

Report to:	Council of Governors	Agenda item:	5
Date of Meeting:	6 March 2018		

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 (January 2018)

Against the NHSI Single Oversight Framework the RUH has been rated 3 overall. The Trust has been placed into segment 4 for 4 hour performance.

In January three SOF operational metrics triggered concerns, with performance failures in two consecutive months: 4 hour wait in A&E, 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% (72.3% in January) 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 revised and updated system wide improvement plan has also been requested by regulators, 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) the Trust achieved the constitutional target in October 2017 after a period of consistent failure (from December 2016); unfortunately this has not been sustained, and in January performance was reported as 1.81% against the $\leq 1.0\%$ indicator. Progress against the action plan has slowed due to consultant sickness and equipment failure; however outsourcing has commenced in key areas to manage demand and reduce breach numbers.

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 January (93.8% and 94.6% respectively).

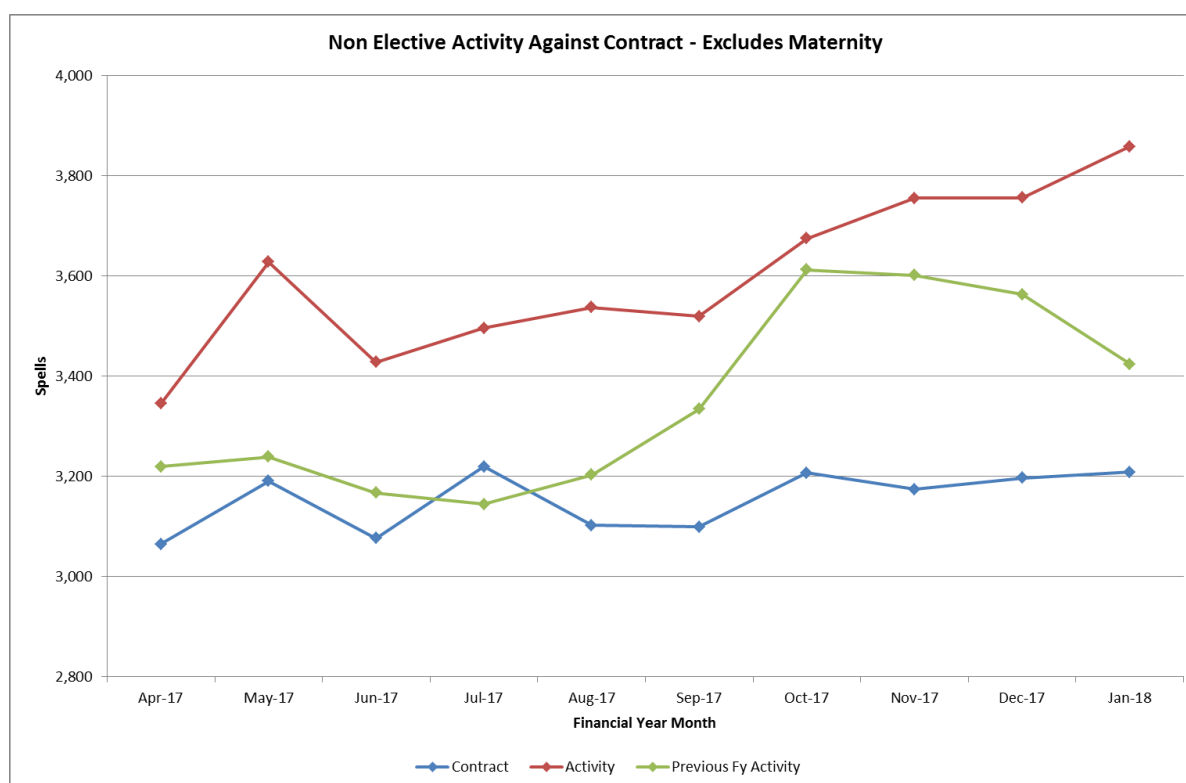
Activity levels

In January 2018 the non-elective activity was 12.7% above January 2017 (excluding Maternity). Emergency department (ED) attendances were 2.1% below January 2017.

In January capacity was impacted by bed closures for infection, care of bariatric patients and works. **Two bed spaces remained closed in January for fire access works to be completed in ACE area C and SAU area C (Both closed bed spaces have been re-opened in February).** This was a worsening position from December. The maximum number of beds closed to admissions was 115 and the average per day closed was 63. The Trust fully implemented the winter Flu management plan in January.

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

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Document Approved by: James Scott, Chief Executive	Version: 1.0
Agenda Item: 5	Page 2 of 8



C – Difficile Infection

In January there was 1 case of C difficile, above the monthly target triggering red. This case is awaiting the outcome of an RCA. As at January the Trust is awaiting the outcome of 2 appeals.

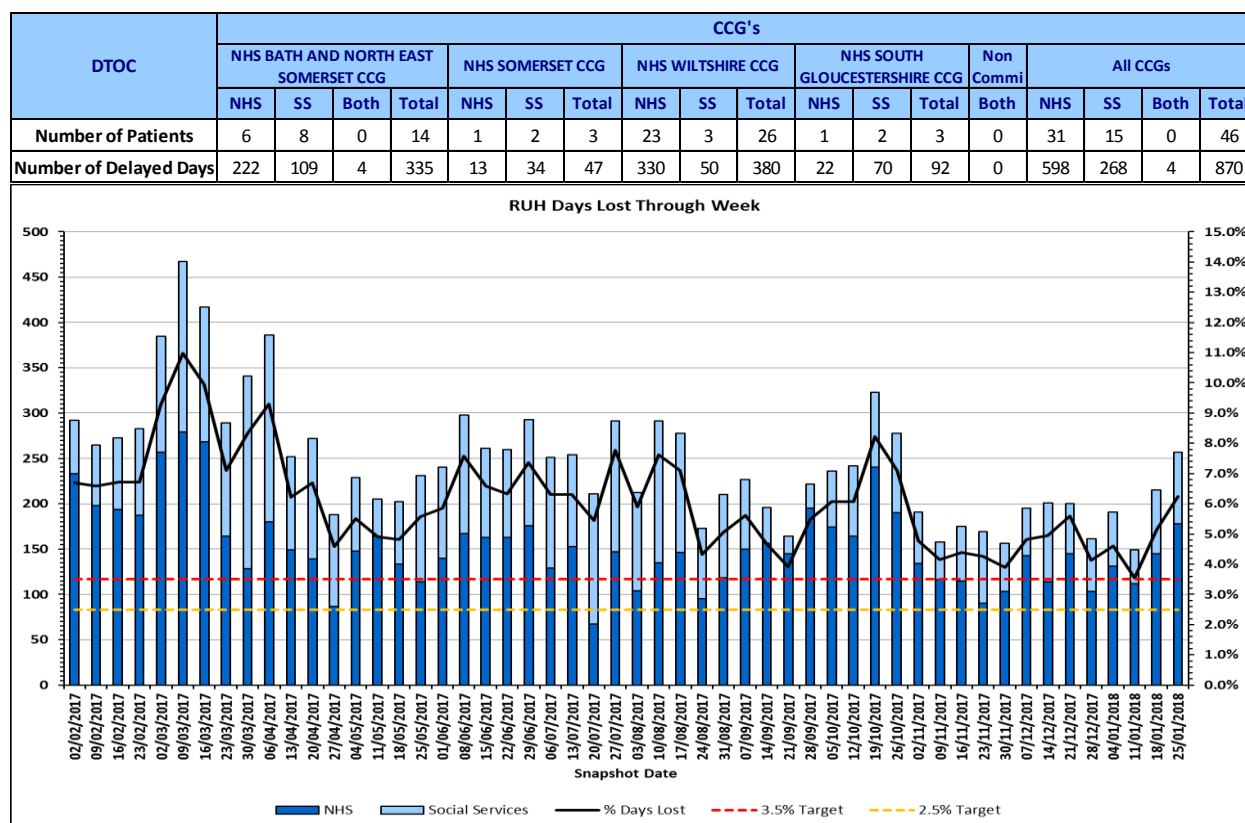
The tolerance for 2017-2018 is 22 cases of C difficile. Year to date the best case scenario is 16 RUH Trust attributed C Diff cases which would be within tolerance; the worst case scenario is 19 which would suggest that by the end of the year the Trust will be outside the tolerance of 22 cases:

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	1	0	0
Sept 17	5	2	0	0
Oct 17	6	2	0	0
Nov 17	2	0	1	0
Dec 17	2	0	1	0
Jan 18	1	0	0	1
Y-T-D	28	9	2	1

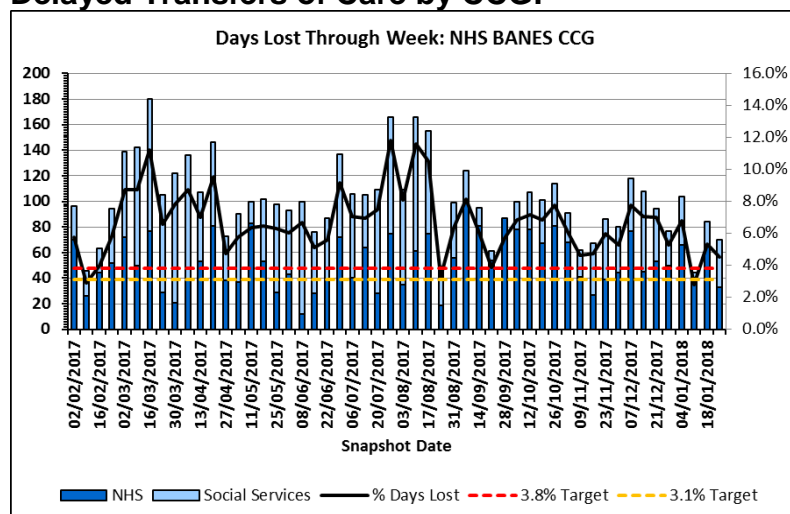
Delayed Transfers of Care (DTOC)

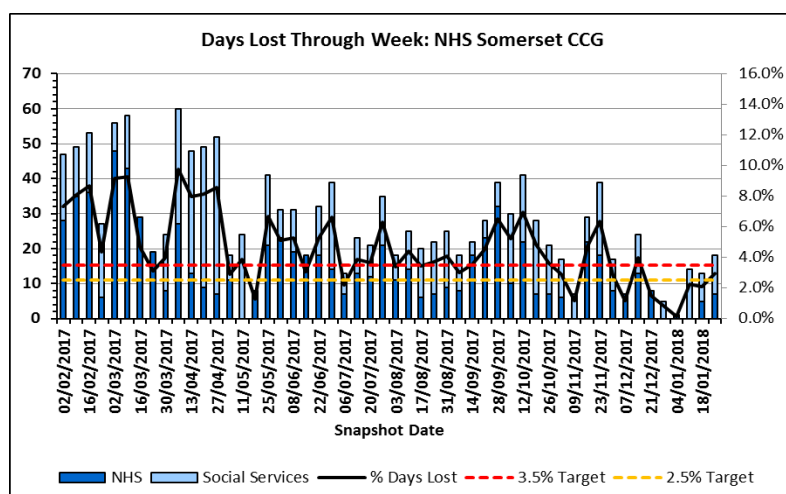
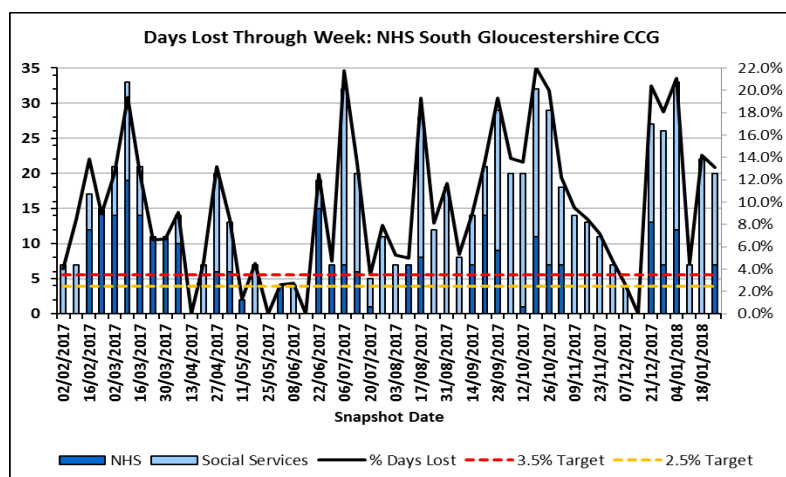
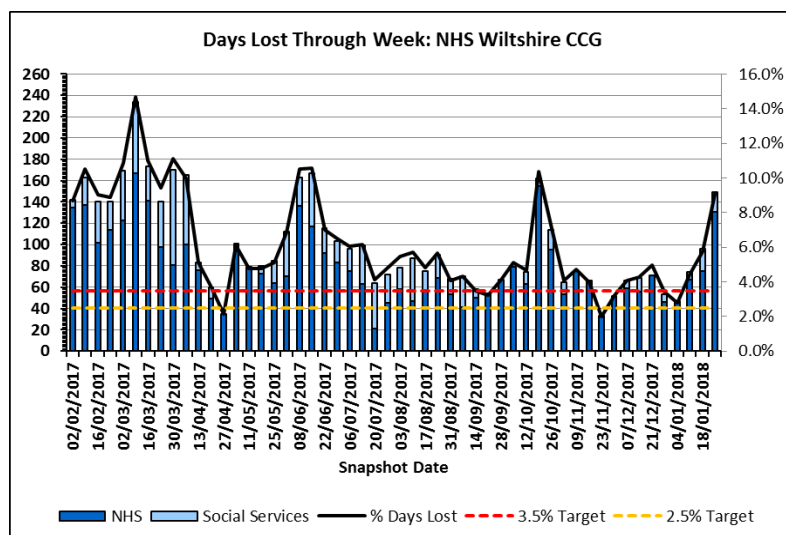
The DTOC position by CCG is detailed in the table below, which shows 46 patients reported at the January month end snapshot and 870 delayed days (4.6%).

The graph outlines the delayed days by week since February 2017. Delays have increased during January, reflecting the increased system pressure. The largest increase in days lost for delays in January 2018 was seen for Wiltshire patients at the RUH. The Trust focus to reduce delays is being led through the Integrated Discharge Service (IDS) work programme, which continues to review discharge pathways 2 and 3.



Delayed Transfers of Care by CCG:





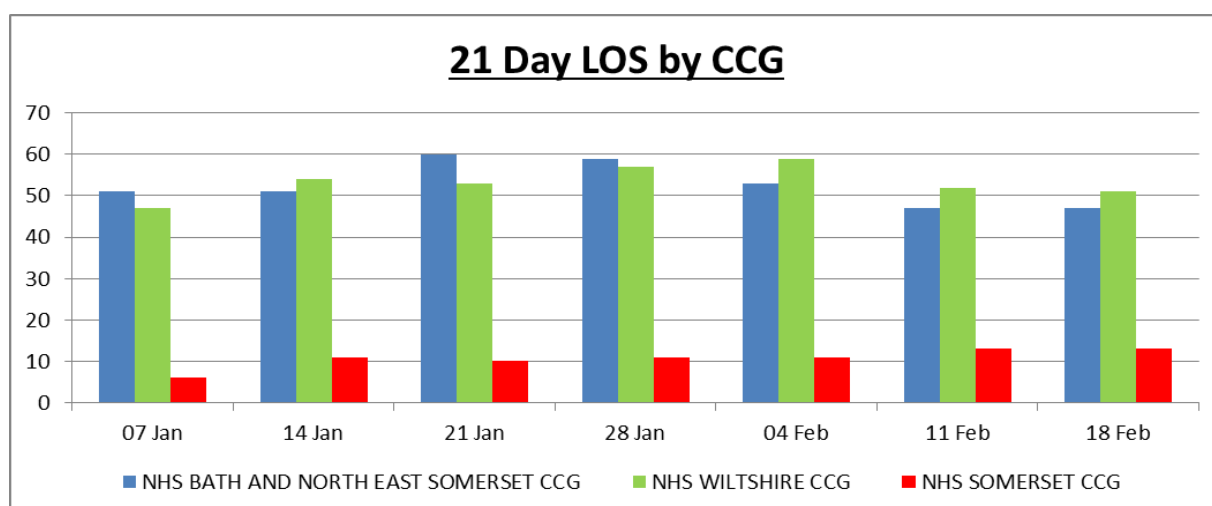
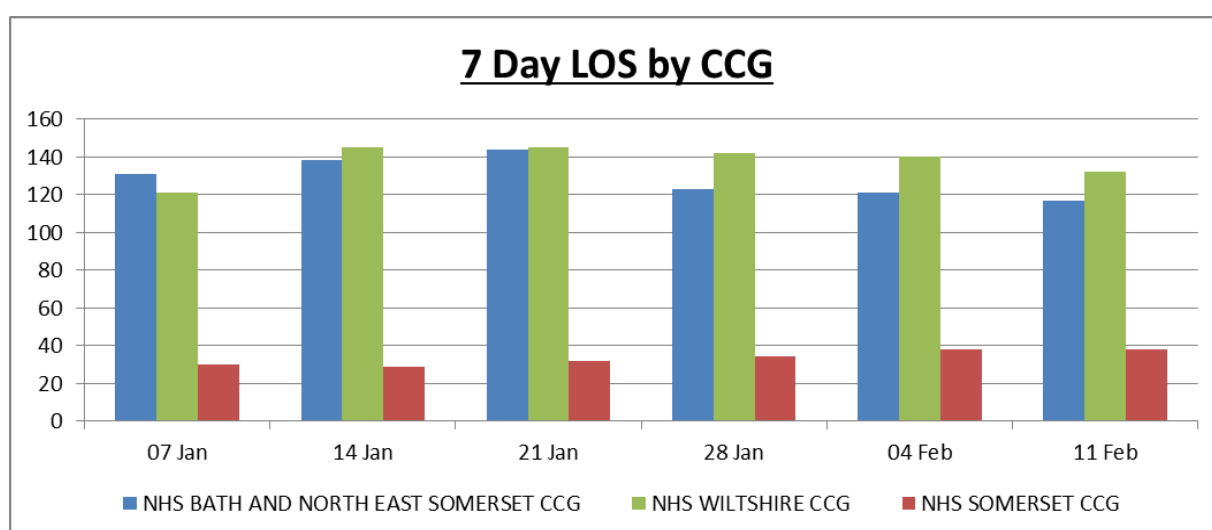
As the above graphs indicate, Governors should note the challenges that CCGs have to deliver the national DTOC targets. The largest increase in days lost for delays in January 2018 was for Wiltshire patients at the RUH (~8%).

In 2017/18 national reporting commenced on two new length of stay metrics, stranded patients the number of 7 day + patients, and super stranded 21 day + patients.

In year the Trust has been working to deliver a discharge CQUIN, focused on reducing the 7 day + patients. Delivery of the CQUIN has been supported by the introduction of the simplified discharge pathways (pathways 0 to 3) and particularly pathway 1, Home First.

In 2016/17 35% of RUH patients were discharged before day 7, to their usual place of residence. Year to date in 2017/18 the Trust has improved performance and is delivering 41.7% of patients discharged before day 7, exceeding the CQUIN target of 2.5% improvement from 2016/17 levels.

The Trust is working with system partners to understand the internal and external delays to discharge, and current performance by CCG area can be seen in the graphs below:

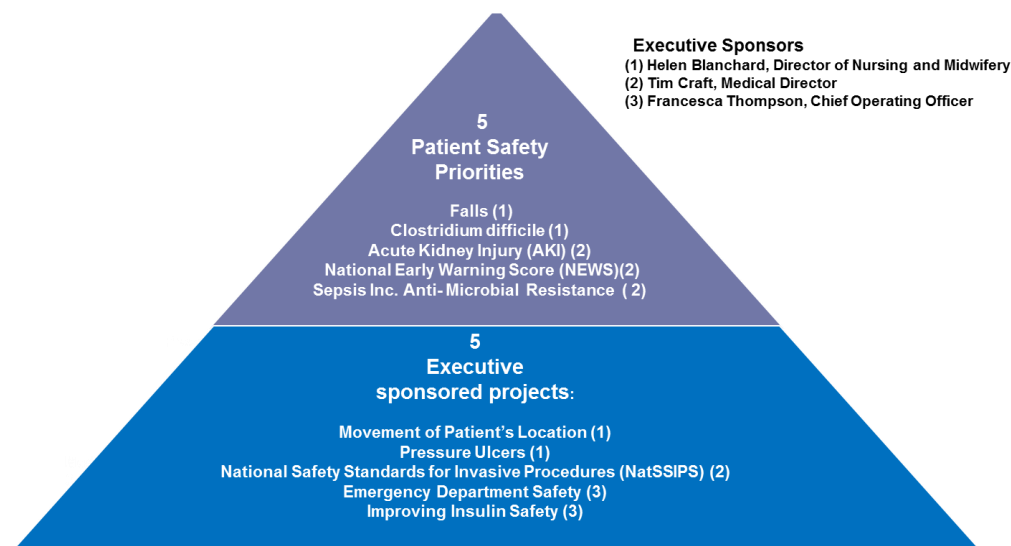


Performances against stranded and super stranded levels are now being monitored monthly within the Trust 4hr monthly performance report.

2. Quality Update

Patient Safety Priorities 2017/18

There are 10 patient safety priorities for 2017/18:



PALs and Complaints

There were 6 formal complaints received in December.

- 4 were for Medicine Division;
- 1 for the Surgical Division; and
- 1 for the Women and Children's Division

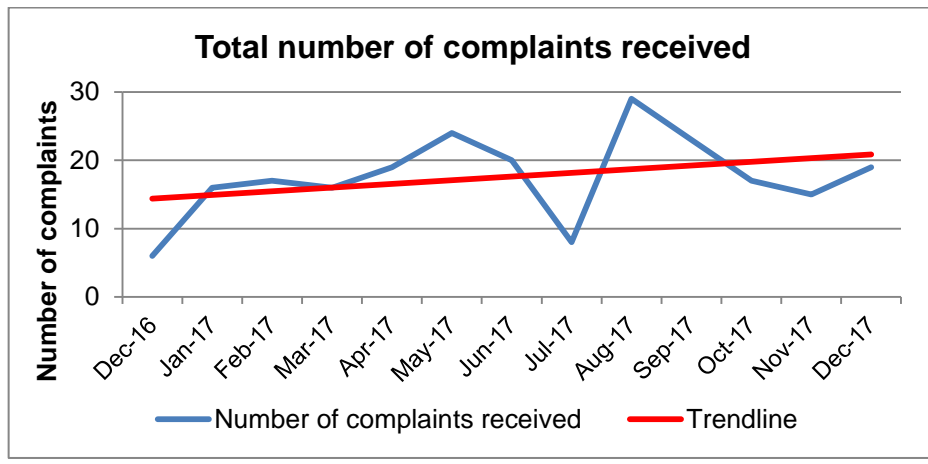
PALS contacts - 217 during December, compared to 287 in November:

- 126 required resolution (58%)
- 63 requested information or advice (29%)
- 10 provided feedback (5%)
- 18 were compliments (8%)

The top three subjects requiring resolution were:

- **Appointments** – there were 30 enquiries in relation to appointments; 11 required information about existing appointments, including making changes, 5 were about cancellations, 4 about waiting for new appointments and 3 about follow-up appointments.
- **Clinical care** – 27 contacts related to clinical care concerns; 7 of them were general enquiries, 4 related to concerns about medical care and 1 about end of life care.
- **Communication and information** – there were 24 contacts relating to communication and information; eleven required general information and advice, 3 were about discharge summaries and 3 about accuracy of record keeping.

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



Serious Incidents

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

3. Finance

The control total plan was to achieve a surplus of £6.8m at month 10 (January 2018) and this has been delivered. The position is in line with the control total plan and therefore we anticipate receiving the financial elements of the STF allocation. The full anticipated STF allocation has not been achieved due to performance targets related to ED performance being missed.

NHS Single Oversight Framework – Use of Resources: As at January 2018 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. Update on Senior Management Posts

Dr Claire Radley will be joining the Trust as Director of People from April 2018. Claire is currently the Assistance Director of Organisational Development at the Cardiff & Vale University Health Board in Wales.

Libby Walters will be joining the Trust as Director of Finance from June 2018. Libby is currently the Director of Finance & Resources at Dorset County Hospital. In the meantime, the Trust has appointed an interim Director of Finance, Peter Hollinshead, who has been in post since February 2018.

Helen Blanchard, Director of Nursing & Midwifery, returned to the Trust in January 2018 following a secondment to NHS Improvement.

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 surplus of £6.8m at the month 10 and it has been delivered. The delivery of Income from commissioners remains a key concern, with Elective activity significantly below plan in month. The full anticipated STF allocation has not been achieved due to performance targets related to ED performance being missed. 		
QIPP programme	<ul style="list-style-type: none"> £6.9m achieved against plan of £6.5m, 106% delivery for the first 9months of the year. The forecast QIPP position for 2017/18 is now £0.4m above plan. 		
Liquidity	<ul style="list-style-type: none"> Cash balance at the end of January was £33.1m, which is 16.9m 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. 	