

## **CHIEF EXECUTIVE'S MONTHLY UPDATE REPORT (NOVEMBER 2015)**

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Trust Board paper D

# Executive Summary

## Context

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

- (a) the Quality and Performance Dashboard for September 2015 attached at appendix 1, and
- (b) 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 have any significant concerns relating to progress against the annual priorities 2015/16?

## 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: December 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: 5 NOVEMBER 2015**

**REPORT BY: CHIEF EXECUTIVE**

**SUBJECT: MONTHLY UPDATE REPORT – NOVEMBER 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) 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 – September 2015

2.1 The Quality and Performance Dashboard for September 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.

*Good News*

2.4 **Fractured NOF** - the standard has been achieved for the second month running. The changes made are starting to have an impact. **RTT** - The RTT incomplete target remains compliant. This is particularly good in the light of rising referrals. **DTOC** - Delayed transfers of care remain well within the tolerance. **Cancer standards** - Six of the nine Cancer standards are now being achieved. **Diagnostics** - There has been a 3.8% improvement in month. This is the early signs of recovery from the issues in Endoscopy. **MRSA** - remains at zero for the seventh consecutive month running. There have been no **Grade 4 pressure ulcers** this financial year. **Annual appraisals rates** - are improving. **Stay on a Stroke Unit** - performance during August (90%) (latest reported period) was the best performance over the last 12 months and

has been compliant for eight months. **C DIFF** - above monthly trajectory but still within year to date trajectory. **Pressure Ulcers** - the overall number is within the trajectory collectively as the trend is down for **Grade 3**, this is attributed to earlier detection, which is then increasing the number of **Grade 2 ulcers** (above plan) which is positive.

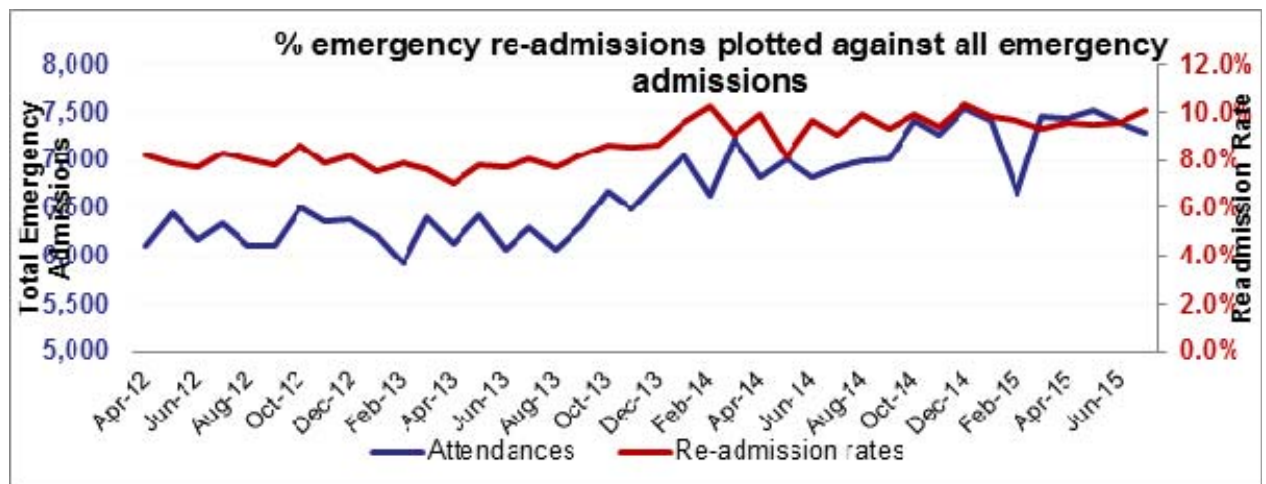
*Bad News*

2.5 **ED 4 hour performance**- was 90.3% which for the second month in a row was worse than the corresponding month the year before. It has slipped to 91.7% year to date. **Cancelled operations** - was not achieved with 104 patients cancelled in September. This is partly as a result of increasing operational pressures linked to the emergency demand. **RTT 52+** - week waits in Orthodontics continue given the difficulties with locum consultant recruitment. **Cancer Standards** - the 62 day backlog remains too high to confidently predict compliant performance. **Ambulance Handover** - as widely reported September has been a very challenging month for Ambulance handovers. One **Never Event** reported for the first time in seven months.

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

3.1 *Readmissions*

Re-admissions are a significant issue for us and for our patients. We have a falling length of stay but our re-admission rates are getting higher. This prompts concerns that we may be discharging too early or not planning well enough for aftercare. The chart below shows the trend over the last three years (admission/re-admission):



3.2 We have set up a 'Re-admissions Group' and we have recently carried out a review in collaboration with clinicians from primary care and Leicestershire Partnership Trust, which focused on the largest group for whom the most impact can be made. This is the over 75s with the following problems: Respiratory, Cardiac, Dementia/delirium, "Off legs" and Urinary (catheter related). The review identified issues around recognition of patients at risk of re-admission, adequacy of discharge

planning especially around End of Life care and two-way communication with primary and secondary care (joint care planning).

- 3.3 There is a reluctance to set up another work stream when there is lots of work already going on across the health economy with partners and within individual organisations, so we need to take a holistic view overall at what is happening and co-ordinate our work. Re-admissions will definitely be a focus of our Quality Commitment next year.

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

*Emergency Care System*

- 4.1 The Chief Operating Officer and I met with representatives from the Leicester, Leicestershire and Rutland Clinical Commissioning Groups, NHS England and the NHS Trust Development Authority on 8<sup>th</sup> October 2015 to discuss emergency care performance.

- 4.2 An updated action plan to improve emergency care has since been agreed and the Chief Operating Officer will comment further on this plan in his report to today's Board meeting on emergency care which features elsewhere on this agenda.

*Ambulance Handovers*

- 4.3 Ambulance handover remains an issue at the Trust due to high attendances.

- 4.4 On 12<sup>th</sup> October 2015, the Chief Operating Officer met with representatives of the East Midlands Ambulance Service and the NHS Trust Development Authority and agreed a set of actions to help improve performance in this area. Again, the Chief Operating Officer will comment further on these actions in his report to today's Board meeting on emergency care which features elsewhere on this agenda.

5. Strategic Objective: Integrated Care in Partnership with others

*Better Care Together*

- 5.1 I am pleased to report that we are still on track to start public consultation at the end of November 2015 and the pre-consultation business case will go to all partner Boards during this round of meetings. I will be able to share more information publicly next month about the content of the consultation.

*Tripartite Meeting between UHL, Nottingham University Hospitals and United Lincoln Hospitals*

- 5.2 On 5<sup>th</sup> October 2015, I joined a number of UHL colleagues at a meeting with representatives of Nottingham University Hospitals and United

Lincoln Hospitals, respectively, to explore opportunities for joint working and collaboration.

5.3 The meeting was a positive one and the Trust's Tertiary Partnerships Manager will take forward the outcomes of the meeting via the Executive Strategy Board in the first instance.

6. A Clinically Sustainable Configuration of Services, operating from Excellent Facilities

6.1 We are now in the second half of the 2015/16 financial year and it is a good time to take stock of implementation of our 5 year plan. I therefore look forward to discussions on the Trust's Reconfiguration Programme at the forthcoming Board Thinking Day on 12<sup>th</sup> November 2015.

7. Strategic Objective: A Financially Sustainable NHS Organisation

7.1 I am on leave at the time of the meeting of the Integrated Finance, Performance and Investment Committee on 29<sup>th</sup> October 2015 but will report orally at the Board meeting on 5<sup>th</sup> November 2015 on the month 5 financial and cost improvement programme performance.

8. Conclusion

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

John Adler  
Chief Executive

23<sup>rd</sup> October 2015

## Quality & Performance

	YTD		Plan	Sep-15	Trend*	Compliant by?
	Plan	Actual		Actual		
S1: Clostridium Difficile	61	24	5	6	●	Oct-15
S2A: MRSA (All)	0	0	0	0	●	
S2B: MRSA (Avoidable)	0	0	0	0	●	
S3: Never events	0	1	0	1	●	Oct-15
S4: Serious Incidents	N/A	24	N/A	5	●	
S11: Falls per 1,000 bed days for patients > 65 years	<7.1	5.3	<7.1	4.1	●	
S12: Avoidable Pressure Ulcers Grade 4	0	0	0	0	●	
S13/14: Avoidable Pressure Ulcers Grade 2 & 3	168	68	14	12	●	
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%	95%	●	Oct-15
W11: % of Staff with Annual Appraisal	95%	90.0%	95%	90.0%	●	Mar-16
W12: Statutory and Mandatory Training	95%	91%	95%	91%	●	Mar-16
E1: Mortality Published SHMI (Jan 14 - Dec 14)	100	99	100	99	●	
E9: 30 day readmissions (August)	<7%	9.0%	N/A	8.9%	●	Note 1
E10: Neck Femurs operated on 0-35hrs	72%	63.5%	72%	72.0%	●	Oct-15
E11: Stroke - 90% of Stay on a Stroke Unit (August)	80%	85.9%	80%	90.9%	●	
R1: ED 4hr Waits UHL+UCC - Calendar Month	95%	91.7%	95%	90.3%	●	Mar-16
R3: RTT waiting Times - Incompletes	92%	94.9%	92%	94.9%	●	
R5: 6 week – Diagnostics Test Waiting Times	1%	9.6%	1%	9.6%	●	Nov/Dec 15
R11: Operations cancelled (UHL + Alliance)	0.8%	0.9%	0.8%	0.9%	●	
R14: Delayed transfers of care	3.5%	1.1%	3.5%	1.3%	●	
R16: % Ambulance Handover >60 Mins (CAD+)	TBC	9%	TBC	18%	●	Note 2
R17: % Ambulance handover >30mins & <60mins (CAD+)	TBC	20%	TBC	25%	●	Note 2

	YTD		Plan	Aug-15	Trend*	Compliant by?
	Plan	Actual		Actual		
RC1: 2 week wait - All Suspected Cancer	93%	88.9%	93%	86.8%	●	Nov-15
RC3: 31 day target - All Cancers	96%	95.8%	96%	96.5%	●	
RC7: 62 day target - All Cancers	85%	77.2%	85%	81.4%	●	Mar-16

## Enablers

	Qtr1 15/16		Qtr2 15/16		Trend*	Compliant by?
	Plan	Actual	Plan	Actual		
W6: Staff recommend as a place to work	N/A	52.5%	N/A	55.7%	●	
C6: Staff recommend as a place for treatment	N/A	68.7%	N/A	71.9%	●	

	YTD		Plan**	Sep-15	Trend*	Forecast Outturn
	Plan	Actual		Actual		
Surplus/(deficit) £m	(26.0)	(26.5)	(6.1)	(1.3)	●	(34.1)
Cashflow forecast (balance at end of month) £m	3.0	5.2	3.0	5.2	●	3.0
CIP £m	20.8	19.4	4.2	4.3	●	42.4
Capex £m	30.0	16.4	16.4	5.1	●	81.2

\*\* In month plan restated as part of September TDA plan resubmission

	YTD		Plan	Sep-15	Trend*	Compliant by?
	Plan	Actual		Actual		
Percentage of Cleaning Audits achieving the required standard	100%	N/A	100%	45%	●	Mar-16

To present a more accurate reflection of standards this indicator includes scores solely from audits observed or commissioned directly by the Trust Facilities Team. Contract sanctions continue to be applied to IFM on this and a number of related matters.

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

Note 1 - Readmissions compliant by date to be confirmed following implementation of actions.

Note 2 - Ambulance Handover - Compliant by date to be agreed following implementation of 8 week action plan jointly agreed with EMAS.

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.