CHIEF EXECUTIVE'S MONTHLY UPDATE REPORT – JUNE 2019

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

Executive Summary

Context

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

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

(b) key issues relating to our Strategic Objectives and Annual Priorities.

Questions

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

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 content of this month's report to the Board.

For Reference

Edit as appropriate:

1. The following **objectives** were considered when preparing this report:

Safe, high quality, patient centred healthcare [Yes]
Effective, integrated emergency care [Yes]
Consistently meeting national access standards [Yes]
Integrated care in partnership with others [Yes]
Enhanced delivery in research, innovation & ed' [Yes]
A caring, professional, engaged workforce [Yes]
Clinically sustainable services with excellent facilities [Yes]
Financially sustainable NHS organisation [Yes]
Enabled by excellent IM&T [Yes]

2. This matter relates to the following **governance** initiatives:

a. Organisational Risk Register [Not applicable]

If YES please give details of risk ID, risk title and current / target risk ratings.

Datix Risk ID	Operational Risk Title(s) – add new line for each operational risk	Current Rating	Target Rating	CMG
XXXX	There is a risk …			XX

If NO, why not? Eg. Current Risk Rating is LOW

b. Board Assurance Framework [Not applicable]

If YES please give details of risk No., risk title and current / target risk ratings.

Principal Risk	Principal Risk Title	Current Rating	Target Rating
No.	There is a risk …		

3. Related **Patient and Public Involvement** actions taken, or to be taken: [N/A]

4. Results of any **Equality Impact Assessment**, relating to this matter: [N/A]

5. Scheduled date for the **next paper** on this topic: [July 2019 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: 6 JUNE 2019

REPORT BY: CHIEF EXECUTIVE

SUBJECT: MONTHLY UPDATE REPORT – JUNE 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 Annual Priorities, and

(d) a range of other issues which I think it is important to highlight to the Trust Board.

1.2 I would welcome feedback on this report which will be taken into account in preparing further such reports for future meetings of the Trust Board.

2 Quality and Performance Dashboard – April 2019

2.1 The Quality and Performance Dashboard for April 2019 is appended to this report **at appendix 1.**

2.2 The Dashboard aims to ensure that Board members are able to see at a glance how we are performing against a range of key measures.

2.3 The more comprehensive monthly Quality and Performance report continues to be reviewed in depth at a joint meeting of the People, Process and Performance Committee and Quality and Outcomes Committee. The month 1 quality and performance report is published on the Trust's website.

Good News:

2.4 Mortality – the latest published Standardised Hospital Mortality Index (SHMI) (period January 2018 to December 2018) is 99, the same as the previous reported SHMI and remains within expected. **Diagnostic 6 week wait –** standard achieved for 8 consecutive months. **52+ weeks wait –** has been compliant for 10 consecutive months. **Referral to Treatment –** our performance was below national standard; however, we achieved the NHS Improvement waiting list size trajectory. **Delayed transfers of care** - remain within the tolerance. However, there are a range of other

delays that do not appear in the count. **12 hour trolley wait** was 0 breaches reported. **C DIFF** – was within threshold this month. **Pressure Ulcers** - 0 **Grade 4,** 0 **Grade 3,** 4 **Grade 2** reported during April. **MRSA –** 0 cases reported. **Single Sex Accommodation Breaches** – 0 breaches reported **CAS alerts** – was compliant. **Moderate harms and above** – March (reported 1 month in arrears) was within threshold. **Inpatient and Day Case Patient Satisfaction (FFT)** achieved the Quality Commitment of 97%. **Cancer Two Week Wait** was 95.6% in March. **2 Week Wait Cancer Symptomatic Breast** was 97.5% in March. **Fractured NOF** – remains compliant for the 9th consecutive month. **Cancelled operations** and **Patients rebooked within 28 days** – we continue to show improvement with our elective cancellations. **90% of Stay on a Stroke Unit** – threshold achieved with 87.7% reported in March. **TIA (high risk patients) –** threshold achieved with 64.0% reported in April. **Annual Appraisal** is at 92.5%.

Bad News:

2.5 **UHL ED 4 hour performance** – was 75.5% for April, system performance (including LLR UCCs) was 82.4%. **Ambulance Handover 60+ minutes (CAD)** – performance at 4.5%. **Cancer 31 day treatment** was 95.2% in March. **Cancer 62 day treatment** was not achieved in March. **Statutory and Mandatory Training** reported from HELM is at 89%, a slight drop compared to March.

3. Quality Strategy – Becoming the Best (BtB)

3.1 Considerable activity continues to take place as we begin implementation of our new Quality Strategy. In the last month, this has focussed primarily on detailed planning of our quality and supporting priorities, finalisation of the allocation of the £1m dedicated budget, implementation of the new Patient and Public Involvement (PPI) approach, recruitment and induction of our new Improvement Agents and preparations for the full launch of the Quality Strategy from mid-June onwards.

3.2 The BtB approach continues to be embedded through planning for our 12 Quality and Supporting Priorities. The application of the Trust's Quality Improvement (QI) approach (blue cog) is being rigorously tested to ensure greater consistency than we have seen in the past. This will be further enhanced by examination at the Executive Boards. The boards themselves have been reshaped so as to align with the priorities, as indicated in my last report. The only change from the proposals included there is that operational financial performance will be dealt with at the Executive Quality and Performance Board, whilst financial strategy will be dealt with at the Executive Strategy Board. This is to align with the monthly reporting cycle.

3.3 The Executive Time Out on 7th May succeeded in resolving the issue that the financial ask coming from BtB exceeded the available resources of £1m, at least for 2019/20. The recurrent impact of what is being put in place is circa £1.5m and this will need to be addressed through financial planning for 2020/21. If this is unaffordable at that time the resources can be reduced accordingly, but that is unlikely to be desirable if the approach is gaining the expected traction. Recruitment to the posts involved is now underway; that relating to Head of Quality Improvement and Head of Communications (two key senior posts) is nearing completion.

3.4 The culture and leadership aspects of the strategy continue. The number of Improvement Agents (IA) recruited has more than doubled since my last report (to 80+) and I have hosted three induction events with them. I was very impressed by their commitment and eagerness to be involved in quality improvement. The IAs have also been provided with facilitator training in preparation for the Focus Groups which will be taking place later in June.

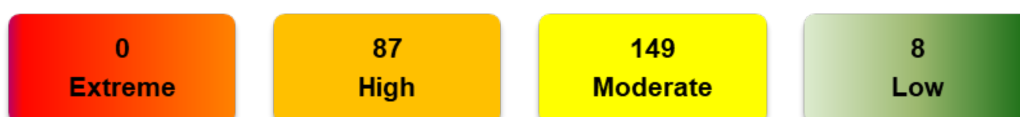
3.5 Following the approval of the new Patient and Public Involvement (PPI) Strategy by the Board (subject to some final enhancements), we have begun to embed the approach contained in the strategy. This in particular involves implementing the "PPI tests" across our priorities and revising the role of our Patient Partners. I have written to the latter to explain the detail of this.

3.6 From mid-June, there will be a major communications and engagement exercise across the Trust and externally to raise aware of BtB and to engage everyone in quality improvement. A detailed strategy and action plan has been developed, once again learning from what has worked elsewhere and a range of supporting materials are in preparation.

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

4.1 The Board Assurance Framework (BAF) for 2019/20 is currently being finalised in the light of some further work which is being undertaken to refine the wording of the Trust's Principal Risks. Further discussions on the planed approach are to take place imminently with the Chair of the Audit Committee, and it is anticipated that the BAF 2019/20 will be presented at the July 2019 meeting of the Trust Board.

4.2 The UHL risk register has been kept under review by the Executive Performance Board and across all CMGs during the reporting period and displays 244 risk entries:



4.3 Thematic analysis across the organisational risk register shows the most common risk causation relates to workforce shortages (including nursing and medical) across all CMGs. Thematic findings from the risk register have been included to inform the new Principal Risks on the BAF.

5. Emergency Care

5.1 Our performance against the 4 hour standard for April 2019 was 75.5% and 82.4% for Leicester, Leicestershire and Rutland as a whole.

5.2 We saw a total of 22,059 patients in the Emergency Department and Eye Casualty in April 2019: an increase of 2,541 patients (13%) on April 2018. Excluding the impact of changes in the Children's clinical care pathway, the increase is at 10%. Adult emergency admissions in April numbered 7,511, an 8% increase compared to the same period last year. The CDU at Glenfield Hospital has also experienced higher

activity than last year; the highest ever recorded CDU admissions (109) occurred in April.

5.3 A good deal of focus continues to be applied with partners to reduce ambulance handover delays, Performance remains variable at present, but nevertheless 74 fewer hours were lost to delays in April compared to March 2019.

5.4 Working as a member of the Leicester, Leicestershire and Rutland A&E Delivery Board, attention continues to be focused on:

- reducing demand;
- improving ambulance handover performance;
- improving flow through ED;
- improving flow in and out of hospital.

5.5 Internally, we have updated our emergency and urgent care action plan and, of course, delivering safe, efficient and timely urgent and emergency care, and implementing safe and timely discharge, feature amongst our key Quality priorities for 2019/20.

5.6 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 the Committee's most recent consideration of the position are set out in the summary of that meeting which features elsewhere on this Board agenda.

6. The Government's 2019/20 Accountability Framework with NHS England and NHS Improvement

6.1 The Government's 2019/20 Accountability Framework brings together the annual mandate to NHS England (NHS E) and remit for NHS Improvement (NHS I). It reflects that, under their joint senior leadership team, NHS E/I will drive forward implementation of the NHS Long Term Plan and therefore sets out shared delivery objectives for 2019/20.

6.2 The Government has also published its 2019/20 financial directions to NHS E alongside the Framework.

6.3 A copy of an NHS Providers' Briefing Note on these publications is attached for information at **appendix 2.**

7. Conclusion

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

John Adler
Chief Executive

31st May 2019

Quality & Performance

		YTD Plan	YTD Actual	Apr-19 Plan	Apr-19 Actual	Trend*	Trend Line	Compliant by?
Safe	S1: Reduction for moderate harm and above (1 month in arrears)	142	245	<=12	11			Compliant
	S2: Serious Incidents	<39	1	3	1			Compliant
	S10: Never events	0	0	0	0			Compliant
	S11: Clostridium Difficile	61	5	5	5			Compliant
	S12 MRSA - Unavoidable or Assigned to 3rd party	0	0	0	0			Compliant
	S13: MRSA (Avoidable)	0	0	0	0			Compliant
	S14: MRSA (All)	0	0	0	0			Compliant
	S23: Falls per 1,000 bed days for patients > 65 years (1 month in arrears)	<5.6	6.4	<5.6	6.6			See Note 3
	S24: Avoidable Pressure Ulcers Grade 4	0	0	0	0			Compliant
	S25: Avoidable Pressure Ulcers Grade 3	<27	0	<=3	0			Compliant
	S26: Avoidable Pressure Ulcers Grade 2	<84	4	<=7	4			Compliant
Caring	C3: Inpatient and Day Case friends & family - % positive	96%	97%	96%	97%			Compliant
	C6: A&E friends and family - % positive	94%	93%	96%	93%			See Note 1
	C10: Single Sex Accommodation Breaches (patients affected)	0	0	0	0			See Note 1
Well Led	W13: % of Staff with Annual Appraisal	95%	92.5%	95%	92.5%			May-19
	W14: Statutory and Mandatory Training	95%	89%	95%	89%			May-19
	W16 BME % - Leadership (8A – Including Medical Consultants) - Qtr 4	28%	29%	28%	29%			Compliant
	W17: BME % - Leadership (8A – Excluding Medical Consultants) - Qtr 4	28%	16%	28%	16%			Dec-23
Effective	E1: 30 day readmissions (1 month in arrears)	<8.5%	9.0%	<8.5%	8.9%			See Note 1
	E2: Mortality Published SHMI (Jan 18 to Dec 18)	99	99	99	99			Compliant
	E6: # Neck Femurs operated on 0-35hrs	72%	77.3%	72%	77.3%			Compliant
	E7: Stroke - 90% of Stay on a Stroke Unit (1 month in arrears)	80%	84.9%	80%	87.7%			Compliant
Responsive	R1: ED 4hr Waits UHL	95%	75.5%	95%	75.5%			See Note 1
	R2: ED 4 Hour Waits UHL Acute Footprint	95%	82.4%	95%	82.4%			See Note 1
	R4: RTT waiting Times - Incompletes (UHL+Alliance)	92%	84.4%	92%	84.4%			See Note 1
	R6: 6 week – Diagnostics Test Waiting Times (UHL+Alliance)	<1%	0.9%	<1%	0.9%			Compliant
	R12: Operations cancelled (UHL + Alliance)	<1%	0.9%	1.0%	0.9%			Compliant
	R14: Delayed transfers of care	3.5%	1.0%	3.5%	1.0%			Compliant
	R15: % Ambulance Handover >60 Mins (CAD)	4.5%	4.5%	4.5%	4.5%			See Note 1
	R16: % Ambulance handover >30mins & <60mins (CAD)	12.4%	12.4%	12.4%	12.4%			See Note 1
	RC9: Cancer waiting 104+ days	0	29	0	29			See Note 1

		YTD Plan	YTD Actual	Mar-19 Plan	Mar-19 Actual	Trend*	Trend Line	Compliant by?
Responsive Cancer	RC1: 2 week wait - All Suspected Cancer	93%	92.3%	93%	95.6%			Compliant
	RC3: 31 day target - All Cancers	96%	95.2%	96%	95.2%			Jul-19
	RC7: 62 day target - All Cancers	85%	75.2%	85%	73.8%			Sep-19

Enablers

		18/19 YTD Plan	18/19 YTD Actual	Qtr4 18/19 Plan	Qtr4 18/19 Actual		Trend Line	Compliant by?
People	W7: Staff recommend as a place to work (from Pulse Check)		59.8%		57.0%			Not Applicable
	C9: Staff recommend as a place for treatment (from Pulse Check)		71.2%		74.0%			Not Applicable

		YTD Plan	YTD Actual	Apr-19 Plan	Apr-19 Actual	Trend*	Trend Line	Compliant by?
Finance	Surplus/(deficit) £m	(8.2)	(8.2)	(8.2)	(8.2)			Compliant
	CIP £m	1.4	1.3	1.4	1.3			Compliant

		YTD Plan	YTD Actual	Apr-19 Plan	Apr-19 Actual	Trend*	Trend Line	Compliant by?
Estates & facility mgt.	Average cleanliness audit score - very high risk areas	98%	95%	98%	95%			See Note 2
	Average cleanliness audit score -high risk areas	95%	93%	95%	93%			See Note 2
	Average cleanliness audit score - significant risk areas	85%	93%	85%	93%			Compliant

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

The above metrics represent the Trust's current priorities and the code preceding many refers to the metrics place in the Trust's Quality & Performance dashboards. Please see these Q&P dashboards for the Trust's full set of key metrics.

Note 1 - **'Compliant by?'** for these metrics a are dependent on the Trust rebalancing demand and capacity.

Note 2 - Compliance is dependent on investment

Note 3 - This metric is changing from April 19 to look at falls per 1,000 bed days for all patients

The Government's 2019-20 Accountability Framework with NHS England and NHS Improvement

The Government's 2019-20 Accountability Framework brings together the annual mandate to NHS England (NHSE) and remit for NHS Improvement (NHSI). It reflects that, under their joint senior leadership team, NHSE/I will drive forward implementation of the NHS long term plan (the Plan) and therefore sets out shared delivery objectives for 2019-20. The government has also published its 2019-20 financial directions to NHSE alongside the Framework.

Overview

- The Accountability Framework sets out the expectations for NHSE/I in 2019-20: to deliver the first year of the Plan and address the immediate needs associated with EU Exit.
- The framework sets out that the NHS will publish an implementation framework for the Plan in spring 2019 alongside an interim workforce implementation plan.
- The framework reflects the fact that this is a transitional year as the NHS begins to shift to new models of service delivery to meet the ambitions set out in the Plan. A further Accountability Framework will then cover the following four-year period, again based on the Plan. From 2020-21 to 2023-24, there will be a multi-year approach to setting objectives for NHSE/I, informed by the NHS's own national implementation programme and workforce implementation plan to 2023-24, along with the views of wider stakeholders, government and local government partners.
- In order to support effective oversight of delivery of the Plan, the government will determine a set of metrics, in discussion with NHSE/I, which reflects the fundamentals underpinning the Plan and capture a headline measure of patient experience as a key indicator of successful delivery. The metrics will be confirmed by spring 2019 and used to monitor progress against on a regular basis. Following review, a revised set of metrics will be incorporated into the Accountability Framework for 2020-21 to 2023-24, drawing on the measures which the NHS itself uses for system oversight.
- The implementation framework and interim workforce plan will be further refined and, together with local system plans, will be brought together into a final national implementation programme by the end of 2019.

Objectives for NHSE/I in 2019/20

Objective 1: Ensure the effective delivery of the long term plan

1a) Laying the foundations for successful implementation of the Plan

- The NHSE/I executive boards are responsible for delivering the Plan within the agreed final cash settlement. New and unforeseen risks and pressures, such as new service commitments, changes to population forecasts or activity growth projections, will be managed within the NHS five year settlement through effective risk management and contingency planning, and if necessary by adjusting plans.
- The government has committed to ensuring that adult social care places no additional pressure on the NHS. Local government funding for adult social care will be agreed through the 2019 Spending Review. The NHS will also ensure no new pressures arise in other government budgets as a result of delivering the Plan.
- NHSE/I must lead a robust process of system and local-level implementation planning - including ensuring plans are clinically led and locally supported - and provide clarity on expectations for delivering the Plan and meeting the government's financial tests.
- The implementation plan must be detailed, with costed annual milestones and trajectories for key commitments and be deliverable within the agreed financial settlement.

1b) Achieving financial balance

- The NHS must achieve productivity of at least 1.1% in 19/20.
- NHSE will continue its commitment to the Better Care Fund in 2019-20 by implementing the policy framework with a minimum clinical commissioning group (CCG) allocation of £3.84 billion, ensuring that spending on adult social care via the Fund grows in line with overall NHS revenue funding growth.

1c) Maintaining and improving performance, and improving the quality and safety of services

- With the agreement of government, NHSE/I will field test potential future changes to access standards following publication of the interim report of the Clinical Review of Standards and implement any new standards.
- In 2019-20, NHSE/I will continue the ongoing service improvement work so that performance is maintained and improved for cancer treatment and A&E, to the point at which any new standards, proposed by the Clinical Review and accepted by government, are implemented.
- During 2019-20, the major redesign of outpatients should commence, as described in the Plan, and during this major change NHSE/I should ensure that there is an increase in the volume of elective activity and that the size of the elective waiting list is reduced.
- The government also expect 52+ week waits to be eliminated.

1d) Establishing a joint NHSE/I operating model to deliver integrated system leadership of the NHS

- NHSE and NHSI should work together to ensure a number of core functions and key issues are well managed. This should include closer working with Health Education England, nationally and regionally, to oversee and deliver workforce planning in support of the Plan.

Objective 2: Support government in managing the effects of EU Exit on health and care

- NHSE/I will continue to work together with the Department of Health and Social Care, government, and wider system partners to mitigate and manage any adverse impacts of EU Exit, as well as identifying and making a success of opportunities that may emerge.

Funding

The Framework sets out NHSE's capital limits for 2019-20, as well as NHSE's revenue funding for each year up to and including 2023-24. These figures include the government's funding settlement for the Plan. Due to transfers of function and funding agreed following that settlement, the total increase shown in the first table below is higher than the £33.9bn underlying funding increase.

It also sets out NHSI's revenue and capital budget and confirms that capital to revenue switches will only be considered at the request of the NHS.

NHSE budgets

NHSE revenue budget	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24
Total budget (£bn) in cash terms and excluding depreciation[1][2]	114.4[3]	120.7	127.0	133.3	140.0	148.5

[1] The Department of Health and Social Care's (DHSC) consultation response of 4 March 2019 confirmed that the employer contribution rate for the NHSE Pensions scheme would rise. Alongside the funding settlement for the NHS announced in June 2018, the government committed to provide additional recurrent funding to meet the anticipated costs pressure to the NHS in England arising from this scheme valuation. This funding is not yet reflected in the Accountability Framework numbers.

[2] Additional receipts from the Voluntary and Statutory schemes for branded medicines are included in 2019-20 figures only. Future years are to be confirmed.

[3] Figure inclusive of £800m Agenda for Change funding for the NHS in 2018-19 that was routed directly by DHSC to the individual organisations concerned, rather than via the mandate to NHSE for 2018-19.

NHSE capital budget	2018-19	2019-20
Total budget (£m) in cash terms	254	305

NHSI budgets

NHSI core revenue budget	2018-19	2019-20
Total budget (£m) in cash terms and excluding depreciation[4]	186	183

NHSI core capital budget	2018-19	2019-20
Total budget (£m) in cash terms and excluding depreciation	8	9[5]

NHS Providers press statement

"The accountability framework for NHS England and NHS Improvement provides an important backdrop as the NHS begins to implement the long term plan.

"We welcome the fact that the government has set shared delivery objectives for NHS England and NHS Improvement given their new joint responsibility for setting and delivering NHS priorities.

"The delivery of the long term plan will also depend on an implementation framework that prioritises what the NHS frontline will deliver, and the expected people plan setting out how those priorities match the money and staff available. It is vital that the NHS frontline continues to be fully involved and engaged as NHS England and NHS Improvement develop their joint operating model and begin to implement the long term plan, and we look forward to working with them to support this process.

"Government will also continue to play a central role in ensuring the NHS is well equipped to deliver the aspirations in the long term plan. This includes ensuring we see sufficient funding for adult social care, capital, public health, and education and training, on which much of the plan is dependent."

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[4] NHSI revenue includes funding for the Healthcare Safety Investigation Branch maternity function equivalent to £10m in 2018-19 and £16m in 2019-20.

[5] Subject to formal business planning.

Contact: Ella Jackson, policy advisor, ella.jackson@nhsproviders.org