CHIEF EXECUTIVE'S MONTHLY UPDATE REPORT – JULY 2018

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Executive Summary

Context

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

(a) the Quality and Performance Dashboard for May 2018 attached at appendix 1 (the full month 2 quality and performance report is available on the Trust's public website and is hyperlinked within this report);

(b) key issues relating to our Strategic Objectives and Annual Priorities.

Questions

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

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: [August 2018 Trust Board]

6. Executive Summaries should not exceed **2 pages**. [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: **5 JULY 2018**

REPORT BY: **CHIEF EXECUTIVE**

SUBJECT: **MONTHLY UPDATE REPORT – JULY 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, 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 – May 2018

2.1 The Quality and Performance Dashboard for May 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 People, Process and Performance Committee and Quality and Outcomes Committee. The month 2 quality and performance report is published on the Trust's website.

Good News:

2.4 **Mortality** – the latest published SHMI (period October 2016 to September 2017) has reduced to 98 and is within the threshold. **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. **MRSA –** 0 cases reported this month. **C DIFF –** was within threshold for May. **Pressure Ulcers** - 0 **Grade 4 and Grade 3** reported during May. **Grade 2** are well within the trajectory for the month. **CAS alerts** – we remain compliant. **Inpatient**

and Day Case Patient Satisfaction (FFT) achieved the Quality Commitment of 97%. **TIA (high risk patients)** – 67.3% reported in May. **Ambulance Handover 60+ minutes (CAD+)** – performance at 0.1% a significant improvement and our best performance since the introduction of CAD+ reporting in June 2015. **UHL ED 4 hour performance** – was 88.2% for May, system performance (including LLR UCCs) was 91.2%. Performance was above trajectory and our best performance since October 2015.

Bad News:

2.5 **Diagnostic 6 week wait –** standard not achieved for the third month after 17 consecutive months of being compliant. **Never events** – 1 reported in May. **Referral to Treatment –** was 86.8% against a target of 92%, reflecting the prioritisation of emergency capacity in our planning for 2018/19. **52+ weeks wait –** 4 patients (compared to 9 patients same period last year). **Moderate harms and above** – above threshold in April (reported 1 month in arrears). **Cancelled operations** and **patients rebooked within 28 days** – continued to be non-compliant. **Cancer 31 day** was not achieved in April - theatre capacity, patient choice and patient fitness are the primary factors. **Cancer 62 day treatment** was not achieved in April – further detail of recovery actions in is the Q&P report. **Statutory and Mandatory Training** reported from HELM is at 89% (rising trend). **Sickness absence** – 4.4% reported in April (reported 1 month in arrears). **Fractured NOF** – was 64.2% in May.

3 <u>Board Assurance Framework (BAF) and Organisational Risk Register</u>

3.1 The Board Assurance Framework (BAF) and organisational risk register have been kept under review during May 2018 and a detailed BAF and an extract from the risk register are included in the integrated risk and assurance paper featuring elsewhere on the Board agenda.

Board Assurance Framework

3.2 The three highest rated principal risks on the BAF relate to staffing levels (5x4=20), emergency care pathway (5x4=20) and financial sustainability (5x4=20).

Organisational Risk Register

3.3 There are currently 72 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 31st May 2018. The Trust's risk profile continues to demonstrate active review across all CMGs and corporate services.

3.4 Thematic analysis of the organisational risk register shows the two common risk causation themes as workforce shortages and imbalance between service demand and capacity. Managing financial pressures, as a result of funding and internal control arrangement challenges, is also recognised on the risk register as an enabler to support the delivery of the Trust's objectives. These findings are reflective of our highest rated principal risks identified within the BAF.

4 Emergency Care

4.1 Emergency care performance improved in May 2018 – against the 4 hour standard, our performance was 88.2%, and 91.2% for Leicester, Leicestershire and Rutland as a whole.

4.2 Our focus during May has been to ensure:

- safe care in the Emergency Department and outlying wards,
- releasing ambulances as quickly as possible,
- ensuring processes are followed to ensure efficient flow,
- improving Emergency Department performance against the 4 hour standard.

4.3 In parallel, we continue to implement a range of actions in support of our priorities set out within the Quality Commitment 2018/19 relating to:-

- eliminating all but clinical 4 hour breaches for non-admitted patients in the Emergency Department,
- resolving the problem of evening and overnight deterioration in the Emergency Department's performance,
- ensuring timely 7 days a week availability of medical beds for emergency admissions.

4.4 Other features of our current work are as follows:-

- the continuation of our planning for Winter 2018 which includes more bed capacity, and staff,
- reducing the number of 'stranded' and 'super-stranded' patients at the Trust,
- improving performance at the Emergency Department front door,
- sustaining our efforts on 'Red2green',
- supporting the Emergency Department with a number of organisational development activities.

4.5 In parallel, work continues to plan for Winter 2018/19. In particular, a number of schemes are being implemented to decrease bed occupancy and to increase capacity, including the planned opening of an additional 28 bedded Ward at the Leicester Royal Infirmary, and an additional 28 bedded short stay Respiratory modular ward at Glenfield Hospital.

4.6 I continue to give considerable personal focus to this issue and our performance and plans for improvement in our emergency care performance 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 28th June 2018, features elsewhere on this Board agenda.

5. Leicester, Leicestershire and Rutland (LLR) Sustainability and Transformation Partnership (STP)

5.1 I reproduce below a position statement about the STP which has been signed off by partners and published recently.

5.2 **"**The NHS organisations in Leicester, Leicestershire and Rutland (LLR) have confirmed that during July they will mark the 70th year of the NHS by publishing a document setting out the Next Steps for Better Care Together in the local area.

5.3 Back in November 2016 the local NHS organisations published draft proposals to improve health services for patients in our area. That was as part of a national initiative to produce what were called Sustainability and Transformation Plans (or STPs for short) for 44 areas across the country.

5.4 Known locally as Better Care Together, we engaged with local people and staff on these draft proposals. The overall direction of improving care quality and safety while integrating services by breaking down artificial organisational barriers was welcomed. However, people told us they had concerns about the number of hospital beds and the capacity of general practice and community services in particular to support the new service models.

5.5 Since then national policy has refocused these STPs, moving the emphasis on from being about producing plans to concentrating on ongoing partnership working to improve services and care for patients through more integrated care in local places. In some parts of the country, STPs have moved on to now be referred to as Integrated Care Systems (or ICSs for short), and it is NHS England's expectation that all STPs will move towards this more integrated model, of commissioners and providers working together for patients in local places.

5.6 Whatever acronym is used, locally the NHS partners in Better Care Together have taken forward a significant amount of work over this 18 month period. We've launched an enhanced NHS111 service which provides more access to clinicians. We have also secured funding for priority areas like cancer, mental health and diabetes, as well as capital funding for new hospital facilities. We've also started changing the way that the NHS organisations work together, so that we operate more as one team working for the people of Leicester, Leicestershire and Rutland in a less fragmented way.

5.7 However, the last 18 months have also seen local NHS finances and performance stressed in many services and organisations, particularly over what was one of the most pressurised winters for many years.

5.8 Nationally, the Government has recognised the pressure local NHS services are under - and so we welcomed the announcement in March this year to develop a long-term plan and funding settlement for the NHS over the next 5-10 years.

5.9 Set against this context, the local NHS partners have decided that our Better Care Together partnership needs to continue its ongoing work to improve care for patients. But we've also decided that now is not the time to produce a detailed long-term 'blueprint' for all NHS services by creating a 'final' version of our original STP plan.

This is because the outcome of the national funding review could have a direct and significant impact on what it is possible to afford – and therefore some of the choices that we may need to make.

5.10 In the meantime we do think it is important to update local people and partners on the work that is being done by the Better Care Together partners. This is why we have decided to publish the Next Steps document.

5.11 The Next Steps publication will:

- provide an update on the progress we have already made to deliver high quality, sustainable services, such as the new NHS111 clinical triage service which uses clinicians to provide advice and guidance to patients over the phone
- set out our refreshed strategic direction which responds to the feedback on our initial proposals and the actual experience of services
- summarises our plans for our priority areas like cancer, mental health and general practice
- explain how we are working together across NHS organisations, and in partnership with others, in a more integrated way that is focused on doing the right thing for local people not necessarily individual organisations
- be open about those areas where we are still doing ongoing work to develop care models and the implications of these for local services, for example some community services and hospitals.

5.12 One of the key elements that our draft STP proposals focused on in 2016 was the need for improvement in our NHS buildings. We've already had some success in securing £48 million for the new A&E department at Leicester Royal Infirmary as well as commitment of around £2 million for improvements to general practice premises. Last year we also secured £8 million for a purpose-built ward for children and young people with a focus on eating disorders and £30 million for new intensive care units and a new ward at Glenfield Hospital.

5.13 However, work continues on business cases totalling more than £350 million for the configuration of services provided by the Trust, maternity services, and some community hospitals. We will be applying for national funding in July to support these schemes and, if successful, under national NHS capital guidance we will then be able to undertake formal public consultation, on some of our proposals, as early as the end of this year and on others in 2019.

5.14 With so much happening across the work of the Better Care Together Partnership, we are also taking the opportunity over the summer to review our local leadership and governance arrangements to make sure that these are effective going forward. This is important for overseeing our improvement programme and supporting delivery of improvements to front line services for patients.

5.15 If you would like more information on the work of our BCT Partnership, visit http://www.bettercareleicester.nhs.uk/ and subscribe to our mailing list to receive

future information about the Leicester, Leicestershire and Rutland Better Care Together Partnership".

6. Prime Minister's Speech on NHS Funding Commitment: 18th June 2018

6.1 On 18th June 2018, the Prime Minister, Theresa May announced a new 5 year funding settlement for the NHS, giving the service real terms growth at more than 3% for the next 5 years. In parallel, the Prime Minister has also tasked the NHS with producing a 10 year plan to improve performance, specifically on cancer and mental healthcare, and unpick barriers to progress.

6.2 Key elements of the announcement are set out below:

- the government has announced a major new package of funding for the NHS covering the five financial years from 2019-20,
- the average annual uplift is 3.4 per cent per year above inflation – based on Office for Budget Responsibility projections,
- the funding is frontloaded, meaning the annual rates of growth are: 3.6%, 3.6%, 3.1%, 3.4%,
- this will equate to £20.5bn more revenue in real terms compared with 2018-19,
- a further £1.25bn has been found to deal with an increase in pensions costs associated with the new Agenda for Change pay deal,
- the funding is for the NHS England commissioning budget only. This means it does not include capital funding, public health, health education, or social care,
- how the increase will be funded is unclear. While the Prime Minister has emphasised that some of it will come from monies no longer being paid to the European Union, along with tax and borrowing rises, the "Brexit" element has been disputed by some economists,
- in return for the increase in funding, the NHS has been tasked to develop a 10-year plan, via an "assembly" convened by national leaders. The Prime Minister has emphasised that this should have strong clinical input,
- the 10-year plan, which will likely be delivered by the Autumn budget, should set out how the service intends to deliver major improvements in mental health and cancer care,
- Ministers may be considering legislative reform: the Prime Minister described the number of contracts held between NHS organisations as a "problem", and said she wanted the service to suggest ways of breaking down any barriers that might hold up progress, including in the regulatory framework,
- the Prime Minister set out five priorities for the NHS: Putting the patient at the heart of how care is organised; a workforce empowered to deliver the NHS of the future; harnessing the power of innovation; a focus on

prevention; and "true parity of care" between mental and physical health,

- the Prime Minister said she would like to see the 10-year plan set out ambitious "clinically defined access standards" for mental health,

- and, she said clinicians should confirm the NHS is focused on the right performance targets for both physical and mental health – indicating that Ministers may be willing to reconsider key performance standards.

7. UHL Arts and Heritage

7.1 Leicester's hospitals have collected thousands of extraordinary objects since the opening of the Infirmary in 1771. This often curious collection of photographs, artwork, marketing advertisements, posters, newspaper clippings, medical instruments, remedies and more, provides a fascinating look into healthcare as well as changes to our general lifestyle and social views on wellbeing. Celebrating this shared history, and making the most of our collections, is particularly valuable as we move forward in our five-year strategy and enter a period of major reconfiguration across our hospitals.

7.2 In June 2016 a proposal for an Arts and Heritage Strategy was received by the Executive Strategy Board (ESB). ESB supported the establishment of an Arts and Heritage Committee, chaired by the then Head of Museum Services at Leicester City Council and with representation from partner organisations, with an interest in arts and heritage, including both universities. De Montfort University - DMU Local - and our own charity have contributed to the appointment, for 16 hours a week, of an Arts and Heritage Officer to deliver an ambitious programme of work.

7.3 Our Arts and Heritage Programme will be launched on the 5th July 2018 at the Annual General Meeting as part of the NHS at 70 celebrations. Three exhibitions will open on the following day: *The Art of Healthcare* - at the DMU Heritage Centre, *Brief Encounters: Science and Art* in the Odames Library and our own space in the Balmoral Building. These are all linked by the *LRI Arts Trail,* the first of three planned, which highlights some of the favourite objects chosen by our staff.

7.4 We are planning exhibitions, workshops and events at all three hospital campuses over the coming months aimed at engaging with, and improving the health and wellbeing of, our patients and staff. We have supported the dementia café with photographs, will be holding art classes for staff at DMU in the Autumn and the City Archaeologist is helping us understand what we have left of some of our previous buildings in the form of memorial plaques.

7.5 The Programme will be delivered in partnerships with other organisations and funded through a combination of charitable contribution and external grants. Applications underway include: professional cataloguing of the collection, reinstatement of a sculpture by Peter Randall-Page and art for the well-being of staff.

7.6 Want to find out more?
Email: ArtsandHeritageatUHL@uhl-tr.nhs.uk
Twitter: @AandHUHL

8. Conclusion

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

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John Adler
Chief Executive

29th June 2018

Quality & Performance

		YTD Plan	YTD Actual	May-18 Plan	May-18 Actual	Trend*	Compliant by?
Safe	S1: Reduction for moderate harm and above (1 month in arrears)	142	19	<12	19	●	
	S2: Serious Incidents	<37	8	3	4	●	
	S10: Never events	0	2	0	1	●	Jun-18
	S11: Clostridium Difficile	61	16	5	4	●	
	S12 MRSA - Unavoidable or Assigned to 3rd party	0	0	0	0	●	
	S13: MRSA (Avoidable)	0	0	0	0	●	
	S14: MRSA (All)	0	0	0	0	●	
	S23: Falls per 1,000 bed days for patients > 65 years (1 month in arrears)	<5.6	7.4	<5.6	7.4	●	
	S24: Avoidable Pressure Ulcers Grade 4	0	0	0	0	●	
	S25: Avoidable Pressure Ulcers Grade 3	<27	0	<=3	0	●	
	S26: Avoidable Pressure Ulcers Grade 2	<84	11	<=7	4	●	
Caring	C1 End of Life Care Plans - Qtr 4	75%	93%	75%	81%	●	
	C4: Inpatient and Day Case friends & family - % positive	97%	97%	97%	98%	●	
	C7: A&E friends and family - % positive	97%	96%	97%	96%	●	
Well Led	W13: % of Staff with Annual Appraisal	95%	89.3%	95%	89.3%	●	
	W14: Statutory and Mandatory Training	95%	89%	95%	89%	●	
	W16 BME % - Leadership (8A – Including Medical Consultants) - Qtr 4	28%	27%	28%	27%		
	W17: BME % - Leadership (8A – Excluding Medical Consultants) - Qtr 4	28%	14%	28%	14%		
Effective	E1: 30 day readmissions (1 month in arrears)	<8.5%	9.4%	<8.5%	9.4%	●	
	E2: Mortality Published SHMI (Jul 16 - Jun 17)	99	98	99	98	●	
	E6: # Neck Femurs operated on 0-35hrs	72%	69.2%	72%	64.2%	●	Jun-18
	E7: Stroke - 90% of Stay on a Stroke Unit (1 month in arrears)	80%	82.4%	80%	82.4%	●	
Responsive	**R1: ED 4hr Waits UHL**	95%	82.3%	95%	88.2%	●	See Note 1
	R2: ED 4 Hour Waits UHL + LLR UCC (Type 3)	95%	87.5%	95%	91.3%	●	See Note 1
	R4: RTT waiting Times - Incompletes (UHL+Alliance)	92%	86.8%	92%	86.8%	●	See Note 1
	R6: 6 week – Diagnostics Test Waiting Times (UHL+Alliance)	<1%	2.9%	<1%	2.9%	●	
	R12: Operations cancelled (UHL + Alliance)	0.8%	1.2%	0.8%	1.2%	●	See Note 1
	R14: Delayed transfers of care	3.5%	1.5%	3.5%	1.3%	●	
	R15: % Ambulance Handover >60 Mins (CAD+)	TBC	2%	TBC	0.1%	●	
	R16: % Ambulance handover >30mins & <60mins (CAD+)	TBC	5%	TBC	1.4%	●	
	RC9: Cancer waiting 104+ days	0	11	0	9	●	

		YTD Plan	YTD Actual	Apr-18 Plan	Apr-18 Actual	Trend*	Compliant by?
Responsive Cancer	RC1: 2 week wait - All Suspected Cancer	93%	93.9%	93%	93.9%	●	
	RC3: 31 day target - All Cancers	96%	94.3%	96%	94.3%	●	Jun-18
	RC7: 62 day target - All Cancers	85%	78.4%	85%	78.4%	●	Sep-18

Enablers

		YTD Plan	YTD Actual	Qtr4 17/18 Plan	Qtr4 17/18 Actual
People	W7: Staff recommend as a place to work (from Pulse Check)		57.9%		54.7%
	C10: Staff recommend as a place for treatment (from Pulse Check)		69.8%		69.3%

		YTD Plan	YTD Actual	May-18 Plan	May-18 Actual	Trend*
Finance	Surplus/(deficit) £m	(9.8)	(9.8)	(9.8)	(9.8)	●
	Cashflow balance (as a measure of liquidity) £m	1.0	6.2	1.0	6.2	●
	CIP £m	2.5	3.1	1.3	1.9	●
	Capex £m	2.9	3.0	1.5	0.7	●

		YTD Plan	YTD Actual	May-18 Plan	May-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%	93%	●
	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.