Report by Acting Chief Executive – monthly update: October 2020

Authors: Rebecca Brown and Stephen Ward   Sponsor: Rebecca Brown   **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 Acting Chief Executive's monthly update report to the Trust Board for October 2020 is attached.

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**	There are several risks which feature on the organisational risk register relating to matters covered in this paper.
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 2020 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: **1 OCTOBER 2020**

REPORT BY: **ACTING CHIEF EXECUTIVE**

SUBJECT: **MONTHLY UPDATE REPORT – OCTOBER 2020**

1.   Introduction

1.1   My report this month is confined to a number of issues which I think it important to highlight to the Trust Board.

2.   UHL response to COVID-19

2.1   I will report orally at the Trust Board on the current position.

2.2   I can also confirm that, since the last Board meeting, the Chairman and I have written to each member of staff to thank them for their work in responding to the challenges of COVID-19 in our hospitals, and distributed our COVID badges. A copy of the letter is attached at **appendix 1**.

2.3   Our COVID badge has three components: the NHS logo recognises that we are part of one UHL-wide NHS family; the 'Team UHL' star symbolises what that means locally; lastly, the rainbow – a universal symbol of hope and a celebration of the many backgrounds, beliefs and colours of our Trust and, perhaps, the defining image of this pandemic.

2.4   Some may question why do this now? COVID is still endemic, and a second peak remains a strong possibility. We do not know when this will be over, but I know that the Board feel that our staff deserve to know that they are heroes and heroines in our eyes – that's what the badges mean to us.

3.   Quality and Performance Dashboard – August 2020

3.1   The Quality and Performance Dashboard for August 2020 is appended to this report at **appendix 2.**

3.2   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.

3.3   The more comprehensive monthly Quality and Performance report has been reviewed as part of the deliberations of the September 2020 meetings of the People, Process and Performance Committee and Quality and Outcomes Committee, respectively. The month 5 quality and performance report is published on the Trust's website.

3.4   *Good News*

- **Mortality** – the latest published SHMI (period May 2019 to April 2020) is 97, and remains within the expected range.
- **CAS alerts** - compliant.
- **C DIFF** – 3 cases reported this month.
- **MRSA** – 0 cases reported.
- **Statutory and Mandatory Training** compliance remains at 96%
- **90% of Stay on a Stroke Unit** – threshold achieved with 87.9% reported in July.
- **VTE** – compliant at 98.7% in August.
- **TIA (high risk patients)** – 79.9% reported in August.
- **Ambulance Handover 60+ minutes (CAD)** – performance at 1.8%.
- **12 hour trolley wait -** 0 breaches reported.
- **Cancelled operations OTD** – 0.8% reported in August.
- **Cancer Two Week Wait (Symptomatic Breast)** was 97.7% in July against a target of 93%.

Bad News

- **UHL ED 4 hour performance** – 76.9% for August, system performance (including LLR UCCs) for August is 84.2%.
- **Cancer Two Week Wait** was 90.0% in July against a target of 93%.
- **Cancer 31 day treatment** was 91.2% in July against a target of 96%.
- **Cancer 62 day treatment** was 71.2% in July against a target of 85%.
- **Referral to treatment** – the number on the waiting list (now the primary performance measure) was above the target and 18 week performance was below the NHS Constitution standard at 48.7% at the end of August.
- **52+ weeks wait –** 3,137 breaches reported.
- **Diagnostic 6 week wait** was 32.1% against a target of 1%.
- **Patients not rebooked within 28 days following late cancellation of surgery –** 2.
- **Annual Appraisal** is at 74.7%.

4.   Infection Prevention and Control Assessment – Care Quality Commission

4.1   The Care Quality Commission is not routinely inspecting services during the pandemic period and recovery phase, although it is carrying out some focused inspections. Nevertheless, the Commission is maintaining contact with Providers through its usual engagement calls and by monitoring arrangements such as those for infection prevention and control.

4.2   I have attached at **appendix 3** a summary record of the Commission's recent engagement call with the Trust. As will be seen, the Commission found that the Board is assured that the Trust has effective infection prevention and control measures in place.

4.3   The overall summary attached outlines the Commission's key findings, including innovative areas of practice.

4.4   I am pleased to commend this summary record to the Board.

5.   <u>UHL Named Acute Trust of the Year in the Patient Experience Network National Awards (PENNA)</u>

5.1   I am very pleased to report that UHL has been named Acute Trust of the year at the Patient Experience Network National Awards (PENNA) 2020.   These national awards recognise best practice in patient experience.

5.2   The overall award reflects the quality of projects and work submitted from across the Trust, and further details are set out below:

Engaging and Championing the Public award (WINNER) and Using Insight for Improvement – Other NHS Funded award (FINALIST)
Patients and their loved ones have been invited back to ICU on dedicated user days. The importance of continuing to support patients with rehabilitation after their ICU stay was recognised as well as listening to their feedback. Following this collaborative involvement there have been improvements for patients and loved ones. For example, patient diaries follow up clinics, 'A day to remember' and pets as therapy (PAT) visits have now been introduced.

Support for Caregivers, Friends and Family award (FINALIST)
A family, carers and friends charter has been developed following extensive community engagement. This charter is now used in two ways within Leicester's Hospitals. Firstly, outlining the support carers should expect and, secondly, offering guidance for staff on how to support carers.

Partnership Working to Improve the Experience award (WINNER)
The Prostate Cancer Remote Monitoring service provides patients with a safe guideline to monitor their prostate cancer. The service enables patients to be monitored remotely rather than attending the Urology and Oncology outpatients department. This greatly reduces the inconvenience for patients and reduces the travel costs.

Team of the Year (including PALs) award (FINALIST)
The HOPE - Help to Overcome Problems Effectively - course is delivered by 15 staff volunteers who have trained to become facilitators. The six week course has helped over 100 patients who are undergoing or have completed treatment for cancer. The aim is to help patients emotionally, psychologically and practically with the lasting effects of a cancer diagnosis and treatment.

CPES award (WINNER)
Patients experience on an Oncology ward at Leicester's hospitals has been improved thanks to the adaptation of a National Cancer Collaborative project. The local team visit patients and provide dedicated time to discuss worries and fears as well as ensuring access to information booklets and resources. These ward rounds have led to prompt patient referrals to other services including benefits advice, hair loss and psychological support.

Personalisation of Care award (FINALIST)
The Forget Me Not Scheme at Leicester's hospitals recognises, identifies and supports patients and carers living with dementia. The scheme has had success for patients admitted onto inpatient wards and has now also been adapted to meet the needs of people with dementia attending outpatient appointments.

5.3   I am thankful to everyone involved for putting people at the heart of our services and care. I am always proud of our teams when they achieve this level of recognition, but this year it fees even more special.

6.   Genomic Medicine Service Alliance

Introduction

6.1   Improved access to Genomics services for patients is a priority in the NHS Long Term Plan and fits with our own clinical services strategy to grow specialist services through partnerships and clinical networks as a large tertiary teaching hospital. The NHS is working to become the first health service in the world to systematically embed genomics into routine care and make significant strides to create a system focused on improving health: a national 'genomic medicine service'.

Background

6.2   A national network of seven Genomic Laboratory Hubs (GLH) was commissioned by NHS England/Improvement (NHSE/I) from October 2018, following a procurement exercise, to provide secure high throughput, high quality laboratories and equity of access to existing and new genomic tests with national coordination and oversight. UHL is part of the East Midlands and East of England Region GLH (EMEE GLH) with Cambridge University Hospitals (CUH) NHS Foundation Trust and Nottingham University Hospitals (NUH). The Cytogenetic Laboratory services at UHL are sub-contracted by CUH as Local Genomic Laboratories (LGL). Over time, the wet laboratory elements of testing will be centralised at CUH with more of the interpretation, dry laboratory, work carried out at UHL and NUH.

6.3   In November 2018 a Memorandum of Understanding (MOU) was signed between UHL and UOL (University of Leicester) to explore the opportunities for joint working between the Cytogenetic Laboratory of UHL and Leicester Molecular Diagnostics (LMD) of UOL.A combined task and finish group formed and developed a proposal to allow UHL access to the UoL LMD laboratory in the Robert Kilpatrick Clinical Science Building (RKCSB). This arrangement specifically provides space for equipment which is supporting the delivery of the *Lung Cancer Rapid Access Pathway* but would be useful in other new testing. In kind, UOL are able to carry out testing activity in an ISO 15189 accredited medical laboratory which increases the range of trial activity they are able to carry out.

6.4   In October 2019, to strengthen and regionally align our local Clinical Genetics Services, a MOU was agreed which indicated our commitment to work collaboratively with Northampton General Hospital (NGH) to provide services for the population of Leicestershire, Rutland and Northamptonshire (LNR). The service is

now up and running from 1st April 2020 however the arrangements are yet to be financially transacted in terms of cost from NGH and income from commissioners due to the current COVID-19 financial arrangements.

East Genomic Medicine Service Alliance (GMSA)

6.5   The concept of a National GMS was further refined with the publication of Genomic Medicine Service Alliance (GMSA) Guidance in February 2020. The GMSA Guidance described Alliances which would be identified through a rapid procurement process starting on February 24th and closing on 23rd March 2020. An important distinction between the GLH and GMSA contractual arrangements is that the GMSA will be developed as a collaborative network with a NHSE/I network agreement contract instead of the lead provider and subcontractor model used within the GLH.

6.6   It was indicated that between £500k and £1m was available recurrently to each of the successful GMSA bids and, in addition, access (through separate business cases) to a non-recurrent £10million national pot to fund individual projects.

6.7   Informed by national and regional discussions and previous agreements at the Executive Strategy Board, a decision was made by the Chief Executive that CUH should lead the GMSA bid with UHL and NUH Partners.

> *NHS GMS Alliance Partner – a provider with direct responsibility for the delivery of specific elements of the NHS GMS Alliance business plan. NHS GMS Alliance Partners will be expected to evidence recognised leadership and experience of bringing partners together, with a track record in the delivery of genomic services (laboratory or clinical) and/or a signification contribution to the 100,000 Genomes Project.*

6.8   As a consequence of the emerging COVID-19 pandemic, the bidding process was suspended by NHSE/I in advance of the closing date, however, bidders were encouraged to submit draft submissions for informal feedback to allow refinement of bids prior to the restarting of the procurement process (originally expected end of August 2020).

6.9   The draft bid has since been strengthened with respect to the mainstreaming of GMS regionally and greater distributed leadership across the partners. There has been engagement of Medical Directors, Chief Nurses, Chief Pharmacists and Heads of Midwifery from the GMSA Partners which has informed the description of a more inclusive and clinically-led Partnership Board (aligned with the GLH Steering Board).

6.10   Timescales are not yet clear and the NHSE/I Genomics Team is waiting for central approval of the financial allocation. Once received, ten days' notice will be given followed by a five day window for submission with the intention for the GMSA to be up and running from April 2021. Details of the Alliance contract are expected before submission date and will be shared with our contracts team for scrutiny.

6.11   These are exciting developments for UHL and our patients and serve to underline the importance of working with our NHS and academic partners.

6.12   I will update the Board on developments in this arena as and when they occur.

7. EU Exit

7.1 The United Kingdom (UK) officially left the European Union (EU) at 11pm on 31st January 2020, at which point it entered a "transition period" whereby it can continue its current relationship with the EU while the future trading relationship and security cooperation can be agreed.

7.2 The government has recently confirmed that the transition period will cease as planned on 31st December 2020, and that there will be no extension.

7.3 If at the end of the transition period no deal has been reached on a future trading relationship, the UK will rely on World Trade Organisation terms and previous international conventions for security cooperation.

7.4 It is important that the health and social care system is prepared for any potential impacts which may arise as a result of no deal being reached at the end of the transition period.

7.5 NHS England and NHS Improvement expects by October 2020 to be able to define the appropriate operational response that NHS England and NHS Improvement will need to stand up to manage the end of transition changes. To support local preparations for the end of the transition period, the Trust has appointed the Acting Chief Executive, Rebecca Brown, as the Senior Responsible Officer for this work. In addition, the Trust has re-established an operational planning group with CMG and corporate area representatives to understand and mitigate any potential risks surrounding the end of the transition period, and the group will meet regularly in the run-up to 31st December 2020.

7.6 The Trust is expecting further guidance to be published on planning for the end of the transition period during the next month and this will be received through our Emergency Planning Team who are coordinating the Trust's operational readiness for the end of the transition period.

7.7 I will ensure that the Board is kept updated on material developments in this matter.

8. Conclusion

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

Rebecca Brown
Acting Chief Executive

24th September 2020

NHS

University Hospitals of Leicester
NHS Trust

Caring at its best

Leicester Royal Infirmary
Chief Executive's Corridor
Level 3, Balmoral Building
Infirmary Square
Leicester LE1 5WW

Tel: 0116 258 8940
Email: rebecca.brown@uhl-tr.nhs.uk

Dear wonderful colleague,

The Forces have a long tradition of awarding service medals to people who contribute to a collective effort. In the World Wars, each person received a medal regardless of whether they were on the front line, cooking meals or typing in the command centre. The medals symbolise a truth, that the challenges of extraordinary times can only be overcome with the extraordinary efforts of many.

We are not the military, but in this same sentiment, the Board wanted to honour you and the work you have personally contributed to overcome the challenges of COVID-19 in our hospitals, with a small gift. You'll find it inside this letter; we hope you wear it with pride.

Our COVID badge has three components; the NHS logo recognises that we are part of one UK-wide NHS family; the 'Team UHL' star symbolises what that means locally; lastly, the rainbow - a universal symbol of hope and a celebration of the many backgrounds, beliefs and colours of our Trust. It is perhaps the defining image of this pandemic.

Each of us will have our own very personal account of these last few months and the way it has impacted our work and our home lives. We have all sacrificed a part of ourselves because we know what we do makes a difference to the people we care about and many others who we may never even meet.

Some of you may be thinking why do this now? COVID is still endemic, a second peak remains a strong possibility, and 'campaign medals' are traditionally presented after war. Well, as we said, we are not the military, nor do we know when this will be over. But we do think that you deserve to know you are a hero in our eyes. That's what the badge means to us.

Thank you for all that you have done and all that you continue to do.

Rebecca Brown

Acting chief executive,
Leicester's Hospitals

Karamjit Singh

Chairman,
Leicester's Hospitals

University Hospitals of Leicester NHS Trust includes Glenfield Hospital, Leicester General Hospital and Leicester Royal Infirmary
Website: www.leicestershospitals.nhs.uk
Chairman Mr Karamjit Singh CBE **Acting Chief Executive** Rebecca Brown

Quality and Performance Report Board Summary August 2020

This dashboard uses icons to indicate if a process is showing special cause or common cause variation. It also indicates whether the process is able to meet any stated target. Here is a key to the icons

Icon	Description
H	Special cause variation - cause for concern (indicator where high is a concern)
L	Special cause variation - cause for concern (indicator where low is a concern)
	Common cause variation
H	Special cause variation - improvement (indicator where high is good)
L	Special cause variation - improvement (indicator where low is good)

Icon	Description
F	The system is expected to consistently fail the target
P	The system is expected to consistently pass the target
?	The system may achieve or fail the target subject to random variation

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.
- One month or more outside the control limits .

These icons are used to indicate if a target is likely to be achieved next month, has the potential to be achieved or is expected to fail.

Green indicates that the metric has passed the monthly or YTD target while **Red** indicates a failure to do so.

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, via the attributes of (i) Sign off and Validation (ii) Timeliness and Completeness (iii) Audit and Accuracy and (iv) Systems and Data Capture to calculate an assurance rating.

Quality and Performance Report Board Summary August 2020

Domain	KPI	Target	Jun-20	Jul-20	Aug-20	YTD	Assurance	Variation	Trend	Data Quality Assessment
Safe	Never events	0	1	0	1	3	?			Jan-20
	Overdue CAS alerts	0	0	0	0	0	?	L		Nov-19
	% of all adults VTE Risk Assessment on Admission	95%	99.0%	98.6%	98.7%	98.9%	P	H		Dec-19
	Emergency C-section rate	No Target	20.5%	20.2%	22.4%	20.3%				Feb-20
	Clostridium Difficile	108	4	7	3	28	?			Nov-17
	MRSA Total	0	0	0	0	0	?			Nov-17
	E. Coli Bacteraemias Acute	No Target	13	12	4	36				Jun-18
	MSSA Acute	No Target	1	5	4	12				Nov-17
	COVID-19 Community Acquired <= 2 days after admission	No Target	77.8%	93.5%	94.4%	79.0%				TBC
	COVID-19 Hospital-onset, indeterminate, 3-7 days after admission	No Target	10.2%	3.2%	2.8%	8.5%				TBC
	COVID-19 Hospital-onset, probable, 8-14 days after admission	No Target	7.4%	2.2%	0.0%	7.3%				TBC
	COVID-19 Hospital-onset, healthcare-acquired, 15 or more days after admission	No Target	4.6%	1.1%	2.8%	5.2%				TBC
	All falls reported per 1000 bed stays	5.5	3.8	5.0		4.5	?			Jun-18
	Rate of Moderate harm and above Falls PSIs with finally approved status per 1,000 bed days	No Target	0.08	0.09		0.09				TBC

Domain	KPI	Target	Jun-20	Jul-20	Aug-20	YTD	Assurance	Variation	Trend	Data Quality Assessment
Caring	Staff Survey Recommend for treatment	No Target	Reporting will commence once national reporting resumes							Aug-17
	Single Sex Breaches	0	National reporting commences in October				?			Mar-20
	Inpatient and Daycase F&F Test % Positive	96%	National reporting is expected from December onwards. CMG's have restarted FFT and will commence reporting next month				P			Mar-20
	A&E F&F Test % Positive	94%	National reporting is expected from December onwards. CMG's have restarted FFT and will commence reporting next month				?			Mar-20
	Maternity F&F Test % Positive	96%	National reporting is expected from December onwards. CMG's have restarted FFT and will commence reporting next month				?			Mar-20
	Outpatient F&F Test % Positive	94%	National reporting is expected from December onwards. CMG's have restarted FFT and will commence reporting next month				?			Mar-20
	Complaints per 1,000 staff (WTE)	No Target	National reporting expected to resume from November onwards							Jan-20

Domain	KPI	Target	Jun-20	Jul-20	Aug-20	YTD	Assurance	Variation	Trend	Data Quality Assessment
Well Led	Staff Survey % Recommend as Place to Work	No Target	Reporting will commence once national reporting resumes							Sep-17
	Turnover Rate	10%	7.6%	7.9%	8.9%	8.9%	P			Nov-19
	Sickness Absense	3%	6.7%	5.7%		7.6%	F			Oct-16
	% of Staff with Annual Appraisal	95%	74.1%	74.4%	74.7%	74.7%	F	L		Dec-16
	Statutory and Mandatory Training	95%	96%	96%	96%	96%	?			Feb-20
	Nursing Vacancies	No Target	10.1%	11.6%		11.6%				Dec-19

Quality and Performance Report Board Summary August 2020

Domain	KPI	Target	Jun-20	Jul-20	Aug-20	YTD	Assurance	Variation	Trend	Data Quality Assessment
Effective	Mortality Published SHMI	99	95	96	97	97 (May 19 to Apr 20)				Sep-16
	Mortality 12 months HSMR	99	93	95	102	102 (Jun 19 to May 20)				Sep-16
	Crude Mortality Rate	No Target	1.6%	1.3%	1.1%	1.9%		○	trend	Sep-16
	Emergency Readmissions within 30 Days	8.5%	9.9%	9.7%		10.0%	?	○	trend	Sep-20
	Emergency Readmissions within 48 hours	No Target	1.1%	1.3%		1.2%		○	trend	Sep-20
	No of #neck of femurs operated on 0-35hrs	72%	86.1%	81.9%	82.5%	60.3%	?	○	trend	Sep-20
	Stroke - 90% Stay on a Stroke Unit	80%	90.2%	89.3%		88.2%	?	○	trend	Mar-20
	Stroke TIA Clinic Within 24hrs	60%	45.5%	92.1%	79.9%	71.4%	?	○	trend	Mar-20

Domain	KPI	Target	Jun-20	Jul-20	Aug-20	YTD	Assurance	Variation	Trend	Data Quality Assessment
Responsive	ED 4 hour waits UHL	95%	78.2%	79.0%	76.9%	80.1%	F	○	trend	Mar-20
	ED 4 hour waits Acute Footprint	95%	84.5%	85.6%	84.2%	86.0%	F	○	trend	Aug-17
	12 hour trolley waits in A&E	0	0	0	0	0	?	○	trend	Mar-20
	Ambulance handover >60mins	0.0%	0.4%	0.7%	1.8%	0.9%	F	○	trend	TBC
	RTT Incompletes	92%	51.5%	44.4%	48.7%	48.7%	F	L	trend	Nov-19
	RTT Waiting 52+ Weeks	0	1495	2359	3137	3137	?	H	trend	Nov-19
	Total Number of Incompletes	66,397 (by year end)	66,082	67,854	69,696	69,696	?	H	trend	Nov-19
	6 Week Diagnostic Test Waiting Times	1.0%	24.4%	32.5%	32.1%	32.1%	?	H	trend	Nov-19
	Cancelled Patients not offered <28 Days	0	7	8	2	109	?	○	trend	Nov-19
	% Operations Cancelled OTD	1.0%	0.5%	0.5%	0.8%	0.7%	?	○	trend	Jul-18
	Delayed Transfers of Care	3.5%	This KPI is no longer reported				P	○	trend	Oct-17
	Long Stay Patients (21+ days)	70	122	117	141	141	F	○	trend	Sep-20
	Inpatient Average LOS	No Target	3.8	3.6	3.5	3.5		○	trend	Sep-20
	Emergency Average LOS	No Target	4.8	4.7	4.7	4.6		○	trend	Sep-20

Domain	KPI	Target	May-20	Jun-20	Jul-20	YTD	Assurance	Variation	Trend	Data Quality Assessment
Responsive - Cancer	2WW	93%	86.9%	92.1%	90.0%	89.2%	?	○	trend	Dec-19
	2WW Breast	93%	95.5%	96.3%	97.7%	96.4%	?	○	trend	Dec-19
	31 Day	96%	89.3%	89.7%	91.2%	91.1%	?	○	trend	Dec-19
	31 Day Drugs	98%	100%	99%	100%	100%	P	○	trend	Dec-19
	31 Day Sub Surgery	94%	83.2%	70.5%	68.9%	73.8%	?	○	trend	Dec-19
	31 Day Radiotherapy	94%	90.4%	94.4%	100%	86.4%	?	○	trend	Dec-19
	Cancer 62 Day	85%	56.1%	70.6%	71.2%	66.4%	F	○	trend	Dec-19
	Cancer 62 Day Consultant Screening	90%	25.0%	0.0%	0.0%	33.3%	?	L	trend	Dec-19

Domain	KPI	Target	Jun-20	Jul-20	Aug-20	YTD	Assurance	Variation	Trend	Data Quality Assessment
Outpatient Transformation	% DNA rate	No Target	5.9%	6.2%	6.3%	6.2%		○	trend	Feb-20
	% Non Face to Face Appointments	No Target	63.5%	57.5%	51.3%	62.5%		H	trend	Feb-20
	% 7 day turnaround of OP clinic letters	90%	94.3%	89.7%	85.1%	90.5%	?	○	trend	Feb-20

Infection Prevention and Control Assessment

Engagement call
Summary Record

University Hospitals of Leicester NHS Trust

Provider address	Date
Trust HQ, Level 3 Balmoral Leicester Royal Infirmary Leicester LE1 5WW	02/09/2020

Dear University Hospitals of Leicester NHS Trust

The Care Quality Commission is not routinely inspecting services during the pandemic period and recovery phase, although we will be carrying out some focused inspections. We are maintaining contact with providers through our usual engagement calls and by monitoring arrangements such as those for infection prevention and control.

This Summary Record outlines what we found during an engagement call to discuss infection prevention and control arrangements, using standard sentences and explanatory paragraphs.

We have found that the board is assured that the trust has effective infection prevention and control measures in place. The overall summary outlines key findings from our assessment, including any innovative practice or areas for improvement.

This assessment and other monitoring activity are not inspections. Summary Records are not inspection reports. Summary Records are not published on our website.

Infection Prevention and Control – Assessment areas

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1. *Has the trust board received / undertaken an assessment of infection prevention and control procedures and measures in place across all services since the pandemic of COVID 19 was declared. Does this include an assessment of the estate / isolation facilities?*

Yes   The Board had received/undertaken a clear and comprehensive assessment of Infection Prevention and Control across all services including an assessment of the estate and isolation facilities.

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2. *Are there systems in place to manage and monitor the prevention and control of infection? Do these systems use risk assessments and consider the susceptibility of service users, and any risks that their environment and other users may pose to them?*

Yes   There are systems in place in manage and monitor the prevention and control of infection.

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3. *Are there systems in place to provide and maintain a clean and appropriate environment in managed premises, facilitating the prevention and control of infections?*

Yes   There are systems in place to provide and maintain a clean and appropriate environment in managed premises, facilitating the prevention and control of infections.

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4. *Is there appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance?*

Yes   There is appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance.

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5. *Does the trust provide suitable accurate information on infections, in a timely fashion, to service users, their visitors and any person concerned with providing further support or nursing/ medical care?*

Yes   The trust provides suitable accurate information on infections to service users, their visitors and any person concerned with providing further support or nursing/ medical care in a timely fashion.

6. *Is there a system in place that ensures prompt identification of people who have or are at risk of developing an infection, so that they receive timely and appropriate treatment, to reduce the risk of transmitting infection to other people?*

Yes   The trust has systems to identify promptly people who have an infection, or who are at risk of developing an infection so that they receive timely and appropriate treatment.

7. *Are there systems in place to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infection?*

Yes   There are systems to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process or preventing and controlling infection.

8. *Are there secure or adequate isolation facilities?*

Yes   The trust has effective process in place to manage the isolation of patients appropriately.

9. *Is there adequate access to laboratory support?*

Yes   There is adequate and responsive access to laboratory support.

10. *Is there evidence that the trust has policies designed for the individual's care which will help prevent and control infections?*

Yes   The trust has effective policies designed for the individual's care which will help prevent and control infections.

11. *Does the trust have a system to manage the occupational health needs of staff, regarding infection?*

Yes   The trust has a system to manage the occupational health needs of staff regarding infection.

Overall summary record

We had a meeting with the trust on 17/08/2020, a follow up call on 19/08/2020 and further information was received by email on 01/09/2020. During these meetings, different areas of the board assurance framework were discussed in relation to infection prevention and control. The board assurance framework was presented to the trust board who felt assured. The trust has undertaken a thorough assessment of infection prevention and control, across all services, since the pandemic of Covid 19 was declared. Appropriate systems in place include having prompt identification of people within the organisation who have or are at risk of developing an infection. Appropriate isolation facilities and cohorting areas have been established for patients across the trust. Staff have received, and continue to receive necessary training, in line with national guidance and are updated accordingly. The trust has reported no problems with sourcing PPE. The trust continues to provide information for carers and the wider public through their website and social media. The trust continues to ensure that the health needs of staff are met. This is a supportive and holistic approach which considers both the physical and psychological needs of staff. All care workers, to include volunteers and external contractors, are given sufficient information to ensure that they are aware of and discharge their responsibilities in preventing and controlling infection.