CHIEF EXECUTIVE'S MONTHLY UPDATE REPORT – DECEMBER 2015

Author: Stephen Ward Sponsor: John Adler

Executive Summary

Context

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

(a) the Quality and Performance Dashboard for October 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: January 2016 Trust Board

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

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

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT TO: **TRUST BOARD**

DATE: **3 DECEMBER 2015**

REPORT BY: **CHIEF EXECUTIVE**

SUBJECT: **MONTHLY UPDATE REPORT – DECEMBER 2015**

---

1. Introduction

1.1 My monthly update report this month focuses on:-

(a) the Board Dashboard, attached at appendix 1;

(b) a range of other matters which I think are important to highlight to the Trust Board;

(c) 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 to future meetings of the Board.

2, Quality and Performance Dashboard – October 2015

2.1 The Quality and Performance Dashboard for October 2015 is appended to this report **as appendix 1**. Following the suggestion made at the Board meeting on 5th November 2015 (Minute refers), included for the first time this month on the Dashboard is information on performance against the number of cancer patients waiting 104 + days.

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 key 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, respectively. The Quality and Performance Report continues to be published on the Trust's website.

2.4 On 5th November 2015, the Care Quality Commission announced that it would not be publishing any further updates of the 'Intelligent Monitoring Report' for NHS acute and specialist Trusts and the Quality and Performance report has been revised accordingly.

Good News

2.5 **RTT** - The RTT incomplete target remains compliant. This is particularly good in the light of rising referrals. **DTOC** - Delayed transfers of care continues to remain well within the tolerance which reflects the good work that continues across the system in this area. **Diagnostics** - There has been further improvement in month with performance at 7.7%. There has been steady progress in tackling endoscopy waits and the target of having no more than 1% of patients waiting over 6 weeks for any diagnostic test/procedure should be met by December. **Cancelled operations** and **patients rebooked within 28 days**- were both compliant, which is remarkable given current pressures. **MRSA** - remains at zero. **Annual appraisals rates** – continue to improve. **Stay on a Stroke Unit** - performance has been compliant for eight months. **C DIFF** - above monthly trajectory by one but this is still within year to date trajectory. This is being closely monitored in respect of antibiotic prescribing controls and cleaning standards. **Pressure Ulcers** – a good month - there were zero avoidable **Grade 4** pressure ulcers reported and 6 **Grade 3** and **Grade 2** pressure ulcers reported. **Friends and Family Test Inpatients - % positive** – achieved Quality Commitment target of 97% for the last 3 months.

Bad News

2.6 **Fractured NOF** – after delivering the standard for 2 consecutive months performance dipped to 60% during October. **ED 4 hour performance**- was 88.9% which for the third month in a row was worse than the corresponding month the year before. It has slipped to 91.3% year to date. This is primarily driven by record ED attendances and emergency admissions but has also been contributed to by staffing issues. Further detail is in the Chief Operating Officer's Emergency Care report. **Referral to Treatment 52+ week waits.** We are struggling to bring down these long waits in orthodontics due to an inability to recruit additional consultants or to find capacity at other providers. This is an issue of national significance due to the numbers involved. **Cancer Standards -** the 62 day backlog remains high. A Remedial Action Plan has been submitted to commissioners with a revised compliance date of March 2016. **Ambulance Handover** – October continues to be a very challenging month for Ambulance handovers, directly linked to the emergency demand referenced above. This remains the most serious risk in the system.

3. <u>Key Current Issues</u>

Quarterly review meeting with the NHS Trust Development Authority

3.1 On 11th November 2015, the NHS Trust Development Authority (TDA) held its quarter 2 review meeting with the Chairman, Executive Directors and myself. Continuing progress on many aspects of quality was recognised. However, concern was expressed about long waits in

orthodontics, ambulance handover delays and performance of the emergency care system. TDA colleagues were generally satisfied with our performance against our financial plan.

British Medical Association – Industrial Action

3.2 Following its ballot of Junior Doctors, the BMA has announced that Junior Doctors will take industrial action and provide emergency care only from 8am on Tuesday, 1st December to 8am on Wednesday 2nd December, with full walk-outs by Junior Doctors planned for 8am – 5pm on Tuesday, 8th December and Wednesday, 16th December, respectively.

3.3 Plans have been drawn up with the Clinical Management Groups to mitigate the service risks of the industrial action and I will update orally at the Board meeting on the impact of the action planned for 1st December and on our plans for 8th and 16th December, respectively. Essentially, we will be seeking to protect our key emergency facilities (e.g. ED), ward areas and cancer services. This will mean significant cancellations of elective care and outpatient clinics, so as to free up Consultant staff and junior doctors who are not on strike.

Agency Price Caps

3.4 Monitor and the NHS Trust Development Authority (TDA) have introduced caps on the hourly rates paid for all agency staff with effect from noon on 23rd November 2015.

3.5 The price caps apply across all staff groups – doctors, nurses and all other clinical and non-clinical staff – but will 'ratchet down' subject to monitoring on 1st February and 1st April 2016.

3.6 All NHS Trusts are required to report weekly to the TDA on the number of shifts where they have made payments in excess of the price caps.

3.7 The Executive Performance Board considered the implications for UHL of the new rules at its meeting on 24th November 2015. In summary, there are significant issues in the short term in implementing the new rules.

3.8 We therefore agreed to allow a 10 day period in which to make detailed plans for migration to the new rates which will balance the need to comply with the national policy with the need to maintain safe staffing, especially at a time when we are under immense pressure in a number of areas.

3.9 We also agreed that detailed recommendations to achieve compliance will be considered at the Executive Team on 8th December 2015.

3.10 I have written to the TDA and provided them with a copy of the report considered at the Executive Performance Board and let them know that

it will not be practicably possible in the short term to complete the detailed exception reports on a case by case basis.

3.11 We have informed the TDA that we intend to apply the capped rates as soon as possible, but that we need to do this in a planned way to avoid potential adverse consequences as far as possible.

3.12 It is worth noting that the guidance issued by Monitor and the TDA states that Trust Boards need to ensure that they are following robust and effective governance processes in ensuring compliance with the agency price caps and that 'overrides' are only for patient safety reasons and could not have been avoided through flexible workforce planning.

3.13 I will report further on this subject at the next meeting of the Board in January 2016.

4. Progress against our annual priorities 2015/16

4.1 Strategic Objective : Safe, High Quality Patient Centred Healthcare

"UHL Way"

4.2 I am pleased that, following discussions at the September 2015 Trust Board Thinking Day, and following input from staff at the Leadership Conference on 29th September 2015, proposals are set out in a report featuring elsewhere on the agenda for this meeting of the Board on establishing an "UHL Way" to underpin improvement programmes.

Implementing the new patient and public involvement strategy

4.3 A report setting out performance in implementing this strategy in quarter 2 2015/16 features elsewhere on the agenda for this meeting of the Board.

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

Emergency Pressures

5.1 The Board is aware of the significant emergency pressures we have experienced recently: suffice to say that we have never before endured such a long period of sustained pressure and, at the moment, there is no indication that the pressure is going to reduce.

5.2 On 13th November, the Executive Directors discussed a series of short and medium-term actions which may help alleviate the pressure. These are summarised below:-

- We are aiming to increase the numbers of nurses in ED so that we can consistently operate with 5, rather than 4 teams in the assessment area (Our ED's 'front door')

- We have allocated an area adjacent to ED where the Ambulance Service can hold patients prior to handover, thus allowing ambulances to be released more quickly. This approach is governed by a jointly agreed protocol.
- We are trying to create a transition area for a small number of patients in what is currently the TiA clinic meaning that when ambulances are struggling to offload their patients because ED is full with patients waiting for beds, we have an extra pressure valve
- We are going to trial something called 'accelerated flow' which is nothing more complicated than immediately a patient is ready to be discharged from one of our beds the process of admitting the next patient waiting for a bed begins in earnest. This is designed to avoid the "lag" that we frequently see, thus reducing overcrowding in the ED, which is a serious safety concern
- We will be trialling 'pathway co-ordinators' in ED so that where appropriate we can consider all the alternatives to admission both within UHL and in the wider health system
- We are re-examining our bed capacity plans at Glenfield to make sure that we have sufficient space when we start moving services from LGH next year (ICU and related moves)
- We are going to look at how we could use two vacant wards at Loughborough Hospital to create some extra cardio respiratory capacity for patients who are ready for step down care or who are not quite poorly enough to require admission to the Glenfield.

5.3 Of course none of these ideas impact directly on the numbers of patients coming to our hospitals. We have seen a relentlessly rising trend and this must be reversed to make our task doable. There are lots of actions in place across the system to help with that, but the fact is that, overall, we are not yet seeing the impact. As a result, the Urgent Care Board at its meeting on 26th November focussed almost entirely on measures to reduce demand on acute services. I will table details of the actions identified at the meeting for the Board to review. One of the most important things for next year will be to ensure that plans are realistic and that we plan our bed capacity and staffing accordingly.

5.4 I am enormously grateful for the professionalism, stamina and endurance which our staff are exhibiting, recognising the significant pressures they are experiencing on a day to day basis.

5.5 The Chief Operating Officer will introduce the monthly update report on emergency care performance which features elsewhere on this agenda later in the meeting.

6. <u>Strategic Objective : Integrated Care in Partnership with others</u>

Better Care Together

6.1 At the end of October 2015, we received feedback from NHS England about out proposed Better Care Together consultation plans. They are

still supportive, but there is still work to be done before we can go to public consultation – this is now likely to happen in the Spring of next year. The delay has little impact in the short term as all the changes that we are making at the moment are not subject to formal public consultation.

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

Health Service Journal Awards

7.1 I am pleased to report that two initiatives have led to the Trust being shortlisted recently as finalists for the Health Service Journal, Improving Care with Technology and Clinical Research Impact Awards, respectively.

7.2 The IMPAKT study (undertaken in association with West Leicestershire CCG and Baxter International) looked at how chronic kidney disease could be more effectively treated in primary care using a specific software.

7.3 The Trust's submission in respect of the Clinical Research Impact Award showcased the work of the Research and Innovation Team in helping to deliver the Trust's objective to achieve an enhanced reputation in research, innovation and clinical education.

7.4 Although the Trust did not, in the event, secure the Awards, nevertheless, being shortlisted as finalists in two categories underlines the progress the Trust is making in respect of its research and innovation agenda.

Health Education East Midlands – Quality Management Visit

7.5 A Quality Management Visit was undertaken at the Trust by Health Education East Midlands on 12th and 13th November 2015. Further details are set out in the quarterly update report to the Board this month on multi professional education and training which features elsewhere on the agenda, but I am pleased to report that the assessors identified no serious patient safety concerns.

7.6 In general, the assessors concluded that learners felt well supported by their trainers/mentors and reported good education and training being in place. There were, however, significant concerns about the delivery of education and training within the Cardiology Department at the Glenfield Hospital and these are being urgently addressed. This assessment is in stark contrast to the clinical quality of this department and therefore the shortcomings should be capable of being readily addressed.

7.7 The Executive Workforce Board will review the formal report from Health Education East Midlands and oversee the implementation of an action plan to respond to its findings.

Life Study

7.8 I reported orally at the Board meeting on 5th November 2015 (Minute 230/15 refers) on the decision taken by the Economic and Social Research Council to cancel funding for the Life Study project. There have been further developments in relation to this matter since then and I will update the Board orally at the meeting on 3rd December on the latest position.

Listening into Action – Medical Students

7.9 In partnership with Professor Paul Boyle, President and Vice Chancellor, University of Leicester and Professor Phillip Baker, Pro Vice Chancellor and Head of College of Medicine, Biological Sciences and Psychology, Dean of Medicine, University of Leicester I held a Listening into Action event for medical students on the evening of 17th November 2015. The aim of the event was to obtain feedback from medical students on their experience in the light of national student survey feedback, student retention issues and the Medical School's current ranking.

7.10 Students provided valuable feedback on how their training experiences can be improved. They also evaluated the event extremely positively. An action plan will be developed and progress against this will be reported via future quarterly updates to the Board on multi-professional education and training.

8. <u>Strategic Objective : A Caring, Professional and Engaged Workforce</u>

New Draft National Whistle Blowing Policy

8.1 In response to Sir Robert Francis' Freedom to Speak Up review, Monitor has published its proposals for a single, national whistle blowing policy.

8.2 The policy has been drawn up jointly by Monitor, the NHS Trust Development Authority and NHS England and is now the subject of consultation until 8th January 2016. It is proposed that the policy should be a national one, to be adopted by each NHS organisation in England, except for primary care providers.

8.3 It was a key recommendation of the Francis Review that a single national whistle blowing policy should be adopted to 'normalise the raising of concerns'. Monitor identifies in the consultation document that there are variable standards across NHS organisations as to how staff who raise concerns are supported.

8.4 it is intended that each NHS organisation will have its own local policy and process that sit beneath the national policy, reflecting the organisation's size and set up.

8.5 A report on the Trust's position in relation to the Freedom to Speak Up review is to be considered by the Quality Assurance Committee on 26th November 2015 and, in parallel, the Director of Workforce and Organisational Development will review the draft national whistle blowing policy published by Monitor and liaise with the Medical Director and Director of Safety and Risk in taking forward this agenda.

9. Strategic Objective : A Clinically Sustainable Configuration of Services, operating from Excellent Facilities

9.1 Progress continues to be made with the reconfiguration of Trust services, with the projects associated with the relocation of vascular services to Glenfield Hospital underway and a set of business cases related to ICU reconfiguration coming to this Board meeting for approval. Such progress is very welcome. Notwithstanding this, at its Thinking Day on 12th November the Board identified a number of risks to current and future progress. These were principally:

- The need to generate sufficient physical "headroom" to be able to reconfigure and cope with anticipated demand at the same time
- A potential shortage of capital, particularly in the short term
- The need to ensure that activity forecasts are realistic
- The fact that there is probably more scope for genuine integration of services across the system, to go alongside their re-design.

The Executive Team has developed a set of actions to respond to these risks and progress will be reported in due course via the appropriate channels.

10. Strategic Objective : A Financially Sustainable NHS Organisation

Month 7 Financial Performance and Cost Improvement Programme

10.1 Month seven of the financial year saw an adverse variance to our financial plan of £0.5m.Year to date performance is £1m adverse to plan.

10.2 We continue to make good progress in relation to our cost improvement programme, having delivered £23.3m against a plan to date of £24.7m.

10.3 All CMGs and Corporate Directorates have agreed control totals that collectively deliver the planned deficit of £34.1m in 2015/16.

10.4 The financial position was reviewed by the Integrated Finance, Performance and Investment Committee at its meeting on 26th November. The Committee noted the current position and acknowledged that the most significant risks to delivery include maintaining the required 'run rate'; management of emergency activity

over Winter; the potential impact of the junior doctors' strike and settlement of income with Commissioners.

Department of Health Productivity and Efficiency Programme led by Lord Carter

10.5 As the Board is aware, the Trust is participating in this programme of work which is being led by Lord Carter on behalf of the Department of Health.

10.6 Lord Carter and colleagues from the Department of Health visited the Trust to discuss various aspects of this initiative on 20th November 2015 with members of the Executive Team and a report on this Programme will be submitted to the December meeting of the Integrated Finance, Performance and Investment Committee to be held on 17th December.

11. Strategic Objective : Enabled by Excellent IM&T

IM&T Listening into Action Update

11.1 The tables below summarise the work taken forward following the IM&T Listening into Action event held earlier this year. I am pleased to report that good progress is being made.

Process improvements	**Projects delivered**	**Service improvements**
Improved staffing – additional support has been approved for UHL facing services Reduced backlog of incidents (target is to have no open incident over 30 days) Closer working arrangements with CMGs Service Improvement Plan (resourced and in place)	Re-build of the business intelligence Data Warehouse infrastructure EDRM in Paediatrics 300+ mobile devices to clinical areas IM&T savings being used to fund refresh of MDT rooms MS Office for home use	Programme to replace old servers; increasing stability and computing power Better planning and communications around IT activities User Group (of service users) to improve service desk Monthly all staff newsletter
In progress		
Roll out of new VDI solution to clinical areas Mobile working pilots	Re-start of the single sign on project New easy to use information resources (refresh of IM&T website)	Walk around/ audit of clinical areas Replacement of old clinical systems (iCM etc) in advance of EPR

Electronic Patient Record (EPR)

11.2 As the Board is aware, we had hoped to receive approval for the EPR business case before Christmas, having answered the outstanding queries from the NTDA. Unfortunately, we have now been advised that the approval process is to be extended so that a more likely approval timescale is now March 2016. This cannot however be guaranteed. We continue to work with NTDA colleagues to progress the case.

12. Conclusion

12.1 The Trust Board is invited to consider and comment upon this report and the attached appendix.

John Adler
Chief Executive

27th November 2015

Quality & Performance

		YTD		Oct-15			Compliant
		Plan	Actual	Plan	Actual	Trend*	by?
Safe	S1: Clostridium Difficile	61	30	5	6	●	Nov-15
	S2A: MRSA (All)	0	0	0	0	●	
	S2B: MRSA (Avoidable)	0	0	0	0	●	
	S3: Never events	0	1	0	0	●	
	S4: Serious Incidents	N/A	27	N/A	3	●	
	S11: Falls per 1,000 bed days for patients > 65 years	<7.1	5.6	<7.1	5.2	●	
	S12: Avoidable Pressure Ulcers Grade 4	0	0	0	0	●	
	S13/14: Avoidable Pressure Ulcers Grade 2 & 3	168	74	14	6	●	
Caring	C1: Inpatient and Day Case friends & family - % positive	Q4 97%	96%	Q3 96%	97%	●	
	C2: A&E friends and family - % positive	Q4 97%	96%	Q3 96%	95%	●	Nov-15
Well Led	W11: % of Staff with Annual Appraisal	95%	90.4%	95%	90.4%	●	Mar-16
	W12: Statutory and Mandatory Training	95%	92%	95%	92%	●	Mar-16
Effective	E1: Mortality Published SHMI (Apr 14 - Mar 15)	100	98	100	98	●	
	E9: 30 day readmissions (September)	<7%	8.9%	<7%	8.7%	●	Note 1
	E10: Neck Femurs operated on 0-35hrs	72%	63.0%	72%	60.0%	●	Nov-15
	E11: Stroke - 90% of Stay on a Stroke Unit (September)	80%	86.0%	80%	86.1%	●	
Responsive	R1: ED 4hr Waits UHL+UCC - Calendar Month	95%	91.3%	95%	88.9%	●	Mar-16
	R3: RTT waiting Times - Incompletes	92%	93.6%	92%	93.6%	●	
	R5: 6 week – Diagnostics Test Waiting Times	1%	7.7%	1%	7.7%	●	Dec-15
	R11: Operations cancelled (UHL + Alliance)	0.8%	0.9%	0.8%	0.8%	●	
	R14: Delayed transfers of care	3.5%	1.2%	3.5%	1.5%	●	
	R16: % Ambulance Handover >60 Mins (CAD+)	TBC	11%	TBC	22%	●	Note 2
	R17: % Ambulance handover >30mins & <60mins (CAD+)	TBC	21%	TBC	26%	●	Note 2
	RC9: Cancer waiting 104+ days	0	17	0	17	●	

	YTD		Sep-15			Compliant
	Plan	Actual	Plan	Actual	Trend*	by?
RC1: 2 week wait - All Suspected Cancer	93%	88.9%	93%	88.7%	●	Nov-15
RC3: 31 day target - All Cancers	96%	95.7%	96%	94.7%	●	Nov-15
RC7: 62 day target - All Cancers	85%	77.3%	85%	77.2%	●	Mar-16

Enablers

		Qtr1 15/16		Qtr2 15/16		
		Plan	Actual	Plan	Actual	Trend*
People	W6: Staff recommend as a place to work	N/A	52.5%	N/A	55.7%	●
	C6: Staff recommend as a place for treatment	N/A	68.7%	N/A	71.9%	●

	YTD		Oct-15			Forecast Outturn
	Plan	Actual	Plan**	Actual	Trend*	
Surplus/(deficit) £m	(27.0)	(28.0)	(1.0)	(1.5)	●	(34.1)
Finance Cashflow forecast (balance at end of month) £m	3.0	7.8	3.0	7.8	●	3.0
CIP £m	24.7	23.2	3.9	3.8	●	42.6
Capex £m	25.8	21.5	2.9	5.0	●	81.2

** In month plan restated as part of September TDA plan resubmission

	YTD		Oct-15			
	Plan	Actual	Plan	Actual	Trend*	
Estates & facility mgt. Percentage of Cleaning Audits achieving the required standard	100%	N/A	100%	36%	●	Mar-16

To present a more accurate reflection of standards this indicator includes scores solely from audits observed or commissioned directly by the Trust Facilities Team. Contract sanctions continue to be applied to IFM on this and a number of related matters.

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

Note 1 - Readmissions compliant by date to be confirmed following implementation of actions.
Note 2 - Ambulance Handover - Compliant by date to be agreed following implementation of 8 week action plan jointly agreed with EMAS.
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.