CHIEF EXECUTIVE'S MONTHLY UPDATE REPORT – AUGUST 2015

Authors: Stephen Ward/John Adler Sponsor: John Adler Date: Thursday 6 August 2015

Trust Board Paper D

Executive Summary

Context

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

- the Quality and Performance dashboard, and
- an update on recent national developments relevant to UHL.

Questions

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

Conclusion

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

Input Sought

We would welcome the Board's input regarding the format of this new version of the Chief Executive's monthly update report to the Trust 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: September 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 not comply]

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT TO: **TRUST BOARD**

DATE: **6 AUGUST 2015**

REPORT BY: **CHIEF EXECUTIVE**

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

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1. Introduction

1.1 My monthly update report this month focuses on:-

(a) recent national developments which impinge on the Trust, and

(b) the June 2015 Quality and Performance Dashboard, attached at appendix 1.

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. Secretary of State for Health's Speech: Making Healthcare More Human – Centred and not System-Centred

2.1 On 16th July 2015, the Secretary of State for Health delivered a speech at The King's Fund which included a number of key announcements relating to:-

- changes to the regulatory architecture and a renewed focus on improvement;
- changes to the Consultant contract to enable a 7-day NHS,
- leadership capacity in the NHS,
- proposals relating to patient safety, quality of care and patient choice.

2.2 A copy of NHS Providers' 'on the day briefing' summarising the announcements is attached at appendix 2 to this report.

2.3 This was a very wide ranging set of announcements and it has not yet been possible to fully assimilate their implications. Despite the merger of Monitor and the NHS Trust Development Authority, there was no specific mention of the future of the Foundation Trust policy. The merged body, NHS Improvement, will take on responsibility for supporting service improvement which was formerly the remit if NHS Improving Quality. This will require NHS Improvement to take on a

challenging combination of regulatory, performance management and improvement support, but this may have the advantage of delivering a more integrated approach.

3. Improving and Sustaining Cancer Performance

3.1 On 14th July 2015, NHS England, the NHS Trust Development Authority and Monitor announced a renewed focus on improving and sustaining cancer performance via the establishment of a national delivery group, the Cancer Waiting Times Task Force, to improve 62 day performance. This reflects a recognition that, as with many areas of operational performance, poor 62 day performance and the required solutions will sit with a combination of Commissioners and often multiple Providers.

3.2 All acute Trusts have been asked to complete a self-assessment of compliance against identified key priorities.

3.3 A copy of the Trust's self-assessment and action plan is attached at appendix 3.

3.4 Progress against the action plan will be reviewed at the Executive Performance Board and reported to the Integrated Finance, Performance and Investment Committee.

3.5 Further commentary on the Trust's current cancer performance is set out in section 6 below.

4. Leicester, Leicestershire and Rutland Urgent and Emergency Care Vanguard

4.1 On 24th July 2015, NHS England announced that Leicester, Leicestershire and Rutland had been awarded Vanguard status to transform urgent and emergency care across the local health economy.

4.2 Eight new urgent and emergency care Vanguards have been launched, 6 comprising local systems (including LLR) and 2 from wider networks.

4.3 Being one of the eight Vanguard sites will enable us to implement our plans and offer more rapid improvements to our urgent and emergency care system seeing urgent care delivered, not just in hospitals but also by GPs, pharmacists, community teams, ambulance services, NHS 111, social care and others, and through patients being given support and education to manage their own conditions – as proposed through our Better Care Together work. Another aim of the Vanguard work is to break down boundaries between physical and mental health to improve the quality of care and experience for all. The LLR Vanguard also includes significant patient pathway improvements to the LRI "front door" i.e. the Urgent Care Centre and Emergency Department. These improvements will include a stronger primary care presence and streamlined access to services beyond the ED.

4.4 As a Vanguard, we will benefit from access to expertise and support from national clinical leads who will bring new cutting edge ideas to help us to develop our local health and care services.

4.5 The Trust Board will be updated on the Vanguard approach over the coming months.

5. Delivering Caring at its Best, our 5 Year Plan

5.1 During July 2015, we have held a series of large scale events with staff to launch Delivering Caring at its Best, Our 5 Year Plan. These events have also focused on what lies behind what staff have said about the care we provide and Leicester's Hospitals as a place to work.

5.2 A total of 541 staff attended the events and details of the evaluation by staff are attached at appendix 4. The full feedback from staff is being evaluated and a full action plan in response will be presented to the September Trust Board and CEO Briefings.

6. Quality and Performance Dashboard – June 2015

6.1 The Quality and Performance Dashboard for June 2015 is appended to this report.

6.2 There are some elements of the Dashboard which remain under development but, nevertheless, I hope that it allows Board members to see at a glance how we are performing against a range of measures.

6.3 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.

6.4 Good News – On 29th July the latest data for **mortality** (SHMI) was published. This showed that for the calendar year 2014 our SHMI score was 99, compared to 106 for 2013. This is a substantial reduction and reflects the work that has been undertaken through our Quality Commitment to drive down our mortality rate through targeted interventions.

ED 4 hour performance in the calendar month of June was 92.6%, the fourth month in a row in which it has improved. It is 92.3% year to date compared to 88% this time last year. Attendance and admissions remain much higher than last year (5.6% and 7.0% respectively). **RTT admitted, non-admitted and incomplete targets** remain compliant. **Cancer performance** continues to improve with four of the eight indicators compliant. **Delayed transfers of care** remains well within the tolerance. **MRSA and avoidable Grade 4 pressure ulcers** remain at zero. **Grade 2 pressure ulcers** were within the upper limit. **Fractured NOF** improved from 42.6% to 70.1% over the last month.

6.5 Bad News - **CDiff** increased from 1 to 4 in the month but remains within the monthly tolerance level. The **cancer 62 day target** for suspected cancer remains non-compliant and following meetings with CCGs and the TDA the 62 day target is now anticipated to not regain compliance until October. This is following evaluation of patient choice impact in August. Incorrect use and management of **outpatient waiting lists** has resulted in high number of reported RTT 52+ week waits, predominantly in Orthodontics. As referenced 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. **Cancelled operations on the day of surgery** deteriorated in June because of a number of unavoidable problems including high temperatures in theatres and a minor fire. We will also not be compliant in July because of theatre cooler failures in the first week of the month. Reported **cleaning standards** continue to be below the required level and this the subject of the application of penalties and other contractual action in respect of our facilities management contractor, Interserve.

7. Quarterly review meeting with the NTDA

7.1 On 30th July 2015 the Chairman and Executive Directors attended a Q1 review meeting with the NTDA. This was a positive discussion with a clear recognition of the Trust's improvement in terms of many key quality and performance indicators, as well as our better "grip" on the business of the organisation. Notwithstanding this, it was made clear that we need to improve our cancer performance and that it is essential that we do not breach our forecast financial deficit. The latter is particularly important in the light of the severe financial pressure on the NHS budget as a whole and was discussed extensively at the Integrated Finance, Performance and Investment Committee which followed on from the NTDA meeting.

8. Conclusion

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

John Adler
Chief Executive

31st July 2015

Quality & Performance

		YTD Plan	YTD Actual	Jun-15 Plan	Jun-15 Actual	Trend*	Compliant by?
Safe	S1: Clostridium Difficile	61	8	5	4	●	
	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	11	N/A	1	●	
	S11: Falls per 1,000 bed days for patients > 65 years	<7.1	5.5	<7.1	5.1	●	
	S12: Avoidable Pressure Ulcers Grade 4	0	0	0	0	●	
	S13/14: Avoidable Pressure Ulcers Grade 2 & 3	168	33	14	12	●	
Caring	C1: Inpatient and Day Case friends & family - % positive	Q4 97%	96%	Q1 95%	97%	●	
	C2: A&E friends and family - % positive	Q4 97%	96%	Q1 95%	96%	●	
Well Led	W11: % of Staff with Annual Appraisal	95%	89.2%	95%	89.2%	●	
	W13: Statutory and Mandatory Training	95%	92%	95%	92%	●	
Effective	E1: Mortality Published SHMI (Jan 14 - Dec 14)	100	99	100	99	●	
	E9: 30 day readmissions (May)	N/A	9.1%	N/A	9.0%	●	
	E10: Neck Femurs operated on 0-35hrs	72%	56.3%	72%	70.1%	●	December
	E12: Stroke - 90% of Stay on a Stroke Unit (May)	80%	84.1%	80%	84.5%	●	
Responsive	R1: ED 4hr Waits UHL+UCC - Calander Month	95%	92.3%	95%	92.6%	●	
	R3: RTT waiting Times - Admitted	90%	90.8%	90%	90.8%	●	
	R4: RTT waiting Times - Non Admitted	95%	95.7%	95%	95.7%	●	
	R5: RTT waiting Times - Incompletes	92%	96.2%	92%	96.2%	●	
	R7: 6 week – Diagnostics Test Waiting Times	1%	6.2%	1%	6.2%	●	September
	R8: 2 week wait - All Suspected Cancer (May)	93%	89.5%	93%	87.9%	●	September
	R10: 31 day target - All Cancers (May)	96%	95.8%	96%	97.8%	●	July
	R14: 62 day target - All Cancers (May)	85%	72.9%	85%	70.5%	●	October
	R22: Operations cancelled (UHL + Alliance)	0.8%	0.8%	0.8%	0.9%	●	August
	R25: Delayed transfers of care	3.5%	1.2%	3.5%	1.5%	●	
	R27: % Ambulance Handover >60 Mins (CAD+)	TBC	7%	TBC	7%	●	TBC
	R28: % Ambulance handover >30mins & <60mins (CAD+)	TBC	20%	TBC	17%	●	TBC

Enablers

		YTD Plan	YTD Actual	Jun-15 Plan	Jun-15 Actual	Trend*	
People	W6: Staff recommend as a place to work (*Qtr 4)	N/A	*54.9%	N/A	52.5%	●	
	C6: Staff recommend as a place for treatment (*Qtr4)	N/A	*71.4%	N/A	68.7%	●	

		YTD Plan	YTD Actual	Jun-15 Plan	Jun-15 Actual	Trend*	Forecast Outturn
Finance	Surplus/deficit	(£14.5m)	(£16.7m)	(£4.3m)	(£5.1m)	●	(£36.1m)
	Cashflow forecast (balance at end of month)	£3.0m	£16.3m	£3.0m	£16.3m	●	£3.0m
	CIP	£9.1m	£8.3m	£3.8m	£3.0m	●	£42.8m
	Capex	£12.0m	£4.5m	£4.2m	£1.8m	●	£107m

		YTD Plan	YTD Actual	Jun-15 Plan	Jun-15 Actual	Trend*	
Estates & facility mgt.	Percentage of Joint Cleaning Audits achieving the required standard	90%	N/A	90%	44%	●	

* 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 preceeding 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.

on the day BRIEFING

SECRETARY OF STATE SPEECH – MAKING HEALTHCARE MORE HUMAN-CENTRED AND NOT SYSTEM-CENTRED

Today Jeremy Hunt set out the government's 25 year vision for a patient-led, transparent and safer NHS, in a morning speech at The Kings Fund, and in a statement to the House of Commons. This briefing summarises the key announcements he made today and outlines what these changes may mean for NHS foundation trusts and trusts.

KEY ANNOUNCEMENTS

The Secretary of State's speech at The King's Fund this morning had a clear emphasis on transparency, choice, empowered patients and local decision making. It signalled a move away from a target driven culture to one of learning and improvement with an overall ambition for the NHS to become the world's largest learning organisation.

Changes to the regulation architecture and a renewed focus on improvement:

- NHS Improvement was announced as the new operating name for a jointly led NHS Trust Development Authority and Monitor.
- The new joint body will be chaired by Ed Smith, currently Vice-Chair of NHS England, supported by Ara Darzi as a new non-executive director.
- The recruitment for a chief executive of NHS Improvement will commence immediately and will be completed by the end of September.
- The safety function currently at NHS England and led by Dr Mike Durkin will transfer to NHS Improvement. NHS Improvement will also host a new Independent Patient Safety Investigation Service.
- Introduction of international buddying programme. Initially five NHS trusts will be buddied with Virginia Mason in Seattle, with an expectation to develop further international partnerships in the future.

Changes to the consultant contract to enable a seven-day NHS:

- The opt out clause for weekend working will be removed from the consultant contract for newly qualified hospital doctors. Doctors currently in service will still be able to exercise weekend opt-outs, but the off-contract payments for this activity will be reformed.
- The British Medical Association (BMA) has been offered a six week window to discuss and agree the changes with the government, after which a new contract will be imposed.

Leadership capacity in the NHS:

- The government accepted in principle, the 19 recommendations within the Rose report 'Better leadership for tomorrow', which was published today. This included a proposal to merge Monitor and the NHS TDA, and a suggestion that the functions of the Leadership Academy come under the purview of Health Education England (HEE).

Proposals relating to patient safety, quality of care and patient choice:

- The government published 'Learning not blaming' today, its response to Sir Robert Francis QC's Freedom to Speak Up review, the Public Administration Select Committee report on investigating clinical incidents in the NHS, and Dr Bill Kirkup's independent report on the Morecambe Bay investigation
- Proposals include: improving incentives for staff to speak out against poor quality care in the NHS; the establishment of an independent agency to investigate patient safety incidents to be hosted by NHS Improvement; modernising the supervision of midwifery.
- GPs will be asked to inform patients of the Care Quality Commission rating and waiting time data at hospitals.
- NHS England will develop proposals for introducing meaningful patient choice and control over their care offered in services for maternity, end of life care and long term conditions.

REGULATION, IMPROVEMENT AND ACCOUNTABILITY

Jeremy Hunt acknowledged the need for a shift in culture from a top-down target driven system to one centred around transparency, learning and improvement. He spoke about a reduction in bureaucracy and top-down direction, allowing the space for 'local ingenuity and innovation'.

The Secretary of State referred to the roll out of 'intelligent transparency', 'natural competitiveness' and 'self-directed improvement' as key to this culture change. To underpin this approach he announced that from March 2016 England will be the first country in the world to publish avoidable deaths by trust, and that ratings on the overall quality of care provided to different patient groups by local health economy will also be made publicly available.

Following the recent announcement that Monitor and the TDA would be aligned under one chief executive, Jeremy Hunt today announced that the new body's operating name will be NHS ImprovementEd Smith, currently Vice Chair of NHS England, has been appointed as new joint Chair of Monitor and Chair-Designate of the NHS Trust Development Authority (TDA), effectively making him the chair of NHS Improvement. Ed will be supported by Ara Darzi as a new non-executive director of NHS Improvement. The process for recruiting a chief executive will begin immediately and will be completed by the end of September.

To build on the success of the 'buddying' arrangement for trusts in special measures and support continuous improvement, Jeremy Hunt announced the start of an international buddying programme. Five NHS trusts – Surrey and Sussex Healthcare, Leeds Teaching Hospitals, University Hospitals Coventry and Warwickshire, Barking Havering and Redbridge and Shrewsbury and Telford will be partnered with Virginia Mason in Seattle which has an impressive reputation for developing a safety culture based on organisational learning. There was also a commitment to developing further international partnerships in the future.

NHS Providers view

We welcome the government's renewed commitment to local decision making and to the autonomy of NHS providers. We were pleased to receive assurance that this signals an overall endorsement of the FT model in the long-term as we remain committed to protecting the dual pillars of board autonomy and local accountability within the development of new models of care.

Contact: Amber Davenport, Policy Advisor, amber.davenport@nhsproviders.org

There are some clear advantages in aligning and streamlining the functions of Monitor and the TDA including reducing overlap between the two organisations, streamlining the foundation trust authorisation process and joining up support for the provider sector as a whole. However, there are clear and statutory differences between the powers of Monitor and the TDA, given the different roles they have played to date in regulating and overseeing providers. We therefore look forward to working with colleagues in NHS Improvement to clarify the organisations roles and functions, and to ensure that inherent conflicts of interest can be appropriately and transparently managed

While we welcome the renewed focus on improvement and support for our members within the system, the incorporation of improvement support within two bodies originally established for regulation and performance oversight respectively, also risks conflating a series of different approaches. This will be a clear concern for our membership given the rise in regulatory intervention and the recent introduction of new controls on agency and management consultancy spending.

NHS Improvement will certainly wish to manage the potential conflict of interest inherent in being held to account for both regulating and supporting providers. We know that the conditions for empowering staff, and encouraging sustainable, bottom up improvement, may be different from the environment created by risk based regulation, and performance oversight. We are committed to working with NHS Improvement to ensure that regulatory functions do not erode the autonomy of NHS provider boards, and that the new, and welcome, offers of support enable sustainable change which is locally led.

We also look forward to further detail on how NHS Improvement fits with the wider regulatory landscape, not least the role of the Care Quality Commission (CQC). Our members have welcomed the consistency of approach shown by CQC, Monitor and TDA in developing the 'well led' framework collaboratively and this may well form a helpful model for the further development of risk based and proportionate regulation within the new landscape, leading over time to the elimination of duplication.

WORKFORCE AND LEADERSHIP

The secretary of state had a clear message today on the changes he feels are required to move towards seven day care.

The consultant contract will be reformed to remove the opt-out from weekend working for newly qualified hospital doctors. Doctors currently in service will retain the right to opt-out of weekend working but there will be an end to off-contract payments for activity during this period. Jeremy Hunt indicated that the government will allow the BMA negotiators six weeks to discuss and agree these changes, after which, if an agreement has not been reached, the contract changes will be imposed.

The government therefore expects the majority of hospital doctors to be on seven day contracts as a result of these changes by the end of the next parliament.

The announcements on consultant contract reform follow the publication today of the independent report 'Contract reform for consultants and doctors and dentists in training – supporting healthcare services seven days a

Contact: Amber Davenport, Policy Advisor, amber.davenport@nhsproviders.org

week', which was supported by evidence supplied by NHS Employers and NHS Providers. In addition to endorsing removal of the opt-out clause from the consultant contract, the report recommends:

- changes to the junior doctors contract to link pay with stages of training and commensurate levels of responsibility, and
- strengthening the link between consultant pay and performance by reforming local clinical excellence awards.

The government has also accepted in principle, the 19 recommendations within the **Rose report 'Better leadership for tomorrow'**, also published today. This includes bringing the responsibility for nurturing and developing talented leadership in the NHS, including the NHS Leadership Academy, together under Health Education England.

NHS Providers view

We welcome the Secretary of State's announcement today that the reform of consultant contract will take place as a matter of urgency. Reform is long overdue. Providers of NHS services have consistently told us that the consultant contract, in particular the right to decline non-emergency work outside core hours, is a barrier to the delivery of more seven day services.

It is likely that once national changes to the consultant contract are finalised there will be increased expectation on NHS provider organisations to demonstrate progress towards seven day working. However, even with this contractual barrier removed there remain fundamental issues such as the overall funding envelope to support moves to seven day working, and the availability of non-medical staff and community and social care services during weekends and evenings.

In addition to supporting NHS Employers with its negotiations on consultant contract reform, NHS Providers will continue its work with NHS England to identify the costs and funding streams available to providers for delivering seven day services.

QUALITY AND SAFETY

Today Jeremy Hunt also laid a ministerial statement in the House of Commons, alongside the publication of 'Learning not blaming', the government's response to Sir Robert Francis QC's Freedom to Speak Up review, the Public Administration Select Committee report on investigating clinical incidents in the NHS, and Dr Bill Kirkup's independent report on the Morecambe Bay investigation.

In response to the **Freedom to Speak Up review**, the government will appoint an Independent National Officer, located at the Care Quality Commission, to make sure all trusts have proper processes in place to listen to the concerns of staff before they feel the need to become whistleblowers. All NHS foundation trusts and trusts will also be required to appoint someone whose job is to be there when frontline doctors and nurses need someone to turn to with concerns about patient care that they do not feel able to raise with their immediate line manager.

The government accepted all of the recommendations in the independent report on the **Morecambe Bay investigation report**, including removing the Nursing and Midwifery Council's current responsibility and accountability for statutory supervision of midwives in the United Kingdom and bringing the regulation of midwives into line with the arrangements for other regulated professions.

Contact: Amber Davenport, Policy Advisor, amber.davenport@nhsproviders.org

The Public Administration Select Committee report into clinical incident investigations recommended establishing a new Independent Patient Safety Investigation Service by April 2016. Therefore, in response to this recommendation Jeremy Hunt announced that once transferred to NHS Improvement the patient safety function headed by Dr Mike Durkin will have two early priorities:

1. To set up a new Independent Patient Safety Investigation Service modelled on the Air Accident Investigation Branch used by the airline industry, as recommended in Dr Bill Kirkup independent report on the Morecambe Bay investigation.
2. To work with the Chief Nursing Officer to complete the work started by NICE on safe staffing levels, using a methodology that "properly assesses and publishes what appropriate levels of staffing should be, taking full account of the changes that can be made with new technology and modern multidisciplinary work practices". This will then be independently reviewed by NICE, the chief inspector of hospitals and Sir Robert Francis.

Finally, Martha Lane Fox will lead a piece of work to increase take-up of new digital innovations in health.

NHS Providers view

We welcome the secretary of state's acknowledgement of the need for a shift in culture from a top-down target driven system to one centred around transparency, learning and improvement. We particularly welcome the renewed focus on safety at a national level. The establishment of the Independent Patient Safety Investigation Service has the potential to play a crucial role in engendering change and drive a learning culture within the NHS. We agree wholeheartedly with the proposition that this function within NHS Improvement remains independent from the organisation's regulatory role in order to fulfil this purpose

We have previously welcomed the recommendations in Sir Robert Francis QC's Freedom to Speak up review and equally support the government's acceptance of the recommendations included within his report. We look forward to working with CQC to ensure introduction of the Independent National Officer to act as a national whistleblowing guardian adds value for the sector and for patients. We also welcome feedback from our membership about the introduction of the local guardian roles and how they are serving to add value and support safety cultures locally.

NHS PROVIDERS PRESS STATEMENT

PRESS STATEMENT

16 July 2015

NHS Providers responds to today's speech by the Rt Hon Jeremy Hunt MP, Secretary of State for Health

Chris Hopson, chief executive, NHS Providers, said:

"The Secretary of State's wide ranging speech today has, at its core, a new phase of transparency, learning and development aimed to improving the quality of patient care and we welcome that focus.

Contact: Amber Davenport, Policy Advisor, amber.davenport@nhsproviders.org

"Part of driving this change and supporting a longer term vision for the NHS involves introducing seven day services. NHS trust leaders who employ consultants tell us that the consultant contract as currently configured, with its opt out for weekend non emergency work, is the biggest barrier to the delivery of seven day services. Beyond seven day services, the reform of doctors' and wider NHS contracts are fundamental to promoting a flexible and affordable workforce. We therefore welcome the Secretary of State's focus, urgency and ambition on this issue and stand ready to support the delivery of these reforms as soon as possible.

"It is NHS providers who have the responsibility to deliver outstanding care 24 hours a day, 365 days a year. We welcome the Government's recognition that those providers need the support of the NHS' national leadership to deliver those responsibilities. We therefore welcome the Secretary of State's emphasis on the importance of provider autonomy. We also welcome his recognition that bringing Monitor and TDA closer together to create NHS Improvement can streamline regulatory and oversight processes and eliminate duplication of effort. The Government's recognition of and investment in improvement support is also welcome, however we need to look at the detail of how NHS Improvement will combine its regulatory and improvement roles. We welcome Ed Smith to his important new role – his leadership and that of the new NHS Improvement chief executive will be crucial in ensuring NHS providers are able to meet their current challenges".

Ends

Notes to editors

See our programme for a #HealthyNHS, setting out priorities for four areas – funding, workforce, regulation and NHS providers.

About NHS Providers

- NHS Providers is the membership organisation for NHS acute hospitals, community, mental health and ambulance services
- NHS Providers acts as the public voice for those NHS trusts, helping to deliver high quality care by promoting shared learning, providing support and development and shaping the strategic system in which our members operate
- NHS Providers has more than 90% of all NHS foundation trusts and aspirant trusts in membership
- Follow NHS Providers on twitter @NHSProviders and Chris Hopson, chief executive, @ChrisCEOHopson
- A full list of NHS Providers' press releases and statements can be viewed in the news section of our homepage www.nhsproviders.org
- Contact Geethani Piyasena, media relations, 07711 376 267

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University Hospitals of Leicester NHS Trust

Report to: **Various Committees**

Report from: Director of Performance and Information

Date: **20/07/2015**

Subject: **Responding to tripartite letter on improving Cancer Performance**

Issue	Action	Lead	By When	Progress Update	RAG Status
The Trust Board must have a named Executive Director responsible for delivering the national cancer waiting time standards.	• Richard Mitchell is the named Exec Director	RM	18/07/2015	Complete	5
Boards should receive 62 day cancer wait performance reports for each individual cancer tumour pathway, not an all pathway average.	• Q&P updated for August	WM	01/08/2015	Q&P update complete	5
Every Trust should have a cancer operational policy in place and approved by the Trust Board. This should include the approach to auditing data quality and accuracy, the Trust approach to ensure MDT coordinators are effectively supported, and have sufficient dedicated capacity to fulfil the function effectively.	• Cancer Centre redrafting SOP to cover all elements. • Agreement of SOP at heads of Ops. • DPI and Cancer Lead Clinician reviewing resource requirements • Approval of SOP at IFPIC	MW WM WM/MM RM/WM	27/07/2015 04/08/2015 14/08/2015 27/08/2015		4
Every Trust must maintain and publish a timed pathway, agreed with the local commissioners and any other Providers involved in the pathway, taking advice	• These are being taken for clinical sign off to the Cancer Board • To be approved at joint RTT/	MM WM	02/08/2015 29/08/20		4

from the Clinical Network for the following cancer sites: lung, colorectal, prostate and breast. These should specify the point within the 62 day pathway by which key activities such as OP assessment, key diagnostics, inter-Provider transfer and TCI dates need to be completed. Assurance will be provided by regional tripartite groups.	Cancer board August		15		
A root cause breach analysis should be carried out for each pathway not meeting current standards, reviewing the last ten patient breaches and near misses (defined as patients who came within 48hours of breaching). These should be reviewed in the weekly PTL meetings.	• Cancer Centre to create pro-forma for review. • Cancer Centre to produce breach Maps by 12th of the following Month. • RCA completed and thematic returned to the Cancer Centre within 10 days of reports being sent. • 1 Cancer Action board per month spent reviewing themes.	MW MW/CC Heads of Ops CC	31/08/2015 Monthly Monthly Monthly		4
Alongside the above, a capacity and demand analysis for key elements of the pathway not meeting the standard (1st OP appointment; treatment by modality) should be carried out. There should also be an assessment of sustainable list size at this point.	• Information team to identify information lead for role. • Analysis by key pathway to be completed. • To be signed off by General Manager and Cancer lead clinician	31/07/15 25/08/2015 14/09/201	JR JR MM		4
An Improvement Plan should then be prepared for each pathway not meeting the standard, based on breach analysis, and capacity and demand modelling, describing a timetabled recovery trajectory for the relevant pathway to achieve the national standard. This should be agreed by local commissioners and any other providers involved in the pathway, taking advice from the local Cancer Clinical Network. Regional tripartite groups	• Current Tumor site by Tumour site plan reviewed by CCGs • IST review of key pathways in August • Completion of the revised action plan based on demand and capacity work and	WM WM MW/CC	21/07/2015 14/09/2015 25/09/2015	Complete	4

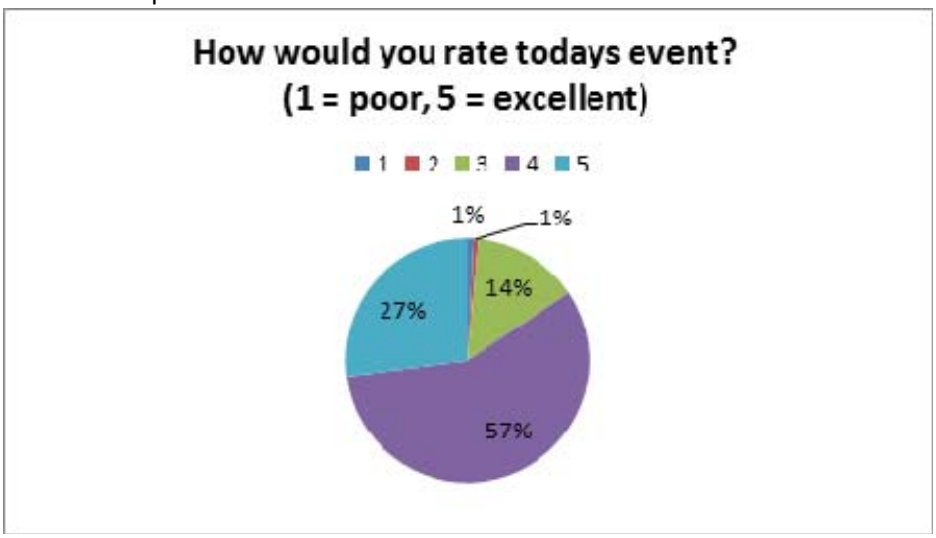
will carry out escalation reviews in the event of non-delivery of an agreed Improvement Plan.				

RAG Status Key:	***5***	***Complete***	***4***	***On Track***	***3***	***Some Delay – expected to be completed as planned***	***2***	***Significant Delay – unlikely to be completed as planned***	***1***	***Not yet commenced***

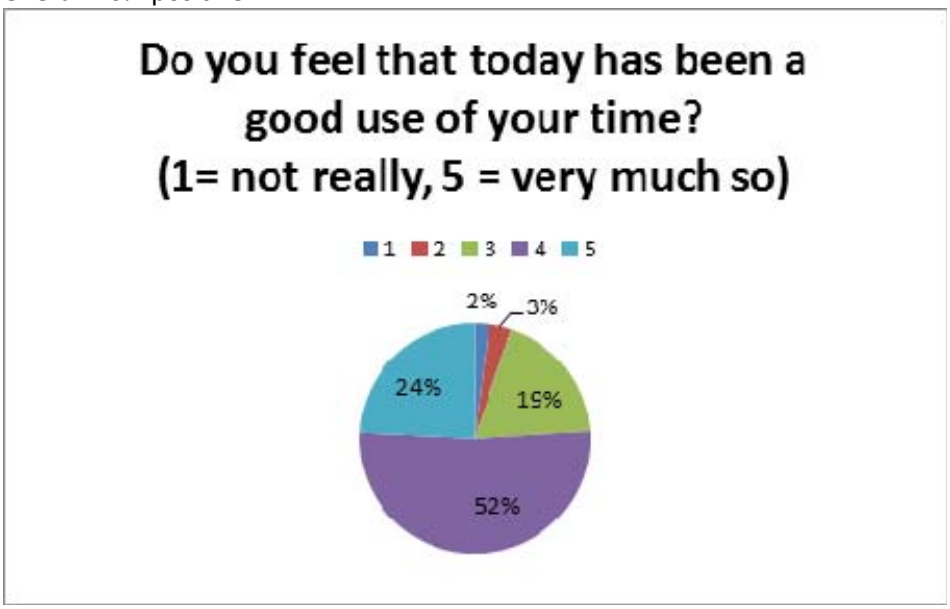
Delivering Caring at its Best Events - July 2015

Total attendees for events 541

Overall 87% positive



Overall 76% positive



Overall 74% positive