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|-------------------------|-----------------------------|---------------------|----------|
| <b>Report to:</b>       | <b>Council of Governors</b> | <b>Agenda item:</b> | <b>5</b> |
| <b>Date of Meeting:</b> | <b>5 December 2017</b>      |                     |          |

|                         |   |
|-------------------------|---|
| <b>Title of Report:</b> | <b>Chief Executive's Report</b>                       |
| <b>Status:</b>          | <b>For Information</b>                                |
| <b>Board Sponsor:</b>   | <b>James Scott, Chief Executive</b>                   |
| <b>Author:</b>          | <b>Xavier Bell, Board of Directors' Secretary</b>     |
| <b>Appendices</b>       | <b>Appendix 1: Finance Key Performance Indicators</b> |

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| <b>1.</b>  | <b>Executive Summary of the Report</b> |
| 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. |  |

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|--|---|
| <b>2.</b>  | <b>Recommendations (Note, Approve, Discuss)</b> |
| The Council of Governors are asked to note the report. |   |

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|----------------|--|
| <b>3.</b>      | <b>Legal / Regulatory Implications</b> |
| Not applicable |  |

|  |  |
|--|--|
| <b>4.</b>  | <b>Risk (Threats or opportunities, link to a risk on the Risk Register, Board Assurance Framework etc)</b> |
| 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. |  |

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|----------------|--|
| <b>5.</b>      | <b>Resources Implications (Financial / staffing)</b> |
| Not applicable |  |

|                |                               |
|----------------|-------------------------------|
| <b>6.</b>      | <b>Equality and Diversity</b> |
| Not applicable |                               |

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|--|---------------------------------------|
| <b>7.</b>  | <b>References to previous reports</b> |
| The Chief Executive submits a report to each Council of Governors. |                                       |

|           |                               |
|-----------|-------------------------------|
| <b>8.</b> | <b>Freedom of Information</b> |
| Public    |                               |

## 1. Operational Performance

### Single Oversight Framework (October 2017)

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

In September two SOF operational metrics triggered concerns: 18 weeks RTT Incomplete Pathways and C Difficile infections  $\geq$  72 hours.

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% (89.9% in October) and continues to be the highest operational performance risk for the Trust. The Trust continues to work to a detailed improvement plan, and 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. This continues to be a work in progress.

**Six weeks diagnostic waits (DMO1)** performance had consistently failed against the national standard from December 2016; however in October performance is reported as 0.95% against the  $\leq$ 1.0% target. This is ahead of the agreed performance trajectory and reflects the hard work of the Medical Division to recover performance. Significant progress has been achieved in reducing the backlog for both cardiac MRI and specialist echocardiogram. Both diagnostic types are performing ahead of the agreed trajectory.

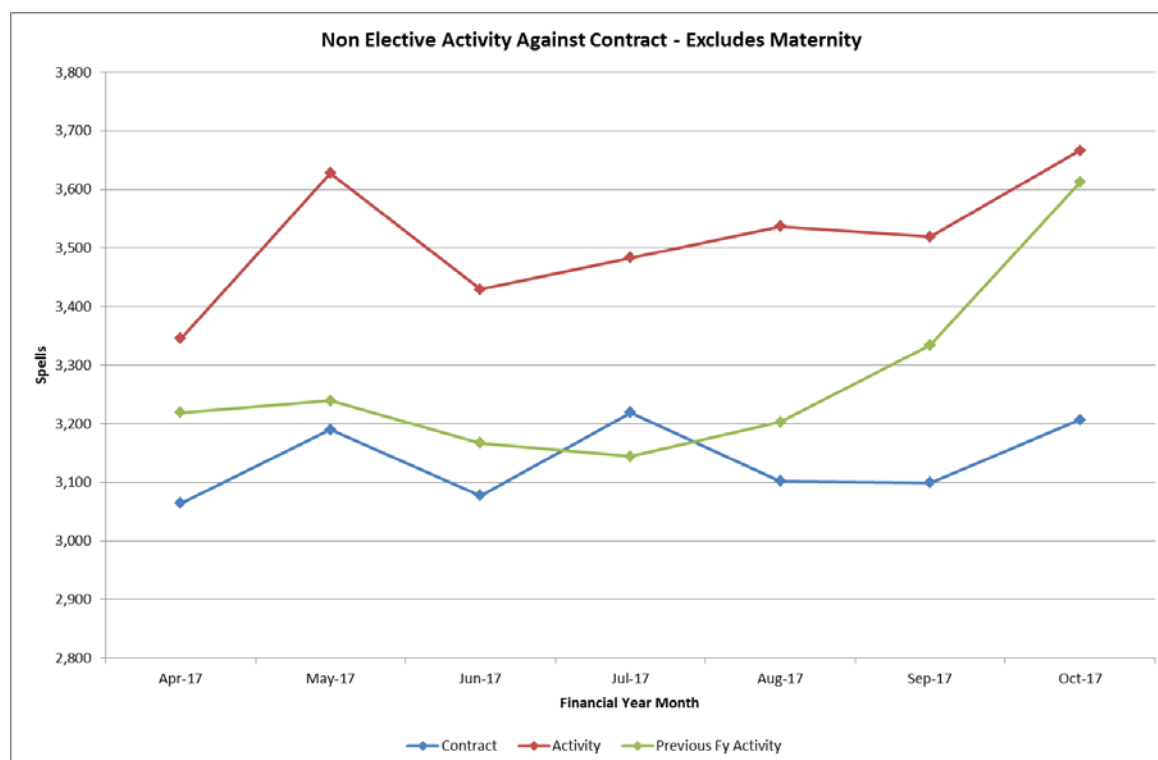
**2 week GP Referral to treatment** is not a national SOF operational metric, however this does remain as one of the national cancer standards. Performance for both “Urgent Suspected Cancers; Breast” and “Urgent All Suspected Cancer” has exceeded the constitutional target of 93% in October (93.7% and 98.0% 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 October 2017 the non-elective activity was 1.5% above October 2016 (excluding Maternity). Emergency department (ED) attendances were 1.0% below October 2016.

In October the Trust capacity was impacted by bed closures for works, care of bariatric patients & flu. This was a worsening position from September.

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



### C – Difficile Infection

In October there were 5 cases of C difficile, above the monthly target triggering red. 2 cases in September are under review, pending completion of the RCAs, and one has been appealed (awaiting appeal response).

The target for 2017-2018 is 22 cases of C difficile. Year-to-date the Trust has successfully appealed 5 cases and is awaiting the outcome of 2 further appeal and 2 RCAs, meaning performance to October is 17 cases (worst case) or 13 cases (best case):

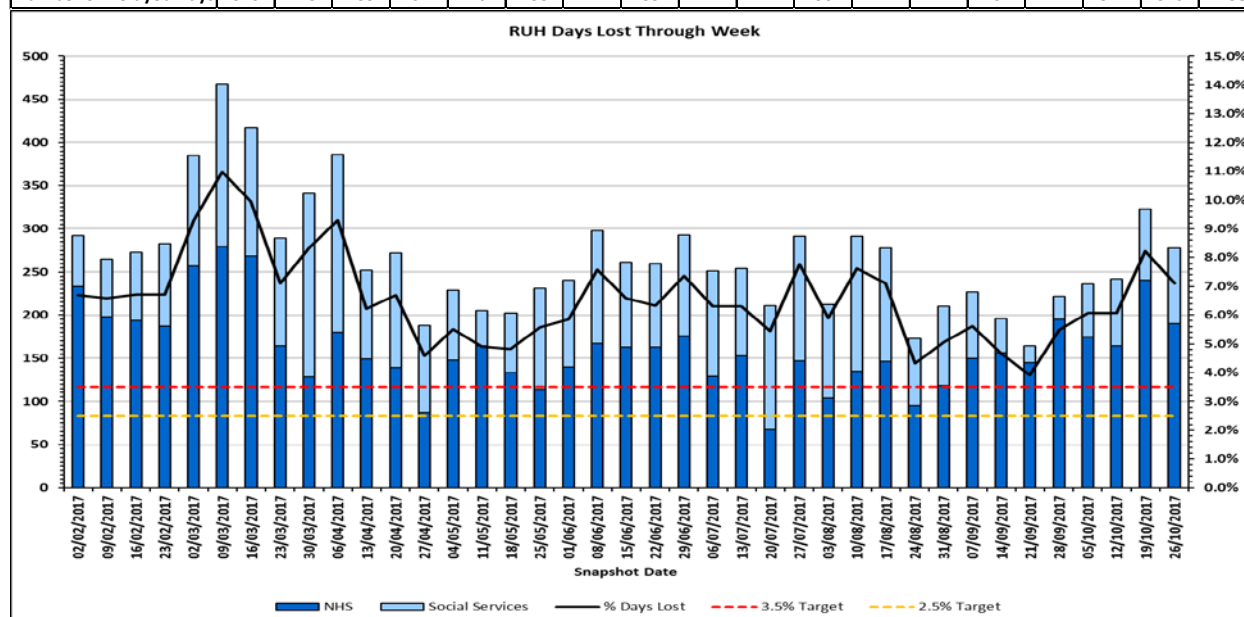
| Month         | Actual Number of Cases | Number of Successful Appeals | Number Awaiting Appeal Response | Number of Outstanding RCA's |
|---------------|------------------------|------------------------------|---------------------------------|-----------------------------|
| April 17      | 2                      | 1                            | 0                               | 0                           |
| May 17        | 3                      | 2                            | 0                               | 0                           |
| June 17       | 1                      | 0                            | 0                               | 0                           |
| July 17       | 4                      | 1                            | 0                               | 0                           |
| Aug 17        | 2                      | 0                            | 1                               | 0                           |
| Sept 17       | 5                      | 1                            | 0                               | 0                           |
| <b>Oct 17</b> | <b>5</b>               | <b>0</b>                     | <b>1</b>                        | <b>2</b>                    |
| <b>Y-T-D</b>  | <b>22</b>              | <b>5</b>                     | <b>2</b>                        | <b>2</b>                    |

### Delayed Transfers of Care (DTOC)

The DTOC position by CCG is detailed in the table below, which shows 53 patients reported at the October month end snapshot and 1,158 delayed days (6.5%).

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.

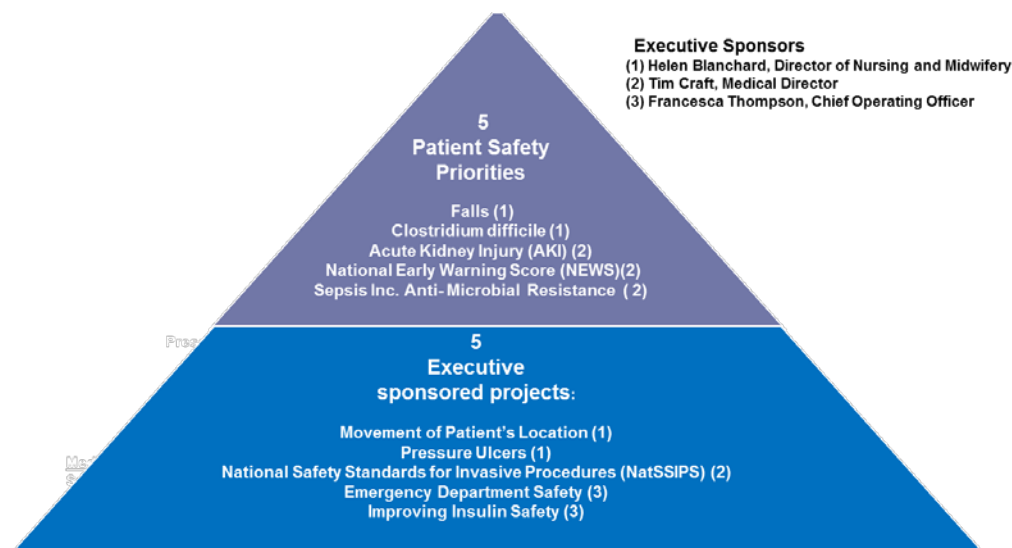
| DTOC                   | CCG's                                |     |       |                  |    |       |                   |    |       |                               |    |       |                        |    |       |          |     |       |
|------------------------|--------------------------------------|-----|-------|------------------|----|-------|-------------------|----|-------|-------------------------------|----|-------|------------------------|----|-------|----------|-----|-------|
|                        | 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 | Total | NHS                           | SS | Total | NHS                    | SS | Total | NHS      | SS  | Total |
| Number of Patients     | 14                                   | 6   | 20    | 1                | 2  | 3     | 20                | 4  | 24    | 2                             | 4  | 6     | 0                      | 0  | 0     | 37       | 16  | 53    |
| Number of Delayed Days | 340                                  | 115 | 455   | 62               | 76 | 138   | 412               | 35 | 447   | 21                            | 90 | 111   | 7                      | 0  | 7     | 842      | 316 | 1158  |



## 2. Quality Update

### Patient Safety Priorities 2017/18

There are 10 patient safety priorities for 2017/18:



### PALs and Complaints

There were 16 formal complaints received in October.

- 6 were for Medicine Division;
- 8 for the Surgical Division; and
- 2 for the Women and Children's Division

PALS contacts - 292 during October and 274 times in September:

- 125 required resolution (43%)
- 135 requested information or advice (46%)
- 17 provided feedback (6%)
- 15 were compliments (5%)

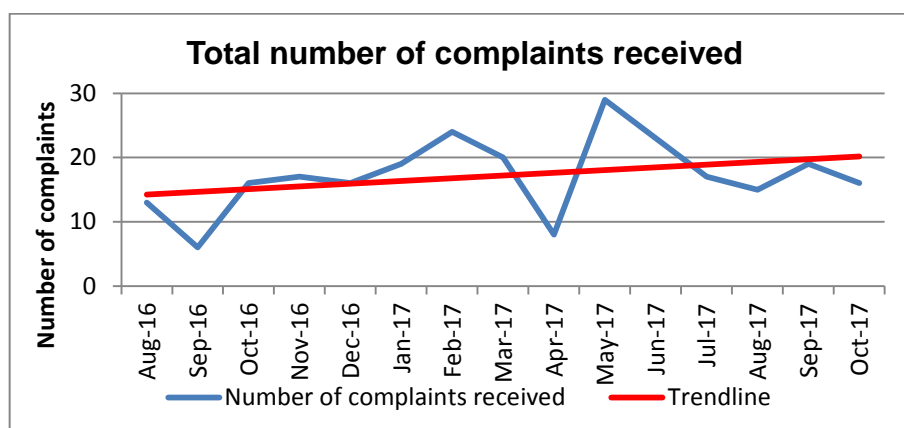
The top three subjects requiring resolution were:

**Communication and information** – there were 29 contacts relating to communication and info; 20 required general information and advice, 6 were about incorrect/incomplete correspondence, 2 about a lack of clear explanation and 1 relating to poor communication.

**Appointments** – there were 19 enquiries in relation to appointments; 10 required information about existing appointments, including making changes. 2 were about cancellations, 5 about the wait for new appointments and 2 about follow-up appointments.

**Clinical care** – 21 contacts related to clinical care concerns. 13 of them were general enquiries, 2 related to a wrong diagnosis, 4 about inappropriate care, 1 about quality and 1 about end of life care.

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



### Serious Incidents

During September 2017, four Serious Incidents were reported and these remain under investigation.

### 3. Finance

The control total plan was to achieve a surplus of £7.4m at the halfway point of the year (September). The position is in line with the control total plan and therefore we anticipate receiving the financial elements of the STF allocation (£2.3m). An element of the performance targets have been missed resulting in the non-achievement of £0.4m potential STF allocation.

**NHS Single Oversight Framework – Use of Resources:** As at October 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 “Big 3”

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 was 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).

The go-live in November has so far been a success, thanks to the careful planning and amazing effort of RUH staff. This change is one of the most significant digital upgrades ever undertaken by the Trust, and the changes will continue to be embedded over the coming weeks.

## 5. Update on Senior Management Posts

The Director of Nursing & Midwifery, Helen Blanchard, is currently undertaking a secondment to NHS Improvement to undertake an important project focusing on nursing workforce. During this secondment, Lisa Cheek, Deputy Director of Nursing & Midwifery, will be Acting Director of Nursing & Midwifery.

The Medical Director, Dr Tim Craft, is currently undertaking a project focusing on a number of opportunities for the Trust to expand its Research & Development portfolio. Whilst he is undertaking this work Dr Bernie Marden, Head of Women and Children's Division will be Acting Medical Director.

The Trust is currently in the recruitment phase for both the Director of People (previously Director of Human Resources) post and the Director of Finance Post. There has been strong interest in both posts.

After 9 years, Suzanne Wills, Divisional Manager for Medicine will be leaving the Trust on 20<sup>th</sup> December 2017 to take up a new post at Hampshire Hospitals NHS Foundation Trust, as Director of Operations for the Surgery Division.

In the interim, Suzanne's role will be covered internally for a period of six months. Sarah Hudson, Deputy Divisional Manager, will be acting up into the role of Divisional Manager, and Denise Moorhouse, Senior Specialty Manager will be acting up into the role of Deputy Divisional Manager.

## 6. Court Case









A litigation claim in relation to an incident which occurred at the Trust in May 2011 has been heard in the High Court of Justice over the course of 2 weeks in November. The case relates to an individual who had been admitted to the hospital following a hypoglycaemic attack, and who made his way to the roof of ED and fell/jumped, suffering significant and life altering head and neck injuries. The case does not relate to the clinical care that the individual received, but rather to on the question of duty of care around allowing access to the roof.

This case was managed by the Trust's insurers, NHS Resolution, and all decisions around the management of the case rest with the insurer. A decision is expected in late November.

## 7. Winter Planning

The Trust has prepared plans to provide assurance that there is system resilience over the winter season, with the aim of ensuring patient safety and achieving and sustaining the key acute trust performance targets and trajectories, including 4 hour emergency access, RTT and cancer wait times. The Trust's plans are available on the RUH website at [http://www.ruh.nhs.uk/about/trustboard/2017\\_10/documents/13.pdf](http://www.ruh.nhs.uk/about/trustboard/2017_10/documents/13.pdf).

# Key performance Indicators

| Area of review                | Key Highlights   | Current month Rating  | Forecast Year end Rating  |
|-------------------------------|--|---|---|
| Income & Expenditure position | <ul style="list-style-type: none"> <li>The control total plan was to achieve a surplus of £7.8m at the month 7 and it has been delivered.</li> <li>Concerns remain with the delivery of the contracted activity to date as this has led to an income shortfall.</li> <li>The full anticipated STF allocation has not been achieved due to performance targets related to ED performance being missed.</li> </ul> |    |    |
| QIPP programme                | <ul style="list-style-type: none"> <li>£4.6m achieved against plan of £4.5m, 104% delivery for the first seven months of the year.</li> <li>The forecast QIPP position for 2017/18 is currently marginally below plan following a reassessment of schemes in month.</li> </ul>   |    |    |
| Liquidity                     | <ul style="list-style-type: none"> <li>Cash balance at month end is £19.8m, which is below plan due to a slight delay in the receipt of funds relating to the RNHRD sale.</li> <li>The liquidity metric is scored as 1, which is the highest rating possible.</li> </ul>   |  |  |
| Use of Resources              | <ul style="list-style-type: none"> <li>Use of Resources metric is scored as 3 indicating that the Trust has room for improvement. However this is in line with the plan and is due to the treatment of the repayment of loans.</li> </ul>  |  |  |