.
Improve educational and Drs' 'mess' facilities.
Continue to improve engagement with Post Graduate Doctors' in Training.
Implement work to ensure that trainers have sufficient time and recognition for training.

STEP FIVE - GET OUR INFRASTRUCTURE FIT FOR THE FUTURE

The fifth of the seven steps outline basic infrastructure we provide to our colleagues working at University Hospitals of Leicester. This is a major theme that has emerged from the recent staff survey as a key factor in our workforce not recommending UHL as a place to receive care. This step contains five actions (below) which are owned by Mike Simpson, Andy Carruthers, and Simon Barton. These measures are supported by reporting which are reviewed by RTC and FIC.

Get our infrastructure fit for the future
Deliver an interim reconfiguration of level 3 intensive care unit and associated clinical services.
Review some elements of the future reconfiguration programme in line with the risks and the changing face of healthcare post pandemic.
Improve technology particularly Wi-Fi, equipment, and mobile phone access.
Progress the implementation of an electronic patient record.
Continue to address operational issues as they unfold caused by the aging estate.
£1,950,000 of backlog maintenance works completed, this includes an electrical upgrade within the Sandringham building and Shower Refurbishments in Ward 1.

Throughout quarter 2 of 2022/23 we have delivered the following:

During Quarter 2 of 2022/23 UHL has:
The interim reconfiguration has been delivered with Level 3 critical care now only provided at GH and LRI and associated moves have taken place
Review work on the reconfiguration has been progressed in partnership with the NHP and now awaits the final financial allocation from NHP
Completed a comprehensive compliance audit to ascertain current compliance gaps on Trust wide infrastructure.
Undertaken condition surveys of critical ventilation systems and other infrastructure across the Trust working jointly with clinical leads focusing on high-risk areas to ensure improved ventilation across the Trust
Completed a space utilisation survey to ascertain baseline position on c. 356,000sqm of existing estate space which is likely to lead to improved space utilisation in the future
Begun the process of comprehensively updating our Computer Aided Facilities Management (CAFM) system and supporting helpdesk which will ensure a more responsive system to calls raised
Begun the process of establishing a full and comprehensive Asset Management Database which will be linked to the Trusts CAFM system.
Implemented the new national cleaning standards working closely with the IP and Clinical teams.
Purchased a wide range of new equipment in support of our patients and services, incl. over 600 beds.

Throughout the rest of 2022/23 the team will:

During the rest of 2022/23 UHL will:
Improve infrastructure to support delivery of the Trusts winter plan Support the delivery of the Winter Plan incl. but not limited to the pre-transfer Ambulance Hub at the LRI, the ventilation upgrades on Ward 16/17 at GH & relocation of dermatology to St Peters – community asset currently costing the ICS c. £1.3m in void costs.
Deliver all key enabling works for the Elective care hub at the LGH.
Tackle the remaining historic infrastructure issues agreed in the capital programme for 22/23, including £500,000 PICU refurbishments at the Glenfield Hospital and £500,000 Brachytherapy enabling works at the Leicester Royal Infirmary.
In discussions with the private sector access to affordable housing for individual staff members and families
Carrying out improvements to a number kitchens and bathrooms at the GGH.

Improving Trust entrances and the Trusts Wayfinding programme
Develop a comprehensive investment programme for all Trust theatres for the next five to 10 years

STEP SIX - CONTINUE OUR JOURNEY TO SUSTAINABLE WELL GOVERNED FINANCES

The sixth of the seven steps outline the steps we are taking to return to financial balance and to become a well governed financial organisation. This step contains two actions (below) which are owned by Lorraine Hooper, CFO. These measures are supported by key performance indicators which are reviewed by FIC.

Continue our journey to sustainable well governed finances
Continue to deliver the financial development plan with the right culture and process improvements and completion of our accounts.
Take action to manage financial risk in 2022-23.

Throughout quarter 2 of 2022/23 we have delivered the following:

During Quarter 2 of 2022/23 UHL has:
Adopted 2020/21 accounts and begun audit on 2021/22.
Supported the delivery year to date of the financial plan
Improved our financial reporting to Board
Completed 10 of the 20 actions remaining on our RSP exit plan
Developed scenarios for the longer-term revenue and capital plan

Throughout the rest of 2022/23 the team will:

During the rest of 2022/23 UHL will:
Develop mitigations to deliver best case financial outturn.
Deliver the 2022/23 Capital Plan.
Develop the detail of the 2023/ 24 capital and revenue plans.
Sign off our 2021/22 accounts and prepare for 2022/23 audit.
Continuation our focus on ensuring the best possible financial culture.
Make our case for exit from RSP

STEP SEVEN - BE SUPPORTIVE PARTNER IN THE DEVELOPMENT OF OUR LOCAL INTEGRATED CARE SYSTEM

The final step of the seven steps provides a framework for University Hospitals of Leicester to embrace its role as an anchor institution. This step also supports our Integrated Care Partners as the new structures for delivering care to our population mature. Within step seven there are two actions (below) which are owned by Simon Barton, DCEO. These measures are supported by reporting into the Trust Board directly.

Continue our journey to sustainable well governed finances
Develop and redefine UHL's vision, strategy and values along with a medium-term financial plan
Working with partners across health, social care and beyond to support the provision of primary and community care

Throughout quarter 2 of 2022/23 we have delivered the following:

During Quarter 2 of 2022/23 UHL has:
Finalised the 22/23 priorities and communicated them to the organisation.
Commenced the work of reviewing the Trusts strategy and values.
Complete the work on the medium term financial outlook (led by CFO).
Opened the 'UHL @ Ashton' Care Home (led by CN, COO, MD).

Throughout the rest of 2022/23 the team will:

During the rest of 2022/23 UHL will:
Develop and finalise the Trusts future strategy for the next 2 and 5 years, following deep engagement with UHL colleagues and partners.
Review, in partnership with UHL colleagues, the current organisational values.
Develop UHL's work in the community, notably with how UHL can better support primary care and build on the community care offer.

Trust Board are asked to:

- Acknowledge the steps taken throughout quarter 2 to deliver the 2022/23 UHL Seven Priorities,
- Approve the recommended steps to be taken in 2022/23
- Provide feedback on this report and whether its format give the Board assurance on progress

APPENDIX A

Priorities 2022/23



Priority 2022/23	2022/23 actions	Executive leads & Committee
Step 1 - Timely, high quality, safe, sustainable care	<ul style="list-style-type: none"> Reduce ambulance handover delays Reduce waiting times for Planned care & Cancer treatment Improve Maternity Services Ensure staffing is planned in accordance with the evidence base Respond to, and learn from, when things go wrong 	COO (OPC) COO (OPC) CN/MD (QC) MD/CN (QC) MD/CN/COO (QC)
Step 2 - Look after NHS people	<ul style="list-style-type: none"> Ensure feedback themes within 2021 survey are improved supporting UHL to being a better place to work including support for colleagues' health and wellbeing and those affected by in-work poverty 	CPO (PCC)
	<ul style="list-style-type: none"> Review and improve the service of operational Human Resource services such as payroll, recruitment. 	CPO (PCC)
	<ul style="list-style-type: none"> Develop UHL's equality, diversity and inclusion priorities and enhance support to staff networks. 	CPO (PCC)
	<ul style="list-style-type: none"> Support our colleagues with the cost-of-living crisis 	CPO (PCC)
Step 3 - Tackle Health inequality to improve health outcomes	<ul style="list-style-type: none"> Ensure feedback themes within 2021 survey are improved supporting UHL to being a better place to work including support for colleagues' health and wellbeing and those affected by in-work poverty. 	CPO (PCC)
	<ul style="list-style-type: none"> Restore Services inclusively by disaggregating waiting list data to understand inequalities and enable focussed intervention and reducing differential did not attend rates for the most deprived 20% of the population and other high-risk groups. 	DHEI
	<ul style="list-style-type: none"> Embed and develop existing programmes addressing health inequalities. 	DHEI
	<ul style="list-style-type: none"> Collaborate system partners to ensure a cohesive approach across the Leicester, Leicestershire and Rutland system. 	DHEI
	<ul style="list-style-type: none"> Restore Services inclusively by disaggregating waiting list data to understand inequalities and enable focussed intervention and reducing differential did not attend rates for the most deprived 20% of the population and other high-risk groups. 	DHEI
	<ul style="list-style-type: none"> Embed and develop existing programmes addressing health inequalities. 	DHEI

Priorities 2022/23



Strategic Theme	2022/23 priority	Executive leads & Committee
Step 4 - Embed research, education and improvement at the heart of patient care	<ul style="list-style-type: none"> Embedding and increasing research in clinical care Provide a positive and rewarding environment & culture for trainees 	MD MD/CN
Step 5 - Get our infrastructure fit for the future	<ul style="list-style-type: none"> Deliver an interim reconfiguration of Level 3 ICU and associated clinical services by creating 2 Level ITUs (LRI and GH) alongside with the construction of the Elective Hub at LGH 	DCEO (RTC)
	<ul style="list-style-type: none"> Review some elements of the future reconfiguration programme in line with the risks and the changing face of healthcare post pandemic 	DCEO (RTC)
	<ul style="list-style-type: none"> Improve technology, particularly wifi, equipment and mobile phone access 	CIO
	<ul style="list-style-type: none"> Progress the implementation of an Electronic Patient Record Continue to address operational issues as they unfold caused by the aging estate 	CIO DEF (FIC)
Step 6 - Continue our journey to sustainable, well governed finances	<ul style="list-style-type: none"> Continue to deliver the financial development plan with the right culture and process improvements and completion of our accounts 	CFO (FIC)
	<ul style="list-style-type: none"> Take action to manage financial risks during 2022/23 	CFO (FIC)
Step 7 - Be a supportive partner in the development of our local ICS	<ul style="list-style-type: none"> Develop and redefine UHL's vision, strategy and values along with a medium-term financial plan 	DCEO (RTC)/CFO (FIC)
	<ul style="list-style-type: none"> Working with partners across health, social care and beyond to support the provision of primary and community care 	DCEO (RTC)