CHIEF EXECUTIVE'S MONTHLY UPDATE REPORT – JUNE 2018

Authors: John Adler and Stephen Ward   Sponsor: John Adler   **Trust Board paper C**

Executive Summary

Context

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

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

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

(c)   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?
2. Does the Trust Board have any comments to make regarding either the Board Assurance Framework Dashboard or Organisational Risk Register Dashboard?

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: [5 July 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: 7 JUNE 2018

REPORT BY: CHIEF EXECUTIVE

SUBJECT: MONTHLY UPDATE REPORT – JUNE 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 – April 2018

2.1   The Quality and Performance Dashboard for April 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 1 Quality and Performance Report is published on the Trust's website.

Good News:

2.4   **Mortality** – the latest published Standardised Hospital Mortality Index (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. **Pressure Ulcers** - 0 **Grade 4 and Grade 3** reported during April. **Grade 2** are well within the trajectory for the month. **Central Alerting System** (**CAS) alerts** – we remain compliant. **Inpatient and Day**

Case Patient Satisfaction (FFT) achieved the Quality Commitment of 97%. **Fractured Neck of Femur (NOF)** – was 74.5% in April.

Bad News:

2.5 **UHL ED 4 hour performance** – was 76.1%, system performance (including LLR UCCs) was 82.8%. **Diagnostic 6 week wait –** standard not achieved for the second month after 17 consecutive months of being compliant. **Ambulance Handover 60+ minutes (CAD+)** – performance was 4% however a significant improvement on performance over the last Quarter. **Never events** – 1 reported in April. **C DIFF –** 12 cases reported this month. **Referral to Treatment –** was 85.8% against a target of 92%, reflecting the continuing cancellation of elective work due to emergency care volumes. **52+ weeks wait –** 3 patients (compared to 17 patients same period last year). **Moderate harms and above** – above threshold in March (reported 1 month in arrears) 2017/18 outturn was above threshold. **Cancelled operations** and **patients rebooked within 28 days** – continued to be non-compliant. **Cancer 31 day** was not achieved in March - theatre capacity, patient choice and patient fitness are the primary factors. **Cancer 62 day treatment** was not achieved in March – surgical cancellations and delayed referrals from network hospitals continue to be significant factors. **TIA (high risk patients)** – 48.1% reported in April. **Statutory and Mandatory Training** reported from HELM is at 89%. **Sickness absence** – 4.7% reported in March (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

3.1 The Board Assurance Framework (BAF) and organisational risk register have been kept under review during April 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 BAF remains a dynamic document and the new principal risks have been worked-up by the lead Directors (to report the position for April 2018) and have been reviewed and endorsed by the relevant Executive Boards during May 2018.

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

Risk Description	Risk Rating	UHL Objective
If the Trust is unable to effectively manage the emergency care pathway, caused by persistent unprecedented level of demand for services, primary care unable to provide the service required, ineffective resources to address patient flow, and fundamental process issues, then it may result in widespread instances of reduced quality of care and experience for large number of patients and sustained failure to achieve constitutional standards, leading to increased financial penalties and possible breach of license.	20	Organisation of Care
If the Trust is unable to achieve and maintain staffing levels that meets service requirements, caused by employment market factors (such as availability and competition to recruit, retain and utilise a workforce with the necessary skills and experience) and demographic changes, then it may result in poor clinical outcomes	20	Our People

and experience, failure to achieve constitutional standards and increased staff workloads.		
If the Trust is unable to achieve and maintain financial sustainability, caused by a lack of funding (to meet planned expenditure), inability to control pay / non-pay expenditure and inability to recover costs in a timely manner, then it may result in failure to deliver the financial plan leading to widespread loss of public and stakeholder confidence and potential for regulatory action such as financial special measures.	20	Financial Stability

Organisational Risk Register

3.4 There are currently 75 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 30th April 2018. Thematic analysis of the organisational risk register shows the common risk causation themes as workforce shortages and imbalance between service demand and capacity. The risk register remains a standing item on the agenda at the monthly meeting of the Executive Performance Board.

4   Emergency Care

4.1 Emergency care performance improved in April 2018 – against the 4 hour standard, our performance was 76.1%, and 82.1% for Leicester, Leicestershire and Rutland as a whole. We were above the NHS Improvement trajectory level for April of 75.7%.

4.2 Our focus during April has been to ensure:

- safe care in the Emergency Department and outlying wards,
- releasing ambulances as quickly as possible,
- restarting elective procedures,
- decreasing the number of patients outlied into other areas,
- ensuring processes are followed to ensure efficient flow.

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 When the Emergency Floor Phase 2 development opens in early June 2018, there will be new models of care implemented which will also be supported by a new approach to frailty across the Trust. The Trust Board is to receive a presentation at this meeting on these developments.

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 24th May 2018, features elsewhere on this Board agenda.

5. <u>UHL Voice – Our Black, Asian and Minority Ethnic (BAME) Staff Network</u>

5.1 We have set up our first Black, Asian, and Minority Ethnic (BAME) staff network "UHL voice". This follows feedback from our BAME colleagues and through the CQC inspection focus group with BAME employees. We have been using the Workforce Race Equality Standard (WRES) to measure our workforce race equality performance and the data has shown us that BAME colleagues are:

- 2.2 times more likely not to be appointed to a job when they apply for roles within the Trust,
- under-represented at senior levels (13.6%) compared to 31% of BAME staff across the workforce,
- significantly more likely to feel they are bullied, harassed or experience discrimination,
- more likely to enter a formal disciplinary process,
- less likely to think that the Trust is an equal opportunities organisation, and
- less likely to access non-mandatory training.

5.2 The Trust Board has agreed that there needs to be better engagement with BAME staff to help to improve their experience and improve the under-representation of BAME staff at senior leadership levels, and the aim to improve our performance against the WRES is reflected in our annual priorities 2018/19.

5.3 The first Trust UHL Voice meeting was held on 10th May 2018 and was well attended.

5.4 The first meeting focused on areas such as the terms of reference for the group and how colleagues want to use the networking opportunity to:

- seek support and advice from colleagues where they may be facing barriers and challenges at work,
- get involved in future activities to promote race equality, for example, Black History Month,
- learn about any career or training opportunities,

- provide feedback on how the Trust can better support BAME colleagues,
- invite guest speakers from the Trust or externally who can talk on a range of topics which the network would be interested in to inspire and motivate colleagues.

5.5   Further details of the work of the network will feature in reports to be submitted in future to the People, Process and Performance Committee on our equality and diversity action plan.

6.   <u>Data Security and Protection Requirements</u>

6.1   At its May 2018 meeting, the Trust Board considered the Trust's response to NHS Improvement's questionnaire on data security and protection requirements and authorised me, in consultation with the Chairman, to consider further the question of senior level responsibility in this area, given NHS Improvement's expectation that the senior Executive responsible for data and cyber security would also be designated as Senior Information Risk Owner (SIRO).

6.2   Having researched the position nationally, and considered the position locally in discussions with the Chief Information Officer, Director of Corporate and Legal Affairs, Chairman and Deputy Chairman, I have transferred the Senior Information Risk Officer role from the Director of Corporate and Legal Affairs to the Chief Information Officer, effective from 11th May 2018.

6.3   In consequence, the Trust was able to confirm to NHS Improvement that we have "fully implemented" the requirement that the organisation has a named senior Executive who reports to the Board who is responsible for data and cyber security, and this person is also the Senior Information Risk Owner.

7.   <u>Conclusion</u>

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

John Adler
<u>Chief Executive</u>

1st June 2018

Quality & Performance

		YTD Plan	YTD Actual	Apr-18 Plan	Apr-18 Actual	Trend*	Compliant by?
Safe	**S1: Reduction for moderate harm and above (1 month in arrears)**	142	224	<12	29	🔴	
	S2: Serious Incidents	<37	4	3	4	🔴	
	S10: Never events	0	1	0	1	🔴	
	S11: Clostridium Difficile	61	11	5	11	🔴	
	S12 MRSA - Unavoidable or Assigned to 3rd party	0	0	0	0	🟢	
	S13: MRSA (Avoidable)	0	0	0	0	🟢	Mar-18
	S14: MRSA (All)	0	0	0	0	🟢	Mar-18
	S23: Falls per 1,000 bed days for patients > 65 years (1 month in arrears)	<5.6	6.0	<5.6	6.6	🔴	
	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	7	<=7	7	🔴	
Caring	C1 End of Life Care Plans	75%	93%	75%	81%	🔴	
	C4: Inpatient and Day Case friends & family - % positive	97%	97%	97%	97%	🟢	
	C7: A&E friends and family - % positive	97%	95%	97%	95%	🟢	
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%	9.1%	<8.5%	9.3%	🔴	
	E2: Mortality Published SHMI (Jul 16 - Jun 17)	99	98	99	98	🟢	
	E6: # Neck Femurs operated on 0-35hrs	72%	74.6%	72%	74.6%	🟢	Mar-18
	E7: Stroke - 90% of Stay on a Stroke Unit (1 month in arrears)	80%	86.7%	80%	81.1%	🔴	
Responsive	R1: ED 4hr Waits UHL+UCC	95%	76.1%	95%	76.1%	🟢	See Note 1
	R2: ED 4 Hour Waits UHL + LLR UCC (Type 3)	95%	82.8%	95%	82.8%	🟢	See Note 1
	R4: RTT waiting Times - Incompletes (UHL+Alliance)	92%	85.8%	92%	85.8%	🟢	See Note 1
	R6: 6 week – Diagnostics Test Waiting Times (UHL+Alliance)	<1%	5.2%	<1%	5.2%	🔴	
	R12: Operations cancelled (UHL + Alliance)	0.8%	1.1%	0.8%	1.1%	🔴	See Note 1
	R14: Delayed transfers of care	3.5%	1.6%	3.5%	1.6%	🟢	
	R15: % Ambulance Handover >60 Mins (CAD+)	TBC	4%	TBC	4%	🟢	
	R16: % Ambulance handover >30mins & <60mins (CAD+)	TBC	8%	TBC	8%	🟢	
	RC9: Cancer waiting 104+ days	0	11	0	11	🟢	

		YTD Plan	YTD Actual	Mar-18 Plan	Mar-18 Actual	Trend*	Compliant by?
Responsive Cancer	RC1: 2 week wait - All Suspected Cancer	93%	94.7%	93%	95.6%	🟢	
	RC3: 31 day target - All Cancers	96%	95.1%	96%	93.7%	🔴	Jun-18
	RC7: 62 day target - All Cancers	85%	78.2%	85%	75.6%	🔴	Jul-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	Apr-18 Plan	Apr-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	3.4	1.0	3.4	🟢
	CIP £m	1.2	1.6	1.2	1.6	🔴
	Capex £m	1.4	2.3	1.4	2.3	🔴

		YTD Plan	YTD Actual	Apr-18 Plan	Apr-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%	93%	🔴

* 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.