CHIEF EXECUTIVE'S MONTHLY UPDATE REPORT – APRIL 2018

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Executive Summary

Context

The Chief Executive's monthly update report to the Trust Board for April 2018 is attached. It includes:-

(a) the Quality and Performance Dashboard for February 2018 attached at appendix 1 (the full month 11 quality and performance report is available on the Trust's public website and is hyperlinked within this report);

(b) information on the Board Assurance Framework (BAF) and Organisational Risk Register;

(c) key issues relating to our Strategic Objectives and Annual Priorities 2017/18.

Questions

1. Does the Trust Board have any questions or comments about our performance and plans on the matters set out in the report?
2. Does the Trust Board have any comments to make regarding either the Board Assurance Framework or Organisational Risk Register?

Conclusion

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

Input Sought

We would welcome the Board's input regarding content of this month's report to the Board.

For Reference

Edit as appropriate:

1. The following **objectives** were considered when preparing this report:

Safe, high quality, patient centred healthcare	[Yes]
Effective, integrated emergency care	[Yes]
Consistently meeting national access standards	[Yes]
Integrated care in partnership with others	[Yes]
Enhanced delivery in research, innovation & ed'	[Yes]
A caring, professional, engaged workforce	[Yes]
Clinically sustainable services with excellent facilities	[Yes]
Financially sustainable NHS organisation	[Yes]
Enabled by excellent IM&T	[Yes]

2. This matter relates to the following **governance** initiatives:

a. Organisational Risk Register [Not applicable]

If YES please give details of risk ID, risk title and current / target risk ratings.

Datix Risk ID	Operational Risk Title(s) – add new line for each operational risk	Current Rating	Target Rating	CMG
XXXX	There is a risk …			XX

If NO, why not? Eg. Current Risk Rating is LOW

b. Board Assurance Framework [Not applicable]

If YES please give details of risk No., risk title and current / target risk ratings.

Principal Risk	Principal Risk Title	Current Rating	Target Rating
No.	There is a risk …		

3. Related **Patient and Public Involvement** actions taken, or to be taken: [N/A]

4. Results of any **Equality Impact Assessment**, relating to this matter: [N/A]

5. Scheduled date for the **next paper** on this topic: [May 2018 Trust Board]

6. Executive Summaries should not exceed **1 page**. [My paper does comply]

7. Papers should not exceed **7 pages.** [My paper does comply]

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT TO: **TRUST BOARD**

DATE: **12 APRIL 2018**

REPORT BY: **CHIEF EXECUTIVE**

SUBJECT: **MONTHLY UPDATE REPORT – APRIL 2018**

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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 Annual Priorities 2017/18, 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 – February 2018

2.1 The Quality and Performance Dashboard for February 2018 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 Finance and Investment Committee and Quality and Outcomes Committee. The month 11 quality and performance report is published on the Trust's website.

Good News:

2.4 **Mortality** – the latest published SHMI (period July 2016 to June 2017) has reduced to 98 and is within the expected range. **C Difficile –** February was within threshold, however, the year to date position remains higher than the threshold. **Diagnostic 6 week wait –** compliant for the 16th consecutive month. **Cancer Two Week Wait** – we have achieved the 93% threshold for over a year. **Delayed transfers of care** - remain within the tolerance. However, there are a range of other delays that do not appear in the count. **Pressure Ulcers** - 0 **Grade 4** reported during January. **Grade**

3 and Grade 2 are well within the trajectory for the month and year to date. **CAS alerts** – we remain compliant. **Inpatient and Day Case Patient Satisfaction (FFT)** achieved the Quality Commitment of 97%. **Never events** – 0 reported in February.

Bad News:

2.5 **UHL ED 4 hour performance** – was 71.5%, system performance (including LLR UCCs) was 78.7%. **Ambulance Handover 60+ minutes (CAD+)** – performance was 10%, our worst performance since January 2017. **MRSA** – 2 avoidable cases reported this month. **Referral to Treatment –** was 87.5% against a target of 92%, reflecting the pro-active cancellation of non-urgent elective work in accordance with national policy. **52+ weeks wait –** 2 patients (last February the number was 39). **Cancelled operations** and **patients rebooked within 28 days** – continued to be non-compliant. **Cancer 62 day treatment** was not achieved in January – delayed referrals from network hospitals continue to be a significant factor. **Cancer 31 day** was not achieved in January. **TIA (high risk patients)** – 28.8% reported in February, our second lowest performance YTD. **Moderate harms and above** – above threshold in January (reported 1 month in arrears). **Fractured NOF** – was 66.1%, YTD also remains below threshold. **Statutory and Mandatory Training** reported from HELM is at 86%. **Sickness absence** – 5.8% reported in January (reported 1 month in arrears). This appears to reflect the significant seasonal increase in illness in the general population.

3 Board Assurance Framework (BAF) and Organisational Risk Register Dashboards

3.1 The Board Assurance Framework (BAF) and organisational risk register have been kept under review and a detailed BAF and an extract from the risk register, for items scoring 15 and above, are included in the integrated risk and assurance paper featuring elsewhere on today's Board agenda.

Board Assurance Framework Dashboard

3.2 Executive Directors and their Officer leads have updated their BAF entries, including a review of all principal risks, controls and assurances, to reflect the current position for February 2018 and a final version of the BAF has been endorsed by the Executive Team.

3.3 The highest rated principal risks on the BAF, include:

Risk Description	Risk	Objective

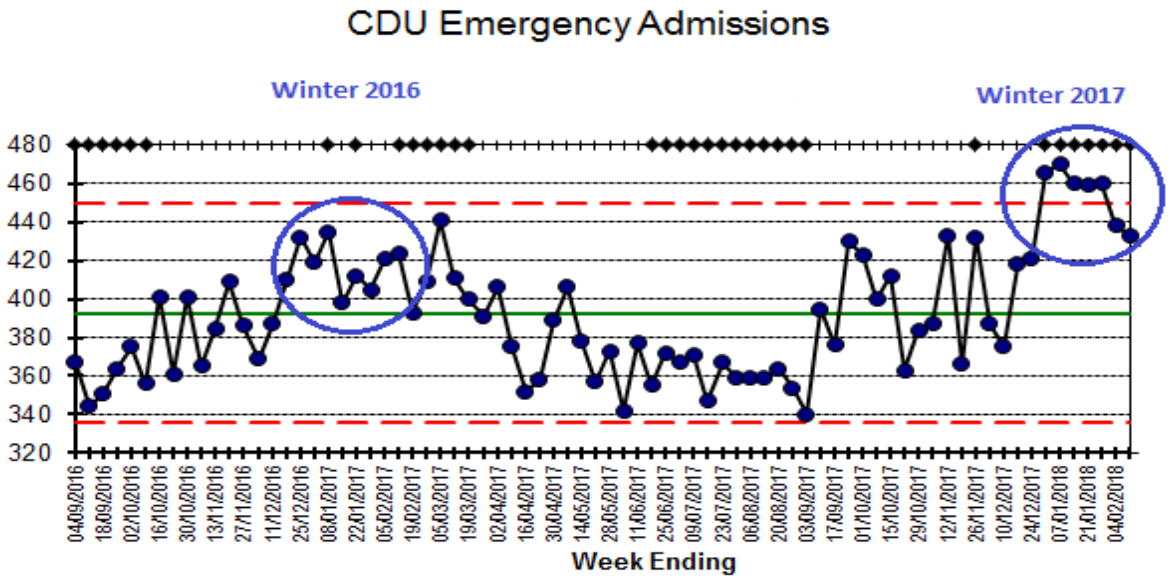
	Rating	
If the Trust is unable to manage the level of emergency and elective demand, caused by an inability to provide safe staffing and fundamental process issues, then it may result in sustained failure to achieve constitutional standards in relation to ED; significantly reduced patient flow throughout the hospital; disruption to multiple services across CMGs; reduced quality of care for large numbers of patients; unmanageable staff workloads; and increased costs.	20	Organisation of Care
the Trust is unable to achieve and maintain staffing levels that meet service requirements, caused by an inability to recruit, retain and utilise a workforce with the necessary skills and experience, then it may result in extended unplanned service closures and disruption to services across CMGs.	20	Our People
If the Trust is unable to achieve and maintain its financial plan, caused by ineffective solution to the demand and capacity issue and ineffective strategies to meet CIP requirements, then it may result in widespread loss of public and stakeholder confidence with potential for regulatory action such as financial special measures or parliamentary intervention.	20	Strategic Enabler

Organisational Risk Register Dashboard

3.4 There are currently 67 risks rated as high (i.e. with a current risk score of 15 and above) open on the organisational risk register for the reporting period ending 28th February 2018. Thematic analysis of the organisational risk register shows the common risk causation themes as workforce shortages and imbalance between service demand and capacity.

4 Emergency Care

4.1 Emergency care pressures have continued largely unabated during February and March 2018. Pressures have been particularly acute on the Clinical Decisions Unit at Glenfield Hospital due to the record number of cardio-respiratory emergency admissions, as illustrated in the chart below:



4.2 February's performance against the 4 hour standard was 71.5% for UHL, 78.2% for Leicester, Leicestershire and Rutland as a whole.

4.3 Our recent focus has been on getting patients through the hospitals as quickly as possible and onwards to safe discharge. Over the coming weeks, our focus will involve a more intensive approach to working with our partners so that any avoidable delays are eliminated. A major multi-agency event is being held on 13th April which will review a new dataset which details any "next steps" for patients which did not happen on the day that they were identified. The aim of the event is to identify both the themes of such delays and specific actions to substantially reduce and preferably eliminate them.

4.4 Looking forward, we have begun work on our bed capacity planning. Whilst there is still more to do, data from this year has shown that we still have significant gaps, notably in general medicine at the Royal Infirmary and cardio-respiratory at Glenfield. This is a whole system challenge and the action plan which we are developing needs to ensure that the right number of beds are available in the right specialty, to bridge the capacity gap as far as possible. This will not be fully achievable due to space and staffing constraints, hence the whole system approach required.

4.5 I continue to give considerable personal focus to this issue and our performance and plans for improvement will continue to be scrutinised in detail at the People, Process and Performance Committee, with monthly updates to the Trust Board. That Committee's most recent review of our position, at its meeting held in 22nd March 2018, features elsewhere on this Board agenda.

5. Care Quality Commission (CQC) Well Led Inspection

5.1 On 14th March 2018 the CQC published their inspection reports from their unannounced inspections in November and December 2017 and well-led review in January 2018.

5.2 Full details of the ratings, including a ratings grid, are given in the report published online at: http://www.cqc.org.uk/provider/RWE

5.3 In their reports the CQC:

- rated the Trust as 'requires improvement' overall,
- rated the domains of effective and caring as 'good' overall (an improvement in the overall rating for effective which was 'requires improvement'),
- rated the domains of safe, responsive and well-led as 'requires improvement',
- rated maternity services as 'good' overall (an improvement from 'requires improvement'),
- rated no element of any of our services as 'inadequate',
- significantly improved the ratings for our urgent and emergency services.

5.4 A number of examples of good practice are highlighted in the CQC reports, including:

- the dedicated sepsis team in our Emergency Department; the first of its kind in the UK,
- praise for our Red 2 Green process,
- our Meaningful Activity Co-ordinators,
- our electronic system used in outpatients, that links to GPs to identify the correct pathway for patients or to recommend other care and treatment,
- praise for our maternity services, in particular our new dedicated Home Birth Team, prenatal and antenatal clinics and the TED (Time, Escalation, Decision making) movie created to improve the outcomes for babies.

5.5 An action plan to address the CQC's findings is under development.

5.6 Action that the Trust MUST take is necessary to comply with legal obligations. Action that the Trust SHOULD take, is necessary to address minor breaches which do not justify regulatory action to prevent us from failing to comply with legal requirements in future or to improve the quality of services.

5.7 There are 59 MUST do actions and 62 SHOULD do actions.

5.8 A draft action plan will be presented to Executive Strategy Board on 10th April 2018, prior to submission to the CQC by the deadline of 11th April 2018.

5.9 A warning notice in relation to insulin safety remains in place. Evidence of actions and progress has been submitted to the CQC and we await their response.

5.10 The Quality and Outcomes Committee will continue to monitor the Trust's performance against the CQC action plan, including those actions aimed at improving insulin safety.

5.11 In parallel, the Trust Board is to give consideration to how to improve our CQC ratings overall at its April Trust Board Thinking Day.

6. <u>The Government's Mandate to NHS England and Remit to NHS Improvement in 2018/19</u>

6.1 NHS England is responsible for arranging the provision of health services in England. The mandate to NHS England sets out the Government's objectives for NHS England, as well as its budget. In doing so, the mandate sets the direction for the NHS and helps to ensure the NHS is accountable to Parliament and the public. Every year, the Secretary of State must publish a mandate to ensure that NHS England's objectives remain up to date.

6.2 NHS Improvement is responsible for overseeing NHS Foundation Trusts, NHS Trusts and independent Providers and has statutory responsibility for Trust financial control. Every year, the Minister of State for Health must publish NHS Improvement's remit.

6.3 The mandate for 2016/17 set out enduring objectives to 2020, and set NHS England's budget for five years. The 2018/19 mandate and the remit - published on 20th March 2018 - continue the approach set out in 2016/17, maintaining the direction set and defining annual deliverables for 2018/19 that are aimed to keep health services on track to meet those longer-term goals. Changes and clarifications have been made within some objectives to reflect developments since 2017-18.

6.4 Below I have highlighted the key deliverables that NHS Trusts must meet in 2018/19.

- co-implement the agreed A&E recovery plan with NHS Improvement and deliver aggregate A&E performance in England above 90% in September 2018, with the majority of Trusts meeting 95% in March 2019, and aggregate performance in England at 95% within the course of 2019. UHL's specific trajectory is currently under discussion with NHS Improvement
- reduce NHS-related delayed transfers of care in support of a total reduction of delayed transfers of care to around 4,000 daily delays by September 2019,
- continue to roll out the seven-day services four priority clinical standards to five specialist services (major trauma, heart attack, paediatric intensive care, vascular and stroke); and the seven-day services four priority clinical standards in hospitals to 50% of the population,
- achieve the 62 day cancer waiting times standard, and maintain performance against the other cancer waiting times standards,
- deliver the 2018-19 Mental Health Five Year Forward View Implementation Plan recommendations.

6.5 The key objectives of the Department of Health and Social Care's remit for NHS Improvement for 2018/19 are set out below:

- balancing the NHS budget and improving efficiency and productivity, ensuring that the NHS lives within its means and achieves the improvements needed for the NHS to be financially sustainable throughout this Parliament and beyond,
- the creation of the safest, highest quality health and care services, ensuring that all patients receive the same high standards of care, seven days a week. NHS Improvement will have a key role in supporting the NHS to become the world's largest learning organisation, utilising all available sources continually to improve services and quality of care,
- leadership and improvement capability, ensuring NHS providers are able to recruit and retain high quality individuals and building NHS Improvement as a support organisation for NHS providers that can effectively drive the sharing of best practice and ensure providers are implementing methods of continuous improvement,
- strategic change aligned with the Five Year Forward View, ensuring greater integration across the provider sector, including working with communities to develop new models of care that are tailored to meet local needs, and effective proportionate access to urgent care 24 hours a day, seven days a week,

- maintain and improve operational performance ensuring the NHS has the capacity and capability to continue to perform well during this Parliament and is able to deal with any rises in demand such as over the Winter months.

6.6 It is also worth noting that, on 27th March 2018, NHS England and NHS Improvement announced key steps that they are taking to bring their organisations closer together, which involves a proposal that there be seven regions established instead of the current four, with Midlands and East being split in two; we do not yet know where the boundary will be drawn.

7. Agenda for Change Pay Deal

7.1 On 23rd March 2018, the Secretary of State for Health confirmed in a Ministerial statement that a pay deal had been confirmed with Unions to end pay restraint for Agenda for Change staff. The deal will now be put to a vote of the Unions' memberships. The Royal College of Nursing, Unison and Unite have all confirmed that they will be encouraging their members to accept the deal.

7.2 Key features of the deal, which spans three years, are set out below:

- each of the 1.3 million workers on the NHS Agenda for Change contract to receive a pay rise worth at least 6.5 per cent, without changes to annual leave entitlements or unsocial hours payments
- the Treasury has committed to fully fund the deal with £4.2 billion extra for the NHS. £800 million was set aside in the Autumn Budget 2017 to fund the first year of the Agenda for Change pay deal. The Chancellor will provide additional funding through the 2018 Autumn Budget and make available the £4.2 billion over three years needed to fund the deal
- pay will rise between 6% and 29% for NHS staff over three years, depending on the band
- the minimum rate of pay in the NHS will be set at £17,460 from 1 April 2018
- the lowest earning staff will see basic pay rise by 15% over 3 years
- changes to pay progression, and introducing standards to link pay progression to the completion of an appraisal process
- terms and conditions have been amended to include:
  - enhanced shared parental leave
  - child bereavement leave
  - a national framework on buying and selling leave
- The key ask for Providers is the commitment to working together to improve the health and wellbeing of NHS staff so as to improve levels of attendance in the NHS.

7.3 The deal does not include the medical workforce or very senior management and the Government is currently saying that any above 1% pay award for doctors will have to be funded from within existing NHS funds. NHS Providers have argued strongly in its evidence to the Doctors and Dentists pay review body that this is unaffordable for Trusts and are continuing to make this case directly to the Department of Health and Social Care.

7.4 The Director of Workforce and Organisational Development is to submit a report to the Executive Workforce Board on 17th April 2018 on the pay award and on the action to be taken in consequence. The People, Process and Performance Committee will be kept informed of key developments.

8. Appointment of New Directors

8.1 As the Board is aware, we have not had a substantive Chief Operating Officer in post since July 2017. In addition, our Chief Nurse Julie Smith, and our Director of Workforce and Organisational Development, Louise Tibbert, leave us for new roles on 20th April.

8.2 I am very pleased be able to confirm that we have now appointed substantively to all three roles as follows:

- **Rebecca Brown** will be our new Chief Operating Officer. Rebecca comes to us from the Chief Operating Officer role at Kettering General Hospital. She will be joining us on 26th June.

- **Carolyn Fox** will be our new Chief Nurse. Carolyn comes to us from the Chief Nurse role at Northampton General Hospital. Her start date is currently being finalised.

- **Hazel Wyton** will be our new Director of People and Organisational Development. Hazel comes to us from the Director of Workforce and OD role at Heart of England NHS Foundation Trust. Her start date is currently being finalised.

8.3 Until our new colleagues join us, interim/acting-up arrangements will be as follows:

- Eileen Doyle will continue as Interim Chief Operating Officer

- Eleanor Meldrum will be Acting Chief Nurse

- Bina Kotecha and Joanne Tyler-Fantom will job-share the post of Director of Workforce and OD

9. Conclusion

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

John Adler
Chief Executive

3rd April 2018

Quality & Performance

		YTD Plan	YTD Actual	Feb-18 Plan	Feb-18 Actual	Trend*	Compliant by?
Safe	**S1: Reduction for moderate harm and above (1 month in arrears)**	142	181	<12	15	●	
	S2: Serious Incidents	<37	35	3	0	●	
	S10: Never events	0	6	0	0	●	
	S11: Clostridium Difficile	61	60	5	5	●	
	S12 MRSA - Unavoidable or Assigned to 3rd party	0	0	0	0	●	
	S13: MRSA (Avoidable)	0	4	0	2	●	Mar-18
	S14: MRSA (All)	0	4	0	2	●	Mar-18
	S23: Falls per 1,000 bed days for patients > 65 years (1 month in arrears)	<5.6	6.1	<5.6	7.7	●	
	S24: Avoidable Pressure Ulcers Grade 4	0	1	0	0	●	
	S25: Avoidable Pressure Ulcers Grade 3	<27	8	<=3	2	●	
	S26: Avoidable Pressure Ulcers Grade 2	<84	49	<=7	7	●	
Caring	**C1 End of Life Care Plans**	75%	96%	75%	88%	●	
	C4: Inpatient and Day Case friends & family - % positive	97%	97%	97%	97%	●	
	C7: A&E friends and family - % positive	97%	96%	97%	94%	●	
Well Led	W13: % of Staff with Annual Appraisal	95%	88.8%	95%	88.8%	●	
	W14: Statutory and Mandatory Training	95%	86%	95%	86%	●	
	W16 BME % - Leadership (8A – Including Medical Consultants) - Qtr 3	28%	27%	28%	27%		
	W17: BME % - Leadership (8A – Excluding Medical Consultants) - Qtr 3	28%	13%	28%	13%		
Effective	**E1: 30 day readmissions (1 month in arrears)**	<8.5%	9.0%	<8.5%	9.1%	●	
	E2: Mortality Published SHMI (Oct 16 - Sep 17)	99	98	99	98	●	
	E6: # Neck Femurs operated on 0-35hrs	72%	70.8%	72%	66.1%	●	Mar-18
	E7: Stroke - 90% of Stay on a Stroke Unit (1 month in arrears)	80%	87.1%	80%	80.6%	●	
Responsive	R1: ED 4hr Waits UHL+UCC	95%	78.4%	95%	71.5%	●	See Note 1
	R2: ED 4 Hour Waits UHL + LLR UCC (Type 3)	95%	80.9%	95%	78.7%	●	See Note 1
	R4: RTT waiting Times - Incompletes (UHL+Alliance)	92%	87.5%	92%	87.5%	●	See Note 1
	R6: 6 week – Diagnostics Test Waiting Times (UHL+Alliance)	<1%	0.98%	<1%	0.98%	●	
	R12: Operations cancelled (UHL + Alliance)	0.8%	1.2%	0.8%	1.3%	●	See Note 1
	R14: Delayed transfers of care	3.5%	1.9%	3.5%	2.3%	●	
	R15: % Ambulance Handover >60 Mins (CAD+)	TBC	4%	TBC	10%	●	
	R16: % Ambulance handover >30mins & <60mins (CAD+)	TBC	9%	TBC	14%	●	
	RC9: Cancer waiting 104+ days	0	14	0	14	●	

		YTD Plan	YTD Actual	Jan-18 Plan	Jan-18 Actual	Trend*	Compliant by?
Responsive Cancer	RC1: 2 week wait - All Suspected Cancer	93%	94.4%	93%	93.9%	●	
	RC3: 31 day target - All Cancers	96%	95.2%	96%	93.6%	●	Jun-18
	RC7: 62 day target - All Cancers	85%	79.0%	85%	76.5%	●	Jul-18

Enablers

		YTD Plan	YTD Actual	Qtr3 17/18 Plan	Qtr3 17/18 Actual
People	W7: Staff recommend as a place to work (from Pulse Check)		58.9%		57.0%
	C10: Staff recommend as a place for treatment (from Pulse Check)		70.0%		65.0%

		YTD Plan	YTD Actual	Feb-18 Plan	Feb-18 Actual	Trend*
Finance	Surplus/(deficit) £m	(27.3)	(35.7)	(2.6)	(5.1)	●
	Cashflow balance (as a measure of liquidity) £m	1.0	6.3	1.0	6.3	●
	CIP £m	38.3	34.2	5.4	4.9	●
	Capex £m	30.1	24.0	3.6	2.9	●

		YTD Plan	YTD Actual	Feb-18 Plan	Feb-18 Actual	Trend*
Estates & facility mgt.	Average cleanliness audit score - very high risk areas	98%	96%	98%	96%	●
	Average cleanliness audit score -high risk areas	95%	94%	95%	94%	●
	Average cleanliness audit score - significant risk areas	85%	**94%**	85%	**94%**	●

* Trend is green or red depending on whether this month's actual is better or worse than the average of the prior 6 months

Please note: Quality Commitment Indicators are highlighted in bold. The above metrics represent the Trust's current priorities and the code preceding many refers to the metrics place in the Trust's Quality & Performance dashboards. Please see these Q&P dashboards for the Trust's full set of key metrics.

Note 1 - **'Compliant by?'** for these metrics a are dependent on the Trust rebalancing demand and capacity.