

## Report by Chief Executive – Monthly Update: March 2020

Authors: John Adler and Stephen Ward

Sponsor: John Adler

Trust Board paper E

### 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 Chief Executive's monthly update report to the Trust Board for March 2020 is attached. It includes:-

- (a) the Quality and Performance Dashboard for January 2020 attached at appendix 1 (the full month 10 quality and performance report is available on the Trust's public website and is hyperlinked within this report);
- (b) key issues relating to the Trust Priorities.

### 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:

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:
<b>Strategic:</b> Does this link to a <b>Principal Risk</b> on the BAF?	X	ALL
<b>Organisational:</b> Does this link to an <b>Operational/Corporate Risk</b> on Datix Register	X	N/A
<b>New Risk</b> identified in paper: What <b>type</b> and <b>description</b> ?	N/A	N/A
<b>None</b>		

5. Scheduled date for the **next paper** on this topic: April 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:** 5TH MARCH 2020  
**REPORT BY:** CHIEF EXECUTIVE  
**SUBJECT:** MONTHLY UPDATE REPORT – MARCH 2020

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### 1. Introduction

1.1 My monthly update report this month focuses on:-

- (a) the Board Quality and Performance Dashboard attached at **appendix 1**;
- (b) the Board Assurance Framework (BAF) and Organisational Risk Register;
- (c) key issues relating to our Trust Priorities, and
- (d) a range of other issues which I think it is important to highlight to the Trust Board.

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 Quality and Performance Dashboard – January 2020

2.1 The Quality and Performance Dashboard for January 2020 is appended to this report **at appendix 1**.

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 a joint meeting of the People, Process and Performance Committee and Quality and Outcomes Committee. The [month 10 quality and performance report](#) is published on the Trust's website.

#### 2.4 **Good News:**

- **Mortality** – the latest published SHMI (period October 2018 to September 2019) is 96, and remains within the expected range.
- **52+ weeks wait** – has been compliant for 19 consecutive months
- **Delayed transfers of care** - remain within the tolerance.
- **CAS alerts** - compliant.
- **MRSA** – 0 cases reported.

- **Pressure Ulcers** - 0 **Grade 4**, 0 **Grade 3** and 6 **Grade 2** reported during January.
- **Inpatient and Day Case Patient Satisfaction (FFT)** achieved 97% which is above the national average.
- **90% of Stay on a Stroke Unit** – threshold achieved with 85.5% reported in December.
- **TIA (high risk patients)** – threshold achieved with 76.8% reported in January.
- **Cancer Two Week Wait** was 96.8% in December against a target of 93%.
- **2 Week Wait Cancer Symptomatic Breast** was 97.8% in December.
- **Annual Appraisal** is at 91.8%.

## 2.5 **Bad News**

- **UHL ED 4 hour performance** – 64.0% for January, system performance (including LLR UCCs) for January is 76.5%.
- **12 hour trolley wait** - 18 breaches reported.
- **Ambulance Handover 60+ minutes (CAD)** – performance at 24.3%.
- **Diagnostic 6 week wait** – standard not achieved in January.
- **C DIFF** – 11 cases reported this month.
- **Single Sex Accommodation Breaches** – 3 reported in January.
- **Cancer 31 day treatment** was 93.1% in December against a target of 96%.
- **Cancer 62 day treatment** was 70.5% in December against a target of 85%.
- **Referral to treatment** – the number on the waiting list (now the primary performance measure) was above the NHSE/I trajectory and 18 week performance was below the NHS Constitution standard at 80.1% at the end of January.
- **Cancelled operations OTD** - 1.3% reported in January.
- **Patients not rebooked within 28 days following late cancellation of surgery** - 64.
- **Statutory and Mandatory Training** compliance has decreased to 92%

## 3. Quality Strategy: Becoming the Best and CQC Inspection

3.1 The various strands of Becoming the Best continue to progress well. Some of the recent developments include:

- Further work on the Design Phase of the Culture and Leadership programme. This will culminate in a set of interventions aimed at improving these aspects of the organisation. Many of these are already part of the People Strategy but there will also be a range of exciting new approaches, many of which are currently being piloted by our Improvement Agents
- The continued roll-out of our Quality Improvement skills training programme with the completion of further cohorts and the planning of the next ones
- A revamp of the programme reporting structure of the Quality Strategy, so as to improve visibility, action tracking and the highlighting of any issues or blockers
- A continued push to fully embed patient and public involvement in the planning and execution of our Quality and Supporting Priorities

- An internal audit review of the implementation of Becoming the Best which will help to inform our approach going forward
- 3.2 As discussed at the February Trust Board meeting, the Care Quality Commission published their final report of their 2019 core service and well led inspections on 5<sup>th</sup> February. The full report and its appendices have been widely circulated but for ease of reference can be accessed via:
- <https://www.cqc.org.uk/provider/RWE>
- 3.3 I am of course very pleased that the Trust improved its rating to Good overall, as well as obtaining Good in the core service inspections for Caring, Well Led, Effective and Responsive. The Safe domain remained as Requires Improvement. Although we have made progress, this needs to continue and to that end a report will come to the next Quality and Outcomes Committee.
- 3.4 The National Staff Survey report for 2019 has now been published and I am very pleased to report that it shows improvements across the board. A detailed report was considered at the most recent People, Process and Performance Committee meeting and I have attached at **appendix 2** a summary of the key data. The improvements in what staff are saying is consistent with what the Care Quality Commission found and is further evidence that we are on the right track, albeit with much more to do.
4. Reconfiguration Programme
- 4.1 The Pre Consultation Business Case (PCBC) was approved at the NHS England/Improvement (NHSE/I) Regional Assurance Panel on the 22nd January 2020. Following this positive outcome the panel recommended the PCBC to the national 'Oversight Group for Service Change and Reconfiguration' (OGSCR).
- 4.2 The OGSCR meeting took place on the 11th February; this was attended in person by John Adler – Chief Executive, Simon Lazarus – Interim Chief Financial Officer and Darryn Kerr – Programme Senior Responsible Owner. We also had a small team of UHL and CCG colleagues who dialled in to the meeting from Leicester and who were available to answer any questions from the committee as required.
- 4.3 The panel were assured by the information they received and from the responses given by UHL and CCG colleagues, enabling them to recommend the PCBC to the final national committee (Delivery, Performance, Quality Committees in Common - DQPCiC). Recognising the current financial position of the system, the case will need to be supported by Julian Kelly, Chief Financial Officer of NHSE before it is presented to the DQPCiC.
- 4.4 The following timetable shows the assurance process left to complete:

Date	Milestone	Key people	Notes
11 <sup>th</sup> February	OGSCR meeting	System, NHSE/I	Completed. Committee recommended PCBC progress to DQPCiC.
20 <sup>th</sup> March	Anticipated date for DQPCiC outcome confirmed	NHSE/I	Expected to be issued via correspondence to CCG AO Date subject to DQPCiC outcome confirmed
Late March	CCG Governing Board approval	System	Date subject to DQPCiC outcome confirmed
	Consultation commences	System	Assuming all approvals in place

4.5 The CCG are leading the consultation and have established a governance structure to manage the process, this comprises of a;

- Steering Group - to provide the overall direction for all activities associated with the consultation plan and
- Consultation Delivery Coordination Group - to ensure Workstream plans and delivery plans are consistent and coordinated.
- PMO – to coordinate the overall consultation plan and management of all information, data, enquiries, reporting of findings and point of contact for stakeholders.
- Workstreams – one each for internal communications, engagement and communication.

4.6 The consultation will last for 12 weeks. A delivery plan which has been developed and which shows the final version of the consultation documentation will be available to send to NHSEI for final approval on the 11<sup>th</sup> March. The delivery plan will be presented at the March Reconfiguration Board and April Executive Strategy Board.

## 5. Emergency Care

5.1 UHL performance against the 4 hour access standard for January 2020 was 64%, and Leicester, Leicestershire and Rutland performance was 76.5%, against a trajectory target of 84%.

5.2 In recent weeks emergency care pressures have stabilised and this is being seen in improve 4 hour performance, our national ranking and particularly in a reduction in ambulance handover delays. This is of course to be welcomed.

5.3 Our attention is now turning very much to planning for 2020/21, learning lessons from what has worked and not worked in the current year. In my last report, I signalled that I would be establishing a “task and finish” group to bring together the key work programmes; this has now met three times.

5.4 Building on the national planning guidance, we are now aiming to take a very different approach to bed capacity planning. In particular, we will be keeping open all

our additional “winter” beds and seeking to eliminate the “outlying” of patients in wards which are not the appropriate specialty for them. This practice has been routine for many years due to bed capacity shortfalls but it is detrimental to quality of care and also impedes flow. A combination of a reduced “bed gap” going into the year, the improved nurse staffing position and opportunities created through reconfiguration means that there is a genuine opportunity to work very differently next year, which will generate improvements in our quality of care and our productivity.

5.5 A full report on the outcome of this work will be presented to the relevant Board Committees at the end of March and be summarised in my April report to the Trust Board.

## 6. Financial Position 2019/20

6.1 As reported elsewhere on this agenda by the Interim Chief Financial Officer, the position as we end the 2019/20 financial year is very challenged, with a significant variation from plan.

6.2 As with operational planning, the focus of the Executive Team is now on preparing the best possible financial plan for 2020/21. This work is particularly focussing on a rigorous examination of investment proposals and cost pressures, so as to at least ensure that any growth in costs is fully funded by income (so that the underlying deficit of the Trust does not increase). In addition, the development of a robust Cost Improvement Programme (CIP) is key and external resources have been commissioned to provide additional support for this.

6.3 There is excellent cross-system collaboration in the search for pathway improvements and additional efficiencies. An example of this is that several CCG colleagues are now working within the Trust to provide a programme management office for the Trust. This flexibility of working has been facilitated by the planned new contractual arrangements for 2020/21 which are expected to be formally approved in later in March.

## 7. COVID-19

7.1 On the 31st December 2019, the World Health Organization (WHO) was informed by the People’s Republic of China of cases of pneumonia of unknown cause associated with the city of Wuhan in central China. On the 9<sup>th</sup> January 2020, WHO went on to announce that a novel coronavirus had been detected in patient samples in Wuhan and it was classified as an airborne high consequence infectious disease (HCID) in the UK.

7.2 On the 11<sup>th</sup> February, WHO named the syndrome caused by this novel coronavirus as COVID-19 (Coronavirus Disease 2019.) The Coronavirus Study Group (CSG) of the International Committee on Taxonomy of Viruses has designated the aetiological agent ‘severe acute respiratory syndrome coronavirus 2’ (SARS-CoV-2).

7.3 The outbreak of infection, which started in Wuhan, has since spread to all provinces of China as well as a number of other countries, including, as of the 31<sup>st</sup> January

2020, the United Kingdom. In response to the growing number of confirmed cases, WHO declared a Public Health Emergency of International Concern on the 30<sup>th</sup> January 2020.

- 7.4 NHS England and NHS Improvement are currently leading the national response to COVID-19 and are working in close partnership with Public Health England.
- 7.5 University Hospitals of Leicester NHS Trust has in place clear command and control arrangements to support the management of any local outbreak of COVID-19. The Trust has a number of staff involved in the planning for COVID-19 and these staff are working towards ensuring local plans reflect the direction and guidance which has been received from NHS England and NHS Improvement.
- 7.6 The Trust already has plans in place to support staff respond to outbreaks of infection and these are forming the basis for specific arrangements for COVID-19. These plans are being developed in close coordination with partners across Leicester, Leicestershire and Rutland (LLR) to ensure our plans reflect our close partnership working.
- 7.7 We are updating and briefing staff regularly as the situation evolves and our response plans are available for staff to access on a dedicated page on INsite (our intranet). This is supported by an ambitious training plan to ensure clinical teams are well prepared.
- 7.8 The ongoing outbreak is an evolving situation and our teams are working closely with our partners to ensure any response is coordinated and effective.
8. Board Assurance Framework (BAF) and Organisational Risk Register
- 8.1 This information provides the Trust Board with a summary of progress with managing principal risks on the BAF to the delivery of our strategic objectives. Since the last meeting, in line with our BAF governance arrangements, Executive Directors have reviewed and updated their principal risks for the period ending 31<sup>st</sup> January 2020.
- 8.2 The highest rated principal risks on the BAF for the reporting period are:

PR No.	Principal Risk Event <i>If we don't put in place effective systems and processes to deal with the threats described in each principal risk... then it may result in...</i>	Executive Lead Owner	Current Rating: July (L x I)
1	Failure to deliver key performance standards for emergency, planned and cancer care	COO	5 x 4 = 20
5	Failure to recruit, develop and retain a workforce of sufficient quantity and skills	DPOD	5 x 4 = 20
6a	Serious disruption to the Trust's critical estates infrastructure	DEF	4 x 5 = 20
6b	Serious disruption to the Trust's critical IT infrastructure	CIO	4 x 5 = 20
9	Failure to meet the financial control total including through improved productivity PR is currently under review and further details to follow.	ICFO	Currently under review



8.3 There have been no significant changes to principal risk ratings on the BAF 2019/20 during the reporting period. Please be advised that principal risk 9 – failure to meet the financial control total including through improved productivity – is currently under review and further details to follow.

PR No.	Principal Risk Event and changes from previous report	Current Rating (L x I)	Q4 Target (L x I)	Rating timeline
1	Failure to deliver key performance standards for emergency, planned and cancer care  No significant change to rating this period - PR agreed at EPB on 25/02/20	5 x 4 = 20	5 x 4 = 20	<p>The chart for PR 1 shows a y-axis from 0 to 25 and an x-axis from Apr to Mar. A solid blue line (Current) and a dashed red line (Target) both remain constant at a rating of 20 throughout the entire period.</p>
2	Failure to reduce patient harm  No significant change to rating this period - PR agreed at EQB on 11/02/20	3 x 5 = 15	3 x 5 = 15	<p>The chart for PR 2 shows a y-axis from 0 to 25 and an x-axis from Apr to Mar. The solid blue line (Current) starts at 20 in Apr, drops to 15 in May, and remains at 15 through Mar. The dashed red line (Target) is constant at 15.</p>
3	Serious/catastrophic failure in a specific clinical service  No significant change to rating this period - PR agreed at EQB on 11/02/20	3 x 5 = 15	3 x 5 = 15	<p>The chart for PR 3 shows a y-axis from 0 to 25 and an x-axis from Apr to Mar. Both the solid blue line (Current) and the dashed red line (Target) are constant at a rating of 15.</p>
4	Failure to deliver the Quality Strategy to plan  No significant change to rating this period - PR agreed at ESB on 04/02/20	3 x 4 = 12	2 x 4 = 8	<p>The chart for PR 4 shows a y-axis from 0 to 25 and an x-axis from Apr to Mar. The solid blue line (Current) starts at 12 in Apr, drops to 8 in Jun, rises back to 12 in Aug, and remains at 12 until Feb, then drops to 8 in Mar. The dashed red line (Target) is constant at 12.</p>
5	Failure to recruit, develop and retain a workforce of sufficient quantity and skills  No significant change to rating this period - PR agreed at EPCB on 18/02/20  For Deep Dive Review at AC on 24/01/20	5 x 4 = 20	4 x 4 = 16	<p>The chart for PR 5 shows a y-axis from 0 to 25 and an x-axis from Apr to Mar. The solid blue line (Current) is constant at 20 from Apr to Feb, then drops to 16 in Mar. The dashed red line (Target) is constant at 20.</p>

6A	<p>Serious disruption to the Trust's critical estates infrastructure</p> <p>No significant change to rating this period - PR agreed at ESB on 04/02/20</p>	4 x 5 = 20	4 x 4 = 16	<table border="1"> <caption>Data for 6A Chart</caption> <thead> <tr><th>Month</th><th>Current</th><th>Target</th></tr> </thead> <tbody> <tr><td>Apr</td><td>20</td><td>20</td></tr> <tr><td>May</td><td>20</td><td>20</td></tr> <tr><td>Jun</td><td>20</td><td>20</td></tr> <tr><td>Jul</td><td>20</td><td>20</td></tr> <tr><td>Aug</td><td>20</td><td>20</td></tr> <tr><td>Sep</td><td>20</td><td>20</td></tr> <tr><td>Oct</td><td>20</td><td>20</td></tr> <tr><td>Nov</td><td>20</td><td>20</td></tr> <tr><td>Dec</td><td>20</td><td>20</td></tr> <tr><td>Jan</td><td>20</td><td>20</td></tr> <tr><td>Feb</td><td>20</td><td>20</td></tr> <tr><td>Mar</td><td>16</td><td>16</td></tr> </tbody> </table>	Month	Current	Target	Apr	20	20	May	20	20	Jun	20	20	Jul	20	20	Aug	20	20	Sep	20	20	Oct	20	20	Nov	20	20	Dec	20	20	Jan	20	20	Feb	20	20	Mar	16	16	
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6B	<p>Serious disruption to the Trust's critical IT infrastructure</p> <p>No significant changes to report this period.</p>	4 x 5 = 20	4 x 4 = 16	<table border="1"> <caption>Data for 6B Chart</caption> <thead> <tr><th>Month</th><th>Current</th><th>Target</th></tr> </thead> <tbody> <tr><td>Apr</td><td>20</td><td>20</td></tr> <tr><td>May</td><td>20</td><td>20</td></tr> <tr><td>Jun</td><td>20</td><td>20</td></tr> <tr><td>Jul</td><td>20</td><td>20</td></tr> <tr><td>Aug</td><td>20</td><td>20</td></tr> <tr><td>Sep</td><td>20</td><td>20</td></tr> <tr><td>Oct</td><td>20</td><td>20</td></tr> <tr><td>Nov</td><td>20</td><td>20</td></tr> <tr><td>Dec</td><td>20</td><td>20</td></tr> <tr><td>Jan</td><td>20</td><td>20</td></tr> <tr><td>Feb</td><td>20</td><td>20</td></tr> <tr><td>Mar</td><td>16</td><td>16</td></tr> </tbody> </table>	Month	Current	Target	Apr	20	20	May	20	20	Jun	20	20	Jul	20	20	Aug	20	20	Sep	20	20	Oct	20	20	Nov	20	20	Dec	20	20	Jan	20	20	Feb	20	20	Mar	16	16	
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7	<p>Failure to deliver the Trust's site investment and reconfiguration programme within budget</p> <p>No significant change to rating this period - PR agreed at ESB on 04/02/20</p> <p>The rating was amended to 16 in Oct (from 9) until early draw down of capital announced in September. It is anticipated that the risk score will reduce as the programme progresses through to delivery phase as construction includes a costed risk register.</p>	4 x 4 = 16	3 x 3 = 9	<table border="1"> <caption>Data for 7 Chart</caption> <thead> <tr><th>Month</th><th>Current</th><th>Target</th></tr> </thead> <tbody> <tr><td>Apr</td><td>16</td><td>16</td></tr> <tr><td>May</td><td>16</td><td>16</td></tr> <tr><td>Jun</td><td>16</td><td>16</td></tr> <tr><td>Jul</td><td>16</td><td>16</td></tr> <tr><td>Aug</td><td>16</td><td>16</td></tr> <tr><td>Sep</td><td>9</td><td>12</td></tr> <tr><td>Oct</td><td>16</td><td>12</td></tr> <tr><td>Nov</td><td>16</td><td>12</td></tr> <tr><td>Dec</td><td>16</td><td>12</td></tr> <tr><td>Jan</td><td>16</td><td>12</td></tr> <tr><td>Feb</td><td>16</td><td>12</td></tr> <tr><td>Mar</td><td>16</td><td>12</td></tr> </tbody> </table>	Month	Current	Target	Apr	16	16	May	16	16	Jun	16	16	Jul	16	16	Aug	16	16	Sep	9	12	Oct	16	12	Nov	16	12	Dec	16	12	Jan	16	12	Feb	16	12	Mar	16	12	
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8	<p>Failure to deliver the e-hospital strategy including the required process and cultural change</p> <p>No significant changes to report this period.</p>	4 x 3 = 12	3 x 3 = 9	<table border="1"> <caption>Data for 8 Chart</caption> <thead> <tr><th>Month</th><th>Current</th><th>Target</th></tr> </thead> <tbody> <tr><td>Apr</td><td>12</td><td>12</td></tr> <tr><td>May</td><td>12</td><td>12</td></tr> <tr><td>Jun</td><td>12</td><td>12</td></tr> <tr><td>Jul</td><td>12</td><td>12</td></tr> <tr><td>Aug</td><td>12</td><td>12</td></tr> <tr><td>Sep</td><td>12</td><td>12</td></tr> <tr><td>Oct</td><td>12</td><td>12</td></tr> <tr><td>Nov</td><td>12</td><td>12</td></tr> <tr><td>Dec</td><td>12</td><td>12</td></tr> <tr><td>Jan</td><td>12</td><td>12</td></tr> <tr><td>Feb</td><td>12</td><td>12</td></tr> <tr><td>Mar</td><td>9</td><td>9</td></tr> </tbody> </table>	Month	Current	Target	Apr	12	12	May	12	12	Jun	12	12	Jul	12	12	Aug	12	12	Sep	12	12	Oct	12	12	Nov	12	12	Dec	12	12	Jan	12	12	Feb	12	12	Mar	9	9	
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Mar	9	9																																										
10	<p>Failure to work with the wider system</p> <p>The current rating was reduced from 16 to 12, in view of the progress made in terms of a new planning process, contract form and associated transformation and delivery structures.</p> <p>PR agreed at ESB on 04/02/20</p>	3 x 4 = 12	2 x 4 = 8	<table border="1"> <caption>Data for 10 Chart</caption> <thead> <tr><th>Month</th><th>Current</th><th>Target</th></tr> </thead> <tbody> <tr><td>Apr</td><td>16</td><td>16</td></tr> <tr><td>May</td><td>16</td><td>16</td></tr> <tr><td>Jun</td><td>16</td><td>16</td></tr> <tr><td>Jul</td><td>16</td><td>16</td></tr> <tr><td>Aug</td><td>16</td><td>16</td></tr> <tr><td>Sep</td><td>16</td><td>16</td></tr> <tr><td>Oct</td><td>16</td><td>16</td></tr> <tr><td>Nov</td><td>12</td><td>16</td></tr> <tr><td>Dec</td><td>12</td><td>12</td></tr> <tr><td>Jan</td><td>12</td><td>12</td></tr> <tr><td>Feb</td><td>12</td><td>12</td></tr> <tr><td>Mar</td><td>12</td><td>12</td></tr> </tbody> </table>	Month	Current	Target	Apr	16	16	May	16	16	Jun	16	16	Jul	16	16	Aug	16	16	Sep	16	16	Oct	16	16	Nov	12	16	Dec	12	12	Jan	12	12	Feb	12	12	Mar	12	12	
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Feb	12	12																																										
Mar	12	12																																										

11	<p>Failure to maintain and enhance research market competitiveness by failing to develop Leicestershire Academic Health Partners</p> <p>No significant change to rating this period - PR agreed at ESB on 04/02/20</p>	3 x 3 = 9	2 x 3 = 6	
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*Organisational Risk Register summary*

8.4 The UHL risk register has been kept under review by the Executive Performance Board, the CMG Performance Review Meetings and across all CMGs via their monthly Board meetings during February 2020 (for the reporting period ending 31<sup>st</sup> January 2020) and displays 328 organisational risk entries. A breakdown of the risk profile by current rating is shown in the graphic below:



8.5 Thematic analysis of the organisational risk register shows the most common risk causation theme across all CMGs is workforce capacity and capability. Thematic analysis shows the most common risk consequence is potential for harm (physical or psychological) – this may be to patients (as a result of issues with care); to members of staff, or to visitors (arising from health & safety issues).

8.6 There have been no new risks rated 15 and above entered on the risk register during the reporting period.






9. Conclusion




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

John Adler  
Chief Executive  
28<sup>th</sup> February 2020

# Quality and Performance Report Board Summary January 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 January 2020

Domain	KPI	Target	Nov-19	Dec-19	Jan-20	YTD	Assurance	Variation	Trend	Data Quality Assessment
Safe	Never events	0	0	0	0	2				Jan-20
	Overdue CAS alerts	0	0	0	0	1				Nov-19
	% of all adults VTE Risk Assessment on Admission	95%	98.2%	98.5%	98.2%	98.1%				Dec-19
	Emergency C-section rate	No Target	21.4%	19.7%	19.1%	19.6%				Feb-20
	Clostridium Difficile	108	5	11	11	88				Nov-17
	MRSA Total	0	0	1	0	3				Nov-17
	E. Coli Bacteraemias Acute	No Target	9	2	12	81				Jun-18
	MSSA Acute	No Target	5	1	5	31				Nov-17
	All falls reported per 1000 bed stays	6.02	3.9	4.1		4.5				Jun-18
	Rate of Moderate harm and above Falls PSIs with finally approved status per 1,000 bed days	No Target	0.1	0.0		0.1				TBC
	Avoidable pressure ulcers G4	0	0	0	0	0				Aug-17
	Avoidable pressure ulcers G3	3	0	1	0	2				Aug-17
	Avoidable pressure ulcers G2	7	3	4	6	47				Aug-17

Domain	KPI	Target	Nov-19	Dec-19	Jan-20	YTD	Assurance	Variation	Trend	Data Quality Assessment
Caring	Staff Survey Recommend for treatment	No Target	67%	67%		73%				Aug-17
	Single Sex Breaches	0	0	0	3	13				Dec-16
	Inpatient and Daycase F&F Test % Positive	96%	97%	97%	97%	97%				Jun-17
	A&E F&F Test % Positive	94%	91%	92%	97%	94%				Jun-17
	Maternity F&F Test % Positive	96%	94%	96%	95%	94%				Jun-17
	Outpatient F&F Test % Positive	94%	95%	96%	95%	95%				Jun-17
	Complaints per 1,000 staff (WTE)	No Target	Q3 Available March			49.5				Jan-20

Domain	KPI	Target	Nov-19	Dec-19	Jan-20	YTD	Assurance	Variation	Trend	Data Quality Assessment
Well Led	Staff Survey % Recommend as Place to Work	No Target	62%	62%		61.0%				Sep-17
	Turnover Rate	10%	8.9%	8.7%	8.7%	8.7%				Nov-19
	Sickness Absence	3%	4.4%	4.7%		4.0%				Oct-16
	% of Staff with Annual Appraisal	95%	91.8%	92.3%	91.8%	91.8%				Dec-16
	Statutory and Mandatory Training	95%	94%	93%	92%	92%				Feb-20
	Nursing Vacancies	No Target	11.2%	10.0%	9.7%	9.7%				Dec-19

# Quality and Performance Report Board Summary January 2020

Domain	KPI	Target	Nov-19	Dec-19	Jan-20	YTD	Assurance	Variation	Trend	Data Quality Assessment
Effective	Mortality Published SHMI	99	98	97	96	96 (Oct 18 to Sept 19)				Sep-16
	Mortality 12 months HSMR	99	94	95	95	95 (Oct 18 to Sept 19)				Sep-16
	Crude Mortality Rate	No Target	1.2%	1.2%	1.3%	1.1%				Sep-16
	Emergency Readmissions within 30 Days	8.5%	8.9%	9.3%		9.0%				Jun-17
	Emergency Readmissions within 48 hours	No Target	1.1%	1.0%		1.1%				Jun-17
	No of #neck of femurs operated on 0-35hrs	72%	70.4%	72.4%	54.4%	70.3%				Jul-17
	Stroke - 90% Stay on a Stroke Unit	80%	89.9%	85.5%		87.3%				Apr-18
	Stroke TIA Clinic Within 24hrs	60%	78.4%	64.0%	76.8%	69.6%				Apr-18

Domain	KPI	Target	Nov-19	Dec-19	Jan-20	YTD	Assurance	Variation	Trend	Data Quality Assessment
Responsive	ED 4 hour waits UHL	95%	63.5%	61.1%	64.0%	69.2%				Sep-18
	ED 4 hour waits Acute Footprint	95%	74.6%	73.0%	76.5%	78.6%				Aug-17
	12 hour trolley waits in A&E	0	2	24	18	45				Mar-19
	Ambulance handover >60mins	0.0%	19.9%	21.0%	24.3%	12.8%				TBC
	RTT Incompletes	92%	80.7%	81.0%	80.1%	80.1%				Nov-19
	RTT Wating 52+ Weeks	0	0	0	0	0				Nov-19
	Total Number of Incompletes	64404 (by year end)	65,163	66,925	66,397	66,397				Nov-19
	6 Week Diagnostic Test Waiting Times	1.0%	0.8%	1.0%	1.7%	1.7%				Nov-19
	Cancelled Patients not offered <28 Days	0	40	46	64	562				Nov-19
	% Operations Cancelled OTD	1.0%	1.4%	1.4%	1.3%	1.3%				Jul-18
	Delayed Transfers of Care	3.5%	1.9%	2.1%	1.9%	1.8%				Oct-17
	Long Stay Patients (21+ days)	135	173	173	179	179				TBC
	Inpatient Average LOS	No Target	3.6	3.8	3.7	3.5				TBC
	Emergency Average LOS	No Target	4.7	4.8	5.0	4.6				TBC

Domain	KPI	Target	Oct-19	Nov-19	Dec-19	YTD	Assurance	Variation	Trend	Data Quality Assessment
Responsive - Cancer	2WW	93%	90.5%	90.0%	96.8%	92.3%				Dec-19
	2WW Breast	93%	97.9%	97.7%	97.8%	96.0%				Dec-19
	31 Day	96%	92.9%	93.3%	93.1%	92.9%				Dec-19
	31 Day Drugs	98%	99.4%	100%	100%	99.5%				Dec-19
	31 Day Sub Surgery	94%	80.2%	78.9%	79.2%	82.3%				Dec-19
	31 Day Radiotherapy	94%	90.3%	79.4%	80.7%	92.2%				Dec-19
	Cancer 62 Day	85%	77.1%	72.2%	70.5%	74.4%				Dec-19
	Cancer 62 Day Consultant Screening	90%	80.0%	90.9%	88.3%	85.2%				Dec-19

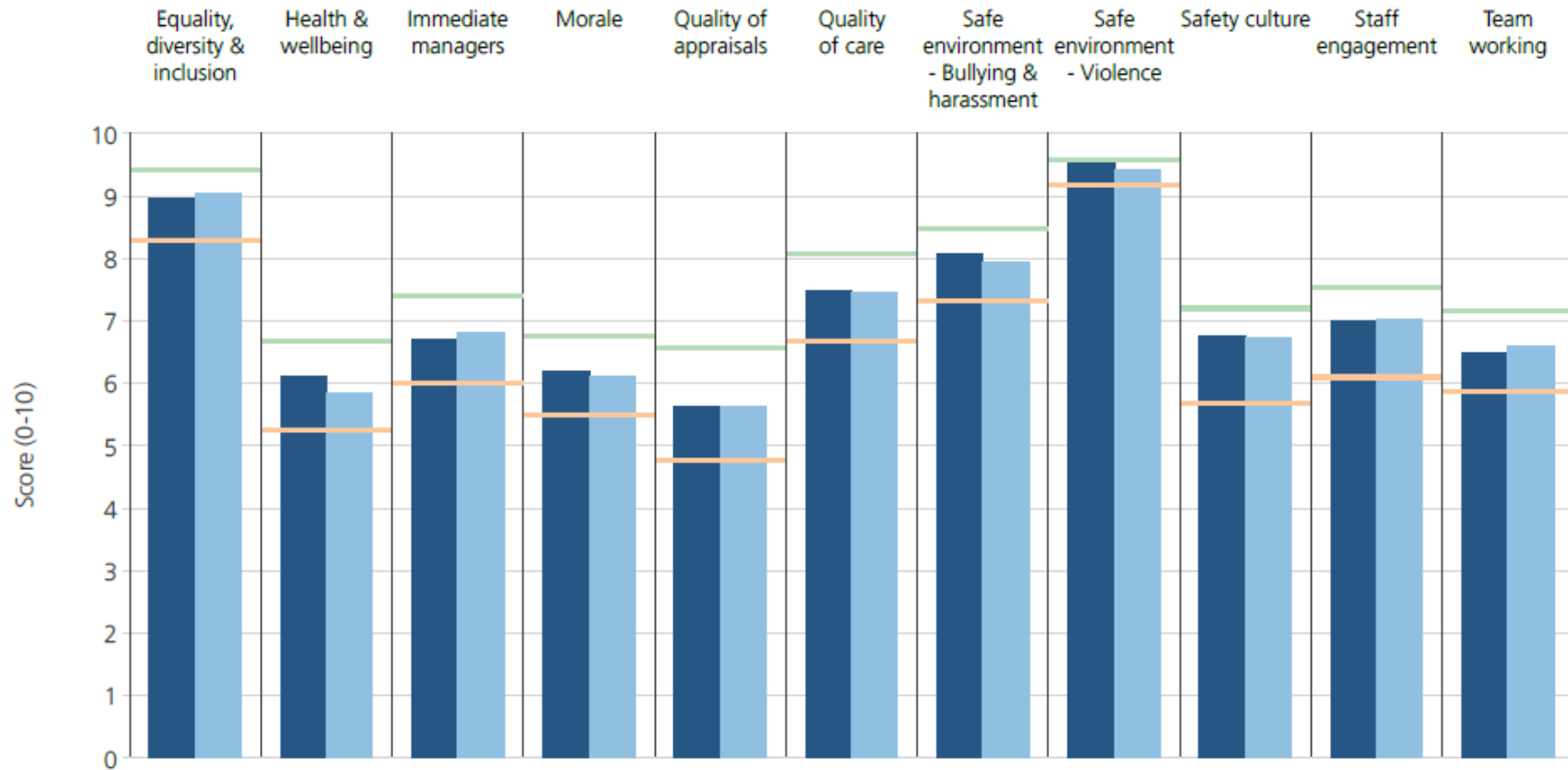
Domain	KPI	Target	Nov-19	Dec-19	Jan-20	YTD	Assurance	Variation	Trend	Data Quality Assessment
Outpatient Transformation	% DNA rate	No Target	7.3%	7.2%	6.9%	6.9%				Feb-20
	% Virtual clinic appointments	No Target	6.1%	6.5%	6.5%	5.8%				Feb-20
	% 7 day turnaround of OP clinic letters	90%	84.7%	76.3%	82.5%	77.6%				Feb-20



# NHS Staff Survey 2019

## Themes - Overview

This year there has been the addition of an 11<sup>th</sup> theme – Team Working



	Equality, diversity & inclusion	Health & wellbeing	Immediate managers	Morale	Quality of appraisals	Quality of care	Safe environment - Bullying & harassment	Safe environment - Violence	Safety culture	Staff engagement	Team working
<b>Best</b>	9.4	6.7	7.4	6.7	6.6	8.1	8.5	9.6	7.2	7.5	7.2
<b>Your org</b>	9.0	6.1	6.7	6.2	5.6	7.5	8.1	9.5	6.8	7.0	6.5
<b>Average</b>	9.0	5.9	6.8	6.1	5.6	7.5	7.9	9.4	6.7	7.0	6.6
<b>Worst</b>	8.3	5.3	6.0	5.5	4.8	6.7	7.3	9.2	5.7	6.1	5.9



# NHS Staff Survey 2019

Themes – 8 of the themes have significantly improved compared to 2018

Theme	2018 score	2019 score	Statistically significant change?
Equality, diversity & inclusion	8.9	9.0	Not significant
Health & wellbeing	5.9	6.1	↑
Immediate managers	6.6	6.7	Not significant
Morale	6.0	6.2	↑
Quality of appraisals	5.4	5.6	↑
Quality of care	7.3	7.5	↑
Safe environment – Bullying & harassment	8.0	8.2	↑
Safe environment – Violence	9.5	9.5	Not significant
Safety culture	6.7	6.8	↑
Staff engagement	6.9	7.0	↑
Team working	6.3	6.5	↑









# NHS Staff Survey 2019





## Improvements

 = significantly improved

### 2018 Issues to address (as highlighted in 2018 report)

Question	2018	2019	
Q9d. Senior managers act on staff feedback.	29.5%	32.9%	
Q17a. My organisation treats staff who are involved in an error, near miss or incident fairly.	54.6%	57.7%	
Q20. Have you had any non-mandatory training or development in the last 12 months?	67.4%	69.0%	
Q4f. I have adequate materials to do my work.	48.1%	49.5%	
Q21d. If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.	65.0%	67.0%	

### Senior Managers

Question	2018	2019	
I know who the senior managers are here	83.3%	85.0%	
Communication between senior management and staff is effective	38.8%	42.5%	
Senior managers here try to involve staff in important decisions	31.4%	35.5%	
Senior managers act on staff feedback	29.5%	32.9%	

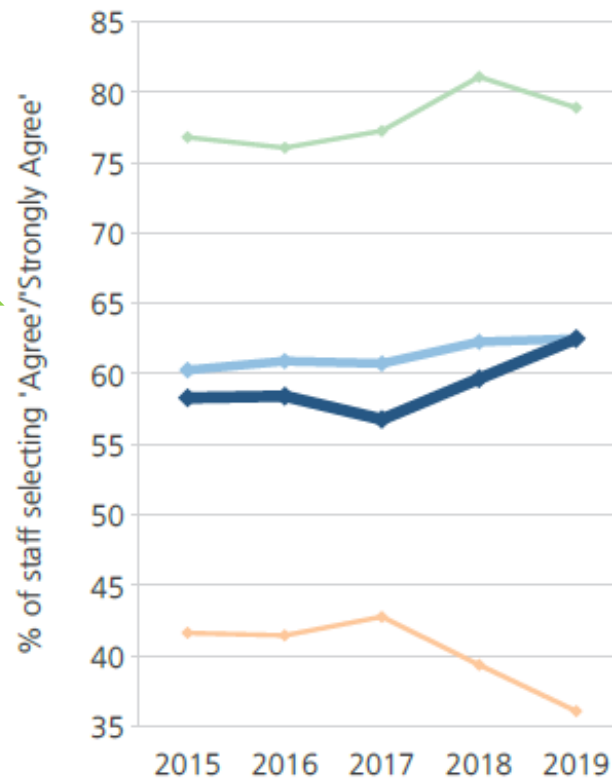


# NHS Staff Survey 2019

## Staff Friends and Family Test

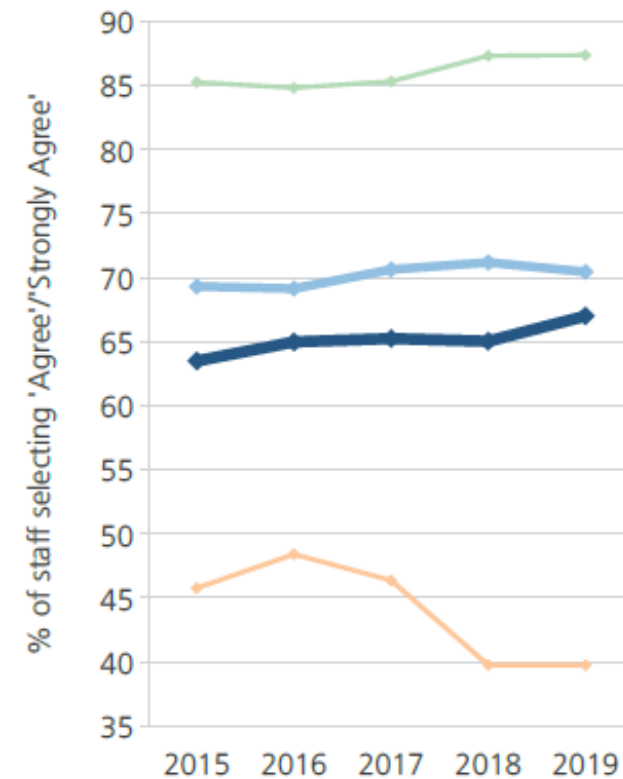
2019  
results  
for both  
questions  
are UHL's  
highest in  
Q3, in 5  
years

**Q21c**  
I would recommend my  
organisation as a place to work



<b>Best</b>	76.8%	76.0%	77.2%	81.1%	78.9%
<b>Your org</b>	58.3%	58.4%	56.8%	59.6%	62.5%
<b>Average</b>	60.3%	60.9%	60.7%	62.3%	62.5%
<b>Worst</b>	41.6%	41.4%	42.7%	39.3%	36.0%

**Q21d**  
If a friend or relative needed treatment  
I would be happy with the standard  
of care provided by this organisation



<b>Best</b>	85.3%	84.8%	85.3%	87.3%	87.4%
<b>Your org</b>	63.5%	65.0%	65.2%	65.0%	67.0%
<b>Average</b>	69.3%	69.1%	70.6%	71.2%	70.5%
<b>Worst</b>	45.8%	48.4%	46.4%	39.7%	39.7%