

Report to:	Council of Governors	Agenda item:	5
Date of Meeting:	8 June 2017		

Title of Report:	Chief Executive's Report
Status:	For Information
Board Sponsor:	James Scott, Chief Executive
Author:	Roxy Poultney, Membership & Governance Manager
Appendices	Appendix 1 – Finance Key Performance Indicators

1.	Executive Summary of the Report
To purpose of the Chief Executive's report is to provide the Council of Governors with an overview of the key developments within the Trust.	

2.	Recommendations (Note, Approve, Discuss)
The Council of Governors are asked to note the report.	

3.	Legal / Regulatory Implications
Not applicable	

4.	Risk (Threats or opportunities, link to a risk on the Risk Register, Board Assurance Framework etc)
Strategic and environmental risks are considered by the Board of Directors on a regular basis and key items are reported through the Chief Executive's report.	

5.	Resources Implications (Financial / staffing)
Not applicable	

6.	Equality and Diversity
Not applicable	

7.	References to previous reports
The Chief Executive submits a report to each Council of Governors.	

8.	Freedom of Information
Public	

1. Operational Performance

Single Oversight Framework

Against the NHSI Single Oversight Framework (SOF), the RUH have been rated 2 overall. The Trust has been placed into segment 3 for the 4 hour target.

In April three operational metrics triggered concerns: 4 hour performance, 2 Week GP Referral to first outpatient breast symptomatic, Six week diagnostic waits (DMO1).

Under the SOF, metrics trigger concerns when they fail national standards for two consecutive months, or Sustainability and Transformation Funding improvement trajectories are missed for two consecutive months. The SOF does not give a performance assessment in its own right and assessments of overall rating are not therefore made by NHSI on a monthly basis.

4 hour performance continues to be the highest operational performance risk for the Trust and a detailed improvement plan has been developed, performance against this is reported monthly in a separate 4hour performance report. A system wide improvement plan is also required to be led and monitored by the A&E Delivery Board in recognition that all partners play a role in improving patient flow.

Six weeks diagnostic waits (DMO1) performance has failed against the national standard from December 2016. The majority of breaches are within Echocardiography in Cardiology. A recovery plan and improvement trajectory has been developed by the Medical Division and performance is projected to recover in December 2017.

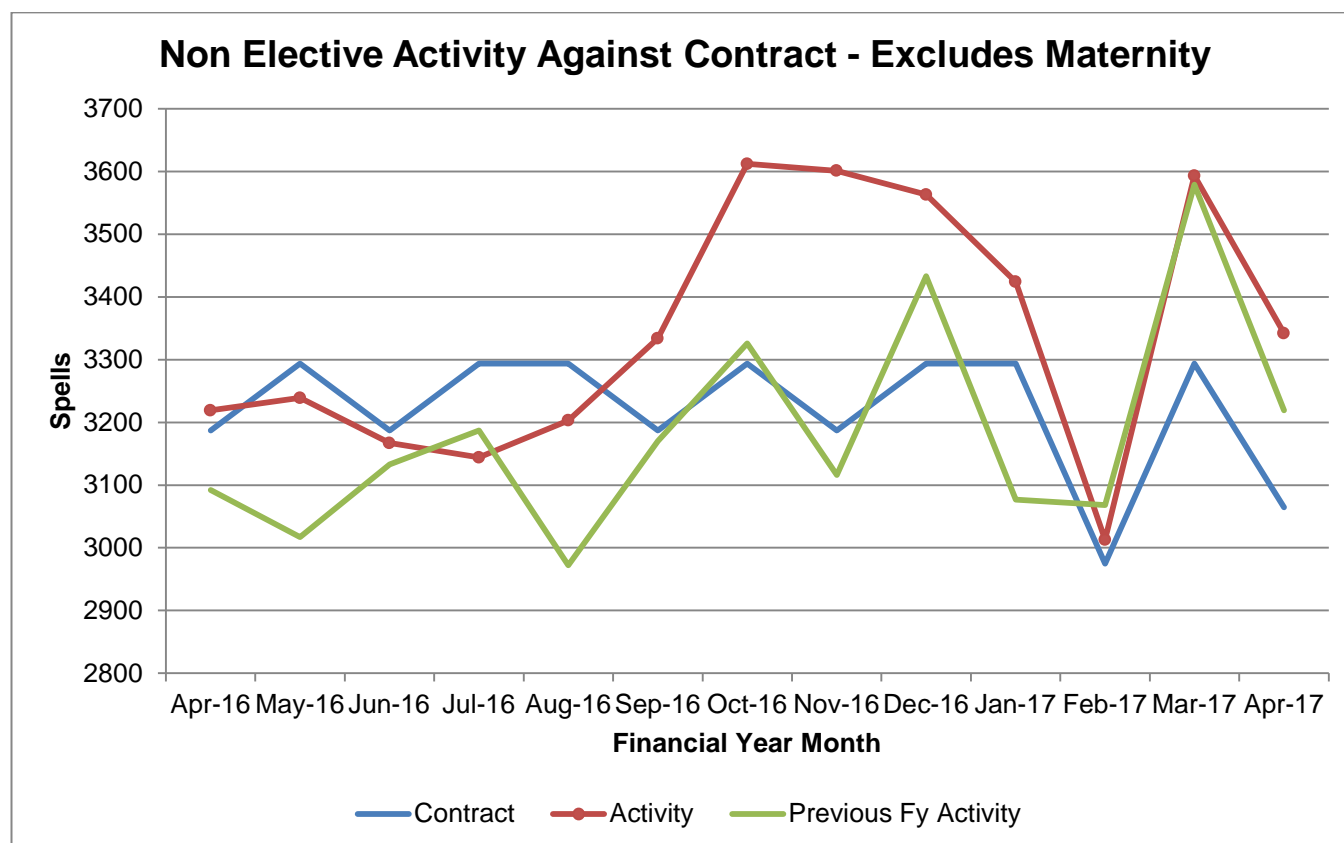
2 week GP Referral to treatment is not a national SOF operational metric, however this does remain as one of the national cancer standards. Performance has been below the required standard from March 2017. This performance metric remains at risk due to staffing issues. A recovery plan by the Surgical Division has been developed and actions completed in month include identification of locum Consultant Breast Radiologist capacity, triage of all referrals by senior staff, development of long term options with Trusts providing breast screening services.

Activity levels

In April 2017 the non elective activity was 2.7% above April 2016 (excluding Maternity). Emergency department (ED) attendances were 5.3% above April 2016.

In April the Trust capacity continued to be impacted by bed closures for works, care of bariatric patients, flu & D&V. This was an improved position from March.

The graph below shows non-elective activity against contract (excluding maternity):



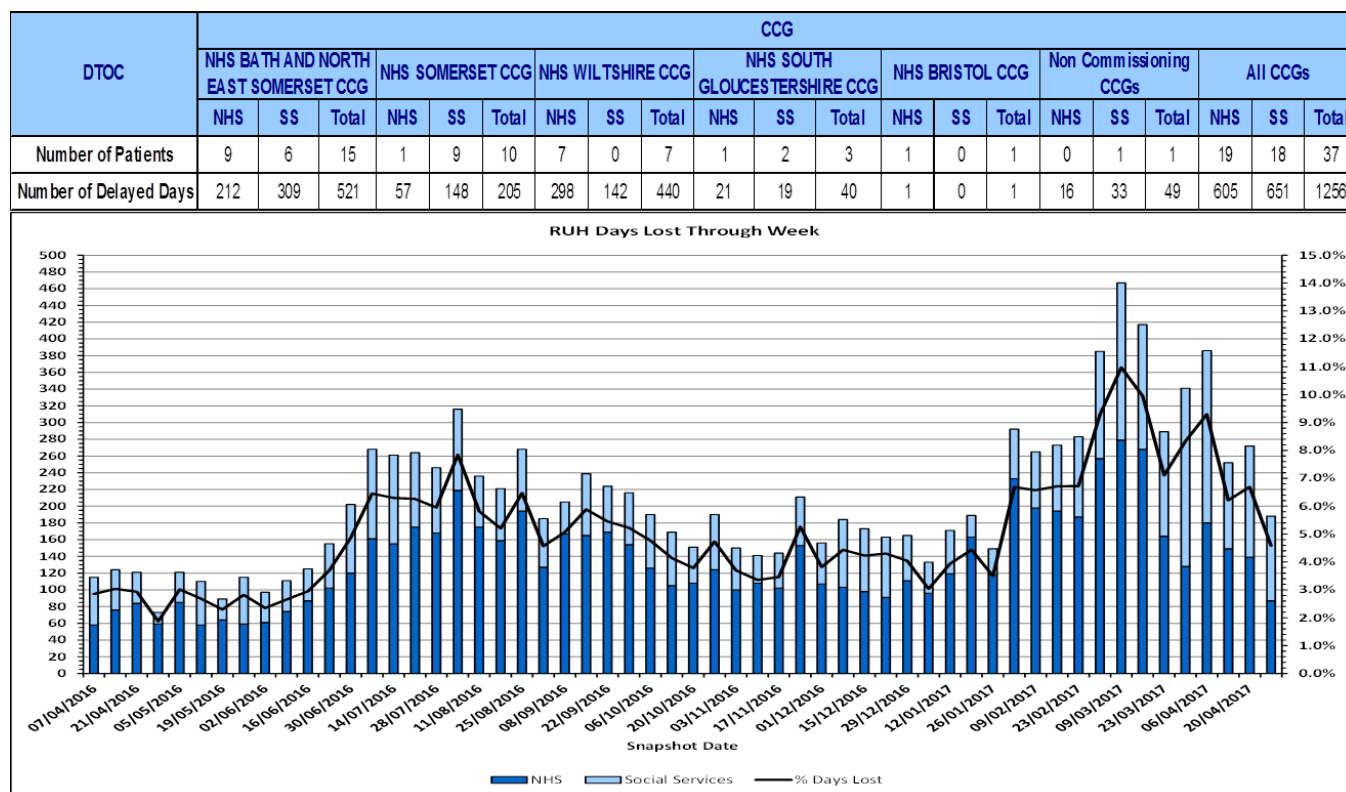
C – Difficile Infection

In April there were 2 cases of C difficile, the target for 2017-2018 is 22 cases of C difficile. Of these cases, one has been appealed.

Delayed Transfers of Care (DTOC)

The DTOC position by CCG is detailed in the table below, which shows 37 patients reported at the April month end snapshot and 1256 delayed days (7.0%).

The graph outlines the delayed days by week since April 2016. This issue continues to be escalated through the A&E Delivery Board and NHSI performance meetings.



2. Cyber Security Incident

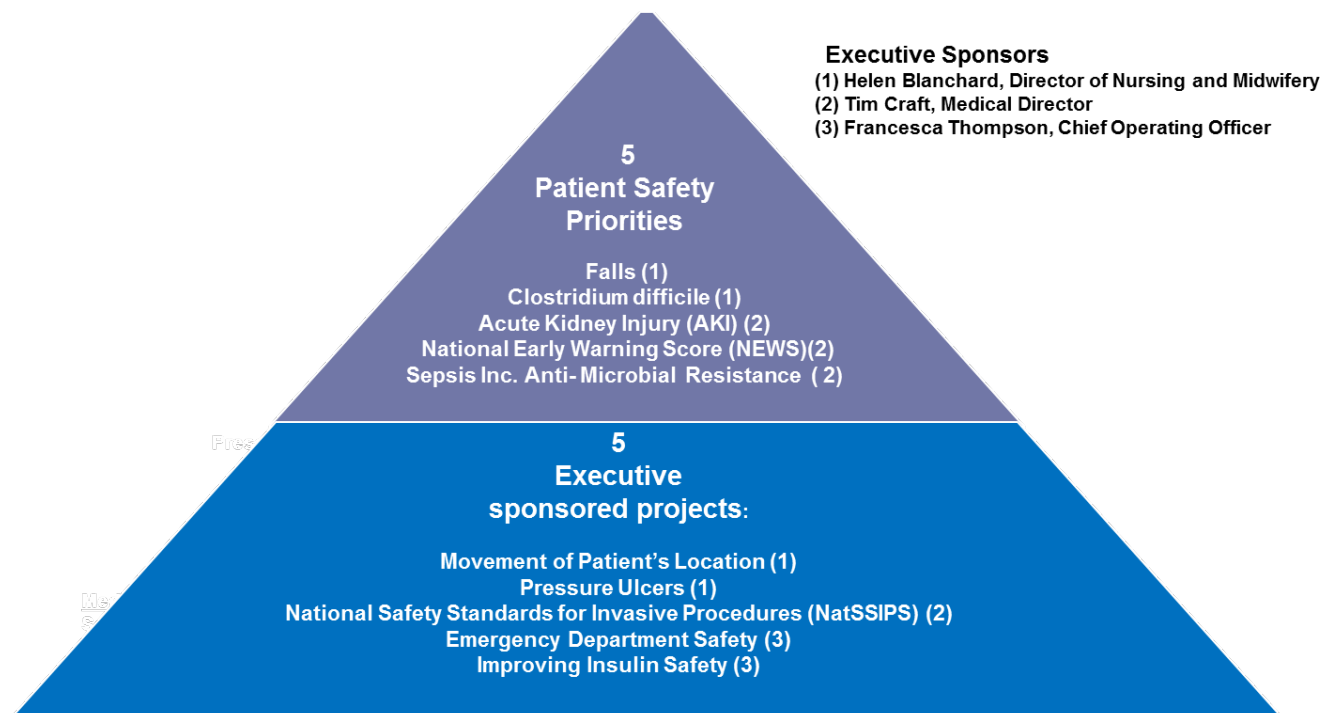
On 12th May 2017 there was a high profile cyber threat effecting organisations across the world. A number of Trusts were impacted by the threat leading to a co-ordinated response throughout the NHS. The Royal United Hospital reacted with a managed and balanced response which I am delighted to say has kept the Trust unaffected by this cyber threat. The Trust employs both highly skilled staff and market leading security technologies to provide a solid and thorough security platform. Cyber Security is of the highest priority and remains fundamental for every system and service delivered at the RUH.

A risk remains with some medical devices and workstations running Microsoft Windows XP. Plans are in place to mitigate this risk using 'vulnerability protection' or by replacing the devices with newer equipment running a secure operating system. Medical devices will be replaced as part of a planned upgrade programme. The risk posed by these devices is very low as they do not have access to the internet and are not used for email. At risk non-medical devices, have been replaced or secured. We continue to work with NHS Digital and NHS England to ensure future threats can be handled with such diligence.

3. Quality Update

Patient Safety Priorities 2017/18

There will be 10 patient safety priorities for 2017/18 and the Executive Sponsors are as follows:



PALs and Complaints

There were 8 complaints in April. This is a notable decrease from March.

- 4 complaints were for the Medical Division
- 3 complaints were for the Surgical Division
- 1 complaint was for the Women's & Children's Division

There were 215 contacts with the PALS service in April:

- 120 requested information or advice (56%)
- 77 required resolution (36%)
- 4 were compliments (2%)
- 14 provided feedback (6%)

The top three subjects requiring resolution were:

Clinical care and concerns – 25 contacts for resolution related to issues around clinical care and concerns, 5 concerns related to the Maternity Department. The remainder were general enquires.

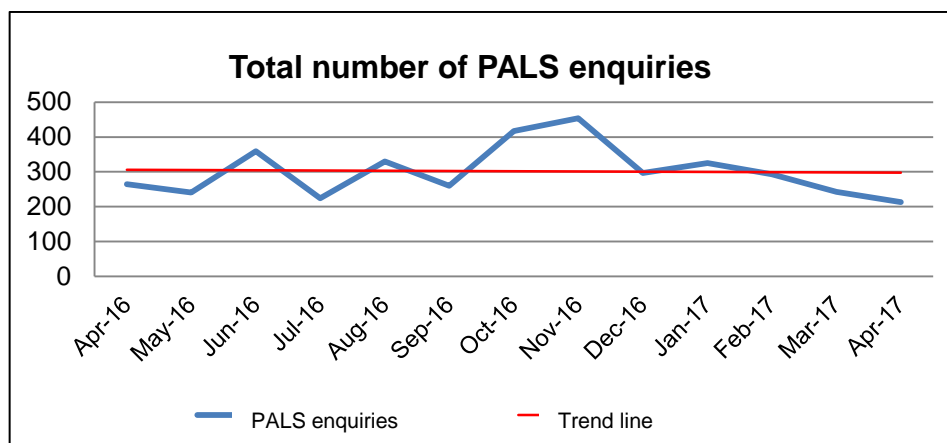
Communication/Information – 16 contacts for information and communication. There were no identifiable themes.

Appointments – there were 30 enquiries regarding outpatient appointments, 8 from patients asking when they'd receive their new outpatient appointment. 5 enquires were regarding follow-up appointments and the remaining 17 were general enquires.

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The remaining 23 contacts not included in the top 3 were spread across other services with no identifiable theme.

The graph below shows the total number of PALS enquiries from April 16 to date.



Serious Incidents

During April 2017, seven Serious Incidents were reported and these remain under investigation. Each incident was discussed with the patient and their family and they are aware of the investigation, in line with the Duty of Candour framework.

4. Major Incident Planning - Emergency Preparedness, Resilience & Response

Emergency Preparedness, Resilience & Response (EPRR) remains a priority, overseen by the Chief Operating Officer as the Accountable Emergency Officer for the Trust. The Trust works closely with external partners to ensure that the RUH forms part of a coordinated multi-agency response. Our system and processes are aligned to the Avon & Somerset network, reflecting our clinical pathways to Bristol as the major trauma centre.

Incident response is an area in which we have achieved an external assessment during 2016/17 of substantial compliance. The Major Incident response has been reviewed in-depth during 2016/17 and a training and exercising programme has been underway, commencing with the on call managers and directors.

In light of current threats, planning for Mass Casualty incidents is also underway. This is a fast moving subject matter to be addressed and therefore a Task & Finish group has been established to ensure that the Trust's response to such an incident is robust. The Trust will be participating in a large, multi-agency Mass Casualty exercise in September 2017.

Additionally, lockdown is a focus, with the Estates & Facilities Directorate implementing an automated system during 2017/18. This will enable rapid lockdown of key areas in the event of an incident with safety and security implications for the Trust.









5. Finance

The Trust reported a deficit at the end of April of £1.7m; this was in line with the plan for the month. Whilst the position shows a deficit for April, this is primarily due to the way the Trust receives its income, as April contained less working days. Overall the Trust is planning to deliver a £13.2m surplus in 2017/18, which includes £7.8m of national Sustainability and Transformation Funding (STF).

As at January 2017 the Trust is reporting an overall rating of 1. See appendix 1 for the key performance indicators.

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Key performance Indicators

Area of review	Key Highlights	Current month Rating	Forecast Year end Rating
Income & Expenditure position	<ul style="list-style-type: none"> The control total plan was to achieve a deficit of £1.7m at Month 1. The Trust was in line with the control total plan and is therefore anticipating receiving the STF allocation related to April. Due to bank holidays there was a lower number of working days during April which was the key driver for planning the deficit in month. 		
QIPP programme	<ul style="list-style-type: none"> £0.4m achieved against plan of £0.6m, 62% delivery for the month Over 90% of the QIPP plan for 2017/18 has been identified 		
Liquidity	<ul style="list-style-type: none"> Cash balance at month end is £15.6m, £0.5m above plan. The liquidity metric is scored as 1, which is the highest rating possible 		
Use of Resources	<ul style="list-style-type: none"> Use of Resources metric is scored as 2 indicating that the Trust is managing it's finances well and as expected at month 1 		

NHS Single Oversight Framework - Use of Resources

	M1 Plan	M1 Actual	M1 Variance	M12 Plan	M12 Forecast	M12 Variance
Capital Service Cover Metric	-1.068	-1.168	-0.100	2.087	2.087	0.000
Capital Service Cover Rating	4	4		2	2	
Liquidity Metric	9.416	8.874	-0.542	1.094	1.094	0.000
Liquidity Rating	1	1		1	1	
I&E Margin Metric	-7.0%	-6.2%	0.8%	4.0%	4.0%	0.0%
I&E Margin Rating	4	4		1	1	
Variance from Control Metric	0.0%	0.0%	0.0%	0.1%	0.1%	0.0%
Variance from Control Rating	1	1		1	1	
Agency Metric	-75.5%	-25.8%	49.7%	-76.2%	-76.2%	0.0%
Agency Rating	1	1		1	1	
Rounded Score	2	2		1	1	

NHS Improvement measures provider performance and risk using the NHS Single Oversight Framework. There are five themes, of which “Finance and Use of Resources” is one. The Finance theme has five equally weighted metrics as follows:

1. Capital servicing capacity - degree to which generated income covers financial obligations
2. Liquidity - days of operating costs held as cash or cash equivalents
3. I&E margin - degree of surplus/(deficit)
4. Distance from financial plan - variance between the planned and actual I&E position
5. Agency spend – distance from cap

The Trust’s M1 score is 2. The reason behind the low scores on capital service cover and I&E margin is because the Trust expectation is primarily due to activity and STF achievement being weighted more heavily to the end of year.