

CHIEF EXECUTIVE'S MONTHLY UPDATE REPORT – JULY 2015

Authors: Stephen Ward/John Adler Sponsor: John Adler Date: Thursday 2 July 2015

Executive Summary

Trust Board Paper D

Context

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

- The Quality and Performance dashboard;
- commentary on key issues relating to our Strategic Objectives and Annual Priorities 2015/16, and
- a summary of progress against our Strategic Objectives at the end of Quarter 1 of the 2015/16 financial year.

Questions

1. Is the Trust Board satisfied with our performance and plans on the matters set out in the report?
2. Does the Board have any significant concerns relating to progress against the 2015/16 Annual Priorities?

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 the format of this new version of the Chief Executive's monthly update report to the Trust 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: August 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 not comply]

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT TO: TRUST BOARD

DATE: 2 JULY 2015

REPORT BY: CHIEF EXECUTIVE

SUBJECT: MONTHLY UPDATE REPORT – JULY 2015

1. Introduction

1.1 My monthly update report this month focusses on:-

- our new Quality and Performance Dashboard, attached at appendix 1;
- key current issues relating to our Annual Priorities 2015/16,
- progress against our Strategic Objectives and Annual Priorities at the end of Quarter 1 of the 2015/16 financial year.

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.

1.3 As we have now completed the first 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, but there are some delivery risk areas of which the Board should be aware.

2. Quality and Performance Dashboard – May 2015

2.1 The Quality and Performance Dashboard for May 2015 is appended to this report.

2.2 There are some elements of this Dashboard which remain under development, but, nevertheless, I hope that it allows Board members to see at a glance how we are performing against a range of measures.

2.3 The more comprehensive monthly Quality and Performance reports will continue to be reviewed in depth at meetings of the Integrated Finance, Performance and Investment Committee and Quality Assurance Committee. The Quality Performance Report continues to be published on the Trust's website.

3. Strategic Objective: Safe, High Quality, Patient Centred Health Care

Developing an 'UHL Way' of undertaking Improvement Programmes

- 3.1 Last month, I reported that we had submitted our bid to the NHS Trust Development Authority (TDA) to participate in its Development Programme.
- 3.2 Whilst quality improvement activities are occurring regularly across the Trust, many of them achieving significant measurable improvements for patients and staff, these tend to use a variety of approaches rather than being part of a consistent, continuous methodology incorporated into the way staff routinely work.
- 3.3 We consider the Development Programme offers an excellent opportunity to develop and implement an evidence-based framework and methodological approach to change in order to achieve our goal of high quality and safer services which reduces variation and eliminates waste. This will connect with our commitment to Listening into Action and facilitate the cultural change needed towards a high reliability organisation, characterised by high levels of safety and performance in the face of considerable hazards and operational complexity.
- 3.4 A team representing UHL including the Chairman, Acting Medical Director and myself made a presentation on our bid to the TDA in London on 10 June 2015.
- 3.5 We expect to learn shortly if we have moved onto the final selection stage (which will include site visits) and I will update the Trust Board orally at the Board meeting on the progress of our application.

Quality Performance

- 3.6 There is good news in that there was only one **C.Diff** case in May and zero **MRSA** and avoidable **Grade 3 and 4 pressure ulcers**. **Grade 2 pressure ulcers** were within the upper limit.
- 3.7 However, there was a **Never Event** in May which related to a 10x drug error – the patient came to no harm but the Quality Assurance Committee is to review this incident in detail to ensure that lessons are learnt.
- 3.8 Disappointingly, performance against the **Fractured Neck of Femur** standards reached a new low of 42.6% and the Chief Operating Officer is to report formally to the Integrated Finance, Performance and Investment Committee in July 2015 on plans to improve this position, now that it has been agreed that the Clinical Management Group requires corporate support with this issue. This issue was also discussed in detail at the June Executive Performance Board. As a result, a full review of our spinal service is to be undertaken – this is because spinal cases frequently displace other trauma including fractured NoFs.

- 3.9 Reported **cleaning standards** deteriorated in May. This is worrying and I will report orally at the Board meeting on the action being taken in relation to the performance of the Interserve contract.

4. Strategic Objective : An effective and Integrated Emergency Care System

Performance

- 4.1 ED four hour performance in the calendar month of May was 92.2% compared to 83.1% in May 2014. This is a significant improvement, although we need to do more to reach the required 95%.
- 4.2 The Trust Board will have the opportunity to consider emergency care performance in further detail later on in the meeting when it considers the monthly report from the Chief Operating Officer.

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

May 2015 Performance

- 5.1 All **RTT targets** were hit for the first time in over 2 years and **diagnostics** and **cancelled operations** remained compliant. However, a serious issue with the recording of endoscopy waiting times has been identified and this is the subject of a separate report to the Integrated Finance, Performance and Investment Committee in June.
- 5.2 Disappointingly, both the **14** and **62 day cancer targets** were not met and it is anticipated that the 62 day target will not be met until September, rather than July. This deterioration is being scrutinised by the Integrated Finance, Performance and Investment Committee.

6. Strategic Objective : Integrated Care in Partnership with Others

Capacity Planning

- 6.1 Last month, I reported to the Board on the work in hand to plan future bed capacity. Bed planning, capacity and occupancy are part of the Better Care Together work, but also part of our operational planning. One of the important things we are trying to do is balance safe staffing levels with safe bed occupancy levels.
- 6.2 Better Care Together will see us reducing our beds by 212 in the future because of changes in practice and in the way health care is delivered locally. I would like to point out that we will not be closing any beds until we know the capacity is available elsewhere. That will mean that there will be double-running costs to the commissioners, which they are discussing at the moment. There needs to be an assurance that these

beds in sub-acute (community hospitals or care delivered in people's homes) environments are working before we close our beds permanently.

- 6.3 During the coming year we will be making the following bed reductions, some permanent, some seasonal, which essentially have been driven by the services delivering different models of care:
- 4 beds in Haematology/Oncology, Ward 39, LRI – through reducing length of stay with better use of the Oncology assessment unit and improved planning of elective patients;
 - 6 Gastroenterology beds, Ward 29, LRI – through frequent senior medical reviews and pathway specific protocols speeding up patients' care;
 - 6 Orthopaedic trauma beds on Ward 17, LRI – currently facilitating redecoration of bays but ultimately through improved care pathway for ankle structure patients;
 - 27 cardiology beds, Ward 24, GH – through frequent senior medical reviews on ward rounds/board rounds, specific patient pathway developments, rapid access clinics and improved use of the cardiac catheterisation laboratories all underpinned by new models of working;
 - there is one seasonal closure which has now been implemented. This is of Ward 42 – a medical ward at the LRI. This has been made possible by improved productivity on our wards and comes partially in response to a difficult staffing situation on the ward.
- 6.4 The Beds Programme Board tracks the occupancy levels of these services on a monthly basis and will be reporting this into the Executive Team. Any increases in occupancy that go against the principle outlined above, will require action to be taken.

What's next ?

- 6.5 There is a programme to move 130 beds worth of activity out into the community towards the end of the year; this will lead to patients being cared for outside of the hospital and free up space for services to move from the General to the Leicester Royal Infirmary and Glenfield linked to the ICU reconfiguration. This programme is subject to variation in timing in order to ensure that replacement facilities are in place and appropriately staffed. This is the subject of joint working between ourselves and LPT.
- 6.6 In order to achieve our ambitions associated with Better Care Together, we will need to have one of the best 'length of stays' amongst similar Trusts in the country – this will need new and innovative models of care and there will be engagement with specialty clinical teams about how we do this in the coming few months.

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

'# hello my name is'

- 7.1 Dr Kate Granger kicked off her ‘# hello my name is’ tour at Leicester Royal Infirmary on 17 June 2015. We were honoured that Kate chose to visit our organisation as part of her tour.
- 7.2 Over 200 members of staff gathered in the Lecture Theatre to hear Kate speak about her experience as a patient, why she started the ‘# hello my name is’ campaign and what legacy she hopes to leave behind.
- 7.3 Choosing to back this campaign was an easy decision. We had already adopted it in small ways across our organisation, but since the official launch of the campaign in February, we have continued to push this to the forefront of everyone’s mind.
- 7.4 But this is not just a campaign for staff that have patient contact; it is also important that we all remember to introduce ourselves when meeting colleagues, dealing with visitors and even answering the phone. In fact, at Kate’s suggestion we are getting hold of some ‘Hello my name is’ stickers to go on phones to remind people to introduce themselves when they answer a call.
- 7.5 We recorded the event and I would strongly urge colleagues to watch the video on our website:
<http://www.leicestershospitals.nhs.uk/aboutus/our-news/kate-granger-event/>

8. Strategic Objective : A Financially Sustainable NHS Organisation

Month 2 finance performance and Cost Improvement Programme

- 8.1 Financial performance in the second month of the financial year is of concern. We are now £1.5m adverse to plan in this financial year, primarily due to pay overspend.
- 8.2 The adverse performance to plan has been discussed at the meeting of the Executive Performance Board held on 23 June 2015 and remedial action is in hand. The Integrated Finance, Performance and Investment Committee is to consider the position at its meeting on 25 June 2015 and a separate report on month 2 financial performance also features elsewhere on the agenda. It is essential that we get back on plan as soon as possible but we must do this in a way that does not compromise safe staffing levels. A formal financial recovery approach is being put in place with CMGs to rectify their positions and this plan is also being scrutinised at the Integrated Finance, Performance and Investment Committee meeting on 25 June 2015.
- 8.3 Cost improvement programme delivery in month was slightly adrift of plan and, currently, we have an under-delivery against plan of £0.2m in this financial year. Again, the detailed position is to be scrutinised by

the Integrated Finance, Performance and Investment Committee on 25 June 2015.

9. Strategic Objective : Enabled by Excellent IM&T

Trust Board Thinking Day

- 9.1 I am looking forward to the Trust Board Thinking Day session to be held on 9 July 2015 when we will spend some time with IBM to explore with them how we are leverage our partnership in order to improve our services. We will also consider at this session the headlines from our IM&T Listening Event with staff held on 22 June 2015.

10. Conclusion

- 10.1 The Trust Board is invited to consider and comment upon the contents of this report and the attached appendices.

John Adler
Chief Executive

23 June 2015

STRATEGIC OBJECTIVE/ANNUAL PRIORITY	COMMENTS ON PROGRESS	RAG RATING
Safe, high quality, patient centred healthcare		
<ul style="list-style-type: none"> Reduce UHL mortality rate (SHMI) to under 100 (Quality Commitment 1) 	Latest published SHMI has reduced to 103 Local tracking suggests further falls.	G
<ul style="list-style-type: none"> Reduce patient harm events by 5% (Quality Commitment 2) 	Harm indicators (see Safe domain of Q&P report) are relatively static. Needs further scrutiny via Q1 Quality Commitment progress report to July QAC.	A
<ul style="list-style-type: none"> Achieve a 97% Friends and Family test score (Quality Commitment 3) 	Currently static at 96%. As above re QC report.	A
<ul style="list-style-type: none"> Achieve an overall “Good” rating following CQC inspection 	Difficult to predict outcome due to multiple factors affecting overall rating.	A
<ul style="list-style-type: none"> Develop a “UHL Way” of undertaking improvement programmes 	Reached penultimate stage of selection process for TDA Development Programme. Application process has crystallised thinking.	G
<ul style="list-style-type: none"> Implement the new PPI Strategy 	Allocation of additional resources has meant that implementation plan is on track.	G
An effective and integrated emergency care system		
<ul style="list-style-type: none"> Reduce emergency admissions through more comprehensive use of ambulatory care 	Emergency admissions are 8% up YTD. However, ambulatory care strategy is making good progress.	A
<ul style="list-style-type: none"> Improve the resilience of the Clinical Decisions Unit at Glenfield Hospital 	EC improvement plan has been expanded to include detailed CDU and wider Glenfield actions.	G
<ul style="list-style-type: none"> Improve the resilience of the Emergency Department in the evening and overnight 	Further improvement actions in place. Recent evening/overnight performance is improved but not tested in very challenging circumstances.	A
<ul style="list-style-type: none"> Reduce emergency medicine length of stay through better clinical and operational processes 	Evidence of continued improvements, particularly on MAU. Ward 42 successfully closed with no flow impact.	G

<ul style="list-style-type: none"> Substantially reduce ED ambulance turnaround times 	New data capture system implemented – suggests actual turnaround times are significantly better than previously reported. Joint improvement work with EMAS underway.	G
Services which consistently meet national access standards		
<ul style="list-style-type: none"> Deliver the three 18 week RTT access standards 	All standards achieved in May. Standards now reduced to 1, where we have a strong position.	G
<ul style="list-style-type: none"> Deliver the three key Cancer access standards 	Performance is still poor, with forecast for 62 day compliance slipped to September. Action plan in place but need to see improving trend.	R
<ul style="list-style-type: none"> Deliver the diagnostics access standard 	Strong performance derailed by endoscopy recordings issue, but this will be recovered.	A
<ul style="list-style-type: none"> Implement tools and processes that allow us to improve our overall responsiveness through tactical planning 	Background work on track but resource constraints threaten deliverability in 2015/16	R
Integrated care in partnership with others		
<ul style="list-style-type: none"> Deliver the Better Care Together year 2 programme of work 	Good progress on many aspects but transitional funding constraints likely to limit pace of implementation.	A
<ul style="list-style-type: none"> Participate in BCT formal public consultation 	Slight slippage but schedule to commence in November 2015.	G
<ul style="list-style-type: none"> Develop and formalise partnerships with a range of providers including tertiary and local services (e.g. with Northamptonshire) 	Good progress with a variety of partnerships, including Northamptonshire and Nottingham. Vanguard bid in progress.	G
<ul style="list-style-type: none"> Explore new models and partnerships to deliver integrated care 	Variety of models being pursued, notably frail elderly integration.	G
Enhanced delivery in research, innovation and clinical education		
<ul style="list-style-type: none"> Develop a robust quality assurance process for medical education 	QA model developing well but latest National Student Survey shows mixed results.	A

<ul style="list-style-type: none"> Further develop relationships with academic partners 	Developing relationships with all three local universities, assisted by new senior liaison role.	G
<ul style="list-style-type: none"> Deliver the Genomic Medicine Centre project 	On track.	G
<ul style="list-style-type: none"> Comply with key NIHR and CRN metrics 	Ahead of target in key metrics. Positive reviews from NIHR.	G
<ul style="list-style-type: none"> Prepare for Biomedical Research Unit re-bidding 	Good preparatory work but recently failed to recruit to key respiratory post. Changes in selection criteria may also be an issue.	A
<ul style="list-style-type: none"> Develop a Commercial Strategy to encourage innovation within UHL 	Preparatory work underway but lack of resource may limit progress.	A
A caring, professional and engaged workforce		
<ul style="list-style-type: none"> Accelerate the roll out of Listening into Action 	Detailed plans in place and proceeding to schedule.	G
<ul style="list-style-type: none"> Take Trust-wide action to remove “things that get in the way” 	Successful IM&T LiA event held. Further work to come out of strategy launch events.	G
<ul style="list-style-type: none"> Embed a stronger more engaged leadership culture 	Action plan on track. Need to link to improvement methodology.	A
<ul style="list-style-type: none"> Develop and implement a Medical Workforce Strategy 	Progressing to schedule.	G
<ul style="list-style-type: none"> Implement new actions to respond to the equality and diversity agenda including compliance with the new Race Equality Standard 	Actions in place but need to follow up outcomes from Board Thinking Day.	A
<ul style="list-style-type: none"> Ensure compliance with new national whistleblowing policies 	Necessary actions in place.	G

A clinically sustainable configuration of services, operating from excellent facilities		
<ul style="list-style-type: none"> • Develop Site Development Control Plans for all 3 sites 	On track.	G
<ul style="list-style-type: none"> • Improve ITU capacity issues including transfer of Level 3 beds from LGH 	Timescale revised to July 2016 due to facilities required and complexity. However agreed plan now in place.	A
<ul style="list-style-type: none"> • Commence Phase 1 construction of the Emergency Floor 	On track. FBC approved.	G
<ul style="list-style-type: none"> • Complete vascular full business case 	Revised approach will split case and speed up implementation.	G
<ul style="list-style-type: none"> • Deliver outline business cases for <ul style="list-style-type: none"> o Planned Treatment Centre o Maternity o Children's Hospital o Theatres o Beds 	Progressing satisfactorily.	G
<ul style="list-style-type: none"> • Develop a major charitable appeal to enhance the investment programme 	Feasibility study commissioned and underway.	G
<ul style="list-style-type: none"> • Deliver key operational estates developments: <ul style="list-style-type: none"> • Construction of the multi-storey car park • infrastructure improvements at LRI at and GH • Phase 1 refurbishment of wards and theatres 	MSCP preparatory works underway. Other schemes in development.	G

A financially sustainable NHS organisation (PT)		
<ul style="list-style-type: none"> Deliver the agreed 2015/16 I&E control total - £36m deficit 	M2 results off track. Significant pay cost pressures. Recovery plan in place but will require tight management.	R
<ul style="list-style-type: none"> Fully achieve the Trust's £41m CIP target for 2015/16 	Full CIP not yet identified (particularly risk adjusted). Slightly off track at M2.	A
<ul style="list-style-type: none"> Revise and sign off by Trust Board and TDA of the Trust's 5 year financial strategy 	Revised (improved trajectory) plan submitted to TDA. Positive informal discussions. However, national financial position may influence acceptance.	G
<ul style="list-style-type: none"> Continue the programme of service reviews to ensure their viability 	On track and evaluation recently completed.	G
Enabled by excellent IM&T		
<ul style="list-style-type: none"> Prepare for delivery of the Electronic Patient Record in 2016/17 	Preparation on track. FBC has been approved by Regional TDA. However, timeline for national approval uncertain, which may affect programme.	A
<ul style="list-style-type: none"> Ensure that we have a robust IM&T infrastructure to deliver the required enablement 	Good progress being made.	G
<ul style="list-style-type: none"> Review IBM support to ensure that we have the right resources in place to enable IM&T excellence 	Contract performing well but LiA event indicates issues which need addressing to provide suitable environment for EPR and improve user satisfaction.	A

Quality & Performance

		YTD		May-15		Trend*	Compliant by?
		Plan	Actual	Plan	Actual		
Safe	S1: Clostridium Difficile	61	4	5	1	●	
	S2A: MRSA (All)	0	0	0	0	●	
	S2B: MRSA (Avoidable)	0	0	0	0	●	
	S3: Never events	0	1	0	1	●	June
	S4: Serious Incidents	N/A	10	N/A	8	●	
	S11: Falls per 1,000 bed days for patients > 65 years	<7.1	5.7	<7.1	5.8	●	
	S12: Avoidable Pressure Ulcers Grade 4	0	0	0	0	●	
	S13/14: Avoidable Pressure Ulcers Grade 2 & 3	168	21	14	8	●	
Caring	C1: Inpatient and Day Case friends & family - % positive	95%	96%	95%	96%	●	
	C2: A&E friends and family - % positive	95%	96%	95%	96%	●	
Well Led	W11: % of Staff with Annual Appraisal	95%	88.7%	95%	88.7%	●	
	W13: Statutory and Mandatory Training	95%	92%	95%	92%	●	
Effective	E1: Mortality Published SHMI	100	103	100	103	●	
	E9: 30 day readmissions (April)	N/A	9.1	N/A	9.1	●	
	E10: Neck Femurs operated on 0-35hrs	72%	49.6%	72%	42.6%	●	December
	E12: Stroke - 90% of Stay on a Stroke Unit (April)	80%	82.7%	80%	82.7%	●	
Responsive	R1: ED 4hr Waits UHL+UCC - Calander Month	95%	92.1%	95%	92.2%	●	
	R3: RTT waiting Times - Admitted	90%	91.3%	90%	91.3%	●	
	R4: RTT waiting Times - Non Admitted	95%	95.6%	95%	95.6%	●	
	R5: RTT waiting Times - Incompletes	92%	96.5%	92%	96.5%	●	
	R7: 6 week – Diagnostics Test Waiting Times	1%	0.6%	1%	0.6%	●	
	R8: 2 week wait - All Suspected Cancer (April)	93%	91.2%	93%	91.2%	●	July
	R10: 31 day target - All Cancers (April)	96%	93.7%	96%	93.7%	●	June
	R14: 62 day target - All Cancers (April)	85%	75.5%	85%	75.5%	●	September
	R22: Operations cancelled (UHL + Alliance)	0.8%	0.7%	0.8%	0.6%	●	
	R25: Delayed transfers of care	3.5%	1.1%	3.5%	1.0%	●	
	R27: % Ambulance Handover >60 Mins (CAD)	TBC	6.4%	TBC	6.6%	●	TBC
	R28: % Ambulance handover >30mins & <60mins (CAD)	TBC	21.8%	TBC	21.2%	●	TBC
		YTD		May-15		Trend*	
		Plan	Actual	Plan	Actual		
People	W6: Staff recommend as a place to work (*Qtr 4)	N/A	*54.9%	N/A	N/A	●	
	C6: Staff recommend as a place for treatment (*Qtr4)	N/A	*71.4%	N/A	N/A	●	
Finance	Surplus/deficit	(£11.1m)	(£12.6m)	(£6.8m)	(£7.7m)	●	
	Cashflow forecast (balance at end of month)	£3.0m	£22.6m	£3.0m	£22.6m	●	
	CIP	£5.5m	£5.3m	£2.8m	£2.6m	●	
	Capex	£6.7m	£2.7m	£4.7m	£1.6m	●	
Estates & facility mgt.	Cleaning standards (metric to be confirmed)	xxxx	xxxx	xxxx	xxxx		

* 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.