Agenda Item 11

University Hospitals of Leicester NHS
NHS Trust
Caring at its best

HEALTH OVERVIEW AND SCRUTINY COMMITTEE - 10TH SEPTEMBER 2014

REPORT OF UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

UPDATE ON CURRENT ISSUES

PURPOSE OF REPORT

1. The purpose of this report is to update the Health Overview and Scrutiny Committee on the following issues:-

   (a) meeting the new cardiac review standards : paediatric congenital cardiac surgery;

   (b) the proposed move of inpatient vascular services from the Leicester Royal Infirmary to the Glenfield Hospital site;

   (c) emergency care;

   (d) nursing workforce;

   (e) Care Quality Commission inspection: action plan update;

   (f) financial position 2014/15.

2. The following officer will be in attendance at the Committee meeting to present this report:-

   - Ms. K. Shields, Director of Strategy.

MEETING THE NEW CARDIAC REVIEW STANDARDS: PAEDIATRIC CONGENITAL CARDIAC SURGERY

3. The national review being carried out by NHS England has produced draft standards highlighting key requirements expected of Specialist Surgical Centres within the Congenital Heart Network. The Trust and other stakeholders expect to hear soon what the final requirements will be for public consultation.

4. The latest iteration has highlighted two key points that impact on the services which the Trust provides:-

   - surgical teams require a minimum of four surgeons each delivering a minimum of 125 cases and a total of 500 cases per annum. This is based on clinical evidence that indicates such activity provides the

necessary level of clinical quality needed to provide the service. It is clear that there will be some flexibility in the timescales allowed to meet these numbers, with an initial milestone at 375 cases, probably within three years; and

- all paediatric services need to be co-located on one site and not as previously indicated within 30 minutes contact time.

5. The Trust remains committed to the retention of paediatric congenital cardiac surgery at the University Hospitals of Leicester NHS Trust (UHL).

6. Accordingly, the Trust Board has agreed to commission an urgent assessment of the potential to alter the Trust's current reconfiguration plan to achieve co-location (i.e. moving children's heart surgery from Glenfield Hospital to the Leicester Royal Infirmary); to pursuing the existing dialogue with Birmingham Children's Hospital with a view to agreeing a network approach as soon as possible; with a business case to retain children's heart surgery at UHL to be developed and presented to the Trust Board.

7. A further update on the direction of travel is to be presented to the public Trust Board at its next meeting on 25th September 2014.

THE PROPOSED MOVE OF INPATIENT VASCULAR SERVICES FROM THE LEICESTER ROYAL INFIRMARY TO THE GLENFIELD HOSPITAL SITE

Purpose

8. The purpose of this section is to advise the Committee on the proposed move of inpatient vascular services from the Leicester Royal Infirmary (LRI) to the Glenfield Hospital (GH) site.

9. Specifically, the paper outlines:

a. priorities for vascular services future delivery;
b. alignment to the blueprint for Health and Social Care in Leicester, Leicestershire and Rutland (LLR) 2014 – 2019;
c. the priority for the service within the Trust's Five Year Integrated Business Plan (IBP);
d. the impact on overall patient service delivery specific to vascular services;
e. engagement and consultation as part of developing the future Business Case.

Service Planning

Strategic Context

10. The Trust's 2014 Clinical Strategy identifies that:
'*more specialised planned care specialities will be provided on the Glenfield site. Our tertiary cardiology services will expand to include complex aortic and mitral valve work. We will move our vascular*

services to the Glenfield Hospital in order to optimise clinical interdependencies with cardiology and interventional radiology through the development of a hybrid theatre.'

11. Developing a comprehensive programme to clinically manage and surgically treat patients with aortic pathology is one of the major aims of the cardiac, thoracic and vascular surgeons.

12. Cardio-vascular disease affects 50% of the 'older' population and has a significant effect on quality of life and longevity. Addressing the main factors contributing to mortality including cardio-vascular disease is key to the blueprint for Health and Social Care in LLR 2014 – 2019.

13. For UHL, any future plans for service improvement and reconfiguration must respond to the identified challenges in health need across LLR and make a significant contribution towards better outcomes. The co-location of cardio-vascular services on the GH site will provide the appropriate environment to drive up clinical and patient reported outcomes.

14. The relocation of vascular services has been identified as a priority for delivery within the next two years Trust Operational Plan and is integral to delivery of the Trust's Clinical Strategy and Five Year Integrated Business Plan (IBP) as an enabler for the release of space on the LRI site.

15. The transfer of vascular services from the LRI to GH is fully aligned with the corporate objectives and strategic principles of the Trust. The co-location with other specialised services at the GH will ensure that safe, high quality patient-centred healthcare is delivered to the population of LLR.

16. Nationally, the provision of vascular surgery now comes within the remit of specialised commissioning groups and there is a move towards locating tertiary (specialist) services into fewer larger units (Level One Regional Centres).

Future Vascular Priorities for Delivery

17. The proposed move of vascular services to the GH site is in support of realising the service ambition to become a Level One Regional Centre for complex endovascular services. The move will incorporate the transfer of vascular and supporting services from the LRI to the GH site, including:

    i. an inpatient ward
    ii. surgical admissions area
    iii. vascular studies unit
    iv. angiography
    v. and the provision of a new hybrid theatre.

18. In the short term vascular outpatients will be retained on the LRI site pending a longer term approach to the provision of a dedicated Outpatient/Daycase (OP/DC) hub which will incorporate these services. This will be subject to public consultation as part of the future

configuration of services with the development of the proposed OP/DC hub at GH.

19. The move of vascular services supports the re-designation of UHL as a lead, level one centre and thereby ensures the long term sustainability of vascular, cardiac and cardiology services. The move is supported by both vascular and cardiology clinical teams. The co-location of vascular services with cardiology/cardiothoracic surgery at GH is a key foundation in the re-designation process for vascular services; and likewise any future designation as a thoracic aortic disease centre.

20. Loss of designation would not only incur a loss of income but more importantly impact on the availability of specialist vascular services to our local as well as regional population across the East Midlands.

21. Re-designation not only secures service sustainability but offers patients a high quality streamlined service supported by 21st century imaging solutions.

Proposal

22. It is proposed to develop a Full Business Case (FBC) by March 2015 in support of the move. An Outline Business Case (OBC) proposal has been developed in support of the move and is under consideration by the National Trust Development Agency (NTDA).

23 The future delivery structure is currently under review and as part of this engagement and consultation is an integral part.

24. In respect of patient impact, based on 2013/14 activity, the proposed move will:

- Transfer 745 elective and 867 emergency inpatients from the LRI to GH per annum, plus 114 vascular day cases (this excludes radiology patients);

- Maintain 8,797 outpatients (this excludes non face to face contacts of 76 patients) on the LRI site as currently provided, pending the future consultation in respect of the proposed provision of an OP/DC hub on the GH site.

Timescales for Delivery

25. The high level milestones for delivery of the proposed move are outlined below:

Milestone	Date
Detailed Design & Full Business Case (FBC) Development	August 2014 – January 2015
Capital Planning & Investment Committee	February/March 2015

Executive Strategy Board recommendation to support FBC	March 2015
Finance & Performance Committee support for FBC to be approved by TB	March 2015
Trust Board	March 2015
FBC to NTDA	March/April 2015
Construction commences	Summer 2015
Delivery & commissioning of the new vascular facilities	Summer 2016

Engagement and Communication

Process to Date

26. During July/August 2013 a public engagement / consultation exercise was undertaken with both patients and members of staff to assess support for the Trust's plans relating to the vascular services transfer. Both paper and online surveys were undertaken. The results are indicated below.

Question	Total	Yes	No	Blanks	Yes%	No%
Do you support our plans to develop Vascular Services with a new Hybrid Operating Theatre inpatient ward and Angiography suite	49	43	3	3	93%	7%
Do you support the plans to bring together our Vascular, Cardiac and Thoracic teams to improve the outcomes of our patients?	49	44	3	2	94%	6%
If the Vascular Service was moved to the Glenfield Hospital to provide better outcomes for our patients would it provide you as a patient with any problems	49	9	26	14	26%	74%

27. Further patient wider stakeholder engagement will be undertaken as part of the development of the Full Business Case.

28. In addition to the exercise outlined, presentations have been made to the respective Clinical Management Group Boards; the Vascular Clinical Meeting (monthly) and information communicated to staff via the Trust's Blueprint newsletter on the Reconfiguration programme.

Future Proposals

29. A specific project communications and engagement plan is being prepared in support of the next stage, and key stakeholders have been identified as:

Internal stakeholders	External stakeholders
▶ Trust Board/Executive Teams	▶ NHS Trust Development Authority (NTDA)
▶ Clinical staff	▶ CCGs
▶ Non clinical staff	▶ General Public
▶ Patient Representatives	▶ Overview & Scrutiny Committees
▶ IT	▶ Local Authorities
▶ Estates & Facilities	▶ East Midlands Ambulance Service
▶ Finance	
▶ HR	

30. It is our intention as a health economy to formally consult through 2015 on our reconfiguration plans. However vascular services move sits outside of this timeframe and therefore we propose to undertake a system of patient and public engagement rather than formal consultation.

31. This decision is based on the rationale that:

- there are clear clinical benefits to the co-location of services that enhance patient outcomes and future service sustainability;
- there is a timing issue in respect of the future designation of services during 2014/15 which necessitates that the Trust has clear delivery plans that demonstrate how it can meet the future commissioning intentions for a Level One Regional Centre;
- in respect of patient impact the numbers of patients affected by the service constitutes overall 1,726 patients per annum; with the major service impact resting with outpatients which will be subject to formal consultation.

Recommendations:

32. The Committee is asked to:

    (a) note the future service priorities for vascular services as aligned to the blueprint for Health and Social Care in LLR 2014 – 2019;

    (b) support the proposed location of services in accordance with UHL's Clinical Strategy 2014 and Five Year IBP; and

    (c) support the proposed approach to patient and public engagement outlined in paragraphs 26-30 above.

EMERGENCY CARE

33. The key facts relating to UHL's recent emergency care performance are summarised below:-

- performance against the 95% 4 hour target was 91.2% in June 2014; 92.52% in July 2014; and 91.26% in August 2014.

- emergency admissions are much higher than in the comparative period during 2013 (e.g. 9% increase for July 2014 compared to July 2013).

- delayed transfers of care remain continually above the agreed performance level (3.5%) at 4.7%; 27% of delays are attributable to UHL internal reasons; 49% are attributable to external matters; and 24% are attributable to nursing homes.

34. It is disappointing that the improvement in performance seen in June and July was not sustained in August 2014. Waiting to be seen times and decision to treat/admit/discharge times in the Emergency Department remain high, especially out of hours. A series of further actions have therefore been agreed to improve performance, primarily through improving the level of specialty 'in-reach' into the Emergency Department between 5pm and midnight : two 'super weeks' of performance are to be trialled weeks commencing 15th September and 29th September, respectively.

35. Success is the sum of small efforts, repeated day in and day out. At present, UHL is failing in its aim to deliver high quality emergency care for all, day in, day out. Over the last couple of years, UHL has worked with the Emergency Care Improvement Support Team, the NHS Trust Development Authority (TDA), two management consultancies and now Dr Ian Sturgess, a national lead in emergency care to deliver improvement. The Trust has developed many improvement plans, some with partners in Leicester, Leicestershire and Rutland and have refined the actions when new challenges have presented themselves. Many improvements have been delivered and the provision of emergency care in UHL has significantly improved over the last 12 months, but the Trust is still not consistently delivering high quality care. The

Trust remains committed to working hard to resolve this deep-rooted problem.

36. In parallel, enabling works commenced at Leicester Royal Infirmary in May 2014 to pave the way for the eventual construction of the new Emergency Department. The Trust continues to discuss the Outline Business Case with the TDA and, at its meeting held on 28th August 2014, the Trust Board approved an updated Outline Business Case which will now be the subject of further review with the TDA.

NURSING WORKFORCE

37. The headline nurse staffing figures for July 2014 are set out below:-

- the sum of budgeted whole time equivalent (WTE) posts for July 2014: 5,106
- the sum of nurses in post for July 2014: 4,565 WTE
- the sum of nurses waiting to start in July 2014: 320 WTE
- the sum of nurses waiting to leave in July 2014: 120 WTE
- the sum of total reported vacancies for July 2014: 341 WTE

International Recruitment

38. To date, 161 international nurses have joined the Trust and they have undertaken a very detailed and comprehensive induction programme. Further recruitment is planned with an additional 50 international recruits planned to join the Trust on 11th September 2014. Current plans are for a further 50 international nurses to join the Trust in November 2014. The plan for 2015 is for 5 cohorts of up to 30 international nurses to be recruited.

Local Recruitment

39. Local recruitment activity continues, with monthly advertisements for Registered Nurses and bi-monthly advertisements for Healthcare Assistants. The Trust also proactively attends all Royal College of Nursing recruitment fairs across the country. The Trust continuously recruits from its local university (De Montfort University) twice a year and from this source has recruited 82 newly qualified Adult nurses, 25 Children's nurses and 25 Midwives to join the Trust in November 2014.

40. Since 1st April 2013 the Trust has recruited 161 international nurses; 405 'clearing house' nurses and local Registered Nurses; and 375 nursing assistants; giving a total of 941 Registered Nurses and Healthcare Assistants recruited since April 2013.

CARE QUALITY COMMISSION INSPECTION: ACTION PLAN UPDATE

41. The Trust has developed an action plan to respond to the findings of the Care Quality Commission following the Commission's inspection in January 2014.

42. The action plan is reviewed monthly at the Trust's Quality Assurance Committee, reporting to the Trust Board.

43. The latest version of the action plan, reviewed by the Quality Assurance Committee on 27th August 2014, is attached for information.

44. The final date for completion of all actions is March 2015 (assuming no slippage).

FINANCIAL POSITION 2014/15

45. The Trust incurred a deficit of approximately £40m in 2013/14 and is forecasting a similar figure for 2014/15. This is one of the largest deficits in the country and is obviously a very serious situation. In the past, the Trust had appeared to be stronger financially but the underlying position was being masked by additional year-end funding from commissioners which is no longer available.

46. At month 4 2014/15, the Trust is approximately £1m adverse to plan but actions have been taken to ensure that the Trust does not exceed its planned deficit.

47. The Trust's Cost Improvement Programme is performing strongly, with forecast savings of £48m in 2014/15, against a target of £45m.

48. The Trust's Long Term Financial Model does not anticipate break even until the start of year 6 (i.e. 2019/20).

49. It is of note that recent research conducted by the Health Service Journal identified that nearly half of the hospital Trust sector is currently planning or forecasting a deficit for 2014/15. The gross deficit projected by those organisations is £940m. In contrast, the gross surplus projected by the 68 Trusts planning to finish the year in the black was £167m.

CONCLUSION

50. The Committee is invited to receive and comment upon this report. A representative of the Trust will be in attendance at the Committee meeting (as identified in paragraph 2 above) to respond to the comments and questions of Members.

OFFICER TO CONTACT

Stephen Ward, Director of Corporate and Legal Affairs, UHL.

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