Report by Chief Executive – Monthly Update: October 2019

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

Purpose of report:

This paper is for:	Description	Select (X)
Decision	To formally receive a report and approve its recommendations OR a particular course of action	
Discussion	To discuss, in depth, a report noting its implications without formally approving a recommendation or action	X
Assurance	To assure the Board that systems and processes are in place, or to advise a gap along with treatment plan	
Noting	For noting without the need for discussion	

Previous consideration:

Meeting	Date	Please clarify the purpose of the paper to that meeting using the categories above
CMG Board (specify which CMG)	N/A	
Executive Board	N/A	
Trust Board Committee	N/A	
Trust Board	N/A	

Executive Summary

Context

The Chief Executive's monthly update report to the Trust Board for October 2019 is attached. It includes:-

(a) the Quality and Performance Dashboard for August 2019 attached at appendix 1 (the full month 5 quality and performance report is available on the Trust's public website and is hyperlinked within this report);

(b) key issues relating to the Trust Priorities.

Questions

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

Conclusion

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 content of this month's report to the Board.

For Reference:

This report relates to the following UHL quality and supporting priorities:

1. Quality priorities

Safe, surgery and procedures	[Yes]
Safely and timely discharge	[Yes]
Improved Cancer pathways	[Yes]
Streamlined emergency care	[Yes]
Better care pathways	[Yes]
Ward accreditation	[Yes]

2. Supporting priorities:

People strategy implementation	[Yes]
Estate investment and reconfiguration	[Yes]
e-Hospital	[Yes]
More embedded research	[Yes]
Better corporate services	[Yes]
Quality strategy development	[Yes]

3. Equality Impact Assessment and Patient and Public Involvement considerations:

- What was the outcome of your Equality Impact Assessment (EIA)? N/A
- Briefly describe the Patient and Public Involvement (PPI) activities undertaken in relation to this report, or confirm that none were required – None Required.
- How did the outcome of the EIA influence your Patient and Public Involvement? N/A
- If an EIA was not carried out, what was the rationale for this decision? On the basis that this is a monthly update report.

4. Risk and Assurance

Risk Reference:

Does this paper reference a risk event?	**Select (X)**	**Risk Description:**
Strategic: Does this link to a ***Principal Risk*** on the BAF?	**X**	ALL
Organisational: Does this link to an ***Operational/Corporate Risk*** on Datix Register	**X**	N/A
New Risk identified in paper: What ***type*** and ***description***?	N/A	N/A
None		

5. Scheduled date for the **next paper** on this topic: November 2019 Trust Board
6. Executive Summaries should not exceed **5 sides** [My paper does comply]

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT TO: **TRUST BOARD**

DATE: **3rd OCTOBER 2019**

REPORT BY: **CHIEF EXECUTIVE**

SUBJECT: **MONTHLY UPDATE REPORT – OCTOBER 2019**

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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 Trust 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 – August 2019

2.1 The Quality and Performance Dashboard for August 2019 is appended to this report **at appendix 1.** The Trust Board will note that the Dashboard has been updated to take into account wider changes made in relation to the Quality and Performance report.

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. For this month, two versions of the Dashboard have been produced; one is categorised according to the Trust's Priorities and the other is categorised according to the CQC domains. Using the Priorities is consistent with the new Q&P Report but using the CQC domains may be more accessible in a public-facing document. The Board is invited to determine which format it would prefer to use going forward.

2.3 The more comprehensive monthly Quality and Performance report has been completely reworked to focus on statistical process control rather than RAG ratings. This is designed to allow us to focus on meaningful changes in data rather than on random variation and is in line with the "understanding what is happening in our services element of our QI Approach (blue cog). The 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 5 quality and

performance report is published on the Trust's website. The overall Q&P report is supplemented by topic specific reports such as urgent and emergency care and cancer which include detail on the actions being taken to improve performance where applicable and which are discussed at the Executive Performance and Quality Boards and the People, Process and Performance Committee. A summary of the discussions at the latter are included elsewhere on the Trust Board agenda.

2.4 ***Good News:***

- **Mortality** – the latest published SHMI (period April 2018 to March 2019) has increased to 100, but remains within the expected range.
- **Diagnostic 6 week wait –** standard achieved for 12 consecutive months.
- **52+ weeks wait –** has been compliant for 14 consecutive months.
- **Delayed transfers of care** - remain within the tolerance.
- **12 hour trolley wait -** 0 breaches reported.
- **CAS alerts** - compliant.
- **C DIFF** – 6 cases reported this month.
- **Single Sex Accommodation Breaches** – 0 reported in August.
- **Pressure Ulcers** - 0 **Grade 4,** 0 **Grade 3** and 2 **Grade 2** reported during August.
- **Inpatient and Day Case Patient Satisfaction (FFT)** achieved 97% which is above the national average.
- **90% of Stay on a Stroke Unit** – threshold achieved with 88.0% reported in July.
- **TIA (high risk patients) –** threshold achieved with 72.4% reported in August.
- **Annual Appraisal** is at 91.9%.
- **Statutory and Mandatory Training** compliance is currently at 93%. A specific focus is being applied to Bank and Estates & Facilities staff with a compliance deadline of 31/10.

2.5 ***Bad News***

- **UHL ED 4 hour performance** – 69.7% for August, system performance (including LLR UCCs) was 79.4%.
- **Ambulance Handover 60+ minutes (CAD)** – performance at 10.1%.
- **Referral to treatment** – the number on the waiting list (now the primary performance measure) were above the NHSE/I trajectory and 18 week performance was below the NHS Constitution standard at 81.6%.
- **MRSA** – 1 case reported.
- **Cancer Two Week Wait** was 91.8% in July against a target of 93%.
- **2 Week Wait Cancer Symptomatic Breast** was 91.9% in July.
- **Cancer 31 day treatment** was 92.9% in July against a target of 96%.
- **Cancer 62 day treatment** was 76.6% in July against a target of 85%.
- **Fractured NOF** decreased to 47.4% in August, YTD is below target which is 72%.
- **Cancelled operations OTD** - 1.3% reported in August.
- **Patients not rebooked within 28 days following late cancellation of surgery -** 26.

3. Quality Strategy: Becoming The Best – Update

3.1 This year's Leadership Conference, held on 17th September 2019, focused on the development of our Quality Strategy, Becoming the Best (BtB). Our Consultant Conference held on 20th September had a similar focus.

3.2 Implementation of Becoming the Best continues at pace. Since my last update, the key developments are as follows:

3.3 The culture and leadership element of BtB has entered the Design Phase. This is where specific actions will be identified that address the issues raised during the Discovery Phase. Our Improvement Agents across the organisation are being actively involved in identifying and testing these actions and the Leadership and Consultant conferences also included input in to this. This work will continue through to the end of November.

3.4 The roll-out of quality improvement (QI) skills has begun with the delivery of taster sessions and more advanced training. These sessions have been over-subscribed so additional sessions are being organised. In addition, we have identified a need to an intermediate level of training and this is being designed. Once again, the both the Leadership and Consultant conferences included sessions on QI skills.

3.5 Follow-up of the requirement for all leaders to cascade a briefing on BtB to their teams and obtain feedback is continuing. Returns are now around 80% and the outstanding ones are being chased up. Alongside this, analysis of the feedback has begun and the initial findings will be included in my October Chief Executive Briefing and will also be included in my next Board update.

3.6 Visual communication of BtB has been increased with the installation of large scale graphics around our sites. With the arrival of the new communications lead for BtB, Maria O'Brien, you should expect to see further progress on this front and on other elements of communication and engagement such as use of social media.

3.7 Staff are continuing to volunteer to be Improvement Agents (IAs). By the end of October we expect them to number over 220. Training for the IAs is continuing as well as work to clarify their role and start to get them involved in QI projects in their own areas as well as connected to the Quality Priorities and culture and leadership work referenced earlier.

3.8 I look forward to the Trust Board Thinking Day session on 10th October 2019, to be facilitated by our partners, AQuA, which will also focus on quality improvement and at which we will be joined by the Clinical Management Group Senior Leadership Teams.

4. Board Assurance Framework (BAF) and Organisational Risk Register

4.1 Board Assurance Framework Summary:

4.2 The Trust Board approved the 2019/20 BAF for quarter one at its meeting in August 2019. Since that meeting, in line with our BAF governance arrangements, all

executive leads have now reviewed and updated their principal risks for the period ending 31st August 2019.

4.3 The highest rated principal risks on the BAF for the reporting period are:

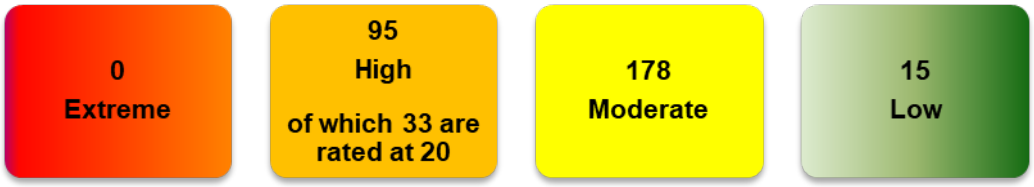
PR No.	Principal Risk Event *If we don't put in place effective systems and processes to deal with the threats described in each principal risk… then it may result in…*	Executive Lead Owner	Current Rating: July (L x I)
1	Failure to deliver key performance standards for emergency, planned and cancer care	COO	5 x 4 = 20
5	Failure to recruit, develop and retain a workforce of sufficient quantity and skills	DPOD	5 x 4 = 20
6a	Serious disruption to the Trust's critical estates infrastructure	DEF	4 x 5 = 20
6b	Serious disruption to the Trust's critical IT infrastructure	CIO	4 x 5 = 20

4.4 One principal risk rating has changed during the reporting period with principal risk 9 - failure to meet the financial control total including through improved productivity – increasing from a current rating of 12 (L3 x I4) to 16 (L4 x I4). This principal risk and proposed change in rating was discussed as part of the BAF deep dive exercise at the meeting of the Audit Committee on 6th September 2019.

4.5 A detailed copy of the BAF is included in the integrated risk and assurance paper elsewhere on the Board agenda today.

4.6 <u>Organisational Risk Register Summary:</u>

4.7 The UHL risk register has been kept under review by the Executive Performance Board and across all CMGs during the reporting period and displays 288 organisational risk entries. A breakdown of the risk profile by current rating is shown in the graphic below:



4.8 Thematic analysis across the organisational risk register shows the most common risk causation theme across all CMGs concerns workforce capacity and capability. Thematic analysis shows the most common risk effect is potential for harm.

4.9 A detailed copy of the organisational risk register for items rated high is included in the integrated risk and assurance paper elsewhere on the Board agenda today.

5. Emergency Care

5.1 Our performance against the 4 hour standard for August 2019 was 69.7%, and 79.4% for Leicester, Leicestershire and Rutland as a whole. We have seen slightly improved performance to date in September at 71.9% and 80.0%.

5.2 My report last month focussed on emergency care and described the sources of our current pressures and the actions being taken to address them, both within the Trust and across the system.

5.3 Actions are continuing in accordance with those plans. This has succeeded in stabilising the position and our performance relative to the rest of the Region has improved, but the situation remains very pressurised. I am pleased to report that we have seen an increased sense of urgency from our system partners and in particular a more rapid response at an operational level to the highest levels of escalation.

5.4 In my last report, I said that, given the increasing imbalance between demand and bed capacity in medicine at the Royal Infirmary, we were exploring whether it would be possible to open additional capacity over and above the ward which is scheduled to open on a phased basis between November and January. Given staffing constraints, we have concluded that it will not be possible to do so safely. Therefore significant outlying into surgical capacity will be inevitable. We think that we can make improvements to the way in which we organise outlying and how we care for outlied patients and a report on this has been requested for the next Executive Quality Board.

5.5 Details of the Trust's emergency care performance continue to be the subject of report by the Chief Operating Officer monthly to the People, Process and Performance Committee. Details of that committee's most recent discussion are set out in the summary of that meeting which features elsewhere on this Board agenda.

6. Care Quality Commission (CQC) – Unannounced and Well Led Inspections

6.1 Throughout September 2019, the CQC have carried out a number of three day unannounced inspections of UHL's clinical services. This has covered the following core services:

- Urgent & Emergency Care at the Leicester Royal Infirmary (LRI)
- Children & Young People at the LRI
- Medical Care (including older people's care) at the LRI and Glenfield Hospital (GH)
- Maternity at the LRI
- End of Life Care at the LRI

- Surgery at the LRI and Leicester General Hospital (LGH)
  Outpatients at the LGH

6.2 The purpose of these inspections is to determine whether UHL's services are safe, caring, effective, responsive and well-led.

6.3 Inspectors have thanked staff for taking the time to talk to them at such short notice despite being very busy and have provided immediate feedback at the end of each unannounced inspection.

6.4 Where possible any issues identified have been resolved either during, or immediately after the inspection has taken place and the Chief Nurse has fed back any action taken to the Inspection Manager at the end of each week.

6.5 The CQC's Well-Led Review will commence with three days of staff focus groups in October 2019, followed by interviews with key members of staff on the 4th, 5th & 6th of November 2019.

6.6 The purpose of the Well-Led Review is to correlate the well-led findings from the unannounced inspections of core services with a more focused Board to Ward review against the eight well-led Key Lines of Enquiry.

6.7 The CQC's final report, covering both the unannounced inspections in September 2019 and the Well-Led Review in November 2019 is expected to be published in January or February 2020.

6.8 The CQC's final report, along with a plan setting out the Trust's will address the CQC's recommendations will be presented to the Board in due course.

7. <u>Visit by Secretary of State for Health and Social Care</u>

7.1 Matt Hancock MP, Secretary of State for Health and Social Care, visited Leicester Royal Infirmary on 11th September 2019 to hear about our plans for major capital investment and reconfiguration. He viewed the Intensive Care Unit at the Royal (which is in much need of expansion) and, by contrast, the Emergency Department (a state of the art facility). He also hosted a question and answer session with a range of front-line staff.

7.2 Mr Hancock heard directly from our staff that they passionately support the Trust's plans and are anxious to see further progress as soon as possible. He sensed their pride in the care they provide now, but also their strong feelings that things could be even better if the investment plans are supported. He also heard from the team in the Emergency Department about the transformational impact that the new Department has had on the experience of both patients and staff, despite ever growing demand and working under almost continuous pressure.

7.3 Mr Hancock was clearly impressed by what he saw in Leicester. Whilst he was not in a position to make a firm funding commitment, the fact that he chose to visit us specifically to discuss our plans indicates that they now have a significant profile at Government level. We await further developments with interest.

7.4 My thanks to all those staff who were involved in discussions with Mr Hancock and in planning the visit.

8. System Update

8.1 The first meeting of the LLR Partnership Group took place on 23rd September, attended by Non-Executive, lay and elected members from the partnership organisations. Our Chairman represented the Trust. The Group received a presentation on the proposed long term system financial plan, as well as the draft narrative response to the NHS Long Term Plan. It was agreed that the next session would be a workshop to explore how the Group can work most effectively to foster partnership working and provide an effective conduit to organisational governing bodies.

8.2 I have attached at **appendix 2** the latest System Leadership Team (SLT) business update. You will see that there were significant discussions on learning disabilities, mental health and urgent and emergency care.

8.3 At its most recent meeting, which was partially in workshop format, the SLT agreed to accelerate work to design an alternative contractual framework, particularly for acute services, as the existing arrangements are not aligned to the direction of the Long Term Plan. This is difficult but essential work. Initial discussions have also begun as to what the proposed Provider Alliance might look like.

9. Conclusion

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

John Adler
Chief Executive

27th September 2019

Quality and Performance Report Board Summary August 2019

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Icon	Description
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	Special cause variation - cause for concern (indicator where low is a concern)
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	Special cause variation - improvement (indicator where high is good)
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These icons are used to indicate statistical variation. We have identified special cause variation based on three rules which are shown below. If none of the rules are present then the metric is showing common cause variation.

- An upwards or downwards trend in performance for seven or more consecutive months.
- Seven or more months above or below the average.
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The trend shows performance for the most recent 13 months.

Data Quality Assessment - The Data Quality Forum panel is presented with an overview of data collection and processing for each performance indicator in order to gain assurance by best endeavours that it is of suitably high quality. The forum provides scrutiny and challenge on the quality of data presented against the dimensions of accuracy, validity, reliability, timeliness, relevance and completeness.

Quality and Performance Report Board Summary August 2019

Priority	KPI	Target	Jun-19	Jul-19	Aug-19	YTD	Assurance	Variation	Trend	Data Quality Assessment
Ward Accreditation	Clostridium Difficile	108	8	14	6	40	P			Nov-17
	Clostridium Difficile Rate	New								
	MRSA Total	0	0	0	1	1	?			Nov-17
	E. Coli Bacteraemias Acute	TBC	7	10	11	47				Jun-18
	MSSA Acute	TBC	4	4	2	14				Nov-17
	All falls reported per 1000 bed stays	6.02	4.4	5.2		5.0	?			Jun-18
	Avoidable pressure ulcers G4	0	0	0	0	0	P			Aug-17
	Avoidable pressure ulcers G3	3	0	0	0	0	P			Aug-17
	Avoidable pressure ulcers G2	7	5	5	2	24	?			Aug-17
	Dementia assessment and referral - Percentage to whom case finding is applied	New								
	Dementia assessment and referral - Percentage with a diagnostic assessment	New								
	Dementia assessment and referral - Percentage of cases referred to specialist	New								

Priority	KPI	Target	Jun-19	Jul-19	Aug-19	YTD	Assurance	Variation	Trend	Data Quality Assessment
Safe Surgery and Procedures	Overdue CAS alerts	0	1	0	0	1	P			Nov-16
	Never events	0	1	0	0	1	P			May-17
	Mortality Published SHMI	99	100 (Feb 18 to Jan 19)	99 (Mar 18 to Feb 19)	100 (Apr 18 to Mar 19)	100 (Apr 18 to Mar 19)	?	H		Sep-16
	Mortality 12 months HSMR	72%	98	99	97	97	P	H		Sep-16
	No of #neck of femurs operated on 0-35hrs	99	81.9%	58.3%	47.4%	67.8%	?	L		Sep-16
	Staff Survey Recommend for treatment	TBC	74.0%			74.0%				Aug-17
	Emergency C-section rate	TBC	18.5%	20.2%	17.8%	19.0%				TBC

Priority	KPI	Target	Jun-19	Jul-19	Aug-19	YTD	Assurance	Variation	Trend	Data Quality Assessment
Safe and Timely Discharge	Emergency Readmissions within 30 Days	8.5%	8.9%	8.9%		9.0%	F			Jun-17
	Emergency Readmissions within 48 hours	TBC	1.1%	1.0%		1.1%				TBC
	Delayed Transfers of Care	3.5%	1.7%	1.8%	1.6%	1.6%	P			Oct-17
	Super Stranded Patients	135	151	160	169	169	F	L		TBC
	Inpatient Average LOS	TBC	3.7	3.6	3.6	3.5				TBC
	Emergency Average LOS	TBC	4.4	4.6	4.4	4.6				TBC

Priority	KPI	Target	Jun-19	Jul-19	Aug-19	YTD	Assurance	Variation	Trend variation	Data Quality Assessment
Streamlined Emergency Care	ED 4 hour waits UHL	95%	74.1%	72.0%	69.7%	73.0%	F	L		Aug-17
	ED 4 hour waits Acute Footprint	95%	81.5%	80.6%	79.4%	81.1%	F	L		Aug-17
	12 hour trolley waits in A&E	0	0	0	0	0	P	L		Mar-19
	Ambulance handover >60mins	0.0%	4.4%	10.2%	10.1%	6.8%				TBC

Quality and Performance Report Board Summary August 2019

Priority	KPI	Target	May-19	Jun-19	Jul-19	YTD	Assurance	Variation	Trend	Data Quality Assessment
Improved Cancer Pathways	2WW	93%	93.4%	91.0%	91.8%	92.98%				Jun-16
	2WW Breast	93%	93.1%	94.5%	91.9%	92.6%				Jun-16
	31 Day	96%	93.9%	93.9%	92.9%	93.8%				Jun-16
	31 Day Drugs	98%	98.6%	99.2%	100%	99.5%				Jun-16
	31 Day Sub Surgery	94%	87.6%	78.1%	86.7%	84.6%				Jun-16
	31 Day Radiotherapy	94%	99.0%	96.8%	97.0%	97.7%				Jun-16
	Cancer 62 Day	85%	74.8%	74.4%	76.6%	75.4%				Jun-16
	Cancer 62 Day Consultant Screening	90%	76.4%	78.9%	85.3%	85.5%				Jun-16

Priority	KPI	Target	Jun-19	Jul-19	Aug-19	YTD	Assurance	Variation	Trend	Data Quality Assessment
Better Care Pathways	RTT Incompletes	92%	83.5%	83.3%	81.6%	81.6%				Nov-16
	RTT Wating 52+ Weeks	0	0	0	0	0				Nov-16
	Total Number of incompletes	64,404	64,721	65,600	65,903	65,903				TBC
	6 Week Diagnostic Test Waiting Times	1.0%	0.9%	0.9%	1.0%	1.0%				Mar-19
	Cancelled Patients not offered <28 Days	0	21	17	26	96				Jul-18
	% Operations Cancelled OTD	1.0%	1.0%	1.3%	1.3%	1.1%				Jul-18
	% of all adults VTE Risk Assessment on Admission	95.0%	98.3%	98.2%	97.8%	98.1%				Nov-16
	Single Sex Breaches	0	0	7	0	7				Dec-16
	Stroke - 90% Stay on a Stroke Unit	80%	87.8%	88.0%		87.3%				Apr-18
	Stroke TIA Clinic Within 24hrs	60%	61.4%	78.9%	72.4%	70.2%				Apr-18
	Inpatient and Daycase F&F Test % Positive	96%	97%	97%	97%	97%				Jun-17
	A&E F&F Test % Positive	94%	96%	94%	94%	95%				Jun-17
	Maternity F&F Test % Positive	96%	91%	95%	96%	93%				Jun-17
	Outpatient F&F Test % Positive	94%	95%	95%	95%	95%				Jun-17
	Written complaints	TBC	191	231	234	1093				TBC

Priority	KPI	Target	Jun-19	Jul-19	Aug-19	YTD	Assurance	Variation	Trend	Data Quality Assessment
People Strategy Implementation	Staff Survey % Recommend as Place to Work	TBC	59.0%			59.0%				Sep-17
	Turnover Rate	10%	9.1%	8.9%	9.1%	9.1%				Nov-17
	Sickness Absense	3%	3.9%	3.9%		3.9%				Oct-16
	% of Staff with Annual Appraisal	95%	92.0%	91.8%	91.9%	91.9%				Dec-16
	Statutory and Mandatory Training	95%	92%	93%	93%	93%				Dec-16
	Nursing Vacancies	TBC	13.6%	13.6%		13.6%				Dec-17

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Quality and Performance Report Board Summary August 2019

Domain	KPI	Target	Jun-19	Jul-19	Aug-19	YTD	Assurance	Variation	Trend	Data Quality Assessment
Safe	Never events	0	1	0	0	1	P			May-17
	Overdue CAS alerts	0	1	0	0	1	P			Nov-16
	% of all adults VTE Risk Assessment on Admission	95.0%	98.3%	98.2%	97.8%	98.1%	P	H		Nov-16
	Clostridium Difficile	108	8	14	6	40	P			Nov-17
	Clostridium Difficile Rate	New								
	MRSA Total	0	0	0	1	1	?			Nov-17
	E. Coli Bacteraemias Acute	TBC	7	10	11	47				Jun-18
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	All falls reported per 1000 bed stays	6.02	4.4	5.2		5.0	?			Jun-18
	Avoidable pressure ulcers G4	0	0	0	0	0	P			Aug-17
	Avoidable pressure ulcers G3	3	0	0	0	0	P			Aug-17
	Avoidable pressure ulcers G2	7	5	5	2	24	?			Aug-17
	Emergency C-section rate	TBC	18.5%	20.2%	17.8%	19.0%				TBC
	Dementia assessment and referral - Percentage to whom case finding is applied	New								
	Dementia assessment and referral - Percentage with a diagnostic assessment	New								
	Dementia assessment and referral - Percentage of cases referred to specialist	New								

Priority	KPI	Target	Jun-19	Jul-19	Aug-19	YTD	Assurance	Variation	Trend	Data Quality Assessment
Caring	Staff Survey Recommend for treatment	TBC	74.0%			74.0%				Aug-17
	Single Sex Breaches	0	0	7	0	7	?			Dec-16
	Inpatient and Daycase F&F Test % Positive	96%	97%	97%	97%	97%	P			Jun-17
	A&E F&F Test % Positive	94%	96%	94%	94%	95%	?			Jun-17
	Maternity F&F Test % Positive	96%	91%	95%	96%	93%	F			Jun-17
	Outpatient F&F Test % Positive	94%	95%	95%	95%	95%	?			Jun-17
	Written complaints	TBC	191	231	234	1093				TBC

Priority	KPI	Target	Jun-19	Jul-19	Aug-19	YTD	Assurance	Variation	Trend	Data Quality Assessment
Well Led	Staff Survey % Recommend as Place to Work	TBC	59.0%			59.0%				Sep-17
	Turnover Rate	10%	9.1%	8.9%	9.1%	9.1%	P	H		Nov-17
	Sickness Absense	3%	3.9%	3.9%		3.9%	F			Oct-16
	% of Staff with Annual Appraisal	95%	92.0%	91.8%	91.9%	91.9%	F	H		Dec-16
	Statutory and Mandatory Training	95%	92%	93%	93%	93%	F	H		Dec-16
	Nursing Vacancies	TBC	13.6%	13.6%		13.6%				Dec-17

Quality and Performance Report Board Summary August 2019

Domain	KPI	Target	Jun-19	Jul-19	Aug-19	YTD	Assurance	Variation	Trend	Data Quality Assessment
Effective	Mortality Published SHMI	99	100 (Feb 18 to Jan 19)	99 (Mar 18 to Feb 19)	100 (Apr 18 to Mar 19)	100 (Apr 18 to Mar 19)	?	H		Sep-16
	Mortality 12 months HSMR	72%	98	99	97	97	P	H		Sep-16
	Emergency Readmissions within 30 Days	8.5%	8.9%	8.9%		9.0%	F			Jun-17
	Emergency Readmissions within 48 hours	TBC	1.1%	1.0%		1.1%				TBC
	No of #neck of femurs operated on 0-35hrs	99	81.9%	58.3%	47.4%	67.8%	?	L		Sep-16
	Stroke - 90% Stay on a Stroke Unit	80%	87.8%	88.0%		87.3%	P			Apr-18
	Stroke TIA Clinic Within 24hrs	60%	61.4%	78.9%	72.4%	70.2%	?			Apr-18

Domain	KPI	Target	Jun-19	Jul-19	Aug-19	YTD	Assurance	Variation	Trend variation	Data Quality Assessment
Responsive	ED 4 hour waits UHL	95%	74.1%	72.0%	69.7%	73.0%	F	L		Aug-17
	ED 4 hour waits Acute Footprint	95%	81.5%	80.6%	79.4%	81.1%	F	L		Aug-17
	12 hour trolley waits in A&E	0	0	0	0	0	P	L		Mar-19
	Ambulance handover >60mins	0.0%	4.4%	10.2%	10.1%	6.8%	F			TBC
	RTT Incompletes	92%	83.5%	83.3%	81.6%	81.6%	F	L		Nov-16
	RTT Wating 52+ Weeks	0	0	0	0	0	P	L		Nov-16
	Total Number of incompletes	64,404	64,721	65,600	65,903	65,903	F			TBC
	6 Week Diagnostic Test Waiting Times	1.0%	0.9%	0.9%	1.0%	1.0%	?	L		Mar-19
	Delayed Transfers of Care	3.5%	1.7%	1.8%	1.6%	1.6%	P			Oct-17
	Cancelled Patients not offered <28 Days	0	21	17	26	96	F			Jul-18
	% Operations Cancelled OTD	1.0%	1.0%	1.3%	1.3%	1.1%	?			Jul-18
	Super Stranded Patients	135	151	160	169	169	F	L		TBC
	Inpatient Average LOS	TBC	3.7	3.6	3.6	3.5				TBC
	Emergency Average LOS	TBC	4.4	4.6	4.4	4.6				TBC

Priority	KPI	Target	May-19	Jun-19	Jul-19	YTD	Assurance	Variation	Trend	Data Quality Assessment
Responsive Cancer	2WW	93%	93.4%	91.0%	91.8%	92.98%	?			Jun-16
	2WW Breast	93%	93.1%	94.5%	91.9%	92.6%	?			Jun-16
	31 Day	96%	93.9%	93.9%	92.9%	93.8%	?			Jun-16
	31 Day Drugs	98%	98.6%	99.2%	100%	99.5%	P			Jun-16
	31 Day Sub Surgery	94%	87.6%	78.1%	86.7%	84.6%	F			Jun-16
	31 Day Radiotherapy	94%	99.0%	96.8%	97.0%	97.7%	P			Jun-16
	Cancer 62 Day	85%	74.8%	74.4%	76.6%	75.4%	F			Jun-16
	Cancer 62 Day Consultant Screening	90%	76.4%	78.9%	85.3%	85.5%	?			Jun-16

Better Care Together Partnership update

A business update for partner boards, governing bodies and members

August/September 2019

Welcome to the business update from the System Leadership Team (SLT) of Better Care Together. The purpose of this update is to inform governing bodies, boards and members on the key business and strategic work programmes being discussed and taken forward by SLT.

Support for people with learning disabilities and/or autism

People with a learning disability and/or autism are citizens with rights, who should expect to lead happy, safe, active lives in the community and live in their own homes just as other citizens expect to. We need to reduce hospital admissions and improve and support services in the community, and improve their quality of life. In Leicester, Leicestershire and Rutland (LLR) we have been part of the national Transforming Care programme seeking to achieve these changes ensuring they become 'business as usual'.

SLT heard of achievements including extending the Learning Disability outreach team to be available seven days a week and providing a wrap-around approach as a means of trying to prevent admission and facilitating discharge out of in-patient beds.

SLT discussed the ongoing work to better understand the current and future needs of people with a learning disability and/or autism in LLR, the number of inpatient beds required and the best way to provide care in the community. Part of this approach involves the need to consider how local health and care organisations can support the development of new services to improve quality and choice. A service specification is to be written setting out what services need to be provided for people with a learning disability and/or autism who are experiencing a crisis. There is also a desire to progress the learning gained from the Learning Disabilities Mortality Review (LeDeR) programme. This is a national programme aimed at improving services based on insights into health and care from people with learning disabilities, their families and carers.

SLT members also discussed plans to develop an 'autism hub' through three-years of transformation funding. The website would help signpost families and carers to services and support. SLT was also updated on key priorities for the future which include achieving the inpatient trajectory for children and young people. A review of LLR community learning disability services is being commissioned and alternatives to inpatient provision are being explored including the availability of crisis accommodation.

SLT heard a request for more information to be provided to GPs on the wrap-around services available for people with a learning disability and/or autism. Each CCG area is served by a primary care liaison nurse in this regard. It was agreed that more information on learning disability and autism services would be provided on the PRISM information system.

SLT discussed organisation and system solutions to achieve better outcomes for service users, which meet targets including the pressing issues of identifying children early on the pathway and building a solution supported by a clinical community service for service users who have offended.

The work stream was asked to identify solutions and provide a plan and proposal to be discussed at the next SLT meeting.

Advancing mental health

SLT heard about the new Mental Health Partnership Delivery Board, formed to oversee mental health care, support and service provision in LLR. The Board, which met for the first time in June 2019, has established its terms of reference and will consider the mental health and wellbeing of local people of all ages, children and adults. It will provide the strategic direction for the implementation of mental health priorities that have been identified in the *Five Year Forward View* and *NHS Long Term Plan* across LLR.

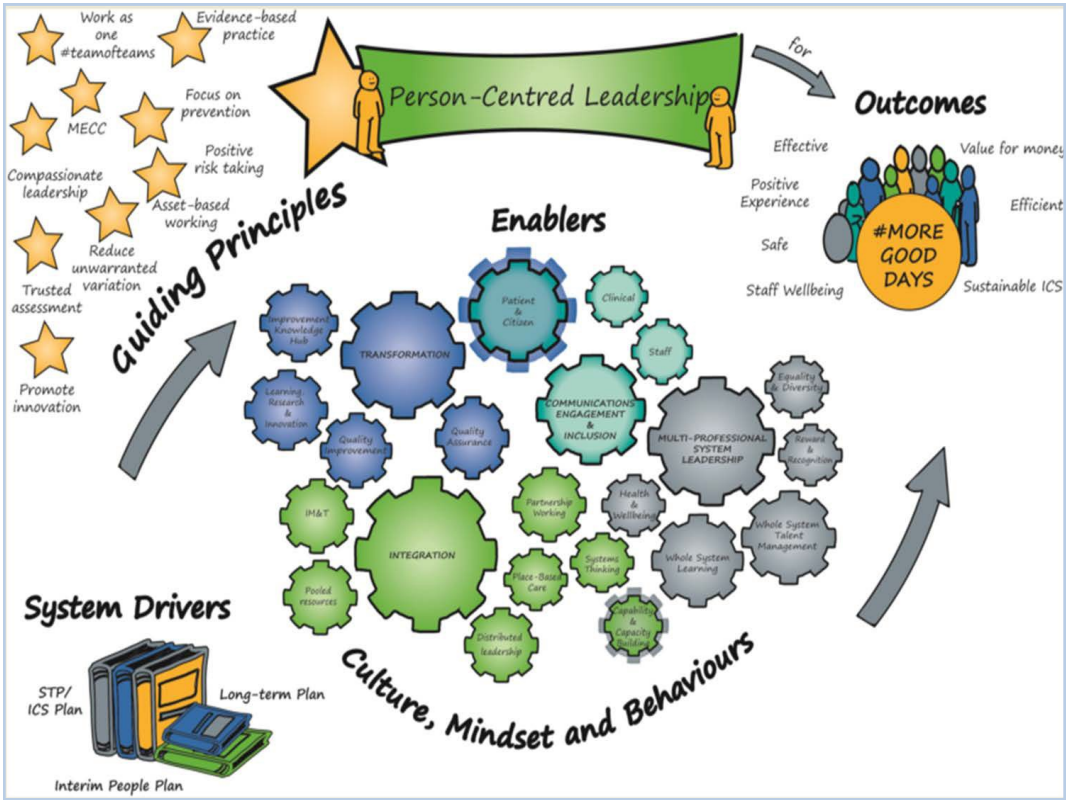
Work streams that will report into the board include groups looking at wellbeing and prevention of mental health problems, the Future in Mind programme for children and young people, the closer integration of physical and mental health care services, mental health crisis service provision, and adult complex care and rehabilitation services.

SLT discussed a key issue to be addressed by the Delivery Board which will be inpatient length of stay and the high number of out-of-area placements. Out-of-area placements impact on patient experience and affects contact with families. It is also costly to the LLR health and care system. A recovery plan has been developed to eliminate inappropriate out-of-area placements by 2021.

SLT asked the work stream to provide a bespoke report by the November meeting, discussing the approach to improve the flow of service users and identifying the request of the health and care system to support these improvements.

Putting patients and the public at the centre

As part of the local response to the *NHS Long Term Plan*, the System Leadership Team (SLT) has heard about a proposal to set up a Person-Centred Leadership Framework in LLR. It is intended that the framework is adopted across the health and care system, focusing on developing a positive culture and behaviours that support working across organisational boundaries – all for the benefit of patients.



The framework sets out four key enablers – multi-professional leadership, transformation, integration, and communications, engagement and inclusion. The aim is to deliver 'more good days' for patients, citizens and staff – that people feel listened to and their views are acted upon. Included within plans to roll out the framework are communications activities in support of the 'more good days' message.

New plan to improve urgent and emergency care

With attendances at Leicester Royal Infirmary's emergency department (ED) rising by nearly five per cent annually, health and care leaders have produced an urgent and emergency care transformation plan to address the challenges.

The plan's aim is to create a health and care system that provides responsive, accessible person-centred services as close to home as possible. It will be a model in which services will wrap care around the individual, promoting self-care and independence, enhancing recovery and reablement, through integrated health and social care services. The plan aims to develop same day emergency care services, both in hospital and in the community, to better manage patients with long term conditions, thereby reducing demand on the ED.

Key objectives for 2019-20 are to:

- Improve performance in meeting the four-hour waiting time standard in ED
- Eliminate delays in ambulance crews being able to hand over patients
- Improve the responsiveness of services including ambulance response times
- Reduce the demand on ED services by developing in and out of hospital same day emergency care services
- Reduce delayed transfers of care and reduce the numbers of long-stay patients in hospital.

A final version of the urgent and emergency care transformation plan was submitted to NHS England and NHS Improvement in August 2019 and subsequent feedback has indicated that it was the best quality plan in the region.

The plan will seek to manage demand on services in a number of key areas. These include close liaison with care homes about their residents, the potential for a GP-led facility at Leicester General Hospital for short-term observation bays, and improving awareness and understanding of the available, appropriate services among Leicester's large student population.

SLT recognised that the challenge was now in the delivery of the plan which was challenging to do alongside 'business as usual'. They generally supported the level of intensity to make this happen, but asked the work stream to define the support needed to deliver the plan and the reporting mechanism.

Getting our finances right

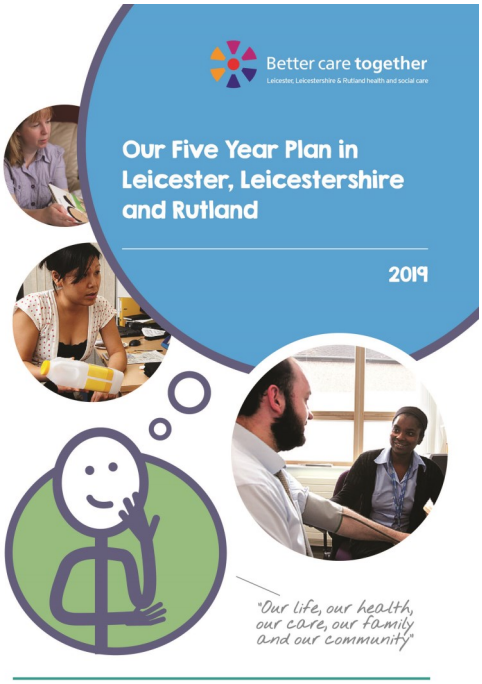
A financial recovery plan is in place for the LLR health and care economy as current figures, at this point in the financial year, point to a significant over-spend.

The plan details the scale of the challenge, the recovery actions being taken, high-level governance arrangements, and risks.

Key priorities include managing demand, particularly in urgent care and the independent sector, and controlling costs and continuing to implement cost improvement programmes. Other key areas being addressed are the need to reduce the numbers of patients being re-admitted to hospital, supporting ambulances in taking patients to appropriate services other than ED, and reducing patient admissions to hospital from care homes. A System Sustainability Group is meeting fortnightly to monitor and review the plan.

Five Year Plan addresses our key priorities

The SLT has reviewed an initial draft of the *Better Care Together* Five Year Plan, drawn up in response to the *NHS Long Term Plan*, published January 2019, setting out how health and care will be taken forward.



Better Care Together is a collaboration of partners aiming to transform health and care and create a financially sustainable health and care system for the future. The vision of the LLR Better Care Together programme is: *"to develop an outstanding, integrated health and care system that delivers excellent outcomes for the people of Leicester, Leicestershire and Rutland."*

BCT plans are based on the priorities of:

- Keep people well and out of hospital
- More care closer to home
- Care in a crisis
- High quality specialist care

The plan also addresses how organisations within LLR will seek to move towards establishing an integrated care system (known as an ICS). Our approach to developing an ICS will take place over three distinct geographical areas – across the entire LLR area, at place (local authority boundary) level, and at neighbourhood (primary care network) level.

Also in line with the NHS Long Term Plan to move commissioning to a more strategic role, the three clinical commissioning groups (CCGs) are currently considering their future form. Engagement with stakeholders and member practices will be undertaken later this year. The CCG governing bodies will then consider the outcome of the engagement and undertake formal consultation.

A draft submission of the *Better Care Together* Five Year Plan is being produced for the end of September 2019, prior to a final submission by 15 November 2019.