

Welcome to the
University Hospitals of
Leicester NHS Trust



Annual Public Meeting

Tuesday 9 September 2014



Richard Kilner
Acting Chairman



John Adler
Chief Executive



@Leic_Hospital#APM

Today's agenda

Today we will look back at 2013/14 and look at what we are focusing on now from a Quality, Strategy and Finance perspective.

We will also share with you some of the themes from today's listening event led by our Chief Nurse, Rachel Overfield.



Some interesting facts about us



- We have 967 beds at the Royal Infirmary, 416 beds at the Glenfield and 408 at the General
- We spent £73.6m on drugs for our patients
- We treated 151,600 patients in our emergency department and eye casualty; 22,400 patients had elective operations; and 85,200 patients had a day case procedure
- We admitted 80,100 patients in an emergency
- Last year 288,700 patients had a new outpatient appointment and 566,000 patients had follow-up outpatient appointments
- Our 445 midwives delivered 10,400 babies born in our maternity units; that's 28 babies every day
- Every month 19,000 patients have their blood taken by one of our phlebotomists
- We spent £14.3m on research and development
- We have 1,028 volunteers working across our hospitals

2013/14

Our achievements

- Cancer targets – we achieved all of the 8 nationally set targets for the first time in 3 years
- Infection rates – our lowest ever rates for Cdiff and MRSA
- Reduction in pressure ulcers and falls – both thanks in part to the concerted efforts of our nursing team
- Stroke compliance – our compliance in this area has gone up since we ring-fenced stroke beds
- £6m investment in new nurses and healthcare assistants
- Gradual improvement in our Friends & Family test scores through the year



What we need to work to improve...

- 4-hour performance
- RTT (18 weeks)
- Cancelled operations
- Finance



Quality



CQC: what they said following their visit in January 2014

“ We found that the University Hospitals of Leicester NHS Trust was providing services that were safe, effective, responsive, caring and well-led. Staff we spoke to were positive, and patients we spoke to were positive about the care that they had received at the Trust. There are improvements that could be made at the trust to improve the care delivered to local people, but overall we judge this to be a good trust. ”



Prof. Sir Mike Richards

University Hospitals of Leicester NHS Trust	
Requires improvement	
Are acute services at this trust safe?	Requires improvement
Are acute services at this trust effective?	Good
Are acute services at this trust caring	Requires improvement
Are acute services at this trust responsive?	Good
Are acute services at this trust well-led?	Good

3 areas outstanding; 89 areas good;
19 areas require improvement; 0 areas inadequate



What we have been working on since the CQC visited

Our action plan said:

- Creating enough bed capacity in the right places
- More ward nurse staffing
- 7-day services
- Better resuscitation practice with standardised equipment and better training
- Low infection rates but staff must maintain high infection prevention practice
- Staff knowing how to raise concerns if they have them
- Continuous improvements across our facilities, maintenance and estates teams
- More efficient medication systems in place



Quality and safety



OUR QUALITY COMMITMENT



Quality and safety

Provide Effective Care – Improve Patient Outcomes

- Better pathways for patients with:
Pneumonia, Heart failure, Acute Kidney Injury
- Closer examination of the cause of death
- Implementation of
 - Patient census to improve discharge planning
 - Consultant assessment following emergency admission
 - Clinical utilisation review of critical care beds
 - Breast feeding guidelines for neonates



Quality and safety

Improve Safety – Reduce Harm:

- Implementation of Safety Actions and the use of the Medication Safety Thermometer across all wards
- Improve processes relating to resuscitation and 'Do Not Attempt Cardio-pulmonary resuscitation' (DNA CPR)
- Embed use of Safety Thermometer for monitoring actions to reduce Hospital Acquired Thrombosis, Hospital Acquired Pressure Ulcers, Catheter Associated Urinary Tract Infections and in-hospital falls



Quality and safety

Care and Compassion – Improve Patient Experience:

- Actively seek views of patients across all services
- Improve the experience of care for older people
- Improve experience of care for patients with dementia and their carers
- Expand current programme of end of life care processes across Trust
- Triangulation of patient feedback (including complaints, NHS Choices, patient surveys)
- Embed best practice relating to “named consultant/named nurse”



'Learning Lessons to Improve Care': a quality review

- We actively looked for problems
- Jointly commissioned report
- The review involved a study of the primary and secondary care case notes of 381 patients who died in hospital or up to 30 days post discharge between March 2012 & July 2013
- As a result, some care was deemed to be "exemplary", in a significant minority of cases it was deemed to be "unacceptable"
- Most issues related to patients on the emergency care pathway
- Reviewers found communication between different parts of the local health system and within hospital was poor
- Reviewers commented that doctors, nurses & other clinicians and managers were '*struggling to fix the emergency care pathway as individuals rather than as part of a system*'



Changes we have made so far...

- Dr Ian Sturgess, a national expert in emergency care, joined us to work with GPs, hospital doctors and other professionals on 'root and branch' change to emergency care pathways
- We have employed more nurses and healthcare assistants
- Improvements to End of Life care
- A new electronic system to improve safety of prescribing, supply and administration of medicines for inpatients and patients discharged from the medical wards
- Multi-disciplinary team in place out of hours to oversee out of hours to ensure continuity of care for patients



What else do we need to do...

- Listening events across LLR for patients, the public and staff – particular focus on end of life care
- Introduction of individual care plans
- Standardisation of End of Life care plans and process for sharing key information across organisations
- Fast track development of the electronic patient record
- Work collaboratively through Better Care Together to improve quality and safety through...

more on this in a bit



Equality and Diversity

- Our focus this year has been to get better embedding equality into everything we do
- We have aligned Equality with Patient Experience and Patient and Public Involvement with an identified lead in clinical services with a particular focus on
 - Ensuring that any changes to services are fully impact assessed by the clinical staff leading change
 - Communication needs of patients are well understood and provided for
 - Patient journeys/pathways are flexible enough to accommodate the needs of all of our patients.



Finance



Our earnings

We received **£770.4m** of income (excluding donated assets).

This is a **£12.7m** (1.7per cent) increase from the **£757.7m** we received in 2012/13.



- Clinical Commissioning Groups £431.4m (56.0%)
- NHS England £222.6m (28.9%)
- Education, training and reasearch £71.5m (9.3%)
- Other, including income from leases, private patients and overseas visitors £25.4m (3.3%)
- NHS Trusts and Foundation Trusts £10.6m (1.4%)
- Non NHS patient care related £8.8m (1.1%)

Our spend

We spent £809.9m, £52.3m (6.9 per cent) more than the £757.6m we spent in 2012/13.



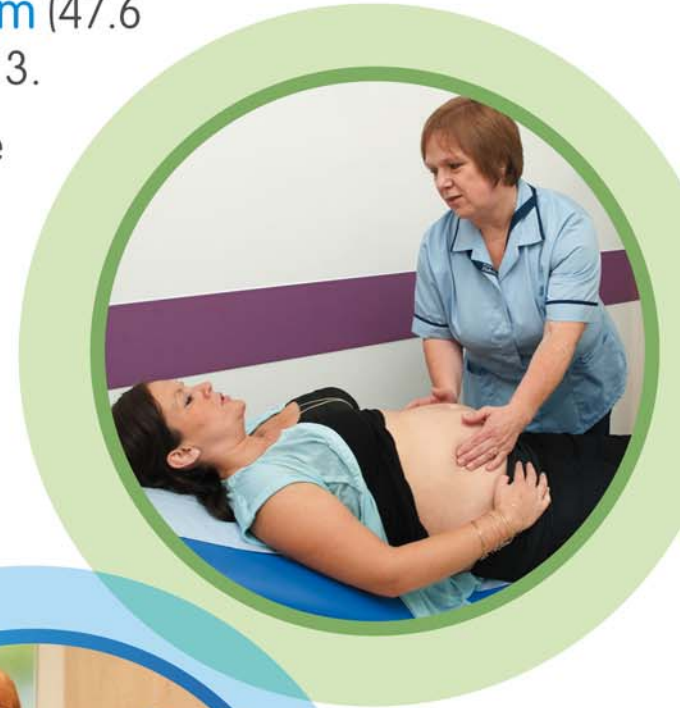
- Staff costs £474.1m (59%)
- Depreciation £31.2m (4%)
- Operating costs, including depreciation £304.6m (38%)



Investments in our hospitals and services

Over the last 12 months we have invested **£37.4m** in a number of key patient services and improvements across our hospitals, a **£12m** (47.6 per cent) increase on the **£25.4m** we invested in 2012/13.

- **£3.15m** for the initial works and planning towards the major Emergency Department development
- **£2.36m** to improve maternity areas at the General and Royal Infirmary
- **£1.67m** for the creation of new theatre admissions and assessment area at the Royal Infirmary
- **£0.60m** for new ventilation systems for cancer wards in the Osborne building to reduce infections
- **£1m** makeover for restaurants at our three hospitals
- **£1.91m** for new Combined Heat and Power Units funded by the Department of Health to generate green energy.



Finance: Future challenges

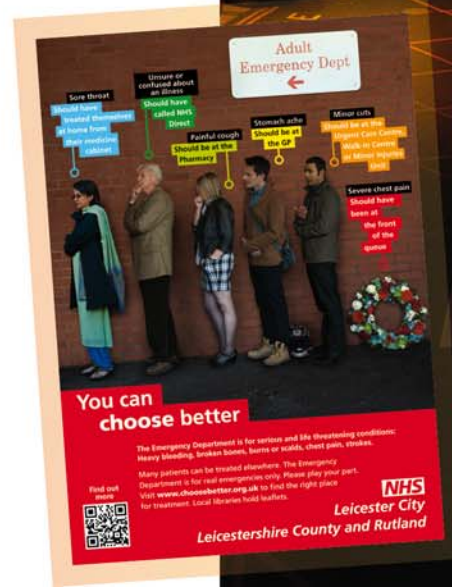
- Demand is increasing and budgets are the same in real terms
- Next year, (and for as far ahead as we can see) we have to save + £35m just to stand still
- Predicting a £400m gap in funding by 2019
- A lot of the challenge can be met through greater efficiency and productivity
- Better Care Together programme is the vehicle for all involved in health to think radically about a safe and affordable future.

Financial challenge creates opportunity to improve outcomes and patient experience

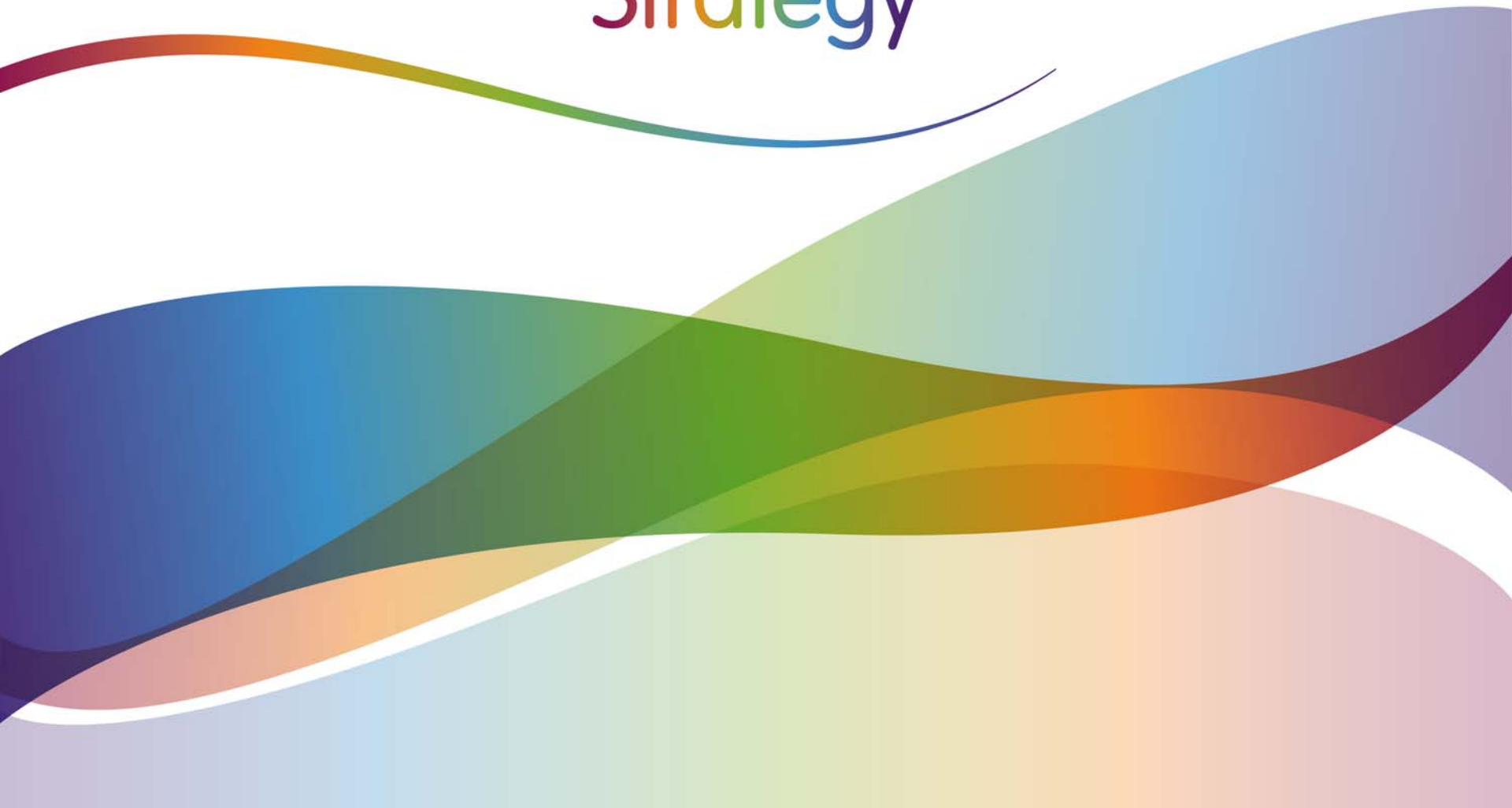


Better care **together**

A partnership of Leicester, Leicestershire & Rutland Health and Social Care



Strategy



Our Strategic Direction will help us meet this challenge

Our strategic direction outlines our thinking about the future shape of our clinical services. It reflects the ambitions of staff to provide quality care and contribute to healthcare system for Leicester, Leicestershire and increasingly tight budget.



Better Care Together... a vehicle for change

How we got here...

- 'Financially-challenged' economy
- Previously no joined up plan
- Biggest ever LLR health and social care review
- Better Care Together: strategic partnership of commissioners, providers, local authorities, Healthwatch
- Development of 5-year directional plan



Better care together

A partnership of Leicester, Leicestershire & Rutland
Health and Social Care



Transformation

Acute:

- Smaller hospitals – care and resource shifted to the community
- Fewer beds – shorter length of stay, day surgery
- Greater focus on specialised care, teaching, research
- Acute services on two sites rather than three – probably Royal and Glenfield

Community:

- Expanded teams to support care at home
- Better use of community estate (transfer of beds to the community).

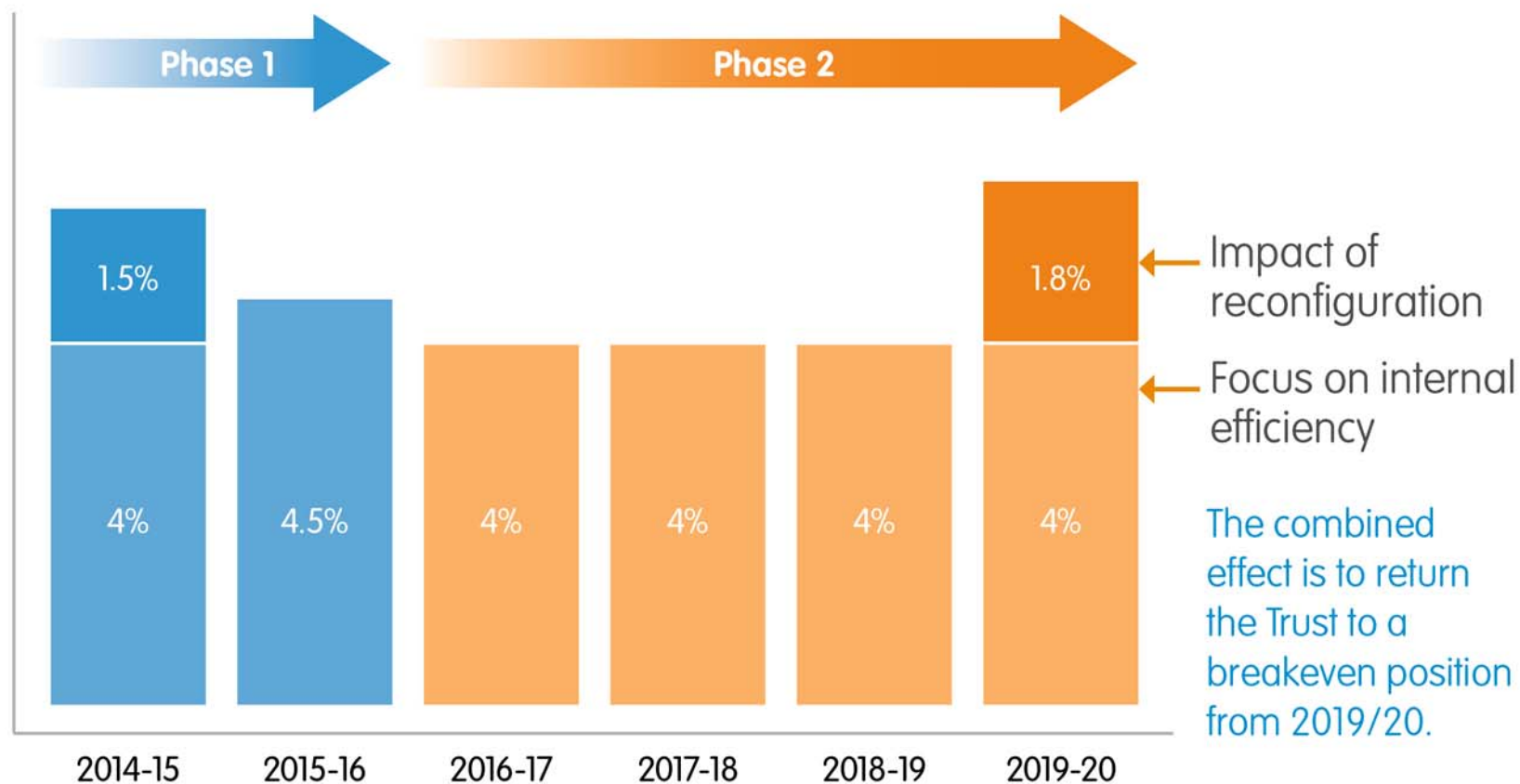


Better care together

A partnership of Leicester, Leicestershire & Rutland
Health and Social Care



Two phase approach for UHL



Better care together

A partnership of Leicester, Leicestershire & Rutland
Health and Social Care

We require substantial investment in estate, in the region of £320m

- First two major capital developments
 - Emergency Floor
 - Vascular move to the Glenfield



Better care together

A partnership of Leicester, Leicestershire & Rutland
Health and Social Care

A work in progress

- Plan published Thursday June 26
- For discussion and review – no decisions made
- Further community, staff and patient engagement during summer
- Ongoing pathway re-design
- Detailed options for change by end of September
- Formal public consultation – 2015 onwards



Better care together

A partnership of Leicester, Leicestershire & Rutland
Health and Social Care

Listening today

Today our Chief Nurse, Rachel Overfield, and some of her colleagues held another successful listening event.



What did you tell us?



Thank you for coming
along this evening
to hear more about
Leicester's Hospitals

Questions?

www.leicestershospitals.nhs.uk



Richard Kilner
Acting Chairman



John Adler
Chief Executive



@Leic_Hospital#APM