

## **CHIEF EXECUTIVE'S MONTHLY UPDATE REPORT – MAY 2018**

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**Trust Board paper C**

# **Executive Summary**

## **Context**

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

- (a) the Quality and Performance Dashboard for March 2018 attached at appendix 1 (the full month 12 quality and performance report is available on the Trust's public website and is hyperlinked within this report);
- (b) the Board Assurance Framework (BAF) Dashboard and Organisational Risk Register Dashboard;
- (c) 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?
2. Does the Trust Board have any comments to make regarding either the Board Assurance Framework Dashboard or Organisational Risk Register Dashboard?

## **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: [June 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: 3 MAY 2018**

**REPORT BY: CHIEF EXECUTIVE**

**SUBJECT: MONTHLY UPDATE REPORT – MAY 2018**

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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 – March 2018

2.1 The Quality and Performance Dashboard for March 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 Finance and Investment Committee and Quality and Outcomes Committee. The [month 12 quality and performance report](#) is published on the Trust's website.

*Good News:*

2.4 **Mortality** – the latest published SHMI (period July 2016 to June 2017) has reduced to 98 and is within the threshold. **Cancer Two Week Wait** – we have achieved the 93% threshold for over a year. **Cancer 31 day** was achieved in February. **Delayed transfers of care** - remain within the tolerance. However, there are a range of other delays that do not appear in the count. **Pressure Ulcers** - 0 **Grade 4** reported during March. **Grade 3 and Grade 2** are well within the trajectory for the month and year to date. **CAS alerts** – we remain compliant. **Inpatient and Day Case Patient**

**Satisfaction (FFT)** achieved the Quality Commitment of 97%. **Moderate harms and above** – within threshold in February (reported 1 month in arrears) however the year to date position remains above threshold.

*Bad News:*

2.5 **UHL ED 4 hour performance** – was 69.7%, system performance (including LLR UCCs) was 77.9%. **Diagnostic 6 week wait** – standard not achieved after 17 consecutive months of being compliant. **Ambulance Handover 60+ minutes (CAD+)** – performance was 9%. **Never events** – 2 reported in March, 8 reported for 2017/18. **C DIFF** – 8 cases reported this month, 68 reported for 2017/18. **Referral to Treatment** – was 85.2% against a target of 92%, reflecting the continuing cancellation of elective work due to emergency care volumes. **52+ weeks wait** – 4 patients (compared to 24 patients same period last year). **Cancelled operations and patients rebooked within 28 days** – continued to be non-compliant. **Cancer 62 day treatment** was not achieved in February – surgical cancellations and delayed referrals from network hospitals continue to be significant factors. **TIA (high risk patients)** – 51.2% reported in March. **Fractured NOF** – was 66.7%, year to date also remains below threshold. **Statutory and Mandatory Training** reported from HELM is at 88%. **Sickness absence** – 5.3% reported in February (reported 1 month in arrears). This appears to reflect the significant seasonal increase in illness in the general population.

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 March 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 Executive Directors and their Lead Officers have updated their BAF entries, including a review of all principal risks, controls and assurances, to reflect the current position for March 2018 and a final version of the BAF has been endorsed by the Executive Team. It is important to note that these are risks, not predictions, and the description of such risks is designed to drive actions to avoid the risks actually happening; these actions are set out in full in the BAF document and are monitored through the Board Committee and Executive Board structures throughout the year.

3.3 The highest rated principal risks on the BAF include:

Risk Description	Risk Rating	Objective
If the Trust is unable to manage the level of emergency and elective demand, caused by an inability to provide safe staffing and fundamental process issues, then it may result in sustained failure to achieve constitutional standards in relation to ED; significantly reduced patient flow throughout the hospital; disruption to multiple services across CMGs; reduced quality of care for large numbers of patients; unmanageable staff workloads; and increased costs.	20	Organisation of Care
If the Trust is unable to achieve and maintain staffing levels that meet service	20	Our People

requirements, caused by an inability to recruit, retain and utilise a workforce with the necessary skills and experience, then it may result in extended unplanned service closures and disruption to services across CMGs.		
If the Trust is unable to achieve and maintain its financial plan, caused by ineffective solution to the demand and capacity issue and ineffective strategies to meet CIP requirements, then it may result in widespread loss of public and stakeholder confidence with potential for regulatory action such as financial special measures or parliamentary intervention.	20	Strategic Enabler

- 3.4 Eleven of the 2017/18 annual priorities are graded as having been achieved at year-end, while the remaining eleven annual priorities are identified as not having been delivered at year-end. Further information on the reasons for non-delivery of these priorities is included in the integrated risk paper, featuring elsewhere on this Board agenda.
- 3.5 Looking ahead to 2018/19, following a review and refresh of the Trust's strategic objectives and priorities, the management and reporting arrangements for the delivery of the annual priority programme and BAF requirements have been reviewed by the Executive Team and the new BAF will be designed to provide the Board with a simple but comprehensive method for the effective and focussed management of its strategic risks. The new BAF will be worked up with Executive Directors, scrutinised and endorsed by the Executive Boards during May and will be reported to the Trust Board in June 2018.

#### *Organisational Risk Register*

- 3.6 There are currently 71 risks rated as high (i.e. with a current risk score of 15 and above) open on the organisational risk register for the reporting period ending 31<sup>st</sup> March 2018. Thematic analysis of the organisational risk register shows the common risk causation themes as workforce shortages and imbalance between service demand and capacity.

#### 4 Emergency Care

- 4.1 March 2018 was another challenging month for the delivery of emergency care at the Trust and, indeed, across the country. UHL's performance against the 4 hour standard for March was 69.7%, and 77.3% for Leicester, Leicestershire and Rutland as a whole.

- 4.2 Our focus during March has been to ensure:

- safe care in the Emergency Department and outlying wards,
- releasing ambulances as quickly as possible,
- avoidance of 12 hour trolley waits,
- decreasing the number of surgical cancellations, and ensuring cancer and other urgent cases proceed as planned,
- restarting elective procedures more generally,
- decreasing the number of patients outlied into other areas,
- improving partnership working within Leicester, Leicestershire and Rutland to reduce the intensity of demand on the hospitals.

4.3 Our Quality Commitment 2018/19 includes the following priorities for improving emergency care:-

- we will eliminate all but clinical 4-hour breaches for non-admitted patients in the Emergency Department,
- we will resolve the problem of evening and overnight deterioration in the Emergency Department's performance,
- we will ensure timely 7 days a week availability of medical beds for emergency admissions.

4.4 A good deal of work is in hand to address these priorities, with a particular focus on:

- reducing the substantial gap between current demand and capacity,
- reducing patient flows to the Trust,
- dealing with (particularly frail) patients more effectively at the front door,
- expanding medical bed capacity,
- improving internal processes to reduce avoidable delays, and
- expediting discharges, especially of those patients requiring multi-agency input.

4.5 In parallel, the Executive Team is finalising its detailed capacity, operational and financial plans for 2018/19 more broadly, set against the context of the Trust's reconfiguration programme. The Trust Board will be briefed further on the key points of the approach for 2018/19 at the next Trust Board Thinking Day, to be held on 10<sup>th</sup> May 2018.

4.7 I continue to give considerable personal focus to this issue and our performance and plans for improvement in our emergency care performance will continue to be scrutinised in detail at the People, Process and Performance Committee, with monthly updates to the Trust Board. That Committee's most recent review of our position, at its meeting held in 26<sup>th</sup> April 2018, features elsewhere on this Board agenda.

## 5. NHS Improvement – Quarterly Review Meeting: March 2018

5.1 I have separately briefed members of the Trust Board on the outcome of the Trust's most recent review meeting with NHS Improvement held on 16<sup>th</sup> March 2018.

5.2 To recap, the key issues discussed at the meeting concerned the Trust's financial performance in 2017/18, 2018/19 financial planning, performance against the A&E 4 hour standard and cancer waiting time targets, and actions to be taken to prevent the recurrence of Never Events.

5.3 We will be responding to NHS Improvement's request for further information on the matters identified above and I will continue to keep the Trust Board briefed on these subjects throughout 2018/19.

6. Conclusion

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

John Adler  
Chief Executive

24<sup>th</sup> April 2018

## Quality & Performance

		YTD		Mar-18		Trend*	Compliant by?	
		Plan	Actual	Plan	Actual			
<b>Safe</b>	<b>S1: Reduction for moderate harm and above ( 1 month in arrears)</b>	142	189	<12	6	●		
	S2: Serious Incidents	<37	37	3	2	●		
	S10: Never events	0	8	0	2	●		
	S11: Clostridium Difficile	61	68	5	8	●		
	S12 MRSA - Unavoidable or Assigned to 3rd party	0	0	0	0	●		
	S13: MRSA (Avoidable)	0	4	0	0	●		
	S14: MRSA (All)	0	4	0	0	●		
	S23: Falls per 1,000 bed days for patients > 65 years (1 month in arrears)	<5.6	6.0	<5.6	6.1	●		
	S24: Avoidable Pressure Ulcers Grade 4	0	1	0	0	●		
	S25: Avoidable Pressure Ulcers Grade 3	<27	8	<=3	0	●		
	S26: Avoidable Pressure Ulcers Grade 2	<84	53	<=7	4	●		
	<b>Caring</b>	<b>C1 End of Life Care Plans</b>	75%	93%	75%	81%	●	
		C4: Inpatient and Day Case friends & family - % positive	97%	97%	97%	97%	●	
C7: A&E friends and family - % positive		97%	95%	97%	94%	●		
<b>Well Led</b>	W13: % of Staff with Annual Appraisal	95%	88.7%	95%	88.7%	●		
	W14: Statutory and Mandatory Training	95%	88%	95%	88%	●		
	W16 BME % - Leadership (8A – Including Medical Consultants) - Qtr 4	28%	27%	28%	27%			
	W17: BME % - Leadership (8A – Excluding Medical Consultants) - Qtr 4	28%	14%	28%	14%			
<b>Effective</b>	<b>E1: 30 day readmissions (1 month in arrears)</b>	<8.5%	9.1%	<8.5%	9.3%	●		
	<b>E2: Mortality Published SHMI (Oct 16 - Sep 17)</b>	99	98	99	98	●		
	E6: # Neck Femurs operated on 0-35hrs	72%	69.9%	72%	66.7%	●	Apr-18	
	E7: Stroke - 90% of Stay on a Stroke Unit (1 month in arrears)	80%	86.7%	80%	79.6%	●		
<b>Responsive</b>	R1: ED 4hr Waits UHL+UCC	95%	77.6%	95%	69.7%	●	See Note 1	
	R2: ED 4 Hour Waits UHL + LLR UCC (Type 3)	95%	80.6%	95%	77.9%	●	See Note 1	
	R4: RTT waiting Times - Incompletes (UHL+Alliance)	92%	85.2%	92%	85.2%	●	See Note 1	
	R6: 6 week – Diagnostics Test Waiting Times (UHL+Alliance)	<1%	1.9%	<1%	1.9%	●		
	R12: Operations cancelled (UHL + Alliance)	0.8%	1.2%	0.8%	1.3%	●	See Note 1	
	R14: Delayed transfers of care	3.5%	1.9%	3.5%	1.6%	●		
	R15: % Ambulance Handover >60 Mins (CAD+)	TBC	4%	TBC	9%	●		
	R16: % Ambulance handover >30mins & <60mins (CAD+)	TBC	9%	TBC	15%	●		
	RC9: Cancer waiting 104+ days	0	18	0	18	●		
	<b>Responsive Cancer</b>	RC1: 2 week wait - All Suspected Cancer	93%	94.6%	93%	95.7%	●	
RC3: 31 day target - All Cancers		96%	95.2%	96%	96.0%	●		
RC7: 62 day target - All Cancers		85%	78.4%	85%	72.8%	●	Jul-18	
<b>Enablers</b>		YTD		Qtr3 17/18				
		Plan	Actual	Plan	Actual			
<b>People</b>	W7: Staff recommend as a place to work (from Pulse Check)		58.9%		57.0%			
	C10: Staff recommend as a place for treatment (from Pulse Check)		70.0%		65.0%			
<b>Finance</b>		YTD		Mar-18				
		Plan	Actual	Plan	Actual	Trend*		
	Surplus/(deficit) £m	(26.7)	(34.4)	0.6	1.3	●		
	Cashflow balance (as a measure of liquidity) £m	1.0	2.9	1.0	2.9	●		
	CIP £m	44.1	39.3	5.6	5.1	●		
Capex £m	33.6	33.3	3.5	9.3	●			
<b>Estates &amp; facility mgt.</b>		YTD		Mar-18				
		Plan	Actual	Plan	Actual	Trend*		
	Average cleanliness audit score - very high risk areas	98%	96%	98%	96%	●		
	Average cleanliness audit score -high risk areas	95%	94%	95%	94%	●		
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.