

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

Title of Report:	Chief Executive's Report
Status:	For Information
Board Sponsor:	James Scott, Chief Executive
Author:	Xavier Bell, Board of Directors' Secretary
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 (July 2017)

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 July two SOF operational metrics triggered concerns: 18 weeks RTT Incomplete Pathways and 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 remains below the national standard of 95% (94.2% in July) and 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. In July the majority of breaches are within non-obstetric ultrasound. There are also breaches within Cardiology echocardiography; however this has seen improved performance when compared to June. A recovery plan and improvement trajectory has been developed by the Medical Division and performance is projected to recover in December 2017.

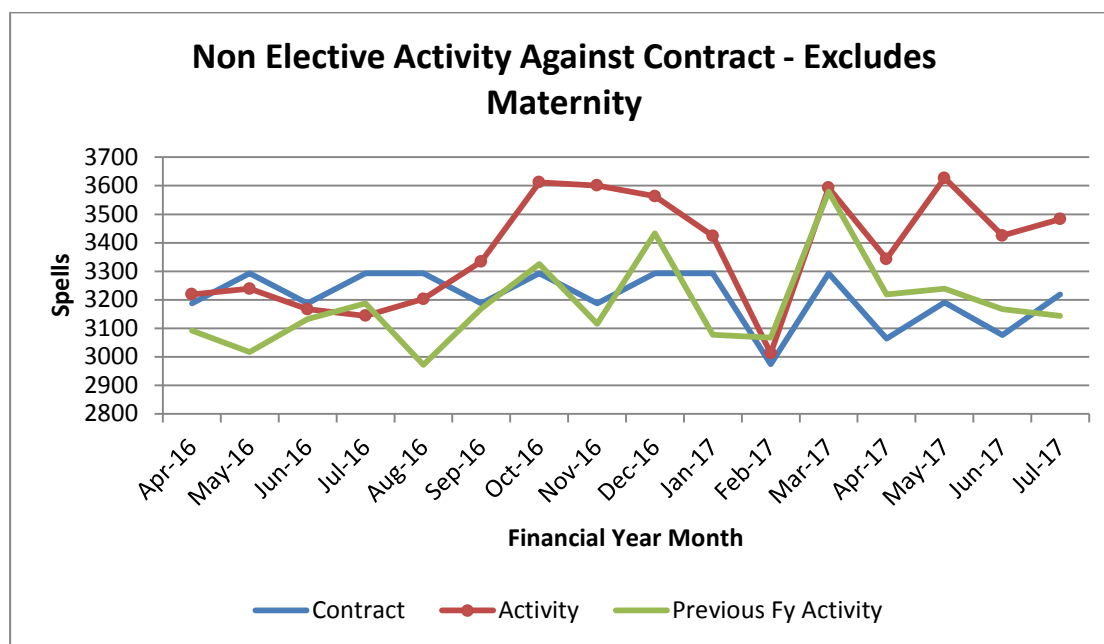
2 week GP Referral to treatment is not a national SOF operational metric, however this does remain as one of the national cancer standards. Performance for both “Urgent Suspected Cancers; Breast” and “Urgent All Suspected Cancer” has exceeded the constitutional target of 93% in July (95.9% and 94.6% respectively). However, 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 July 2017 the non-elective activity was 10.8% above July 2016 (excluding Maternity). Emergency department (ED) attendances were 5.9% below July 2016.

In July the Trust capacity was impacted by bed closures for works, care of bariatric patients, flu & D&V. This was an improved position from June.

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



C – Difficile Infection

In July there were 4 cases of C difficile, above the monthly target triggering red. Two cases in July are under review, pending completion of the RCAs.

The target for 2017-2018 is 22 cases of C difficile. Year-to-date the Trust has successfully appealed 2 cases in May and is awaiting the outcome of 1 further appeal, meaning performance to July is 8 cases (worst case) or 7 cases (best case).

Month	Actual number of cases	Number of successful appeals	Number awaiting appeal response	Number of outstanding RCAs
April 2016	2	1	0	0
May 2016	1	0	0	0
June 2016	7	3	0	0
July 2016	3	1	0	0
Aug 2016	4	1	0	0
Sept 2016	4	1	0	0
Oct 2016	3	1	0	0
Nov 2016	3	1	0	0
Dec 2016	4	2	0	0
Jan 2017	4	1	0	0
Feb 2017	4	1	0	1
March 2017	1	0	0	0
April 2017	2	0	1	0
May 2017	3	2	0	0
June 2017	1	0	0	1
July 2017	4	0	0	2

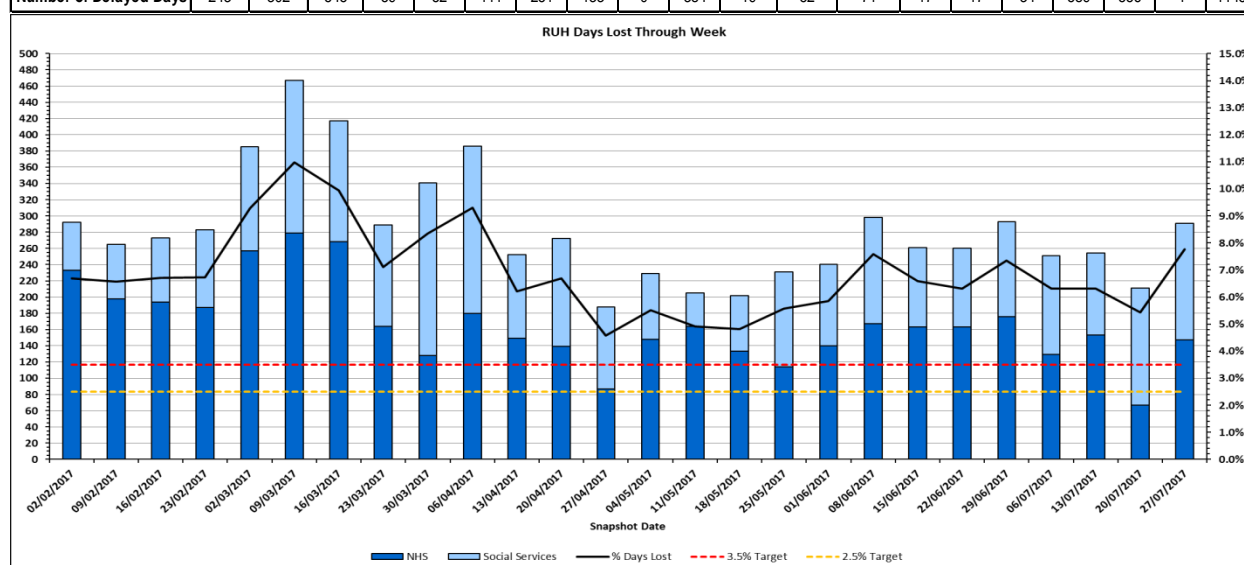
Delayed Transfers of Care (DTOC)

The DTOC position by CCG is detailed in the table on the left, which shows 57 patients reported at the July month end snapshot and 1145 delayed days (6.4%).

The graph outlines the delayed days by week since February 2017. The DTOC target of 3.5% has been nationally set. 2.5% is the RUH stretch target locally set.

In July an increase in delays for patients in BANES CCG have been seen, the CCG have escalated concerns to Virgin Care.

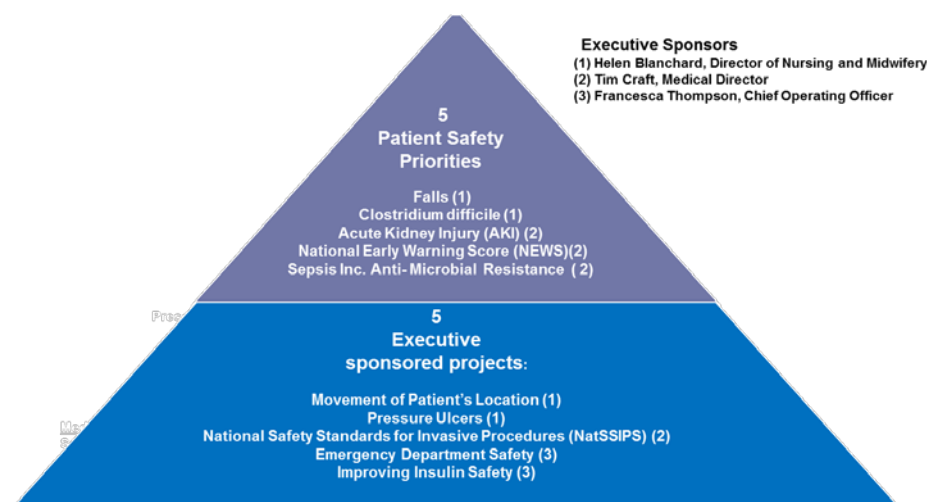
DTOC	CCG																			
	NHS BATH AND NORTH EAST SOMERSET CCG			NHS SOMERSET CCG			NHS WILTSHIRE CCG				NHS SOUTH GLOUCESTERSHIRE CCG			Non Commissioning CCGs			All CCGs			
	NHS	SS	Total	NHS	SS	Total	NHS	SS	Both	Total	NHS	SS	Total	NHS	SS	Total	NHS	SS	Both	Total
Number of Patients	16	15	31	5	2	7	10	5	0	15	0	2	2	1	1	2	32	25	0	57
Number of Delayed Days	243	302	545	59	52	111	251	133	0	384	19	52	71	17	17	34	589	556	4	1145



2. Quality Update

Patient Safety Priorities 2017/18

There are 10 patient safety priorities for 2017/18:



PALs and Complaints

There were 23 formal complaints received in June.

- 10 were for Medicine Division;
- 10 for the Surgical Division; and
- 3 for the Women and Children’s Division

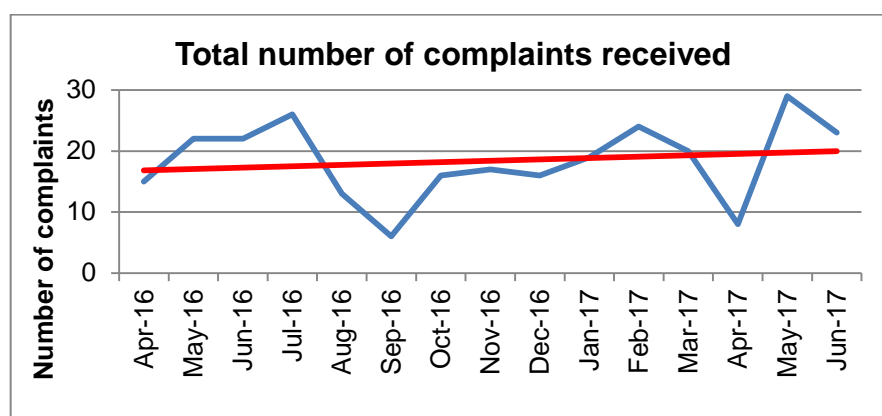
PALS contacts - 262 during May and 263 in June:

- 107 requested information or advice (41%)
- 132 required resolution (50%)
- 9 were compliments (3%)
- 15 provided feedback (6%)

The top three subjects requiring resolution were:

- Clinical care and concerns – 16 contacts for resolution related to issues around clinical care and concerns. All 16 were general enquires spread fairly evenly across service areas.
- Communication and information – there were 39 contacts relating to communication and info, 30 required general information about a cross-section of services, 7 were in regards to poor or inappropriate information and 2 about overseas patients and funding.
- Appointments – there were 29 enquiries in relation to appointments:-
16 required information on existing appointments, including changing.
2 related to surgery cancellations, 6 referred to the length of time for new appointments and 5 for follow-ups.

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



Serious Incidents

During June 2017, four 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.

3. Finance

The Trust reported a deficit at the end of July of £3.3m. This was planned, and the Trust was slightly below the deficit control total plan and is therefore anticipating receiving the STF allocation related to the first 4 months of the year totalling £1.7m. The deficit financial plan set for the first few months of the year now starts to reduce, and move towards achievement of a planned surplus in September. 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).

NHS Single Oversight Framework – Use of Resources: As at July 2017 the Trust is reporting an overall finance score of 3. This is in line with the plan submitted to NHSI.

See appendix 1 for the Finance key performance indicators.

4. Roll-Out of the Electronic Patient Record (EPR)

The Trust is one of the most digitally advanced in the region; however it recognises there are significant quality and financial benefits in the extended use of digital technology. The following additional functionality will be added into the Trust EPR (Cerner Millennium) in November 2017:

- Electronic Prescribing & Medications administration (EPMA);
- Emergency Department – full replacement of Patient First with Millennium version (FirstNet);
- Requesting & endorsing radiology & Pathology in Millennium (Order Comms).

Detailed planning over the sequencing of the roll-out is underway, and will be informed by lessons learned from Cerner Millennium in previous roll-outs. The current proposal is to implement the roll-out over a two week go-live period.

5. RNHRD Service Re-locations

On the 22nd June the Trust launched public and patient engagement to seek feedback on the proposal to relocate the Bath Centre for Fatigue Services from the Min to the new purpose built RNHRD and Therapies Centre. Stakeholder engagement events are planned for 31st July (Bath) and 1st August (Wiltshire). More information about the proposed relocation and ways to feedback can be found on the RUH website via http://www.ruh.nhs.uk/about/service_relocations/fatigue_services.asp?menu_id=9

6. Update on Senior Management Posts

Claire Buchanan, Director of Human Resources, will be leaving the Trust at the end of September as she has been appointed as Director of Human Resources at the University of Bristol.

Sarah Truelove, Director of Finance & Deputy Chief Executive is leaving the Trust to take on the role of Chief Financial Officer and Deputy Chief Executive for the Bristol, North Somerset and South Gloucestershire Clinical Commissioning Groups.

As indicated above, in November the Trust is making significant improvements to how patient information is managed, by introducing Order Comms, First Net and electronic Prescribing and Medicine Administration (ePMA) on Millennium. As the Director with responsibility for the Trust’s Health Informatics Service, Sarah will remain at the Trust until early in the New Year, and will oversee the ‘Go Live’ phase of this important project.

7. Secretary of State for Health Message to NHS Staff

The Secretary of State for Health, Jeremy Hunt MP, issued the following statement to NHS staff on 16th June 2017.

“When I was first made Health Secretary I said it was the biggest privilege of my life, and so it has proved. What I didn’t realise then was that it would also become my biggest passion – working in health is not just a job but a vocation.

The election period reinforced more acutely than ever the incredible work of the NHS, particularly the way staff dealt first with the global cyber-attack and then with horrendous terror attacks in Manchester and London. After the Manchester bombing I met nurses caring for bereaved families with incredible compassion, whilst in London I heard stories of doctors who cycled the length of the city at 2am just because they wanted to help. These stories speak to a wider truth – NHS staff do an amazing job, often in the most difficult of circumstances. And it is this which brings us all together: our great belief in the NHS, what it stands for and what we believe it can be.

Your compassion, energy, dynamism and total dedication, day in, day out, are truly humbling. When I look at what the NHS has achieved in recent years, I think you can feel very proud. Despite the financial crash and ensuing period of constrained budgets, today’s NHS has some of its highest ever satisfaction ratings, carries out 5,000 more operations a day, has lower MRSA rates than France, Germany or Spain, and sees its highest ever survival rates for cancer, heart attacks and stroke. One of the biggest expansions of mental health provision in Europe is underway right here, and there’s been a transformation in attitudes towards patient safety in the wake of Mid-Staffs. These achievements simply wouldn’t have been possible without you, our world-class doctors, nurses, paramedics and everyone else who works every day, across the country, to make the NHS the best it can be.

I am proud that this country was the first to say that no one – rich or poor, young or old – should have to worry about affording good healthcare; indeed we have made this pledge central to how people right across the world define a civilised nation. Going forwards, we must continue to focus not just on equity but also on excellence. We need to continue our work on patient safety, continue the transformation of mental health, continue developing new models of care and continue to put as much energy into prevention as into cure. That’s my mission – to support the NHS to become the safest, highest quality health system in the world.

This is not to ignore the fact that difficult issues lie ahead: money is always going to be a pressure, for instance. But I am confident that, working together, we can unite the whole NHS to deliver the safest, highest quality care anywhere in the world. I would like to take the opportunity to thank you all for your hard work to make this vision a reality”.

Author: Xavier Bell, Board of Directors’ Secretary Document Approved by: James Scott, Chief Executive	Date: 22 August 2017 Version: 1.0
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8. Fire Safety Assurance

Following the terrible fire at Grenfell Tower, assurance has been sought from the Trust's Estates and Facilities Directorate that the hospital is compliant with relevant regulatory requirements and has appropriate safeguards in place in the event of a fire. This assurance has been provided, including confirmation that:

- The fire alarm detection in the Trust is an L1 (Detection in every area) system that is fully compliant to the relevant Health Technical Manual (HTM);
- Upon activation the fire response team arrive within 5 minute, usually less, to the area identified by the fully addressable fire panels;
- Fire training for the fire response team is fully up to date, staff training awareness is good with more training being booked, the training considers all aspects of clutter, blocking of fire exits and patient / staff evacuation;
- Regular fire evacuation training is practiced in all non-clinical areas;
- Server IT rooms are compliant and tested on a regular basis;
- All of the smoke/heat detector devices are tested in line with the HTMs and fire regulations.

The Regulatory Reform Fire Safety Order 2005 requires the Trust to undertake comprehensive fire risk assessments and record any significant findings. This requirement is complied with all actions identified have been completed or have investment plans to be completed.

9. Relocation of Sexual Health Service

The Sexual Health Clinic successfully relocated to the Riverside Health Centre on 19th June 2017. There have been wide ranging communications activities in the run up to the move to ensure people know where to access these services.

10. Demolition of Old Pharmacy Building

Work started on 19th June 2017 to demolish the old Pharmacy building to make way for the new RNHRD and Therapies Building. Information boards about this project, and other Fit for the Future initiatives will be displayed on the hoardings around the site over the coming weeks.

11. Official Opening of Forbes Fraser Pharmacy

The hospitals new Forbes Fraser Pharmacy building was officially opened by NHS England Chief Pharmaceutical Officer, Dr Keith Ridge CBE, on 23rd June 2017. Key staff and contractors who were involved in the build were invited to the unveiling of a commemorative plaque to mark the opening of this innovative and important facility.

12. Queens Honours

Sue Brown, Consultant Nurse in Rheumatology at the RNHRD, who was instrumental in the service being recognised as a Lupus Centre of Excellence, has been awarded an MBE

in the Queens Honours. This honour is a reflection of Sue's long standing dedication and commitment to her patients.







13. Art at the Heart Win Creative Bath Award

Art at the Heart of the RUH won the Creative Bath 2017 Award for 'Art' at the awards ceremony on 8th June 2017 which celebrated the very best of Bath's creativity.

The judges were particularly impressed with the Bath War Hospital heritage project, they commented "Great cause, great concept. The WW1 project is an exciting initiative with good feedback and testimonials. So very moving – provides healing through creativity"

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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 £3.3m at month 4. The Trust was slightly below the deficit control total plan and is therefore anticipating receiving the STF allocation related to the first 4 months of the year totalling £1.7m. 		
QIPP programme	<ul style="list-style-type: none"> £2.5m achieved against plan of £2.5m, 98% delivery for the first 4 months of the year The QIPP plan for 2017/18 has been identified in full. With additional mitigations included QIPP identification is £0.5m over plan 		
Liquidity	<ul style="list-style-type: none"> Cash balance at month end is £24.7m, £11m 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 3 indicating that the Trust has room for improvement. However this is in line with the plan. 	