

Report by Acting Chief Executive – monthly update: June 2021

Authors: Rebecca Brown and Stephen Ward

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 May 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 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 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: 3 JUNE 2021
REPORT BY: ACTING CHIEF EXECUTIVE
SUBJECT: MONTHLY UPDATE REPORT – JUNE 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 – April 2021

3.1 The Quality and Performance Dashboard for April 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 May 2021 meetings of the People, Process and Performance Committee and Quality and Outcomes Committee, respectively. The [month 1 quality and performance report](#) is published on the Trust's website.

3.4 **Good News**

- **CAS alerts** - compliant.
- **MRSA** – 0 cases reported.
- **C DIFF** – 8 cases reported this month.
- **90% of Stay on a Stroke Unit** – threshold of 80% achieved with 90.6% reported in March.
- **12 hour trolley wait** - 0 breaches reported.
- **VTE** – compliant at 98.8% in April.
- **Cancelled operations OTD** – 0.7% reported in April.
- **Cancer Two Week Wait** was 96.0% in March against a target of 93%.
- **Cancer Two Week Wait (Symptomatic Breast)** was 94.9% in March against a target of 93%.

3.5 **Challenges**

- **1 Never Event** reported in April.
- **Fractured neck of femurs operated 0-35hrs** – performance is below target of 72% at 51.9%.
- **UHL ED 4 hour performance** – 68.7% for April, system performance (including LLR UCCs) for April is 77.1%.
- **Ambulance Handover 60+ minutes (CAD)** – performance at 7.5%.
- **Cancer 31 day treatment** was 85.2% in March against a target of 96%.
- **Cancer 62 day treatment** was 58.6% in March 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 50.2% at the end of April.
- **52+ weeks wait** – 12,370 breaches reported in April.
- **Diagnostic 6 week wait** was 38.2% against a target of 1% in April.
- **Patients not rebooked within 28 days following late cancellation of surgery** – 6.
- **Statutory and Mandatory Training** is at 88%.
- **Annual Appraisal** is at 80.0%.
- **TIA (high risk patients)** – 52.8% reported in April

4. Celebrating 25 Years of Children's Intensive Care

- 4.1 On 20 May 1996, our Children's Intensive Care Unit (CICU) opened at the Leicester Royal Infirmary. Then, the child-friendly unit had only a handful staff trained to care for the 50-100 Leicestershire children who required specialist, critical care, each year. Fast forward to 2021, the CICU now caters for over 400 children from across the Midlands with a huge range of complex needs from severe trauma and infection to neurological, lung, heart and kidney problems.
- 4.2 In 1996, patients went to CICU for continuous positive airway pressure (CPAP) treatment - a basic form of breathing support, but one that requires specialist intervention when being used for children. Before CICU opened, patients would have been transferred to adult Intensive Care Unit or a neighbouring city if they needed this treatment.
- 4.3 CICU was also a significant driver in preventing the closure of Glenfield Hospital's Paediatric Intensive Care Unit (PICU). The existence of our CICU meant that we could merge our children's intensive care teams to create the sixth-largest unit in the UK. This in turn meant that children's heart surgery and extracorporeal membrane oxygenation (ECMO) provisions were maintained in Leicester; an incredible commitment to excellence for children in our region.
- 4.4 The people who have worked in our CICU teams over the years and the current team of 45 Critical Care Nurses and 12 Consultants have helped to grow our CICU and PICU into a regional centre of clinical and research excellence. Recently, patients in the unit have taken part in the national Early Mobilisation in Critically Ill Patients Trial.






- 4.5 The lives of many children have been saved and improved over the last 25 years. I'd like to take this opportunity to say a special thanks to all the staff connected to CICU, both past and present who have helped make this happen.
- 4.6 An exciting future lies ahead with the Unit anticipated to move in the coming years to the new standalone Children's Hospital at Leicester Royal Infirmary – the first in the East Midlands – subject to the outcome of public consultation.
5. Letter of Thanks: National Institute for Health Research – Clinical Research Network, East Midlands
- 5.1 The Trust Board has previously been updated on UHL's research contribution during the COVID-19 pandemic and I am pleased to report our receipt of a letter of thanks from the Leadership Team, National Institute for Health Research Clinical Research Network, East Midlands which I have attached to this report at **appendix 2**.
6. Conclusion
- 6.1 The Trust Board is invited to consider and comment upon this report and the attached appendices.




Rebecca Brown
Acting Chief Executive

26th May 2021

Quality and Performance Report Board Summary April 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 .

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.

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.

Quality and Performance Report Board Summary April 2021

Domain	KPI	Target	Feb-21	Mar-21	Apr-21	YTD	Assurance	Variation	Trend	Data Quality Assessment
Safe	Never events	0	0	1	1	1				Jan-20
	Overdue CAS alerts	0	0	0	0	0				Nov-19
	% of all adults VTE Risk Assessment on Admission	95%	98.6%	98.6%	98.8%	98.8%				Dec-19
	Emergency C-section rate	No Target	21.7%	21.7%	22.4%	22.4%				Feb-20
	Clostridium Difficile	108	5	7	8	8				Nov-17
	MRSA Total	0	0	0	0	0				Nov-17
	E. Coli Bacteraemias Acute	No Target	11	7	9	9				Jun-18
	MSSA Acute	No Target	2	4	6	6				Nov-17
	COVID-19 Community Acquired <= 2 days after admission	No Target	61.7%	78.2%	81.4%	81.4%				Oct-20
	COVID-19 Hospital-onset, indeterminate, 3-7 days after admission	No Target	16.5%	8.3%	17.1%	17.1%				Oct-20
	COVID-19 Hospital-onset, probable, 8-14 days after admission	No Target	13.0%	6.8%	0.0%	0.0%				Oct-20
	COVID-19 Hospital-onset, healthcare-acquired, 15 or more days after admission	No Target	8.8%	6.8%	1.4%	1.4%				Oct-20
	All falls reported per 1000 bed days	5.5	5.4	3.7		4.6				Oct-20
	Rate of Moderate harm and above Falls PSIs with finally approved status per 1,000 bed days	No Target	0.10	0.07		0.10				Oct-20
	Pressure Ulcers - All Validated	No Target	82	60	66	66				New KPI

Domain	KPI	Target	Feb-21	Mar-21	Apr-21	YTD	Assurance	Variation	Trend	Data Quality Assessment	
Caring	Staff Survey Recommend for treatment	No Target	Reporting will commence once national reporting resumes								Data sourced externally
	Single Sex Breaches	0	Reporting will commence once national reporting resumes							Mar-20	
	Inpatient and Day Case F&F Test % Positive	TBC	99%	98%	98%	98%				Mar-20	
	A&E F&F Test % Positive	TBC	94%	90%	89%	89%				Mar-20	
	Maternity F&F Test % Positive	TBC	95%	97%	97%	97%				Mar-20	
	Outpatient F&F Test % Positive	TBC	95%	94%	95%	95%				Mar-20	
	Complaints per 1,000 staff (WTE)	No Target								Jan-20	

Domain	KPI	Target	Feb-21	Mar-21	Apr-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								Data sourced externally
	Turnover Rate	10%	9.3%	9.3%	9.1%	9.1%				Nov-19	
	Sickness Absence (Excludes E&F staff)	3%	7.3%	6.3%		7.1%				Mar-21	
	% of Staff with Annual Appraisal (Excludes E&F staff)	95%	78.9%	80.2%	80.0%	80.0%				Mar-21	
	Statutory and Mandatory Training	95%	88%	88%	88%	88%				Feb-20	
	Nursing Vacancies	No Target	12.3%	11.9%	11.4%	11.4%				Dec-19	

Quality and Performance Report Board Summary April 2021

Domain	KPI	Target	Feb-21	Mar-21	Apr-21	YTD	Assurance	Variation	Trend	Data Quality Assessment
Effective	Mortality Published SHMI	100	100	101	103	103 (Jan 19 to Dec 20)				May-21
	Mortality 12 months HSMR	100	108	112	115	115 Feb 20 to Jan 21				May-21
	Crude Mortality Rate	No Target	2.6%	1.5%	1.4%	1.4%				May-21
	Emergency Readmissions within 30 Days	8.5%	9.9%	9.2%		9.5%				Sep-20
	Emergency Readmissions within 48 hours	No Target	1.0%	1.1%		1.2%				Sep-20
	No of #neck of femurs operated on 0-35hrs	72%	73.0%	68.0%	51.9%	51.9%				Sep-20
	Stroke - 90% Stay on a Stroke Unit	80%	84.1%	90.6%		86.9%				Mar-20
	Stroke TIA Clinic Within 24hrs	60%	53.8%	60.8%	52.8%	52.8%				Mar-20

Domain	KPI	Target	Feb-21	Mar-21	Apr-21	YTD	Assurance	Variation	Trend	Data Quality Assessment
Responsive	ED 4 hour waits UHL	95%	68.7%	71.8%	68.7%	68.7%				Mar-20
	ED 4 hour waits Acute Footprint	95%	77.8%	79.8%	77.1%	77.1%				Data sourced externally
	12 hour trolley waits in A&E	0	0	0	0	0				Mar-20
	Ambulance handover >60mins	0.0%	4.2%	3.5%	7.5%	7.5%				Data sourced externally
	RTT Incompletes	92%	52.8%	51.1%	50.2%	50.2%				Nov-19
	RTT Waiting 52+ Weeks	0	10,942	12,625	12,370	12,370				Apr-21
	Total Number of Incompletes	TBC	84,470	87,968	91,700	91,700				Nov-19
	6 Week Diagnostic Test Waiting Times	1.0%	39.3%	35.9%	38.2%	38.2%				Nov-19
	Cancelled Patients not offered <28 Days	0	32	7	6	6				Nov-19
	% Operations Cancelled OTD	1.0%	0.9%	0.5%	0.7%	0.7%				Apr-21
	Long Stay Patients (21+ days)	135	184	162	140	140				Sep-20
	Inpatient Average LOS	No Target	3.4	4.1	3.3	3.3				Sep-20
	Emergency Average LOS	No Target	5.3	5.1	5.1	5.1				Sep-20

Domain	KPI	Target	Jan-21	Feb-21	Mar-21	YTD	Assurance	Variation	Trend	Data Quality Assessment
Responsive - Cancer	2WW	93%	92.7%	95.9%	96.0%	92.3%				Dec-19
	2WW Breast	93%	91.3%	96.0%	94.9%	95.4%				Dec-19
	31 Day	96%	86.9%	93.5%	85.2%	91.1%				Dec-19
	31 Day Drugs	98%	98.9%	98.6%	100%	99.6%				Dec-19
	31 Day Sub Surgery	94%	62.7%	78.7%	56.9%	71.7%				Dec-19
	31 Day Radiotherapy	94%	95%	97.5%	96.8%	93.4%				Dec-19
	Cancer 62 Day	85%	65.8%	62.4%	58.6%	68.5%				Dec-19
	Cancer 62 Day Consultant Screening	90%	63.3%	45.0%	51.7%	63.9%				Dec-19

Domain	KPI	Target	Feb-21	Mar-21	Apr-21	YTD	Assurance	Variation	Trend	Data Quality Assessment
Outpatient Transformation	% DNA rate	No Target	6.5%	6.5%	6.4%	6.4%				Feb-20
	% Non Face to Face Appointments	No Target	48.7%	45.8%	42.3%	42.3%				Feb-20
	% 7 day turnaround of OP clinic letters	90%	84.6%	83.1%	87.4%	87.4%				Feb-20

Domain	KPI	Target	Feb-21	Mar-21	Apr-21	YTD	Assurance	Variation	Trend	Data Quality Assessment
Draft Urgent Care Standards	Mean Time to Initial Assessment	No Target	7.9	7.8	9.0	9.0				TBC
	Mean Time in ED	No Target	230	213	226	226				TBC
	Number of 12 hour waits in the Emergency Department	No Target	374	285	392	392				TBC

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5 May 2021

Mrs Rebecca Brown
Acting Chief Executive
University Hospitals of Leicester NHS Trust
Leicester Royal Infirmary
Infirmary Square
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LE1 5WW

Dear Mrs Brown

As we enter the second year of the COVID-19 pandemic, we wanted to write to you to convey our thanks for the enormous effort and support that has gone into delivery research at your trust during this time.

The past year has undoubtedly been challenging, but we hope that you and your colleagues can reflect proudly on all that we have achieved together. We have made significant progress in our efforts to tackle COVID-19, and this would not have been possible without the dedication, determination and resilience that research staff across the region have demonstrated on a daily basis.

We are very proud of the contribution that the East Midlands has made to the research response to the pandemic. Over the past year, more than 54,000 people in our region have taken part in Urgent Public Health (UPH) research studies. There have also been more than 1,860 participants in the four COVID-19 vaccine trials that partners in our region have supported, and two of the UPH studies have been led by our region.

The impact of research during the past year has been enormous. The hard work and commitment of staff, supported by participants and their families, has enabled the identification of drugs to treat patients who are hospitalised and the development of vaccines to help to reduce the spread of the virus. The response to a challenge of this magnitude has inspired us all and we are sure that you will join us in celebrating the efforts of all involved.

In addition, research staff across the region have strived to maintain and deliver non-UPH research where possible. We are pleased to see that the majority of studies that were paused

due to the pandemic have now resumed, and look forward to working closely with partners in the months ahead to ensure that we can continue to deliver important research across all specialities.

Locally, we are grateful to all staff for the extraordinary effort that has gone into delivering UPH studies at all three sites. There has been exceptional engagement and leadership from staff, which has enabled the deployment of an agile and flexible workforce and ensured that recruitment to these studies has been a priority throughout the pandemic.

This commitment to research has led to University Hospitals of Leicester NHS Trust being the top recruiter to the important RECOVERY study, and being asked to share local insights to inform recruitment strategies across the country. Over 18,000 participants have now been recruited into UPH research studies, and being chosen as the lead site for the Phos Covid and UK REACH studies is a reflection on the contribution that the trust has made to research during this time.

The months ahead offer the dual challenge of the continuation and completion of UPH research alongside activity to support Recovery, Resilience & Growth of research. We have every confidence that our research community will respond admirably, and look forward to continuing and strengthening our partnership with you in order to build on our achievements in the coming year.

Thank you to you and all of your colleagues for all of your ongoing support.

Yours sincerely,



Prof. David Rowbotham
Clinical Director



Prof. Stephen Ryder
Co-Clinical Director



Elizabeth Moss
Chief Operating Officer

cc. Mr Andrew Furlong, Medical Director, UHL
Prof. Nigel Brunskill, Director of R&D
David Hetmanski, Assistant Director of R&D
Karen Pearson, Senior Team Link, CRN East Midlands