

Report by Acting Chief Executive – Monthly Update: July 2020

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Sponsor: Rebecca Brown

Trust Board paper D (revised)

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 July 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: August 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: 2ND JULY 2020
REPORT BY: ACTING CHIEF EXECUTIVE
SUBJECT: MONTHLY UPDATE REPORT – JULY 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 make a presentation at the Board meeting on the latest position and the Trust's response and plans.

3. Supporting our Black Asian Minority Ethnic (BAME) Colleagues

3.1 On 26 June 2020, we sent out a follow-up letter to all BAME colleagues to share the work we have been doing on implementing measures to ensure BAME staff safety and the activation of the [NHS 5 Point plan](#). This letter is appended to this report at **appendix 1** and sets out our concentrated actions to protect BAME colleagues including details of virtual engagement/support sessions taking place over the coming weeks.

4. Quality and Performance Dashboard – May 2020

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

4.2 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.

4.3 The more comprehensive monthly Quality and Performance report has been reviewed as part of the June 2020 People, Process and Performance Committee assurance call. The [month 2 quality and performance report](#) is published on the Trust's website.

5. Reconfiguration Programme – Update

5.1 We remain in close contact with Department of Health and Social Care (DHSC) officials on the Pre-Consultation Business Case and associated assurance processes and, in parallel, continue our discussions with CCG colleagues to plan for the eventual commencement of public consultation.

5.2 We continue to hold monthly meetings with the DHSC and NHS E/I colleagues to enable us to continue our productive discussions on matters such as the drawdown of approved funding, the potential impact of COVID-19 and the route to market.

5.3 A further update on the Reconfiguration Programme will be made to the Board at its next meeting.

6. Conclusion

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

Rebecca Brown
Acting Chief Executive

25th June 2020

Appendix 1

25 June 2020

Dear Colleague,

Firstly, I want to take this opportunity to say thank you again for how you continue to respond to the challenges we are facing and support both each other, and our patients. These last few weeks have been incredibly difficult for everyone in our hospitals, but the disproportionate impact that COVID-19 is having on you and the effect this may have on your health and wellbeing remains at the forefront of my mind. No words will be enough to help ease the additional burden, but I hope that action will.

Since I last wrote to you, we have been working on the implementation of measures to ensure your safety and the activation of the [NHS 5 Point plan](#). The plan focuses on engaging with and protecting you; ensuring appropriate representation in the decisions that will affect you at work; nationally highlighting the magnificent commitment of Black Asain Minority Ethnic (BAME) staff in these challenging times; and ensuring that you have the right health and wellbeing support both now, and in the future. The plan also extends to our communities by focusing energy on ensuring our public health information reaches all of our communities.

Protecting you at work

We have put in place a revised risk assessment process with further support for line managers on how to carry out the process effectively and sensitively. We have also written to line managers to ensure they understand the importance of the risk assessment and that they are actively undertaking them for impacted staff. This process when done will outline how we best support you and ensure that there is an

active dialogue with your line manager. We are aiming to reach 100% completion as soon as possible, at the very latest mid-July.

Ensuring your needs are heard

I know my own experience, and that of many of my peers are not representative of the burden of COVID-19 across many of our staff groups. It is in this knowledge that I try as best I am able to ensure that our staff voices are heard, and their opinions acted on.

In May, I took part in a listening event with our BAME Voices Network to better understand the current experience of BAME staff within our hospitals. This helped me to better appreciate the particular concerns around risk assessments, protection, emotional and psychological support and the importance of speaking up.

Following on from this, our Freedom to Speak up Guardian Becky, alongside our Head of Equality, Diversity and Inclusion, Aloma Onyemah and members of the Trust Board will be hosting a number of listening events in July for all BAME staff. You can register at the one to suit you at the relevant link below.

6 July	1:00pm - 2:30pm	Register your attendance here
7 July	10:15am – 11:45am	Register your attendance here
8 July	11:00am – 12:30pm	Register your attendance here
9 July	5:30pm – 7:00pm	Register your attendance here
10 July	10:15am – 11:45pm	Register your attendance here

Open communication and really active listening is so important for change, so I hope you can join us. Even if you cannot go, you can still be heard. We have set up a survey which will be discussed at each of the listening events, to ensure we are able to hear as wide range of views as possible.

[Take part in the survey by clicking here](#)

Supporting your present and future health and wellbeing needs.

Linsey Milnes, a former ED matron and our wellbeing lead at Leicester's Hospitals, has developed a series of interactive sessions specifically for BAME staff, supported

by our BAME Voice Network. This will take you through all the various support on offer so that you understand how to access support as you need it.

Four sessions have already taken place with a further two events scheduled for 3 July, at 10am and 1pm. If you haven't already taken part, you can register for a session by emailing BAMEVoice@uhl-tr.nhs.uk.

Communicating with our communities

Outside of the work we are doing internally, our communications colleagues are working on what we can do to better support BAME communities. So far they have developed hub of translated information on the Leicester's Hospitals' website and are working on audio and infographic resources with the help of staff and our system partners. Further translations are in progress with further innovation in community outreach to support getting that information to where it is required. They are looking for additional advice in how best we might achieve this – if you have any thoughts or would like to be involved in their ongoing work please email maria.obrien@uhl-tr.nhs.uk.

Where we go from here






Whilst we are making some progress, I know there is more to do and I want to ensure you that your safety and wellbeing remains a core priority for me personally and for our entire Trust Board. We are currently reviewing a second report from Public Health England that was published last week detailing more specific risks and will be working at pace to understand how we can implement recommendations. You can read the report [here](#).




I truly believe that we will emerge from this pandemic, a stronger and more equal Trust. That will be because of your inputs and service. Please do continue to contact me if you have any ideas that would improve the support you receive.

Keep well and stay safe.

Rebecca Brown
Acting Chief Executive

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

Icon	Description
	The system is expected to consistently fail the target
	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 .

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.

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.

Quality and Performance Report Board Summary May 2020

Domain	KPI	Target	Mar-20	Apr-20	May-20	YTD	Assurance	Variation	Trend	Data Quality Assessment	
Safe	Never events	0	0	1	0	1				Jan-20	
	Overdue CAS alerts	0	0	0	0	0				Nov-19	
	% of all adults VTE Risk Assessment on Admission	95%	Data collection paused as part of COVID-19 reducing the burden								Dec-19
	Emergency C-section rate	No Target	23.1%	17.2%	21.2%	19.3%				Feb-20	
	Clostridium Difficile	108	10	10	4	14				Nov-17	
	MRSA Total	0	2	0	0	0				Nov-17	
	E. Coli Bacteraemias Acute	No Target	6	1	6	7				Jun-18	
	MSSA Acute	No Target	5	1	1	2				Nov-17	
	COVID-19 Community Acquired <= 2 days after admission	No Target	87.6%	82.4%	62.4%	75.7%				TBC	
	COVID-19 Hospital-onset, indeterminate, 3-7 days after admission	No Target	6.4%	8.0%	11.6%	9.2%				TBC	
	COVID-19 Hospital-onset, probable, 8-14 days after admission	No Target	4.0%	4.5%	16.9%	8.7%				TBC	
	COVID-19 Hospital-onset, healthcare-acquired, 15 or more days after admission	No Target	2.0%	5.1%	9.0%	6.4%				TBC	
	All falls reported per 1000 bed stays	5.5	4.8	4.8		4.8				Jun-18	
	Rate of Moderate harm and above Falls PSIs with finally approved status per 1,000 bed days	No Target	0.04	0.03		0.03				TBC	

Domain	KPI	Target	Mar-20	Apr-20	May-20	YTD	Assurance	Variation	Trend	Data Quality Assessment	
Caring	Staff Survey Recommend for treatment	No Target	Data collection paused as part of COVID-19 reducing the burden								Aug-17
	Single Sex Breaches	0	1	Data collection paused as part of COVID-19 reducing the burden						Dec-16	
	Inpatient and Daycase F&F Test % Positive	96%	Data collection paused as part of COVID-19 reducing the burden							Jun-17	
	A&E F&F Test % Positive	94%	Data collection paused as part of COVID-19 reducing the burden							Jun-17	
	Maternity F&F Test % Positive	96%	Data collection paused as part of COVID-19 reducing the burden							Jun-17	
	Outpatient F&F Test % Positive	94%	Data collection paused as part of COVID-19 reducing the burden							Jun-17	
	Complaints per 1,000 staff (WTE)	No Target	Data collection paused as part of COVID-19 reducing the burden							Jan-20	

Domain	KPI	Target	Mar-20	Apr-20	May-20	YTD	Assurance	Variation	Trend	Data Quality Assessment	
Well Led	Staff Survey % Recommend as Place to Work	No Target	Data collection paused as part of COVID-19 reducing the burden								Sep-17
	Turnover Rate	10%	8%	7.7%	7.8%	7.8%				Nov-19	
	Sickness Absence	3%	8.0%	11.0%		11.0%				Oct-16	
	% of Staff with Annual Appraisal	95%	89.6%	84.9%	83.4%	83.4%				Dec-16	
	Statutory and Mandatory Training	95%	92%	96%	96%	96%				Feb-20	
	Nursing Vacancies	No Target	9.3%	10.0%		10.0%				Dec-19	

Quality and Performance Report Board Summary May 2020

Domain	KPI	Target	Mar-20	Apr-20	May-20	YTD	Assurance	Variation	Trend	Data Quality Assessment
Effective	Mortality Published SHMI	99	96	95	95	95 (Feb 19 to Jan 20)				Sep-16
	Mortality 12 months HSMR	99	93	95	93	93 (Mar 19 to Feb 20)				Sep-16
	Crude Mortality Rate	No Target	1.7%	3.7%	2.3%	3.0%		H		Sep-16
	Emergency Readmissions within 30 Days	8.5%	7.6%	10.1%		10.1%	?	H		Jun-17
	Emergency Readmissions within 48 hours	No Target	0.9%	1.3%		1.3%				Jun-17
	No of #neck of femurs operated on 0-35hrs	72%	53.6%	28.3%	32.1%	30.2%	?	L		Jul-17
	Stroke - 90% Stay on a Stroke Unit	80%	86.2%	80.4%		80.4%	?			Apr-18
	Stroke TIA Clinic Within 24hrs	60%	77.3%	86.0%	63.8%	73.0%	?			Apr-18

Domain	KPI	Target	Mar-20	Apr-20	May-20	YTD	Assurance	Variation	Trend	Data Quality Assessment	
Responsive	ED 4 hour waits UHL	95%	72.1%	86.7%	82.7%	84.4%	F	H		Sep-18	
	ED 4 hour waits Acute Footprint	95%	81.4%	90.5%	87.5%	88.8%	F	H		Aug-17	
	12 hour trolley waits in A&E	0	5	0	0	0	?			Mar-19	
	Ambulance handover >60mins	0.0%	9.0%	1.0%	0.5%	0.7%	?			TBC	
	RTT Incompletes	92%	76.5%	69.4%	60.8%	60.8%	F	L		Nov-19	
	RTT Waiting 52+ Weeks	0	35	281	778	778	?	H		Nov-19	
	Total Number of Incompletes	65,401 (by year end)	64,559	65,404	64,959	64,959	?			Nov-19	
	6 Week Diagnostic Test Waiting Times	1.0%	4.6%	36.5%	20.7%	20.7%	?	H		Nov-19	
	Cancelled Patients not offered <28 Days	0	20	85	7	92	?			Nov-19	
	% Operations Cancelled OTD	1.0%	1.8%	1.0%	0.7%	0.8%	?			Jul-18	
	Delayed Transfers of Care	3.5%	Data collection paused as part of COVID-19 reducing the burden					P			Oct-17
	Long Stay Patients (21+ days)	135	131	76	103	103	?	L		TBC	
	Inpatient Average LOS	No Target	3.6	4.7	3.4	4.0				TBC	
	Emergency Average LOS	No Target	5.4	5.0	4.5	4.8				TBC	

Domain	KPI	Target	Feb-20	Mar-20	Apr-20	YTD	Assurance	Variation	Trend	Data Quality Assessment
Responsive - Cancer	2WW	93%	96.7%	95.4%	86.4%	86.4%	?			Dec-19
	2WW Breast	93%	96.1%	97.3%		95.9%	?			Dec-19
	31 Day	96%	94.9%	93.0%	94.7%	94.7%	?			Dec-19
	31 Day Drugs	98%	99%	100%	100%	100%	P			Dec-19
	31 Day Sub Surgery	94%	84.3%	78.1%	71.9%	71.9%	?			Dec-19
	31 Day Radiotherapy	94%	76.0%	77.1%	57.7%	57.7%	?	L		Dec-19
	Cancer 62 Day	85%	72.5%	71.1%	64.1%	64.1%	F	L		Dec-19
	Cancer 62 Day Consultant Screening	90%	85.3%	85.7%	95.7%	95.7%	?			Dec-19

Domain	KPI	Target	Mar-20	Apr-20	May-20	YTD	Assurance	Variation	Trend	Data Quality Assessment
Outpatient Transformation	% DNA rate	No Target	8.1%	7.1%	5.8%	6.4%		H		Feb-20
	% Virtual clinic appointments	No Target	6.7%	9.6%	9.2%	9.5%		H		Feb-20
	% 7 day turnaround of OP clinic letters	90%	80.7%	89.9%	92.5%	91.2%	?			Feb-20