

Report by Acting Chief Executive – Monthly Update: June 2020

Authors: Rebecca Brown and Stephen Ward

Sponsor: Rebecca Brown

Trust Board paper D

Purpose of report:

This paper is for:	Description	Select (X)
Decision	To formally receive a report and approve its recommendations OR a particular course of action	
Discussion	To discuss, in depth, a report noting its implications without formally approving a recommendation or action	X
Assurance	To assure the Board that systems and processes are in place, or to advise a gap along with treatment plan	
Noting	For noting without the need for discussion	

Previous consideration:

Meeting	Date	Please clarify the purpose of the paper to that meeting using the categories above
CMG Board (specify which CMG)	N/A	
Executive Board	N/A	
Trust Board Committee	N/A	
Trust Board	N/A	

Executive Summary

Context

The Acting Chief Executive's monthly update report to the Trust Board for June 2020 is attached.

Questions

Does the Trust Board have any questions or comments about our performance and plans on the matters set out in the report?

Conclusion

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 content of this month's report to the Board.

For Reference (edit as appropriate):

This report relates to the following UHL quality and supporting priorities:

1. Quality priorities

Safe, surgery and procedures	[Yes]
Safely and timely discharge	[Yes]
Improved Cancer pathways	[Yes]
Streamlined emergency care	[Yes]
Better care pathways	[Yes]
Ward accreditation	[Yes]

2. Supporting priorities:

People strategy implementation	[Yes]
Estate investment and reconfiguration	[Yes]
e-Hospital	[Yes]
More embedded research	[Yes]
Better corporate services	[Yes]
Quality strategy development	[Yes]

3. Equality Impact Assessment and Patient and Public Involvement considerations:

- What was the outcome of your Equality Impact Assessment (EIA)? N/A
- Briefly describe the Patient and Public Involvement (PPI) activities undertaken in relation to this report, or confirm that none were required – None Required.
- How did the outcome of the EIA influence your Patient and Public Involvement ? N/A
- If an EIA was not carried out, what was the rationale for this decision? On the basis that this is a monthly update report.

4. Risk and Assurance

Risk Reference:

Does this paper reference a risk event?	Select (X)	Risk Description:
Strategic: Does this link to a Principal Risk on the BAF?	X	ALL
Organisational: Does this link to an Operational/Corporate Risk on Datix Register	X	There are several risks which feature on the organisational risk register relating to matters covered in this paper.
New Risk identified in paper: What type and description ?	N/A	N/A
None		

5. Scheduled date for the **next paper** on this topic: July 2020 Trust Board

6. Executive Summaries should not exceed **5 sides** [My paper does comply]

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT TO: TRUST BOARD

DATE: 4TH JUNE 2020

REPORT BY: ACTING CHIEF EXECUTIVE

SUBJECT: MONTHLY UPDATE REPORT – JUNE 2020

1. Introduction

1.1 My report this month is confined to a number of issues which I think it important to highlight to the Trust Board.

2. UHL response to COVID-19

2.1 I have attached, for information at **appendix 1**, a copy of the NHS Operating Framework for urgent and planned services in hospital settings during COVID-19 which was issued by NHS E/I on 14th May 2020. The framework seeks to establish a consistent approach nationally as we move from restoration into recovery, while allowing local flexibility in the implementation of the key principles.

2.2 As Board members will appreciate, the situation is fast-moving and I will therefore make a presentation at the Board meeting on the latest position and the Trust's response and plans.

2.3 It is worth noting, however, that we were able to recommence some children's cardiac surgery cases with effect from 18th May 2020. Work continues to re-establish a full programme of such services at UHL: in the meantime, we continue to receive support from Birmingham Children's Hospital.

3. Quality and Performance Dashboard – April 2020

3.1 The Quality and Performance Dashboard for April 2020 is appended to this report at **appendix 2**.

3.2 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.

3.3 The more comprehensive monthly Quality and Performance report has been reviewed as part of the May 2020 People, Process and Performance Committee assurance call. The [month 1 quality and performance report](#) is published on the Trust's website.

4. Reconfiguration Programme – Update

4.1 We remain in close contact with Department of Health and Social Care officials on the Pre-Consultation Business Case and associated assurance processes and, in

parallel, continue our discussions with CCG colleagues to plan for the eventual commencement of public consultation.

4.2 Monthly meetings have been timetabled with Department of Health and Social Care and NHS E/I colleagues to enable us to continue our productive discussions on matters such as the drawdown of approved funding, the potential impact of COVID-19 and the route to market.

4.3 A further update on the Reconfiguration Programme will be made to the Board at its next meeting.

5. New Leicester Patient Recruitment Centre to improve patient access to commercial clinical research

5.1 I am pleased to report that UHL has been selected as one of five NHS Trusts in England to host a new Patient Recruitment Centre (PRC) for late phase commercial clinical research.

5.2 The new PRC will enable local patients to take part in late-phase commercial clinical research - studies funded by the life sciences industry - through which participants can access potentially cutting edge new drugs and treatments before they become widely available within the NHS.

5.3 During the ongoing coronavirus pandemic, the new centres will also increase opportunities for patients to access trials assessing the latest potential treatments against COVID-19; in addition to trials across all other healthcare specialties.

5.4 Professor Melanie Davies, Consultant in Diabetes Medicine, will lead the new PRC in Leicester. Under the management of the National Institute for Health Research (NIHR), the new Patient Recruitment Centre will provide dedicated space, purpose-designed facilities and medical expertise to deliver clinical research within a convenient local NHS hospital location - with the aim of increasing the number of studies being run across the region. By working closely with local NHS Trusts and stakeholders, the centres will provide new opportunities for local patients to take part in important health research studies and trials.

6. UHL Stem Cell Transplant Programme

6.1 I am pleased to report that the UHL adult stem cell transplant programme (undertaken in collaboration with Northampton General Hospital NHS Trust) has been re-accredited for a further 4 years by the Joint Accreditation Committee of the International Society of Cellular Therapy and the European Society for Blood and Marrow Transportation (JACIE).

6.2 This important clinical service, led by Dr M Martin, Consultant Haematologist and Transplant Director, involves the treatment of a range of haematological disorders; re-accreditation confirms that the Trust continues to meet the required quality standards for this nationally commissioned service.

7. Conclusion

- 7.1 The Trust Board is invited to consider and comment upon this report and the attached appendices.

Rebecca Brown
Acting Chief Executive

28th May 2020

Operating framework for urgent and planned services in hospital settings during COVID-19

Purpose

- The NHS has created unprecedented surge capacity, including HDU and ITU, to treat and care for patients with confirmed COVID-19 infection.
- The challenge now facing the NHS as it begins the second phase of its response to the outbreak is to maintain the capacity to provide high quality services for patients with COVID-19, whilst increasing other urgent clinical services and important routine diagnostics and planned surgery.
- Local healthcare systems and individual providers have already started planning for this. A key objective in executing these plans must be to minimise the transmission of COVID-19 infection within hospitals, also referred to as hospital-onset infection or nosocomial transmission.
- Delivery against the national expectations and principles set out in this framework will require strong and focussed leadership from local healthcare systems, underpinned by excellent clinical judgment and patient communication.
- Whilst this guidance is intentionally focussed on hospital settings, including acute, community and mental health, many of the principles will be relevant to other healthcare settings and connecting services, including ambulance, primary and community care.

Framework

- 1 Careful planning, scheduling and organisation of clinical activity
- 2 Scientifically guided approach to testing staff and patients
- 3 Excellence in Infection Prevention and Control (IPC)
- 4 Rigorous monitoring and surveillance
- 5 Focus on continuous improvement

Planned & Elective and **Urgent & Emergency** care pathways present different opportunities and challenges for minimising hospital transmission of COVID-19 requiring careful planning, scheduling and organisation of clinical activity.

Planned & Elective Care

- Patients should only be required to attend hospital where clinically necessary- maximise all opportunities for remote, multi-professional virtual consultations.
- *Admission:* only patients who remain asymptomatic having isolated for 14 days prior to admission and, where feasible, tested negative prior to admission (see next page on testing).
Outpatient: only patients who are asymptomatic should attend, ensuring they can comply with normal social distancing requirements.
- Enhanced planning and protection for patients who are clinically extremely vulnerable (shielded) from COVID-19.
- Ensure any patient who subsequently tests positive or shows symptoms can be immediately isolated.

Urgent & Emergency Care

- On arrival, ensure patients are immediately identified as either i) asymptomatic; ii) symptomatic for COVID-19; iii) COVID+ and apply appropriate Infection Prevention and Control procedures.
- Ensure within the Emergency Department and Urgent Access Clinics asymptomatic patients can comply with normal social distancing requirements.
- Ensure any patient who subsequently tests positive or shows symptoms can be immediately isolated or managed in a COVID+ cohorted area.
- Enhanced planning and protection for patients who are clinically extremely vulnerable (shielded) from COVID-19, identified from Summary Care Record or by referring clinician pre-arrival where possible.

Maximise opportunities for creating physical and / or visible separation between clinical and non clinical areas used by patients on a Planned & Elective care pathway and those on an Urgent & Emergency care pathway. Solutions must be flexible and sustainable as demand and activity levels change over the next few months.

Maintain consistency in staff allocation where possible and reduce movement of staff and the cross over of care pathways where feasible between Planned & Elective care pathways and Urgent & Emergency care pathways.

Ensure planned activity aligns with other dependencies, inc. testing capacity, medicines supply, consumables and PPE.

A scientifically guided approach to **testing the right patients and staff, at the right time and frequency** (updated as the evidence evolves) will underpin efforts to minimise COVID19 transmission in hospitals.

The testing approach described below follows advice from the Chief Medical Officer for England and will be kept under constant review during the early stages of the second phase of the NHS response to COVID-19.

Patients

Emergency Admissions: all patients should be tested on admission. For patients who test negative, a further single re-test should be conducted between 5-7 days after admission.

Elective Admissions (including day surgery): patients should isolate for 14 days prior to admission along with members of their household. As and when feasible, this should be supplemented with a pre-admission test* (conducted a maximum of 72 hours in advance), allowing patients who test negative to be admitted with IPC and PPE requirements that are appropriate for someone who's confirmed COVID status is negative.

Inpatients: any inpatient who becomes symptomatic, who has not previously tested positive, should be immediately tested as per current practice

Other day interventions: testing and isolation to be determined locally, based on patient and procedural risk.

Discharge: all patients being discharged to a care home or a hospice should be tested up to 48 hours prior to discharge.

Staff

Symptomatic: all staff or members of their household who are symptomatic should be tested as per current practice.

Asymptomatic: additional available NHS testing capacity should be used to routinely and strategically test asymptomatic frontline staff as part of infection prevention and control measures. Local health systems should work together with their labs and regions to agree the use of available capacity.

Serology

Access to **antibody testing**, as part of the government's testing programme, will also begin to be made available to NHS staff and patients during this next phase. The results will be used to build our understanding and knowledge of COVID-19 and inform the clinical approach. More details will be set out in due course.

* Pre-admission testing should not require a patient to break isolation requirements - the Department of Health and Social Care is leading the rollout of home testing.

Excellent implementation of **Infection Prevention and Control (IPC)** procedures is paramount in reducing healthcare associated infections, including nosocomial transmission of COVID-19.

- **Follow the [national IPC guidance](#)**: evidence based, web accessible and printable: associated checklists and compendium of all relevant IPC resources, including training resources, available in one central place (maintained in 'real time'). And use the [IPC Board Assurance Framework](#) to ensure that recommended IPC measures are being reliably implemented within & across the organisation.
- **Use the appropriate level of Personal Protective Equipment (PPE)**, in line with the latest guidance from Public Health England.
- **Minimise potential COVID-19 Health Care Worker (HCW) transmission** (including HCW to HCW) through supporting staff with:
 - Good hand and respiratory hygiene; keeping hands away from face when wearing any face protection.
 - Declaring all COVID-like symptoms, however mild, and not attending clinical areas for work.
 - Wherever possible, reducing movement between different areas.
 - Social distancing (2 metres) inside & outside of clinical areas e.g. during work breaks and when in communal areas.
 - Understanding the risk of surface contact transmission and frequently cleaning any shared equipment e.g. mobile phones, desk phones and other communication devices, tablets, desktops, keyboards etc

Rigorous monitoring and surveillance will be central to understanding COVID-19 transmission within hospitals, providing transparency on performance and supporting a focus on continuous improvement.

- **Public Health England and NHS Digital are establishing routine data collection systems on COVID-19**, including standard definitions of ‘hospital onset’, at Trust level. This will enable rates of nosocomial transmission to be identified and tracked weekly.
- **Routine data to be available to Trusts by end May 2020**, with data linkage with Spine and Hospital Episode Statistics (HES) planned, enabling:
 - ✓ Sub-group analysis/patient stratification to identify patient risk factors;
 - ✓ Previous hospital episode stays to be identified.
- Surveillance to be underpinned through system level and regional oversight.

5 Focus on continuous improvement

Measure for Improvement

Capture organisational data and measure for improvement

Improvement Methodology

Use an established improvement methodology to identify changes and measure their impact

Clinically Led Pathway Improvements






Ensure a focus on clinically led pathway improvements / redesign to eliminate unnecessary hospital attendances and further reduce risks for patients requiring hospital care and treatment




Build Local Learning Systems

Build local learning systems to capture and share best practice and support the use of peer review

Quality and Performance Report Board Summary April 2020

This dashboard uses icons to indicate if a process is showing special cause or common cause variation. It also indicates whether the process is able to meet any stated target. Here is a key to the icons

Icon	Description
	Special cause variation - cause for concern (indicator where high is a concern)
	Special cause variation - cause for concern (indicator where low is a concern)
	Common cause variation
	Special cause variation - improvement (indicator where high is good)
	Special cause variation - improvement (indicator where low is good)

Icon	Description
	The system is expected to consistently fail the target
	The system is expected to consistently pass the target
	The system may achieve or fail the target subject to random variation

These icons are used to indicate statistical variation. We have identified special cause variation based on three rules which are shown below. If none of the rules are present then the metric is showing common cause variation.

- An upwards or downwards trend in performance for seven or more consecutive months.
- Seven or more months above or below the average.
- One month or more outside the control limits .

Green indicates that the metric has passed the monthly or YTD target while **Red** indicates a failure to do so.

The trend shows performance for the most recent 13 months.

Data Quality Assessment – The Data Quality Forum panel is presented with an overview of data collection and processing for each performance indicator in order to gain assurance by best endeavours that it is of suitably high quality. The forum provides scrutiny and challenge on the quality of data presented, via the attributes of (i) Sign off and Validation (ii) Timeliness and Completeness (iii) Audit and Accuracy and (iv) Systems and Data Capture to calculate an assurance rating.

These icons are used to indicate if a target is likely to be achieved next month, has the potential to be achieved or is expected to fail.

Quality and Performance Report Board Summary April 2020

Domain	KPI	Target	Feb-20	Mar-20	Apr-20	YTD	Assurance	Variation	Trend	Data Quality Assessment
Safe	Never events	0	0	0	1	1				Jan-20
	Overdue CAS alerts	0	0	0	0	0				Nov-19
	% of all adults VTE Risk Assessment on Admission	95%	98.4%							Dec-19
	Emergency C-section rate	No Target	19.8%	23.1%	17.2%	17.2%				Feb-20
	Clostridium Difficile	108	6	10	7	7				Nov-17
	MRSA Total	0	0	2	0	0				Nov-17
	E. Coli Bacteraemias Acute	No Target	7	6	1	1				Jun-18
	MSSA Acute	No Target	3	5	1	1				Nov-17
	All falls reported per 1000 bed stays	6.02	2.6	3.8		2.7				Jun-18
	Rate of Moderate harm and above Falls PSIs with finally approved status per 1,000 bed days	No Target	0.02	0.04		0.06				TBC

Domain	KPI	Target	Feb-20	Mar-20	Apr-20	YTD	Assurance	Variation	Trend	Data Quality Assessment
Caring	Staff Survey Recommend for treatment	No Target								Aug-17
	Single Sex Breaches	0	0	1						Dec-16
	Inpatient and Daycase F&F Test % Positive	96%	97%							Jun-17
	A&E F&F Test % Positive	94%	95%							Jun-17
	Maternity F&F Test % Positive	96%	94%							Jun-17
	Outpatient F&F Test % Positive	94%	96%							Jun-17
	Complaints per 1,000 staff (WTE)	No Target								Jan-20

Domain	KPI	Target	Feb-20	Mar-20	Apr-20	YTD	Assurance	Variation	Trend	Data Quality Assessment
Well Led	Staff Survey % Recommend as Place to Work	No Target								Sep-17
	Turnover Rate	10%	8.7%	7.8%	7.7%	7.7%				Nov-19
	Sickness Absence	3%	4.4%	8.0%		4.4%				Oct-16
	% of Staff with Annual Appraisal	95%	92.6%	89.6%	84.9%	84.9%				Dec-16
	Statutory and Mandatory Training	95%	93%	92%	96%	96%				Feb-20
	Nursing Vacancies	No Target	9.8%	9.3%		9.3%				Dec-19

Quality and Performance Report Board Summary April 2020

Domain	KPI	Target	Feb-20	Mar-20	Apr-20	YTD	Assurance	Variation	Trend	Data Quality Assessment
Effective	Mortality Published SHMI	99	96	96	95	95 (Jan 19 to Dec 19)				Sep-16
	Mortality 12 months HSMR	99	94	93	95	95 (Jan 19 to Dec 19)				Sep-16
	Crude Mortality Rate	No Target	1.1%	1.7%	3.7%	3.7%		H		Sep-16
	Emergency Readmissions within 30 Days	8.5%	9.0%	7.6%		9.0%	?	L		Jun-17
	Emergency Readmissions within 48 hours	No Target	1.2%	0.9%		1.1%				Jun-17
	No of #neck of femurs operated on 0-35hrs	72%	76.2%	53.6%	28.3%	28.3%	?	L		Jul-17
	Stroke - 90% Stay on a Stroke Unit	80%	85.7%	86.2%		87.5%	?			Apr-18
	Stroke TIA Clinic Within 24hrs	60%	71.1%	77.3%	86.0%	86.0%	?			Apr-18

Domain	KPI	Target	Feb-20	Mar-20	Apr-20	YTD	Assurance	Variation	Trend	Data Quality Assessment
Responsive	ED 4 hour waits UHL	95%	66.8%	72.1%	86.7%	86.7%	F	H		Sep-18
	ED 4 hour waits Acute Footprint	95%	78.6%	81.4%	90.5%	90.5%	F	H		Aug-17
	12 hour trolley waits in A&E	0	9	5	0	0	?			Mar-19
	Ambulance handover >60mins	0.0%	14.2%	9.0%	1.0%	1.0%	?			TBC
	RTT Incompletes	92%	79.3%	76.5%	69.4%	69.4%	F	L		Nov-19
	RTT Waiting 52+ Weeks	0	0	35	281	281	?	H		Nov-19
	Total Number of Incompletes	66,397 (by year end)	66,147	64,559	65,404	65,404	?			Nov-19
	6 Week Diagnostic Test Waiting Times	1.0%	0.8%	4.6%	36.5%	36.5%	?	H		Nov-19
	Cancelled Patients not offered <28 Days	0	36	20	85	85	?	H		Nov-19
	% Operations Cancelled OTD	1.0%	0.9%	1.8%	1.0%	1.0%	?			Jul-18
	Delayed Transfers of Care	3.5%	1.9%				P			Oct-17
	Long Stay Patients (21+ days)	135	186	131	76	76	?	L		TBC
	Inpatient Average LOS	No Target	3.3	3.6	4.6	4.6		H		TBC
	Emergency Average LOS	No Target	5.1	5.4	5.0	5.0		H		TBC

Domain	KPI	Target	Jan-20	Feb-20	Mar-20	YTD	Assurance	Variation	Trend	Data Quality Assessment
Responsive - Cancer	2WW	93%	94.7%	96.7%	95.4%	93.0%	?			Dec-19
	2WW Breast	93%	93.9%	96.1%	97.3%	95.9%	?			Dec-19
	31 Day	96%	89.8%	94.9%	93.0%	92.8%	?			Dec-19
	31 Day Drugs	98%	100%	99%	100%	99.6%	P			Dec-19
	31 Day Sub Surgery	94%	70.6%	84.3%	78.1%	81.1%	?			Dec-19
	31 Day Radiotherapy	94%	65.9%	76.0%	77.1%	87.1%	?	L		Dec-19
	Cancer 62 Day	85%	70.2%	72.5%	71.1%	73.6%	F			Dec-19
	Cancer 62 Day Consultant Screening	90%	72.8%	85.3%	85.7%	84.0%	?			Dec-19

Domain	KPI	Target	Feb-20	Mar-20	Apr-20	YTD	Assurance	Variation	Trend	Data Quality Assessment
Outpatient Transformation	% DNA rate	No Target	6.8%	8.1%	7.1%	7.1%				Feb-20
	% Virtual clinic appointments	No Target	7.2%	6.7%	9.6%	9.6%		H		Feb-20
	% 7 day turnaround of OP clinic letters	90%	85.2%	80.7%	89.9%	89.9%	?			Feb-20