

Report by Acting Chief Executive – monthly update: April 2021

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Sponsor: Rebecca Brown

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 Acting Chief Executive's monthly update report to the Trust Board for April 2021 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:

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

1. Quality priorities

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

2. Supporting priorities:

People strategy implementation	[Yes]
Investment in sustainable Estate and reconfiguration	[Yes]
e-Hospital	[Yes]
Embedded research, training and education	[Yes]
Embed innovation in recovery and renewal	[Yes]
Sustainable finances	[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 <i>Principal Risk</i> on the BAF?	X	ALL
Organisational: Does this link to an <i>Operational/Corporate Risk</i> 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 <i>type</i> and <i>description</i> ?	N/A	N/A
None		

5. Scheduled date for the **next paper** on this topic:

May 2021 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: 1 APRIL 2021
REPORT BY: ACTING CHIEF EXECUTIVE
SUBJECT: MONTHLY UPDATE REPORT – APRIL 2021

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 will report orally at the Trust Board meeting on the current position.

3. Quality and Performance Dashboard – February 2021

3.1 The Quality and Performance Dashboard for February 2021 is appended to this report at **appendix 1**.

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 deliberations of the March 2021 meetings of the People, Process and Performance Committee and Quality and Outcomes Committee, respectively. The [month 11 quality and performance report](#) is published on the Trust's website.

3.4 **Good News**

- **Mortality** – the latest published SHMI (period October 2019 to September 2020) is 100, and remains within the expected range.
- **CAS alerts** - compliant.
- **C DIFF** – 5 cases reported this month.
- **MRSA** – 0 cases reported.
- **90% of Stay on a Stroke Unit** – threshold achieved with 86.5% reported in January.
- **12 hour trolley wait** - 0 breaches reported.
- **Fractured neck of femurs operated 0-35hrs** – performance is above target at 73.0%.
- **VTE** – compliant at 98.6% in February.
- **Cancelled operations OTD** – 0.9% reported in February.
- **Cancer Two Week Wait** was 93.2% in January against a target of 93%.

- **Cancer Two Week Wait (Symptomatic Breast)** was 93.5% in January against a target of 93%.

3.5 **Bad News**

- **UHL ED 4 hour performance** – 68.7% for February, system performance (including LLR UCCs) for February is 77.8%.
- **Ambulance Handover 60+ minutes (CAD)** – performance at 4.2%.
- **Cancer 31 day treatment** was 87.2% in January against a target of 96%.
- **Cancer 62 day treatment** was 65.7% in January against a target of 85%.
- **Referral to treatment** – the number on the waiting list (now the primary performance measure) was above the target and 18 week performance was below the NHS Constitution standard at 52.8% at the end of February.
- **52+ weeks wait** – 10,942 breaches reported in February.
- **Diagnostic 6 week wait** was 39.3% against a target of 1% in February.
- **Patients not rebooked within 28 days following late cancellation of surgery** – 32.
- **Statutory and Mandatory Training** is at 88%.
- **Annual Appraisal** is at 78.9%.
- **TIA (high risk patients)** – 53.8% reported in February

4. NHS Planning Guidance 2021/22

4.1 NHS planning guidance for 2021/22 is due to be issued on 25th March 2021.

4.2 I attended an NHSE/I regional roadshow on 22nd March 2021 which previewed the forthcoming guidance. The following key themes were identified:

- supporting the health and wellbeing of our staff and taking continued action on recruitment and retention,
- the continued focus on COVID-19, including the vaccination programme, future planning and maintaining excellent practice around infection prevention and control,
- accelerating the restoration and recovery of non-COVID activity, ‘building back better’ in a way that robustly addresses health inequalities,
- expanding primary care capacity to improve access, experience and outcomes,
- redesigning community and urgent/emergency pathways.

4.3 Sitting across all of these themes is collaborative working which will need to continue and which ICSs will help to embed (see also section 5 below).

4.4 Further details of the planning guidance will be circulated to members of the Board, once available.

5. Leicester, Leicestershire and Rutland – Integrated Care System

- 5.1 On 19th March 2021, NHS England confirmed that Leicester, Leicestershire and Rutland Sustainability and Transformation Partnership's (STP) application to become an Integrated Care System (ICS) had been approved.
- 5.2 The announcement means that the System will formally be designated as an ICS from 1st April 2021, enabling it to move forward at pace to deliver its full ambitions.
- 5.3 Andy Williams, chief executive of the three CCGs in Leicester, Leicestershire and Rutland and ICS system lead said: "Covid-19 has further highlighted many of the known health inequalities that exist for people across LLR as well as shining a light on new ones.
- 5.4 These are significant challenges that can only be addressed by the NHS, local government and voluntary and community sector working together to tackle the wider determinants of ill health that often lead to poorer health outcomes.
- 5.5 Our partnership working has come a long way in a relatively short space of time but we know there is still much more to do. This announcement is very welcome news and will help us to solidify our arrangements and move together at pace to deliver the kinds of improvements we all want to see for patients and residents".
- 5.6 David Sissling, the recently appointed independent chair of the ICS for Leicester, Leicestershire and Rutland added: "I welcome this excellent news which will bring benefit for people living across LLR.
- 5.7 By harnessing the collective power of our health and care partnership we will be able to deliver better services and tackle the inequalities which lead to such unfair and avoidable differences in the health of local people".
- 5.8 As reported to the Trust Board last month, the Government has set out a White Paper which will build on recommendations from NHS E/I to remove current legislative barriers to integration across health and social care bodies, and foster collaboration between NHS and local government organisations. The Bill to give effect to the proposals set out in the White Paper is expected to be introduced in May 2021, and the Board will be updated on key developments.
6. Mesothelioma UK HSJ Award 2020 – Supporting our Armed Forces
 - 6.1 As members of the Board know, the Trust enjoys a close working relationship with Mesothelioma UK, a charity which supports people with this asbestos cancer. Col (Ret'd) Ian Crowe, Non-Executive Director has worked closely with the charity for a number of years and played a significant role in Mesothelioma UK's recent success in being awarded the Health Service Journal Military and Civilian Health Partnership Award 2020 for supporting our armed forces.
 - 6.2 As colleagues will know, Ian has been central to the Trust being designated at Gold status in the Ministry of Defence Employer Recognition Scheme under the auspices of the Armed Forces Covenant. Indeed, UHL is one of eight organisations in Leicestershire and 350 across England who have retained their designation at this level.

6.3 I am sure that the Board will join me in congratulating Mesothelioma UK and thanking Ian for his support in helping to bring about this success, and his continuing commitment as UHL's Armed Forces Champion.

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

25th March 2021

Quality and Performance Report Board Summary February 2021

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 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. Assurance rates key Green = Reasonable/Substantial Assurance, Amber = Limited Assurance and Red = No Assurance.

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 February 2021

Domain	KPI	Target	Dec-20	Jan-21	Feb-21	YTD	Assurance	Variation	Trend	Data Quality Assessment
Safe	Never events	0	2	0	0	6				Jan-20
	Overdue CAS alerts	0	0	0	0	0				Nov-19
	% of all adults VTE Risk Assessment on Admission	95%	98.6%	98.7%	98.6%	98.5%				Dec-19
	Emergency C-section rate	No Target	22.0%	23.2%	21.7%	21.0%				Feb-20
	Clostridium Difficile	108	3	8	5	70				Nov-17
	MRSA Total	0	0	1	0	1				Nov-17
	E. Coli Bacteraemias Acute	No Target	5	7	11	88				Jun-18
	MSSA Acute	No Target	2	4	2	28				Nov-17
	COVID-19 Community Acquired <= 2 days after admission	No Target	56.4%	65.7%	61.7%	69.5%				Oct-20
	COVID-19 Hospital-onset, indeterminate, 3-7 days after admission	No Target	19.5%	15.1%	16.5%	13.1%				Oct-20
	COVID-19 Hospital-onset, probable, 8-14 days after admission	No Target	14.8%	11.3%	13.0%	10.0%				Oct-20
	COVID-19 Hospital-onset, healthcare-acquired, 15 or more days after admission	No Target	9.4%	7.9%	8.8%	7.4%				Oct-20
	All falls reported per 1000 bed days	5.5	4.5	5.2		4.7				Oct-20
	Rate of Moderate harm and above Falls PSIs with finally approved status per 1,000 bed days	No Target	0.13	0.17		0.09				Oct-20

Domain	KPI	Target	Dec-20	Jan-21	Feb-21	YTD	Assurance	Variation	Trend	Data Quality Assessment	
Caring	Staff Survey Recommend for treatment	No Target	Reporting will commence once national reporting resumes								Aug-17
	Single Sex Breaches	0	National reporting commences in April 2021							Mar-20	
	Inpatient and Day Case F&F Test % Positive	TBC	98%	98%	99%	98%				Mar-20	
	A&E F&F Test % Positive	TBC	95%	93%	94%	95%				Mar-20	
	Maternity F&F Test % Positive	TBC	96%	96%	95%	96%				Mar-20	
	Outpatient F&F Test % Positive	TBC	94%	95%	95%	94%				Mar-20	
	Complaints per 1,000 staff (WTE)	No Target								Jan-20	

Domain	KPI	Target	Dec-20	Jan-21	Feb-21	YTD	Assurance	Variation	Trend	Data Quality Assessment	
Well Led	Staff Survey % Recommend as Place to Work	No Target	Reporting will commence once national reporting resumes								Sep-17
	Turnover Rate	10%	8.9%	8.8%	9.3%	9.3%				Nov-19	
	Sickness Absence (Excludes E&F staff)	3%	7.6%	8.7%		7.2%				Mar-21	
	% of Staff with Annual Appraisal (Excludes E&F staff)	95%	82.2%	79.4%	78.9%	78.9%				Mar-21	
	Statutory and Mandatory Training	95%	88%	87%	88%	88%				Feb-20	
	Nursing Vacancies	No Target	12.8%	12.9%	12.3%	12.3%				Dec-19	

Quality and Performance Report Board Summary February 2021

Domain	KPI	Target	Dec-20	Jan-21	Feb-21	YTD	Assurance	Variation	Trend	Data Quality Assessment
Effective	Mortality Published SHMI	100	99	100	100	100 (Oct 19 to Sep 20)				Sep-16
	Mortality 12 months HSMR	100	104	105	108	108 Dec 19 to Nov 20				Sep-16
	Crude Mortality Rate	No Target	2.3%	3.3%	2.6%	2.0%				Sep-16
	Emergency Readmissions within 30 Days	8.5%	9.1%	9.8%		9.5%				Sep-20
	Emergency Readmissions within 48 hours	No Target	1.1%	1.1%		1.2%				Sep-20
	No of #neck of femurs operated on 0-35hrs	72%	68.1%	75.8%	73.0%	66.4%				Sep-20
	Stroke - 90% Stay on a Stroke Unit	80%	86.3%	86.5%		86.8%				Mar-20
	Stroke TIA Clinic Within 24hrs	60%	79.5%	67.1%	53.8%	68.3%				Mar-20

Domain	KPI	Target	Dec-20	Jan-21	Feb-21	YTD	Assurance	Variation	Trend	Data Quality Assessment
Responsive	ED 4 hour waits UHL	95%	67.0%	63.9%	68.7%	73.3%				Mar-20
	ED 4 hour waits Acute Footprint	95%	75.9%	74.5%	77.8%	81.3%				Data sourced externally
	12 hour trolley waits in A&E	0	7	17	0	32				Mar-20
	Ambulance handover >60mins	0.0%	9.6%	10.9%	4.2%	4.8%				Data sourced externally
	RTT Incompletes	92%	58.7%	56.3%	52.8%	52.8%				Nov-19
	RTT Waiting 52+ Weeks	0	6361	8424	10942	10942				Nov-19
	Total Number of Incompletes	66,397 (by year end)	78,011	80,593	84,470	84,470				Nov-19
	6 Week Diagnostic Test Waiting Times	1.0%	35.3%	44.3%	39.3%	39.3%				Nov-19
	Cancelled Patients not offered <28 Days	0	32	39	32	258				Nov-19
	% Operations Cancelled OTD	1.0%	1.1%	1.1%	0.9%	0.9%				Jul-18
	Long Stay Patients (21+ days)	70	169	176	185	185				Sep-20
	Inpatient Average LOS	No Target	3.6	3.3	3.4	3.6				Sep-20
	Emergency Average LOS	No Target	5.2	5.6	5.3	5.0				Sep-20

Domain	KPI	Target	Nov-20	Dec-20	Jan-21	YTD	Assurance	Variation	Trend	Data Quality Assessment
Responsive - Cancer	2WW	93%	93.3%	94.8%	93.2%	91.4%				Dec-19
	2WW Breast	93%	95.2%	95.1%	93.5%	95.5%				Dec-19
	31 Day	96%	93.1%	94.7%	87.2%	91.5%				Dec-19
	31 Day Drugs	98%	100%	100%	98.9%	99.7%				Dec-19
	31 Day Sub Surgery	94%	77.4%	74.3%	62.7%	72.7%				Dec-19
	31 Day Radiotherapy	94%	96%	94.4%	94.8%	92.5%				Dec-19
	Cancer 62 Day	85%	79.2%	73.6%	65.7%	70.2%				Dec-19
	Cancer 62 Day Consultant Screening	90%	85.5%	97.0%	63.3%	68.1%				Dec-19

Domain	KPI	Target	Dec-20	Jan-21	Feb-21	YTD	Assurance	Variation	Trend	Data Quality Assessment
Outpatient Transformation	% DNA rate	No Target	6.6%	6.9%	6.5%	6.4%				Feb-20
	% Non Face to Face Appointments	No Target	46.3%	50.9%	48.7%	54.3%				Feb-20
	% 7 day turnaround of OP clinic letters	90%	75.4%	84.0%	84.1%	86.4%				Feb-20