

CHIEF EXECUTIVE'S MONTHLY UPDATE REPORT – AUGUST 2018

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Trust Board paper D

Executive Summary

Context

The Chief Executive's monthly update report to the Trust Board for August 2018 is attached. It includes:-

- (a) the Quality and Performance Dashboard for June 2018 attached at appendix 1 (the full month 3 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 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: [September 2018 Trust Board]

6. Executive Summaries should not exceed **2 pages**. [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: 2 AUGUST 2018
REPORT BY: CHIEF EXECUTIVE
SUBJECT: MONTHLY UPDATE REPORT – AUGUST 2018

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 – June 2018

2.1 The Quality and Performance Dashboard for June 2018 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 3 quality and performance report](#) is published on the Trust's website.

Good News:

2.4 **Mortality** – the latest published SHMI (period January 2017 to December 2017) has reduced to 97 and is within the threshold. **Referral to Treatment** – our performance is in line with NHS Improvement trajectory. **Cancer Two Week Wait** – we have achieved the 93% threshold for over a year. **Delayed transfers of care** - remain within the tolerance. However, there are a range of other delays that do not appear in the count. **MRSA** – 0 cases reported this month. **C DIFF** – was within threshold for June. **Pressure Ulcers** - 0 **Grade 4** reported during June. **Grade 3 and 2** are well

within the trajectory for the month. **CAS alerts** – we remain compliant. **Inpatient and Day Case Patient Satisfaction (FFT)** achieved the Quality Commitment standard of 97%. **TIA (high risk patients)** – 77.7% reported in June. **Ambulance Handover 60+ minutes (CAD+)** – performance at 0.7% is one of our best performances since the introduction of CAD+ reporting in June 2015.

Bad News:

- 2.5 **UHL ED 4 hour performance** – was 82% for June, system performance (including LLR UCCs) was 87.1%. Performance was above the average for the last 12 months. **Diagnostic 6 week wait** – standard not achieved for the fourth month after 17 consecutive months of being compliant. **Never events** – 2 reported in June. **52+ weeks wait** – 4 patients (compared to 15 patients same period last year). **Moderate harms and above** – May (reported 1 month in arrears) was above threshold. **Cancelled operations and patients rebooked within 28 days** – continued to be non-compliant. **Cancer 31 day** was not achieved in May - theatre capacity, patient choice and patient fitness are the primary factors. **Cancer 62 day treatment** was not achieved in May – further detail of recovery actions in is the Quality and Performance report. **Statutory and Mandatory Training** reported from HELM is at 89% (rising trend). **Sickness absence** – 4% reported in May (reported 1 month in arrears). **Fractured NOF** – was 53.5% in June.

3 Board Assurance Framework (BAF) and Organisational Risk Register

- 3.1 The Board Assurance Framework (BAF) and organisational risk register have been kept under review during June 2018 and a detailed BAF and an extract from the risk register are included in the integrated risk and assurance paper featuring elsewhere on the Board agenda.

Board Assurance Framework

- 3.2 The three highest rated principal risks on the BAF relate to staffing levels (5x4=20), emergency care pathway (5x4=20) and financial sustainability (5x4=20).

Organisational Risk Register

- 3.3 The Trust risk register has been kept under review by the Executive Performance Board and across all Clinical Management Groups (CMGs) during June 2018 and currently includes 73 risks rated as high (i.e. with a current risk score of 15 and above). The Trust's risk profile continues to demonstrate active review across all CMGs and corporate services.
- 3.4 Thematic analysis of the organisational risk register shows the two most common risk causation themes as (a) workforce shortages, and (b) imbalance between service demand and capacity. Managing financial pressures, as a result of funding and internal control arrangement challenges, is also recognised on the risk register as an enabler to support the delivery of the Trust's objectives. These findings are reflective of our highest rated principal risks identified on the Board Assurance Framework.

4 Emergency Care

- 4.1 Emergency care performance improved in June 2018 – against the 4 hour standard, our performance was 82%, and 87.1% for Leicester, Leicestershire and Rutland as a whole. Although well below the 95% target, Quarter 1 performance was in line with our improvement trajectory submitted to NHS Improvement as part of our Annual Operating Plan 2018/19.
- 4.2 During June (and, indeed, July) 2018, we have seen high attendances and admissions and the Clinical Decisions Unit (CDU) emergency activity at the Glenfield Hospital remains higher than the same period last year.
- 4.3 On a more positive note, the Emergency Floor Phase 2 opening went well and I express my thanks to all involved. All five acute assessment units were successfully relocated as follows: Emergency Decisions Unit and Emergency Frailty Unit – opened on 3rd June; Acute Medical Unit and Acute Care bays – opened on 6th June; Acute Frailty Unit – opened on 13th June 2018.
- 4.4 As previewed at the Trust Board meeting last month, Rebecca Brown, our new Chief Operating Officer has taken a fresh look at what is and is not working in our Emergency Care system, and made a presentation on her initial reflections at the People, Process and Performance Committee meeting held on 26th July 2018.
- 4.5 The presentation outlined the challenges that the Trust is currently facing and described the proposed next steps to improve performance, which include:-
 - sharing the diagnosis and high level plan for improvement for confirm and challenge at the Leicester, Leicestershire and Rutland A&E Delivery Board, and with NHS Improvement,
 - implementing new governance arrangements,
 - monitoring performance against both the revised plan and the 4 hour emergency care standard, with reports on performance continuing to be made to both the Executive Performance Board and the People, Process and Performance Committee on a regular basis,
 - working with our partners via the Leicester, Leicestershire and Rutland A&E Delivery Board to harness their commitment and actions to contribute to our success,
 - reviewing the system-wide Winter plan for 2018/19 to ensure that it is aligned with the Trust's requirements.
- 4.6 Details of the People, Process and Performance Committee's consideration of, and response to, the presentation are set out in the summary of that meeting which features elsewhere on this Board agenda.

5. Financial Recovery

- 5.1 As Board members are aware, this year's financial plan is particularly challenging. This is the pattern across the NHS in advance of the promised additional funding which will start to flow in 2019/20. In order to ensure that we have rigorous oversight of our financial performance and of the key elements of our Financial Recovery

Programme (FRP), I am chairing a fortnightly Financial Recovery Board, reporting to the Executive Performance Board and Finance and Investment Committee. The FRP is using best practice in terms of programme and project management, which includes the necessary processes and safeguards to maintain quality and safety.

6. Conclusion

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

John Adler
Chief Executive

27th July 2018

Quality & Performance

		YTD		Jun-18		Trend*	Compliant by?
		Plan	Actual	Plan	Actual		
Safe	S1: Reduction for moderate harm and above (1 month in arrears)	142	50	<12	29	●	Jul-18
	S2: Serious Incidents	<37	14	3	6	●	
	S10: Never events	0	4	0	2	●	
	S11: Clostridium Difficile	61	21	5	5	●	
	S12 MRSA - Unavoidable or Assigned to 3rd party	0	0	0	0	●	
	S13: MRSA (Avoidable)	0	0	0	0	●	
	S14: MRSA (All)	0	0	0	0	●	
	S23: Falls per 1,000 bed days for patients > 65 years (1 month in arrears)	<5.6	6.7	<5.6	6.1	●	
	S24: Avoidable Pressure Ulcers Grade 4	0	0	0	0	●	
	S25: Avoidable Pressure Ulcers Grade 3	<27	1	<=3	1	●	
	S26: Avoidable Pressure Ulcers Grade 2	<84	18	<=7	7	●	

Caring	C1 End of Life Care Plans - Qtr 4	75%	93%	75%	81%	●	
	C4: Inpatient and Day Case friends & family - % positive	97%	97%	97%	97%	●	
	C7: A&E friends and family - % positive	97%	96%	97%	95%	●	

Well Led	W13: % of Staff with Annual Appraisal	95%	89.8%	95%	89.8%	●	
	W14: Statutory and Mandatory Training	95%	89%	95%	89%	●	
	W16 BME % - Leadership (8A – Including Medical Consultants) - Qtr 4	28%	28%	28%	28%		
	W17: BME % - Leadership (8A – Excluding Medical Consultants) - Qtr 4	28%	14%	28%	14%		

Effective	E1: 30 day readmissions (1 month in arrears)	<8.5%	9.3%	<8.5%	9.2%	●	Jul-18
	E2: Mortality Published SHMI (Jan 17 - Dec 17)	99	97	99	97	●	
	E6: # Neck Femurs operated on 0-35hrs	72%	63.4%	72%	53.5%	●	
	E7: Stroke - 90% of Stay on a Stroke Unit (1 month in arrears)	80%	85.6%	80%	87.3%	●	

Responsive	R1: ED 4hr Waits UHL	95%	82.2%	95%	82.0%	●	See Note 1
	R2: ED 4 Hour Waits UHL + LLR UCC (Type 3)	95%	87.3%	95%	87.1%	●	See Note 1
	R4: RTT waiting Times - Incompletes (UHL+Alliance)	92%	87.0%	92%	87.0%	●	See Note 1
	R6: 6 week – Diagnostics Test Waiting Times (UHL+Alliance)	<1%	3.0%	<1%	3.0%	●	See Note 1
	R12: Operations cancelled (UHL + Alliance)	0.8%	1.2%	0.8%	1.2%	●	See Note 1
	R14: Delayed transfers of care	3.5%	1.3%	3.5%	1.3%	●	
	R15: % Ambulance Handover >60 Mins (CAD+)	TBC	1%	TBC	0.7%	●	
	R16: % Ambulance handover >30mins & <60mins (CAD+)	TBC	4.0%	TBC	4.0%	●	
	RC9: Cancer waiting 104+ days	0	11	0	11	●	

		YTD		May-18		Trend*	Compliant by?
		Plan	Actual	Plan	Actual		
Responsive Cancer	RC1: 2 week wait - All Suspected Cancer	93%	94.5%	93%	95.0%	●	Jun-18
	RC3: 31 day target - All Cancers	96%	94.7%	96%	95.0%	●	
	RC7: 62 day target - All Cancers	85%	77.0%	85%	75.8%	●	

Enablers

		YTD		Qtr1 18/19	
		Plan	Actual	Plan	Actual
People	W7: Staff recommend as a place to work (from Pulse Check)		60.3%		60.3%
	C10: Staff recommend as a place for treatment (from Pulse Check)		70.5%		70.5%

		YTD		Jun-18		Trend*
		Plan	Actual	Plan	Actual	
Finance	Surplus/(deficit) £m	(22.4)	(22.3)	(5.3)	(5.2)	●
	Cashflow balance (as a measure of liquidity) £m	1.0	4.3	1.0	4.3	●
	CIP £m	3.8	4.8	1.4	1.7	●
	Capex £m	4.3	3.5	1.5	1.1	●

		YTD		Jun-18		Trend*
		Plan	Actual	Plan	Actual	
Estates & facility mgt.	Average cleanliness audit score - very high risk areas	98%	96%	98%	96%	●
	Average cleanliness audit score -high risk areas	95%	94%	95%	93%	●
	Average cleanliness audit score - significant risk areas	85%	94%	85%	94%	●

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

Please note: Quality Commitment Indicators are highlighted in bold. 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.