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

Title of Report:	Chief Executive's Report
Status:	For Information
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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 2018)
Against the NHSI Single Oversight Framework the RUH has been rated 3 overall. The Trust has been placed into category 4 for 4 hour performance.

In July three SOF operational metrics triggered concerns: 4 hour wait in A&E, 18 weeks RTT Incomplete Pathways and Six week diagnostic waits (DMO1). Delivery of the 4 hour access standard remains the Trusts most significant performance issue. A 4 hour improvement trajectory has now been agreed with Commissioners.

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.

4 hour performance remains below the national standard of 95% (82.8% in July, or 88.2% when the Entire RUH footprint including MIU activity is considered) 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 4 hour performance report.

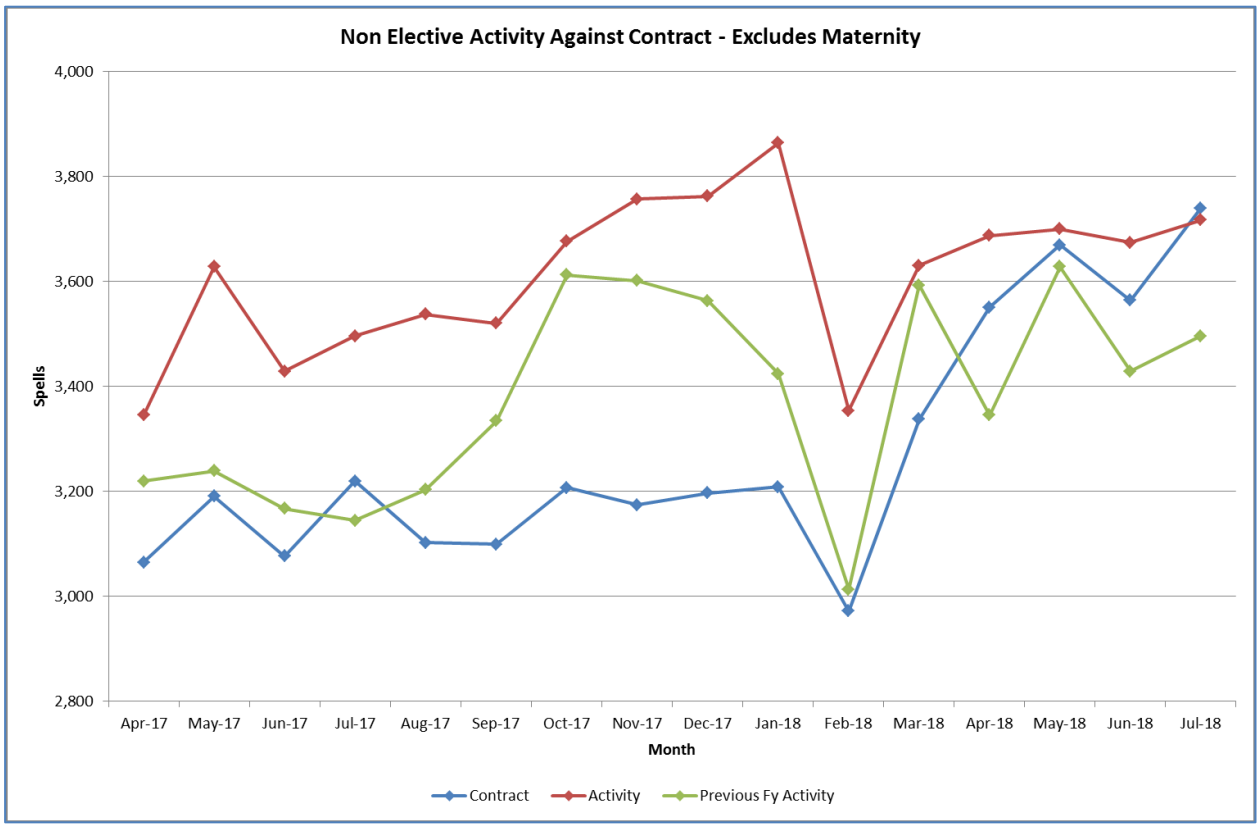
Six weeks diagnostic waits (DMO1) In July performance was reported as 4.97% against the <=1.0% indicator. This was driven by breaches linked to MRI, CT and Echocardiography. MRI performance in July was impacted by June performance as appointments cancelled could not be rebooked within 6 weeks. Appointments were cancelled largely due to equipment failures because of overheating. An external engineering review of the air handling units has been commissioned by Estates and Facilities within the Radiology Unit, to support improved reliability. Review of internal demand is also underway, focus on cardiology and prostate and inpatient requests. There is insufficient CT capacity to meet demand and recover from June breaches. A third CT (CT3) is currently being commissioned, and CT1 will be replaced in the autumn which will increase reliability of this service. It is anticipated that the cardiology diagnostic action plan will continue to deliver reductions in the level of echo breaches.

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 April (96.9% and 95.4% respectively).

Activity levels
In July 2018 the non-elective activity was 6.3% above July 2017 (excluding Maternity). Emergency department (ED) attendances were 7.1% above July 2017.

In April the Trust capacity was impacted by bed closures for bariatrics patients, estates works and norovirus infections. The maximum number of beds closed was 30 and the average closed per day was 9.

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



C – Difficile Infection

For 2018/19 the RUH tolerance for *C.Diff* infection is 21 post-3-day cases.

- In July there were 2 cases of C-Difficile;
- 1 case awaiting appeal response (April);
- 2 cases await RCA (July).

Year to date the best case scenario is 2 RUH Trust attributed C Diff cases, the worst case scenario is 5, and both scenarios would be within the annual tolerance.

C.Diff Performance by Month:

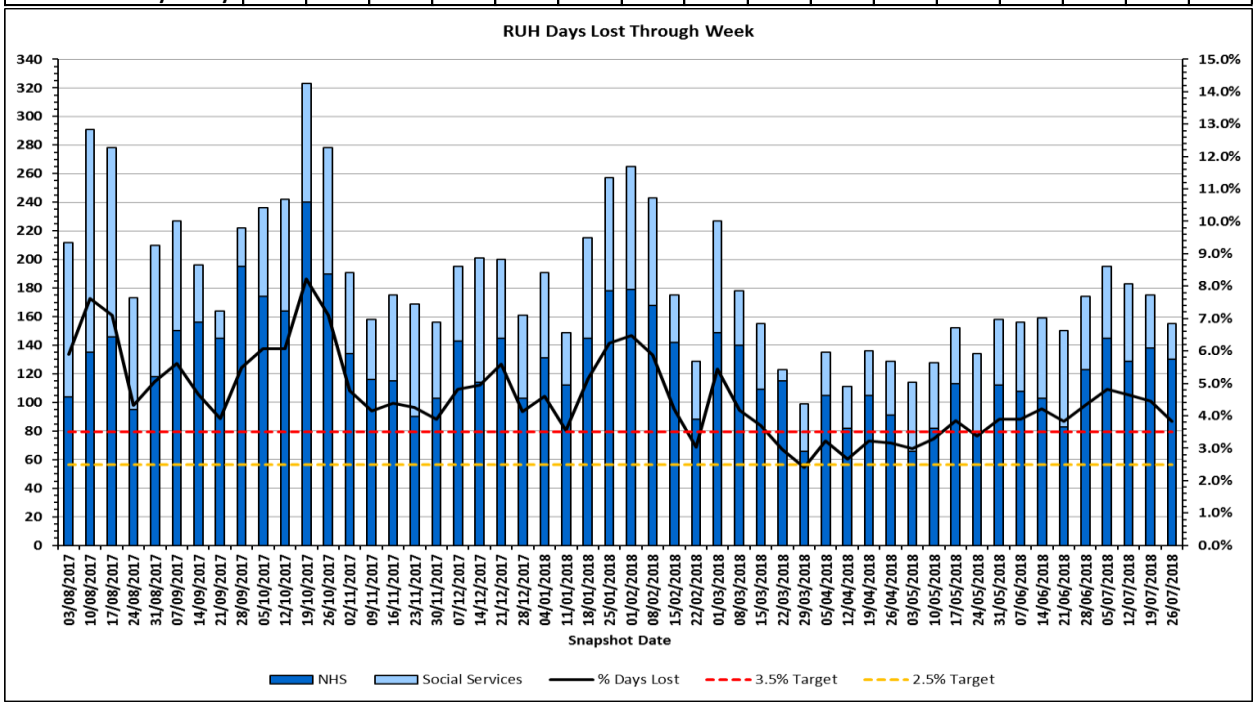
Month	Actual Number of Cases	Number of Successful Appeals	Number Awaiting Appeal Response	Number of Outstanding RCA's
April 18	5	2	1	0
May 18	0	0	0	0
Jun-18	0	0	0	0
Jul-18	**2**	**0**	**0**	**2**
Y-T-D	**7**	**2**	**1**	**2**

Delayed Transfers of Care (DTOC)

The DTOC position by CCG is detailed in the table below, which shows 32 patients reported at the July month end snapshot and 783 delayed days (4.3%). This is above the nationally set target of 3.5%.

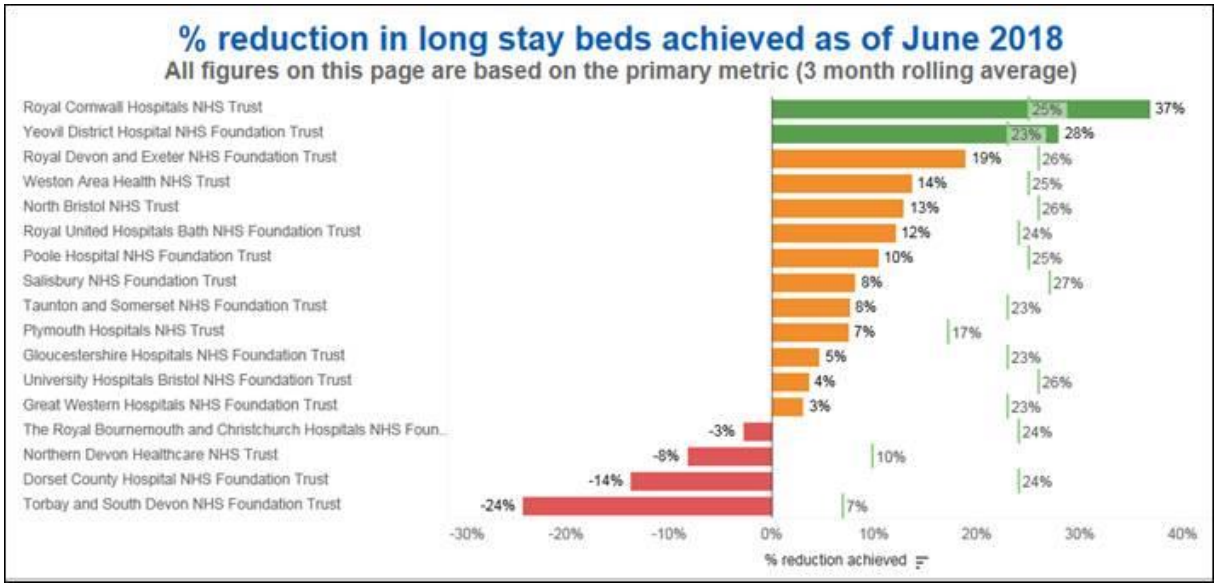
The graph outlines the delayed days by week since August 2017. The 4hr System Improvement Plan is focused on reducing the volume of super stranded patients at the RUH (+21 day length of stay). The impact of this work is being seen with a reduced number of DTOC patients.

DTOC	CCG's															
	NHS BATH AND NORTH EAST			NHS SOMERSET CCG			NHS WILTSHIRE CCG			BRISTOL, NORTH SOMERSET & S. GLOS				All CCGs		
	NHS	SS	Total	NHS	SS	Total	NHS	SS	Total	NHS	SS	Both	Total	NHS	SS	Total
Number of Patients	8	2	10	2	2	4	17	1	18	0	0	0	0	27	5	32
Number of Delayed Days	148	49	197	67	46	113	371	72	443	11	19	0	30	597	186	783



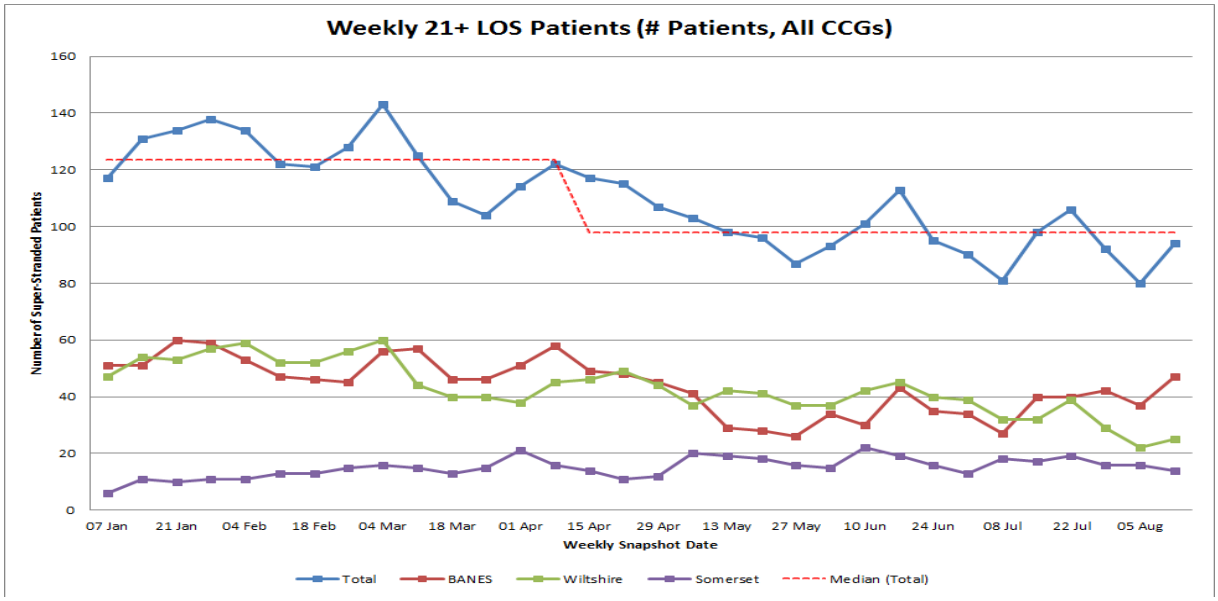
Patient Length of Stay:

The table below provides the regional (NHS South) position on progress made by each Trust against the national ambitions set. Variance is based on the rolling 3-month average against the ambition. Note that each Trust has a different ambition. The RUH systems target has been set at 24% improvement by December 2018 from 2017/18 baseline:



As of June the RUH has reduced the beds occupied by +21 day LOS patients by 12%, a further 12% improvement is required by December 2018.

The graph below shows the weekly RUH monitoring, in-place from January 2017. The RUH is currently ensuring that all +21 day LOS reporting is consistent with national reporting, with only NICU excluded from reporting.



From August 2018 the RUH is hosting twice monthly expert panel reviews of +21 day patients, with community partners attending.

2. Quality Update

PALs and Complaints
There were 27 formal complaints received across the entire Trust in July (i.e. including areas other than wards):

15 – Medicine Division
4 – Women & Children's Division
8 – Surgical Division

20 complaints cited clinical care and concerns, one breach of data protection, 1 cited admission issues, 4 related to appointments (including wait times) and 1 was staff attitude and behaviour.

There were **220 contacts with the PALS** in July 2018 (including parking queries):

- 112 required resolution (51%)
- 81 requested information or advice (37%)
- 16 were compliments (7%)
- 11 provided feedback (5%)

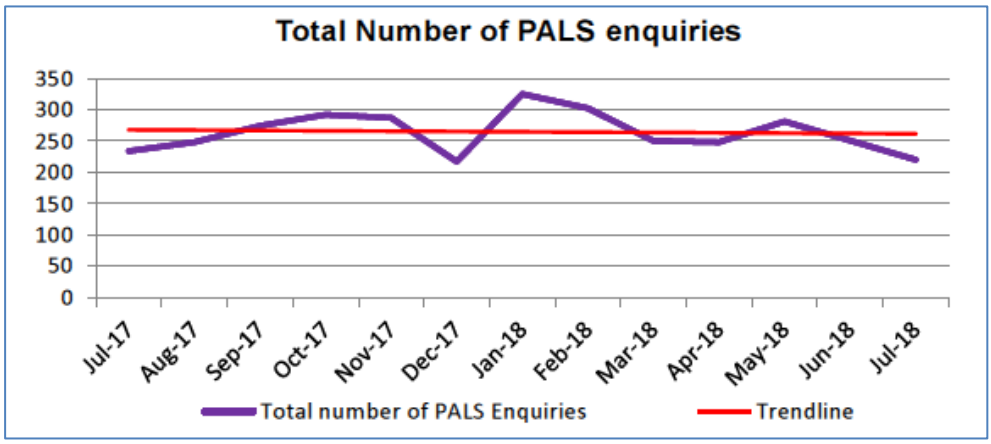
The **top three subjects requiring resolution** were:

Clinical Care & Concerns - there were **26** contacts relating to clinical care & concerns 14 of these were general enquiries; **2** related to Medication not being available, 2 related to quality and care. There was no clear trend with the remaining contacts.

Advice & Information - there were **26** contacts. **8** of these were general enquiries, **8** relating to telephone issues, 4 relating to Medical records. There was no clear trend with the remaining contacts.

Appointments – there were **23** contacts. **7** relating to appointment information, **3** relating to cancellation of appointment, **3** relating to follow not given. There was no clear trend for the remaining contacts.

The graph below shows the total number of PALs enquiries from April 17 to April 2018:



Serious Incidents
During July 2018, five Serious Incidents were reported (three of which occurred in June). Each incident will be investigated as an SI.

Finance
A presentation on finance will be provided by the Director of Finance on 5 September 2018.

3. Update on Senior Management Posts

Francesca Thompson, Chief Operating Officer, will be retiring in the New Year. Francesca will remain with the Trust until the end of January 2019, and recruitment of her replacement will commence at the beginning of September.

4. Improving Together

Following regulatory approval, which was received in July, the Trust's organisational development programme "Improving Together" has commenced. As previously reported this is a four year programme and will be supported for fourteen months by external consultancy. The work will deliver our vision and key objectives for patient safety and quality, staff satisfaction and sustainability.

The programme involves a number of work-streams, including:

- Leadership Support; developing new leadership styles at the top of the organisation and capability to cascade this through management;
- Strategic Alignment; identifying and communicating a smaller number of priorities to staff;
- Capability Building; developing an internal team to sustain the programme over the long term (following departure of the consultant support);
- Front Line Systems; implementing a system of routines, behaviours and tools which ensure daily continuous improvement and performance excellence for front line staff.

Five front line teams will commence on the programme as Wave 1 in September 2018 with Wave 2 scheduled to commence in Jan/Feb 2019.

5. Staff Car Parking

There are a number of projects underway across the Trust which are impacting on staff car parking spaces over the summer. The Trust's Estates & Facilities department are managing this so as to minimise disruption to staff and ensure alternative travel options are in place during this time.

- Ground works for the modular ward commenced in July. The modular ward will be located on the current late staff car park (in front of Bath & Wessex House) and

wills support the Trust's ward refurbishment programme over the next 3-5 years by providing a ward decant facility.

- The main staff car park will also be resurfaced and reconfigured over the same period. This will result in a gain 66 parking spaces. The work should be complete by the end of September, and has been aligned with the main period that staff take summer holidays to minimise disruption.
- The Lansdown car park will also be closed due to works over the same period, with a loss of 50 spaces.
- To mitigate the above, Estates & Facilities have created a temporary staff car park beside the main public car park, and a shuttle bus service is running from the car parks at the Bath Racecourse to the RUH. This service runs from 6am-8:50pm and is free to staff parking permit holders. There are also a number of initiatives to encourage staff that would otherwise drive to car-share and use more public transport.

6. NHS 10 Year Plan

The government recently announced increases in NHS funding over 5 years (beginning in 2019/20), and the NHS is required to develop a 10 year plan by the end of the calendar year for how that funding will be used. The government has identified the priorities to include:

- getting back on the path to delivering agreed performance standards – locking in and further building on the recent progress made in the safety and quality of care;
- transforming cancer care so that patient outcomes move towards the very best in Europe;
- better access to mental health services, to help achieve the government's commitment to parity of esteem between mental and physical health;
- better integration of health and social care, so that care does not suffer when patients are moved between systems; and
- focusing on the prevention of ill-health, so people live longer, healthier lives

The following work streams have so far been identified:

- Clinical priorities (including cancer & mental health)
- Efficiency and productivity
- Workforce, training and leadership
- Prevention, personal responsibility and health inequalities
- Healthy childhood and maternal health
- Integrated and personalised care (long-term conditions/frail elderly/dementia)
- Digital and technology
- Primary care
- Research and innovation
- Clinical standards and performance targets

- Engagement and processes

NHS England and NHS Improvement are creating a forum to help co-design and implement the 10-year plan, which will include members from national clinical, patient and staff organisations; the voluntary, community and social enterprise sector; NHS arm's-length bodies; and leaders from integrated care systems, sustainability and transformation partnerships, trusts, clinical commissioning groups and local authorities. The RUH is being engaged in this process via its Chief Executive.