

# CHIEF EXECUTIVE'S MONTHLY UPDATE REPORT – OCTOBER 2015

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Sponsor: John Adler

Date: Thursday 1 October 2015

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## Executive Summary

### Context

The Chief Executive's monthly update report to the Trust Board for September 2015 is attached. It includes:-

- (a) the Board Dashboard for August 2015 attached at appendix 1;
- (b) progress against our annual priorities at the end of quarter two 2015/16 at appendix 2; and
- (c) key current issues relating to our annual priorities 2015/16.

### Questions

1. Is the Trust Board satisfied with our performance and plans on the matters set out in the report?
2. Does the Trust Board consider that we could/should be taking further action to address priorities flagged as Red?

### Conclusion

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

### Input Sought

I would welcome the Board's input regarding the 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:

Organisational Risk Register	[Not applicable]
Board Assurance Framework	[Not applicable]

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: November 2015 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: 1 OCTOBER 2015**

**REPORT BY: CHIEF EXECUTIVE**

**SUBJECT: MONTHLY UPDATE REPORT – OCTOBER 2015**

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1. Introduction

1.1 My monthly update report this month focuses on:-

- (a) the Board Dashboard, attached at appendix 1;
- (b) progress against our annual priorities at the end of quarter two 2015/16 (appendix 2); and
- (c) key current issues relating to our annual priorities 2015/16.

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 – August 2015

2.1 The Quality and Performance Dashboard for August 2015 is appended to this report **as 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 meetings of the Integrated Finance, Performance and Investment Committee and Quality Assurance Committee, respectively. The [Quality and Performance report](#) continues to be published on the Trust's website.

3. Annual Priorities 2015/16 – Progress at the end of quarter two 2015/16

3.1 As we complete the second quarter of the financial year, I have attached as appendix 2 a high-level assessment against our Annual Priorities for 2015/16, including a RAG rating, which relates to the likelihood of successfully achieving each priority by the year end (or before, if scheduled for earlier completion). Board members will see that, overall, we are making good progress, with a number of amber priorities moving to green. However, financial delivery remains red, and a number of emergency care priorities have also moved to red. In

addition, I have rated EPR red for reasons explained elsewhere in this report.

4. Strategic Objective: Safe, High Quality, Patient Centred Healthcare

*Develop a 'UHL Way' of undertaking Improvement Programmes*

4.1 At the Leadership Conference on 29<sup>th</sup> September 2015, the Trust's leadership community is being asked to help shape the 'UHL Way' of undertaking improvement programmes. We discussed the development of the 'UHL Way' at the Board Thinking Day on 10<sup>th</sup> September.

4.2 I will report orally at the Trust Board meeting on feedback received at the Conference.

*Fractured Neck of Femur*

4.3 **The fractured neck of femur** standard has been achieved for the first time since July 2014 and the work of all involved should be commended.

*Pressure Ulcers*

4.4 It is pleasing to note that **grade 4 pressure ulcers** remain at zero, but of concern that **grade 2 pressure ulcers** were above the upper limit for the month.

*MRSA and C-Diff*

4.5 It is pleasing to note that **MRSA** remains at zero, although **C-Diff** has increased to six this month, which is higher than the April and May lows but, nevertheless, means that we remain on track with the year to date trajectory.

5. Strategic Objective: An Effective and Integrated Emergency Care system

*Performance*

5.1 ED 4 hour performance in the calendar month of August was 90.6%, which has slipped slightly after being consistently over 92% for the last 4 months. Year to date performance stands at 91.9%.

5.2 The emergency care update report which features elsewhere on the agenda for this meeting identifies the increase in emergency admissions, a trend which continues. We continue our discussions with Commissioners to reverse this trend.

6. Strategic Objective: Services which consistently meet National Access Standards

*Referral to Treatment Waiting Times*

- 6.1 The **RTT incomplete** target remains compliant.

*Cancer Access Standards*

- 6.2 The **31 day treatment standard** was achieved alongside the **62 day screening pathway**. However, the **two week wait standard** was failed largely as a result of challenges in Endoscopy, which has previously been the subject of a report at the Board. **62 day cancer** performance dropped considerably in July, however, the number of backlog patients awaiting treatment reduced alongside this. This is a more significant indicator of the direction of travel.

*Diagnostics*

- 6.3 As reported last month, problems in Endoscopy have had a significant impact on **diagnostics 6 week wait** performance, which is not expected to regain compliance until October. Unfortunately, the numbers have worsened as the longest waiting patients are offered dates. However, the backlog of patients waiting over six weeks has dropped very considerably in recent weeks and the team are to be congratulated on this progress. This issue was discussed in detail at the Integrated, Finance, Performance and Investment Committee.

7. Strategic Objective: Integrated Care in Partnership with Others

*Participate in Better Care Together Formal Public Consultation*

- 7.1 A report features elsewhere on the agenda updating the Board on the Better Care Together Programme. It remains the case that the target date for the initiation of public consultation is 30<sup>th</sup> November 2015.
- 7.2 Public consultation will commence once NHS England is assured that the Department of Health's four tests of service reconfiguration have been fulfilled.
- 7.3 Arrangements are in hand for the Board to receive and approve the Better Care Together pre-consultation business case and I will update the Board orally on this aspect at the Board meeting.

8. Strategic Objective: Enhanced Delivery in Research, Innovation and Clinical Education

Included elsewhere on the Board agenda this month are reports on the UHL Research and Innovation Strategy and our hosting role related to the East Midlands Clinical Research Network. Both these reports indicate good progress across a number of priorities. In addition, we continue to have very positive discussions with the new leadership of

the University of Leicester, including most recently about developments in precision medicine.

9. Strategic Objective: A Caring, Professional and Engaged Workforce

*Delivering Caring at its Best, Our Five-Year Plan*

9.1 As the Board will recall, during July we held a series of large scale events with staff to launch Delivering Caring at its Best, our five-year plan. A total of 541 staff attended the events and details of the evaluation by staff were reported to the Trust Board in August.

9.2 Those staff attending the sessions were asked to identify 'what is getting in the way of you doing your job'. The feedback from staff has been themed under the following headings:

- Communication;
- Interserve;
- Environment;
- Safe staffing levels;
- Leadership and management;
- Staff well-being;
- Education and training;
- Resources and equipment;
- Processes;
- Finances

9.3 I plan to focus on one theme at each of my forthcoming Chief Executive briefing sessions with the leadership community and to feedback to staff generally via my monthly bulletin on:

- what we are doing about the issue at present;
- what more we will do to address the frustrations;
- any issues where we are unable to take further action and, if so, to explain why.

9.4 As well as the actions mentioned at paragraph 9.3 above, staff will be updated on progress to address their frustrations quarterly via the Listening into Action newsletter which is distributed to all staff as a payslip attachment.

10. Strategic Objective: A Clinically Sustainable Configuration of Services, operating from excellent facilities

Intensive work continues related to the move of Level 3 ICU and related services from Leicester General Hospital, which is scheduled to be completed by July 2016. This is a complicated set of changes and I would like to commend the work of the clinical and project teams involved. A detailed update is included elsewhere on this agenda..

11. Strategic Objective: A Financially Sustainable NHS Organisation

*Month 5 Financial Performance and Cost Improvement Programme*

- 11.1 Financial performance in the fifth month of the financial year – an adverse variance of £0.5M - is of concern. We are now £5.3M adverse to plan this financial year, primarily due to pay overspend but it is also the case that income was worse than plan by £0.2M in August 2015.
- 11.2 The adverse performance to plan has been discussed at the meeting of the Executive Performance Board and by the held on 22<sup>nd</sup> September 2015. As foreshadowed last month, a number of new controls have been introduced to support Clinical Management Groups and Corporate Directorates in their efforts to reduce pay bill costs to within acceptable budgetary limits. This includes the establishment of a Recruitment Control Board which will oversee all recruitment.
- 11.3 The Integrated Finance, Performance and Investment Committee also considered this issue at its meeting on 24<sup>th</sup> September 2015 and a separate report on month 5 financial performance also features elsewhere on the Board agenda. The Committee rightly reinforced the need to curtail expenditure but avoiding as far as possible impacts on quality and performance. This is of course not an easy balance, and is one that most acute trusts across the country are struggling with.
- 11.4 Cost Improvement Programme delivery in month was slightly adrift of plan and, currently, we have an under-delivery against plan of £1.6M this financial year. Again, the detailed position was reviewed carefully by the Executive Performance Board on 22<sup>nd</sup> September 2015 and was further scrutinised by the Integrated Finance, Performance and Investment Committee on 24<sup>th</sup> September 2015.

12 Strategic Objective: Enabled by Excellent IM&T

*Prepare for Delivery of the Electronic Patient Record in 2016/17*

- 12.1 A number of discussions have taken place during September 2015 with the NHS Trust Development Authority on the subject of the Trust's Electronic Patient Record Business Case. I will update the Board orally on the latest position at the meeting.
- 12.2 We are to consider the risks to this scheme and their mitigation later on in the meeting when we consider the Board Assurance Framework and Ms Liz Simons, Head of Projects and Programmes, will attend the meeting in the absence of the Chief Information Officer (on leave) for the discussion.

*Meeting with Dr Gill Morgan, Chair, NHS Providers*

12.3 I had the pleasure of meeting Dr Gill Morgan, Chair, NHS Providers on 21<sup>st</sup> September 2015. I will update the Board orally at the meeting on 1<sup>st</sup> October 2015 on our discussions.

13. Conclusion

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

John Adler  
Chief Executive

24<sup>th</sup> September 2015



## Quality & Performance

		YTD		Aug-15		Compliant by?
		Plan	Actual	Plan	Actual	Trend*
Safe	S1: Clostridium Difficile	61	18	5	6	●
	S2A: MRSA (All)	0	0	0	0	●
	S2B: MRSA (Avoidable)	0	0	0	0	●
	S3: Never events	0	0	0	0	●
	S4: Serious Incidents	N/A	19	N/A	3	●
	S11: Falls per 1,000 bed days for patients > 65 years	<7.1	5.6	<7.1	5.7	●
	S12: Avoidable Pressure Ulcers Grade 4	0	0	0	0	●
	S13/14: Avoidable Pressure Ulcers Grade 2 & 3	168	42	14	14	●
Caring	C1: Inpatient and Day Case friends & family - % positive	Q4 97%	96%	Q2 96%	97%	●
	C2: A&E friends and family - % positive	Q4 97%	96%	Q2 96%	97%	●
Well Led	W11: % of Staff with Annual Appraisal	95%	88.8%	95%	88.8%	●
	W13: Statutory and Mandatory Training	95%	91%	95%	91%	●
Effective	E1: Mortality Published SHMI (Jan 14 - Dec 14)	100	99	100	99	●
	E9: 30 day readmissions (July)	<7%	9.0%	N/A	8.8%	●
	E10: Neck Femurs operated on 0-35hrs	72%	61.7%	72%	78.1%	●
	E11: Stroke - 90% of Stay on a Stroke Unit (July)	80%	84.4%	80%	84.8%	●
	R1: ED 4hr Waits UHL+UCC - Calendar Month	95%	91.9%	95%	90.6%	●
Responsive	R3: RTT waiting Times - Incompletes	92%	94.6%	92%	94.6%	●
	R5: 6 week – Diagnostics Test Waiting Times	1%	13.4%	1%	13.4%	●
	R11: Operations cancelled (UHL + Alliance)	0.8%	0.9%	0.8%	0.7%	●
	R14: Delayed transfers of care	3.5%	1.2%	3.5%	1.2%	●
	R16: % Ambulance Handover >60 Mins (CAD+)	TBC	7%	TBC	9%	●
	R17: % Ambulance handover >30mins & <60mins (CAD+)	TBC	19%	TBC	17%	●
	RC1: 2 week wait - All Suspected Cancer	93%	89.4%	93%	87.5%	●
	RC3: 31 day target - All Cancers	96%	95.7%	96%	97.2%	●
RC7: 62 day target - All Cancers	85%	76.1%	85%	73.7%	●	
Enablers		YTD		Jul-15		Compliant by?
		Plan	Actual	Plan	Actual	Trend*
People	W6: Staff recommend as a place to work	N/A	54.9%	N/A	52.5%	●
	C6: Staff recommend as a place for treatment	N/A	71.4%	N/A	68.7%	●
Finance		YTD		Aug-15		Forecast Outturn
		Plan	Actual	Plan	Actual	Trend*
	Surplus/(deficit) £m	(19.9)	(25.0)	(3.6)	(5.3)	●
	Cashflow forecast (balance at end of month) £m	3.0	19.0	3.0	19.0	●
	CIP £m	16.6	15.1	3.8	3.5	●
Capex £m	13.6	11.4	2.7	4.3	●	
Estates & facility mgt.		YTD		Aug-15		
		Plan	Actual	Plan	Actual	Trend*
	Percentage of Cleaning Audits achieving the required standard	100%	N/A	100%	54%	●

\* 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: 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.

STRATEGIC OBJECTIVE/ANNUAL PRIORITY	COMMENTS ON PROGRESS	Q1	Q2	Q3	Q4
<b>Safe, high quality, patient centred healthcare</b>					
<ul style="list-style-type: none"> <li>Reduce UHL mortality rate (SHMI) to under 100 (Quality Commitment 1)</li> </ul>	Latest published SHMI has reduced to 99 calendar year 2014. Further actions within Quality Commitment should reduce this further over time..				
<ul style="list-style-type: none"> <li>Reduce patient harm events by 5% (Quality Commitment 2)</li> </ul>	Harm indicators (see Safe domain of Q&P report) are relatively static. The report on this aspect of the Quality Commitment to EPB and QAC on Q1 showed green RAG ratings but no direct correlation to the 5% reduction target. This needs clarification.				
<ul style="list-style-type: none"> <li>Achieve a 97% Friends and Family test score (Quality Commitment 3)</li> </ul>	Inpatient results have fluctuated up to 97%. Other tests broadly 96%.				
<ul style="list-style-type: none"> <li>Achieve an overall "Good" rating following CQC inspection</li> </ul>	Difficult to predict outcome due to multiple factors affecting overall rating. Recent CQC reports indicate that Good rating is becoming increasingly difficult to achieve, particularly given financial pressures.				
<ul style="list-style-type: none"> <li>Develop a "UHL Way" of undertaking improvement programmes</li> </ul>	Not selected for NTDA programme. Local approach now developed and to be launched at Leadership Conference 29 <sup>th</sup> September. Also discussed at Board Thinking Day.				
<ul style="list-style-type: none"> <li>Implement the new PPI Strategy</li> </ul>	Allocation of additional resources has meant that implementation plan is on track.				
<b>An effective and integrated emergency care system</b>					
<ul style="list-style-type: none"> <li>Reduce emergency admissions through more comprehensive use of ambulatory care</li> </ul>	Emergency admissions are 7.1% up YTD. However, ambulatory care strategy is making progress. Activity levels present a serious risk to winter delivery.				
<ul style="list-style-type: none"> <li>Improve the resilience of the Clinical Decisions Unit at Glenfield Hospital</li> </ul>	EC improvement plan has been expanded to include detailed CDU and wider Glenfield actions.				

<ul style="list-style-type: none"> <li>Improve the resilience of the Emergency Department in the evening and overnight</li> </ul>	Further improvement actions in place. Recent performance has demonstrated continued vulnerability, partially but not entirely linked to high demand.				
<ul style="list-style-type: none"> <li>Reduce emergency medicine length of stay through better clinical and operational processes</li> </ul>	Evidence of continued improvements, particularly on MAU. Ward 42 successfully closed with no flow impact.				
<ul style="list-style-type: none"> <li>Substantially reduce ED ambulance turnaround times</li> </ul>	Data issues remain but available data shows a deterioration in over 60 minute delays and an improvement in 30-60 minute delays. Joint improvement work with EMAS underway but has yet to impact. In addition, high activity levels may compromise performance regardless of process improvements.				
<b>Services which consistently meet national access standards</b>					
<ul style="list-style-type: none"> <li>Deliver the three 18 week RTT access standards</li> </ul>	All standards achieved in May. Standards now reduced to 1, where we have a strong position.				
<ul style="list-style-type: none"> <li>Deliver the three key Cancer access standards</li> </ul>	14 day standard compromised by endoscopy issue but underlying trend good. 31 day target achieved in August. 62 day not compliant but improvement plan is impacting well. Good chance of achieving compliance in next few months.				
<ul style="list-style-type: none"> <li>Deliver the diagnostics access standard</li> </ul>	Strong performance derailed by endoscopy recordings issue, but this will be recovered.				
<ul style="list-style-type: none"> <li>Implement tools and processes that allow us to improve our overall responsiveness through tactical planning</li> </ul>	Will not be delivered in 2015/16 as unaffordable.				

<b>Integrated care in partnership with others</b>					
<ul style="list-style-type: none"> <li>Deliver the Better Care Together year 2 programme of work</li> </ul>	Good progress on many aspects but transitional funding and workforce constraints likely to limit pace of implementation.				
<ul style="list-style-type: none"> <li>Participate in BCT formal public consultation</li> </ul>	Slight slippage but schedule to commence in November 2015. Good recent progress in resolved key issues.				
<ul style="list-style-type: none"> <li>Develop and formalise partnerships with a range of providers including tertiary and local services (e.g. with Northamptonshire)</li> </ul>	Good progress with a variety of partnerships, including Northamptonshire and Nottingham. Vanguard bid unsuccessful.				
<ul style="list-style-type: none"> <li>Explore new models and partnerships to deliver integrated care</li> </ul>	Frail elderly project has reported. Mixed organisational views re implementation.				
<b>Enhanced delivery in research, innovation and clinical education</b>					
<ul style="list-style-type: none"> <li>Develop a robust quality assurance process for medical education</li> </ul>	QA model developing well but latest National Student Survey shows mixed results.				
<ul style="list-style-type: none"> <li>Further develop relationships with academic partners</li> </ul>	Developing relationships with all three local universities, assisted by new senior liaison role. Recent successful meeting with UoL resulted in several key agreements.				
<ul style="list-style-type: none"> <li>Deliver the Genomic Medicine Centre project</li> </ul>	On track. Has gone live.				
<ul style="list-style-type: none"> <li>Comply with key NIHR and CRN metrics</li> </ul>	Ahead of target in key metrics. Positive reviews from NIHR.				
<ul style="list-style-type: none"> <li>Prepare for Biomedical Research Unit re-bidding</li> </ul>	Good preparatory work but recently failed to recruit to key respiratory post. Changes in selection criteria may also be an issue.				

<ul style="list-style-type: none"> <li>Develop a Commercial Strategy to encourage innovation within UHL</li> </ul>	Preparatory work underway but lack of resource may limit progress.				
<b>A caring, professional and engaged workforce</b>					
<ul style="list-style-type: none"> <li>Accelerate the roll out of Listening into Action</li> </ul>	Detailed plans in place and proceeding to schedule. Links to UHL Way clarified.				
<ul style="list-style-type: none"> <li>Take Trust-wide action to remove “things that get in the way”</li> </ul>	Successful IM&T LiA event held and comprehensive action plan developed. 5 Year Plan events have identified new set of frustrations. Action plans being developed.				
<ul style="list-style-type: none"> <li>Embed a stronger more engaged leadership culture</li> </ul>	Action plan on track. Contribution to UHL Way now identified and plan developed.				
<ul style="list-style-type: none"> <li>Develop and implement a Medical Workforce Strategy</li> </ul>	Progressing to schedule.				
<ul style="list-style-type: none"> <li>Implement new actions to respond to the equality and diversity agenda including compliance with the new Race Equality Standard</li> </ul>	Actions in place and new Task and Finish Group established with external input.				
<ul style="list-style-type: none"> <li>Ensure compliance with new national whistleblowing policies</li> </ul>	Necessary actions in place.				
<b>A clinically sustainable configuration of services, operating from excellent facilities</b>					
<ul style="list-style-type: none"> <li>Develop Site Development Control Plans for all 3 sites</li> </ul>	On track.				
<ul style="list-style-type: none"> <li>Improve ITU capacity issues including transfer of Level 3 beds from LGH</li> </ul>	Timescale revised to July 2016 due to facilities required and complexity. However agreed plan now in place.				
<ul style="list-style-type: none"> <li>Commence Phase 1 construction of the Emergency Floor</li> </ul>	On track. FBC approved.				

<ul style="list-style-type: none"> <li>Complete vascular full business case</li> </ul>	Full Business Case approved by Trust Board and progressing to time.				
<ul style="list-style-type: none"> <li>Deliver outline business cases for <ul style="list-style-type: none"> <li>Planned Treatment Centre</li> <li>Maternity</li> <li>Children's Hospital</li> <li>Theatres</li> <li>Beds</li> </ul> </li> </ul>	Progressing satisfactorily.				
<ul style="list-style-type: none"> <li>Develop a major charitable appeal to enhance the investment programme</li> </ul>	Feasibility study commissioned and underway.				
<ul style="list-style-type: none"> <li>Deliver key operational estates developments: <ul style="list-style-type: none"> <li>Construction of the multi-storey car park</li> <li>infrastructure improvements at LRI at and GH</li> </ul> </li> <li>Phase 1 refurbishment of wards and theatres</li> </ul>	MSCP construction underway. Other schemes in development.				
<b>A financially sustainable NHS organisation (PT)</b>					
<ul style="list-style-type: none"> <li>Deliver the agreed 2015/16 I&amp;E control total - £36m deficit</li> </ul>	M5 results significantly off track. Significant pay cost pressures. Recovery plan in place but will require tight management.				
<ul style="list-style-type: none"> <li>Fully achieve the Trust's £41m CIP target for 2015/16</li> </ul>	Good progress in identifying full programme. Slightly off track but should deliver.				
<ul style="list-style-type: none"> <li>Revise and sign off by Trust Board and TDA of the Trust's 5 year financial strategy</li> </ul>	Revised (improved trajectory) plan submitted to TDA. Positive informal discussions but formal feedback as yet.				
<ul style="list-style-type: none"> <li>Continue the programme of service reviews to ensure their viability</li> </ul>	On track and evaluation recently completed. Now better integrated with wider work.				

Enabled by excellent IM&T					
<ul style="list-style-type: none"> <li>Prepare for delivery of the Electronic Patient Record in 2016/17</li> </ul>	Preparation on track. FBC has been approved by Regional TDA. However, approval now delayed due to national capital constraints. Reviewing options.	Yellow	Red		
<ul style="list-style-type: none"> <li>Ensure that we have a robust IM&amp;T infrastructure to deliver the required enablement</li> </ul>	Good progress being made.	Green	Green		
<ul style="list-style-type: none"> <li>Review IBM support to ensure that we have the right resources in place to enable IM&amp;T excellence</li> </ul>	Contract performing well but LiA event indicates issues which need addressing to provide suitable environment for EPR and improve user satisfaction. Action plan in place.	Yellow	Yellow		