

Report by Acting Chief Executive – monthly update: November 2020

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Sponsor: Rebecca Brown

Trust Board paper F

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 November 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: December 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: 5 NOVEMBER 2020
REPORT BY: ACTING CHIEF EXECUTIVE
SUBJECT: MONTHLY UPDATE REPORT – NOVEMBER 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 would like to pay tribute to the work of Professor Chris Brightling, Professor of Respiratory Medicine and Consultant Respiratory Physician at UHL and his colleagues whose pioneering work is helping to shape the response of the NHS to people suffering 'long Covid' symptoms, including the 'YourCovidRecovery', an online rehabilitation service to provide personalised support to patients.

2.3 The work of Professor Brightling and his colleagues serves to underline the importance of the close collaboration between the Trust and University of Leicester.

3. Quality and Performance Dashboard – September 2020

3.1 The Quality and Performance Dashboard for September 2020 is appended to this report at **appendix 1**.

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 October 2020 meetings of the People, Process and Performance Committee and Quality and Outcomes Committee, respectively. The [month 6 quality and performance report](#) is published on the Trust's website.

3.4 **Good News**

- **Mortality** – the latest published SHMI (period June 2019 to May 2020) is 97, and remains within the expected range.
- **CAS alerts** - compliant.
- **Never Events** – 0 cases reported.

- **MRSA** – 0 cases reported.
- **90% of Stay on a Stroke Unit** – threshold achieved with 89.6% reported in August.
- **VTE** – compliant at 98.7% in September.
- **Fractured neck of femurs operated 0-35hrs** – compliant at 74.2%.
- **12 hour trolley wait** - 0 breaches reported.
- **Cancelled operations OTD** – 0.8% reported in September.
- **Cancer Two Week Wait (Symptomatic Breast)** was 95.5% in August against a target of 93%.

Bad News

- **C DIFF** – 10 cases reported this month.
- **UHL ED 4 hour performance** – 70.2% for September, system performance (including LLR UCCs) for September is 80.1%.
- **Ambulance Handover 60+ minutes (CAD)** – performance at 6.5%.
- **Cancer Two Week Wait** was 89.4% in August against a target of 93%.
- **Cancer 31 day treatment** was 91.9% in August against a target of 96%.
- **Cancer 62 day treatment** was 76.4% in August 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 54.3% at the end of September.
- **52+ weeks wait** – 3,886 breaches reported in September.
- **Diagnostic 6 week wait** was 30.2% against a target of 1%.
- **Patients not rebooked within 28 days following late cancellation of surgery** – 10.
- **TIA (high risk patients)** – 51.3% reported in September
- **Statutory and Mandatory Training** decreased to 84%
- **Annual Appraisal** is at 82.7%.

4. Emergency Department – Care Quality Commission – Warning notice

- 4.1 On 30th April 2020, the CQC published their report following an unannounced inspection of the Emergency Department on 27th January 2020. The CQC rated the Department as Requires Improvement overall, and issued the Trust with a Warning Notice to significantly improve the care of patients by 4th March 2020.
- 4.2 Areas for improvement included the timeliness of ambulance handovers, patient assessments, staffing levels and measures to tackle space at times when the Department is at its busiest.
- 4.3 These matters have since been addressed and, on 16th October 2020, the CQC wrote to the Trust and confirmed that they are now assured that the Trust is compliant with the Warning Notice following their review of evidence.
- 4.4 I commend the ED Team and colleagues who have supported them in achieving this outcome.

4.5 The Warning Notice will be lifted formally once the CQC carry out an on site inspection – this has necessarily been delayed due to the current COVID-19 situation.

5. EU Exit

5.1 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. 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 Organization terms and previous international conventions for security cooperation.

5.2 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. In October, NHS England and NHS Improvement wrote to Trusts to say that all issues relating to EU Exit will be managed through a single command and control system alongside COVID-19 and operational winter pressures.

5.3 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. The group most recently met on 14th October and will continue to do so for the foreseeable future. In addition, the Trust is working closely with LLR partners to support system-wide preparations.

5.4 Further guidance on planning for the end of the transition is expected in 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.

6. GI Endoscopy, Leicester Royal Infirmary JAG accreditation

6.1 I am pleased to confirm that, following annual review, the GI Endoscopy service at the Leicester Royal Infirmary has retained their JAG accreditation (awarded by the Joint Advisory Group of the Royal College of Physicians) for a further year.

6.2 JAG accreditation is awarded to endoscopy services which have demonstrated that they meet best practice quality standards, and re-accreditation reflects the hard work undertaken by the clinical and management team to maintain quality during an especially difficult period.

7. Management of Serious Untoward Incidents - buddying with Lincolnshire NHS

7.1 I am pleased to report that the Trust has accepted an invitation from NHS England/NHS Improvement - Midlands to act as a buddy organisation to Lincoln Clinical Commissioning Group/United Lincolnshire Hospital NHS Trust to share our internal processes/governance arrangements in relation to the management of serious untoward incidents. In the spirit of mutual learning, we will take the opportunity to identify good practice practised by Lincolnshire colleagues which would help to strengthen our processes and governance.

8. Conclusion






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




Rebecca Brown
Acting Chief Executive

28th October 2020

Quality and Performance Report Board Summary September 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
	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 September 2020

Domain	KPI	Target	Jul-20	Aug-20	Sep-20	YTD	Assurance	Variation	Trend	Data Quality Assessment
Safe	Never events	0	0	1	0	3				Jan-20
	Overdue CAS alerts	0	0	0	0	0				Nov-19
	% of all adults VTE Risk Assessment on Admission	95%	98.6%	98.3%	98.7%	98.8%				Dec-19
	Emergency C-section rate	No Target	20.2%	22.4%	18.5%	20.0%				Feb-20
	Clostridium Difficile	108	8	3	10	39				Nov-17
	MRSA Total	0	0	0	0	0				Nov-17
	E. Coli Bacteraemias Acute	No Target	12	4	6	42				Jun-18
	MSSA Acute	No Target	5	4	3	15				Nov-17
	COVID-19 Community Acquired <= 2 days after admission	No Target	93.5%	94.4%	79.7%	79.1%				Oct-20
	COVID-19 Hospital-onset, indeterminate, 3-7 days after admission	No Target	3.2%	2.8%	6.8%	8.4%				Oct-20
	COVID-19 Hospital-onset, probable, 8-14 days after admission	No Target	2.2%	0.0%	5.9%	7.2%				Oct-20
	COVID-19 Hospital-onset, healthcare-acquired, 15 or more days after admission	No Target	1.1%	2.8%	7.6%	5.3%				Oct-20
	All falls reported per 1000 bed days	5.5	5.0	3.7		4.6				Oct-20
	Rate of Moderate harm and above Falls PSIs with finally approved status per 1,000 bed days	No Target	0.08	0.07		0.07				Oct-20

Domain	KPI	Target	Jul-20	Aug-20	Sep-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 April 2021							Mar-20	
	Inpatient and Daycase F&F Test % Positive	TBC	98%	98%	98%	98%				Mar-20	
	A&E F&F Test % Positive	TBC	99%	96%	93%	96%				Mar-20	
	Maternity F&F Test % Positive	TBC	94%	96%	97%	96%				Mar-20	
	Outpatient F&F Test % Positive	TBC	94%	94%	93%	94%				Mar-20	
	Complaints per 1,000 staff (WTE)	No Target	National reporting expected to resume from November onwards							Jan-20	

Domain	KPI	Target	Jul-20	Aug-20	Sep-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%	7.9%	8.9%	9.2%	9.2%				Nov-19	
	Sickness Absence	3%	5.7%	5.4%		7.1%				Oct-16	
	% of Staff with Annual Appraisal	95%	74.4%	74.7%	82.7%	82.7%				Dec-16	
	Statutory and Mandatory Training	95%	96%	96%	84%	84%				Feb-20	
	Nursing Vacancies	No Target	11.6%	11.2%		11.2%				Dec-19	

Quality and Performance Report Board Summary September 2020

Domain	KPI	Target	Jul-20	Aug-20	Sep-20	YTD	Assurance	Variation	Trend	Data Quality Assessment
Effective	Mortality Published SHMI	99	96	97	97	97 (Jun 19 to May 20)				Sep-16
	Mortality 12 months HSMR	99	95	102	103	103 (Jul 19 to Jun 20)				Sep-16
	Crude Mortality Rate	No Target	1.3%	1.1%	1.2%	1.7%				Sep-16
	Emergency Readmissions within 30 Days	8.5%	9.7%	9.6%		9.9%	?			Sep-20
	Emergency Readmissions within 48 hours	No Target	1.3%	1.4%		1.2%				Sep-20
	No of #neck of femurs operated on 0-35hrs	72%	81.9%	82.5%	74.2%	62.3%	?			Sep-20
	Stroke - 90% Stay on a Stroke Unit	80%	89.3%	89.6%		87.3%	P			Mar-20
	Stroke TIA Clinic Within 24hrs	60%	92.1%	79.9%	51.3%	67.3%	?			Mar-20

Domain	KPI	Target	Jul-20	Aug-20	Sep-20	YTD	Assurance	Variation	Trend	Data Quality Assessment
Responsive	ED 4 hour waits UHL	95%	79.0%	76.9%	70.2%	78.1%	F			Mar-20
	ED 4 hour waits Acute Footprint	95%	85.6%	84.2%	80.1%	84.8%	F			Aug-17
	12 hour trolley waits in A&E	0	0	0	0	0	?			Mar-20
	Ambulance handover >60mins	0.0%	0.7%	1.8%	6.5%	1.9%	F			TBC
	RTT Incompletes	92%	44.4%	48.7%	54.3%	54.3%	F	L		Nov-19
	RTT Waiting 52+ Weeks	0	2359	3137	3886	3886	F	H		Nov-19
	Total Number of Incompletes	66,397 (by year end)	67,854	69,696	72,292	72,292	?	H		Nov-19
	6 Week Diagnostic Test Waiting Times	1.0%	32.5%	32.1%	30.2%	30.2%	?	H		Nov-19
	Cancelled Patients not offered <28 Days	0	8	2	10	119	?			Nov-19
	% Operations Cancelled OTD	1.0%	0.5%	0.8%	0.8%	0.7%	?			Jul-18
	Long Stay Patients (21+ days)	70	117	141	140	140	F			Sep-20
	Inpatient Average LOS	No Target	3.6	3.5	3.3	3.6				Sep-20
	Emergency Average LOS	No Target	4.7	4.7	4.9	4.8				Sep-20

Domain	KPI	Target	Jun-20	Jul-20	Aug-20	YTD	Assurance	Variation	Trend	Data Quality Assessment
Responsive - Cancer	2WW	93%	92.1%	90.0%	89.4%	89.2%	?			Dec-19
	2WW Breast	93%	96.3%	97.7%	95.5%	96.2%	?			Dec-19
	31 Day	96%	89.7%	91.2%	91.9%	91.3%	?			Dec-19
	31 Day Drugs	98%	98.9%	100%	100%	99.8%	P			Dec-19
	31 Day Sub Surgery	94%	70.5%	68.9%	73.0%	73.7%	?			Dec-19
	31 Day Radiotherapy	94%	94.4%	100%	99.0%	88.8%	?			Dec-19
	Cancer 62 Day	85%	70.6%	71.8%	76.4%	68.5%	F			Dec-19
	Cancer 62 Day Consultant Screening	90%	0.0%	0.0%	25.0%	32.7%	?	L		Dec-19

Domain	KPI	Target	Jul-20	Aug-20	Sep-20	YTD	Assurance	Variation	Trend	Data Quality Assessment
Outpatient Transformation	% DNA rate	No Target	6.2%	6.3%	6.6%	6.3%				Feb-20
	% Non Face to Face Appointments	No Target	57.5%	51.3%	47.4%	59.6%		H		Feb-20
	% 7 day turnaround of OP clinic letters	90%	89.7%	85.1%	83.0%	89.1%	?			Feb-20