

Report to:	Council of Governors	Agenda item:	5
Date of Meeting:	5 December 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 (October 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 October four SOF operational metrics triggered concerns: 4 hour wait in A&E, 18 weeks RTT Incomplete Pathways, Six week diagnostic waits (DMO1) and C Diff. Delivery of the 4 hour access standard remains the Trusts most significant performance issue. It should be noted that for C Diff. year to date the Trust best case position would remain within the tolerance level.

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% (81.7% in October, or 86.9% 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 October performance was reported as 3.29% against the $\leq 1.0\%$ indicator. This was driven by breaches linked to MRI (13 breaches), CT (254 breaches) and Echocardiography (33 breaches). Improvements in CT performance were noted in month; however there was insufficient capacity to meet demand and growth in demand continues. Departmental vacancies, and work on the departments electrical supply are affecting the Trust's capacity. The Trust is attempting to mitigate this via contracts with other providers.

MRI performance improved in October due to the third MRI providing additional capacity, and the September backlog of patients has been cleared. There is an ongoing review of internal demand, and external capacity has been identified.

Echocardiography – the cardiology team are working to an improvement plan which 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 October (99% and 93% respectively). It should be noted that the 93% target for “Urgent All Suspected Cancer” will not be achieved in November due to increased demand seen in Gynaecology and Dermatology, alongside reduced capacity due to maternity leave and sick leave.

Activity levels

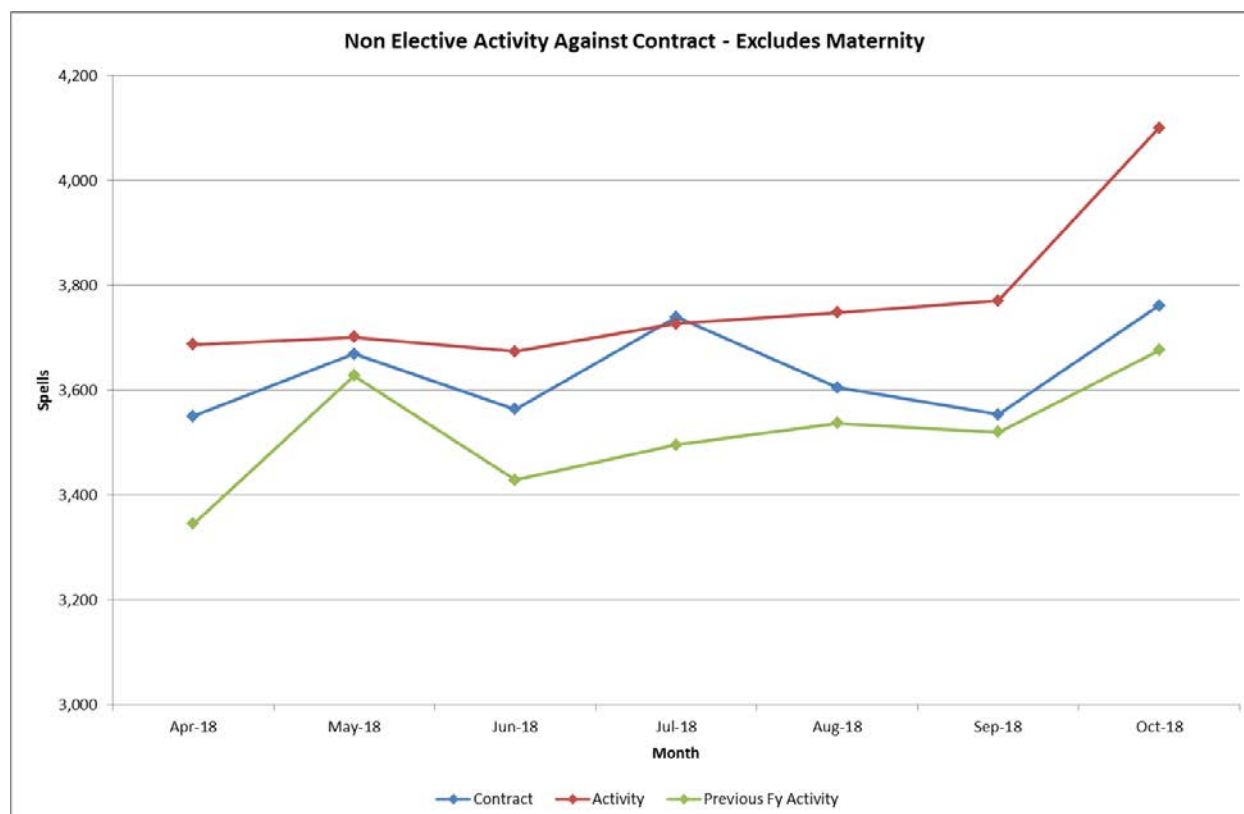
In October 2018 the non-elective activity was 11.8% above October 2017 (excluding Maternity). Emergency department (ED) attendances were 3.9% above October 2017.

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In October Trust capacity was impacted by bed closures for infection, care of bariatric patients and essential works.

Governors should note that in October William Budd ward (22 beds) had to be closed due a business continuity incident resulting from water leaking from the roof. This incident is on-going and will impact the Trust during November. Once works completed and following appropriate quality checks the ward will re-open in early December.

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 October there were 4 cases of C-Difficile
- 1 case awaiting appeal response (September)
- 1 case awaiting RCA (September)
- 2 cases await RCA (October)

Year to date the best case scenario is 10 RUH Trust attributed C Diff cases; the worst case scenario is 14. This is within the annual tolerance level.

C.Diff Performance by Month:

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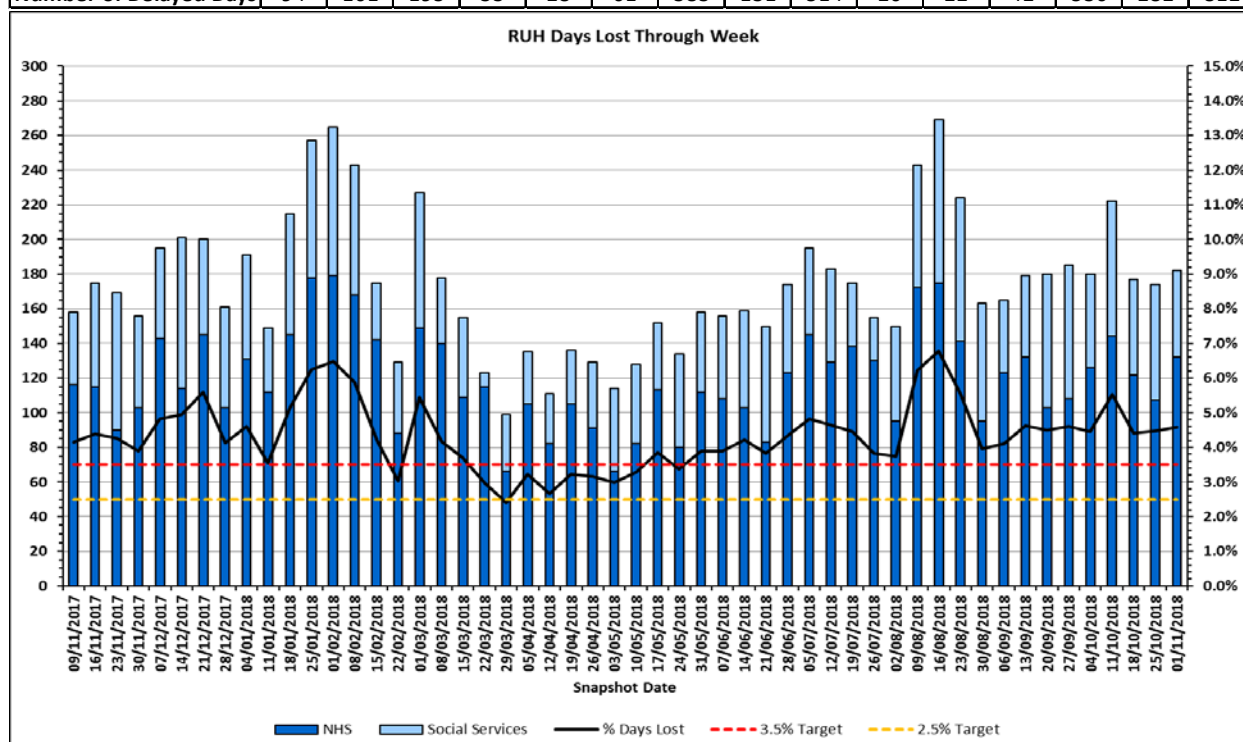
Month	Actual Number of Cases	Number of Successful Appeals	Number Awaiting Appeal Response	Number of Outstanding RCA's
April 18	5	3	0	0
May 18	0	0	0	0
Jun-18	0	0	0	0
Jul-18	2	0	0	0
Aug-18	3	0	0	0
Sep-18	3	0	1	1
Oct-18	4	0	0	2

Delayed Transfers of Care (DTOC)

The DTOC position by CCG is detailed in the table. 35 patients reported at the October month end snapshot and 812 delayed days (4.5%). This is above the national target set (3.5%). The graph outlines the delayed days by week since October 2017.

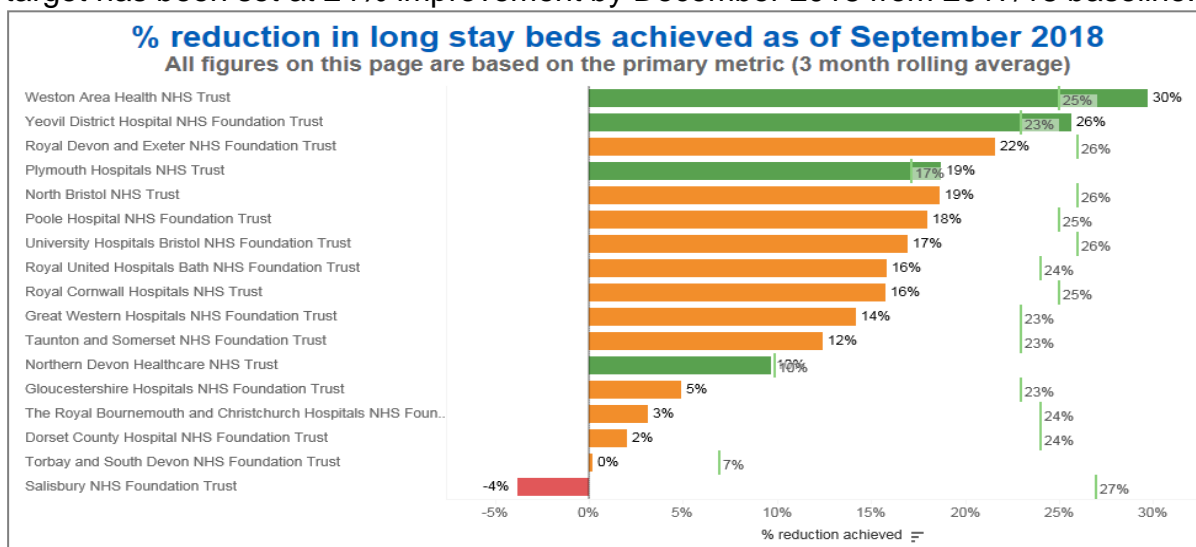
The 4hr System Improvement Plan is focused on reducing the volume of super stranded patients at the RUH (+21 day length of stay):

DTOC	NHS BATH AND NORTH EAST			NHS SOMERSET CCG			NHS WILTSHIRE CCG			BRISTOL, NORTH SOMERSET & S.			All CCGs		
	NHS	SS	Total	NHS	SS	Total	NHS	SS	Total	NHS	SS	Total	NHS	SS	Total
Number of Patients	6	2	8	2	2	4	12	7	19	3	1	4	23	12	35
Number of Delayed Days	94	101	195	33	28	61	383	131	514	20	22	42	530	282	812

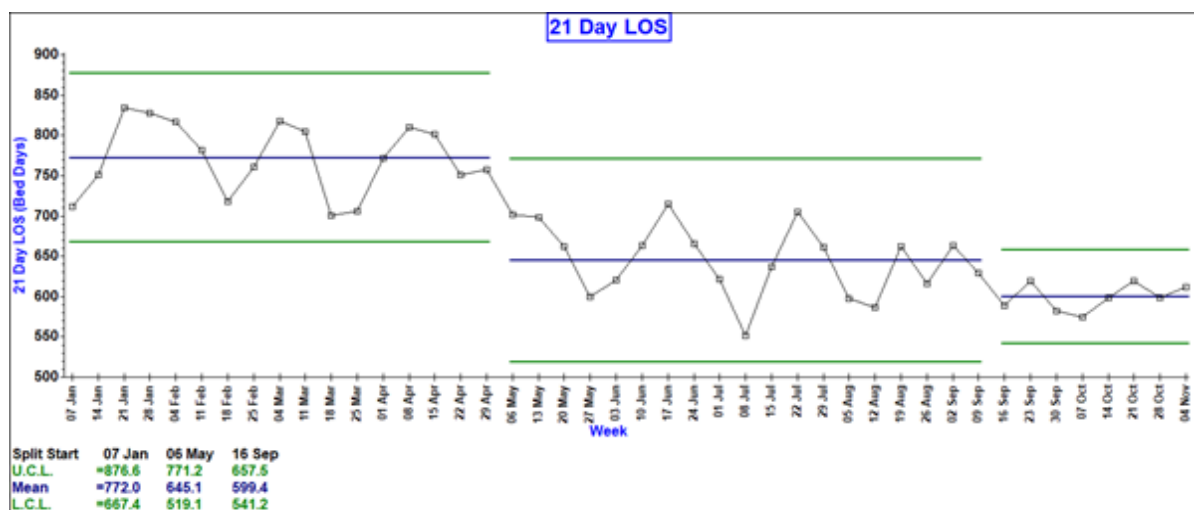


Patient Length of Stay:

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:



A further 8% improvement is now required by December 2018, with a deterioration in performance reported in September. Additional actions have been planned for November 2018, although the impact of this remains a concern given the October position. Wiltshire CCG position has deteriorated in October 2018 and this has been escalated. The graph shows the weekly Total +21 day RUH performance, with monitoring from January 2017.



From August 2018 the RUH holds twice monthly 'face to face' expert panel reviews of all +21 day patients, with system partners.

2. Quality Update

PALs and Complaints

There were 14 formal complaints received across the entire Trust in September (i.e. including areas other than wards):

- 6 – Medicine Division
- 2 – Women & Children’s Division
- 5 – Surgical Division
- 1 – Estates & Facilities

9 complaints cited Clinical Care and Concerns; **4** related to appointments and **1** related to parking.

There were **222 contacts with the PALS** in October 2018 (including parking queries):

- 136 required resolution (61%)
- 72 requested advice or information (32%)
- 7 provided feedback (3%)
- 7 were compliments (3%)

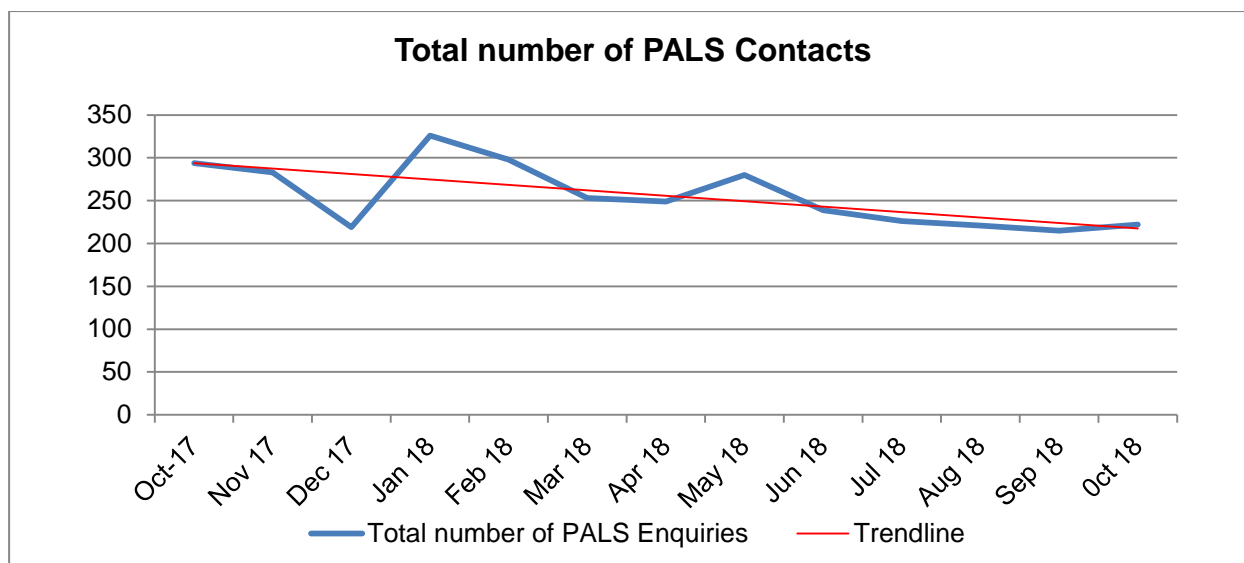
The **top three subjects requiring resolution** were:

Clinical Care & Concerns - there were **35** contacts relating to clinical care & concerns. **22** of these were general enquiries; **3** related to quality/concerns regarding medical care; **2** concerned medication errors. There were no clear trends for the remaining **8** concerns.

Appointments - there were **37** contacts. **9** of these were appointments changed by patients; **8** related to the cancellation of an appointment; **6** were for appointment information; **6** related to the length of time waiting for a new appointment; **3** related to the length of time for a follow up. There were no clear trends for the remaining **5** concerns.

Communication & Information – there were **84** contacts. **60** were general enquiries/communication; **5** general enquiries/clinical care; **3** related to telephone issues; **3** were test results not acted upon; **3** related to translation services. There were no clear trends for the remaining **10** concerns.

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



Serious Incidents

Five serious incidents were reported to STEIS in October. All these incidents remain under investigation.

Finance

The control total plan for Month 7 was a surplus of £1.7m. The Trust was £0.2m adverse variance to this plan in month and is £2.8m adverse to plan for the year. As a result of this the Provider Sustainability Fund (PSF) allocation for Month 7 has not been assumed in the position. The position in month is in line with the financial recovery plan.

Appendix 1 sets out the Key Performance Indicators for October.

3. Update on Senior Management Posts

Lisa Cheek was appointed as the Trust's Director of Nursing and Midwifery following an interview process on 6 November 2018. Lisa will take up this role with immediate effect.

Rebecca Carlton has been appointed as Chief Operating Officer at the Trust following an interview process on 16 November 2018. Rebecca is currently working at the Abertawe Bro Morgannwg University Health Board and has previously worked at Barts Health NHS Trust. Rebecca's start date is currently being negotiated.

The Trust's interim Director of Estates and Facilities, Brian Gubb, is leaving the organisation on 21 December 2018. An interview process for this post will be held on 27 November 2018 and during the period between a substantive Director of Estates and Facilities starting, our Strategic Estates Advisor, Howard Jones, will act in this post from 1st January until the end of March 2019.

The Board Secretary, Xavier Bell, will be leaving the Trust in February 2019. Recruitment for his replacement will commence shortly.

4. RUH rated Good by CQC

The Trust has been rated Good by the Care Quality Commission (CQC), following an inspection of the Trust's services carried out in June.

Among the inspectors' findings, Maternity services are rated as Outstanding and the Trust remains Outstanding for being caring. Critical care services, medical care and children and young people's services are all rated as Good and the Trust is also rated Good for being safe, effective and well led and Good for its productive use of resources.

5. Transforming Maternity Services Together Proposal and Consultation Launch

The organisations who plan, buy and deliver maternity services across Bath and North East Somerset, Swindon and Wiltshire have come together to as a Local Maternity System (LMS) to plan for the future. Over the last eighteen months the LMS has listened to the views of over 2000 women, families, staff and those with an interest in maternity services to develop a proposal to transform maternity services across the area. The proposal was made public on 12th November 2018, marking the start of a three month period of public consultation to help in making a final decision. You can find out more about the proposal by visiting www.transformingmaternity.org.uk

6. RUH Invites Feedback on Proposed Relocation of National, Specialised Pain Services

The Trust is inviting feedback from those who use or have an interest in pain services currently provided at the RNHRD site. The Trust is proposing to relocate these services to the RUH in summer 2019. Between now and 20th December 2018 we are seeking views from patients, carers, healthcare partners and anyone who has an interest in these services to help our planning, to ensure that we continue to provide the best services for current and future patients. This marks the final phase of public engagement to support the relocation of all services from the Mineral Water Hospital site. Further information on the proposed relation can be found via www.ruh.nhs.uk/about/service_relocations/bcps.asp?menu_id=9

7. Smokefree Site

The Trust has signed the NHS Smokefree Pledge, committing to helping staff and patients quit smoking and ensuring our sites are smokefree from 1st January 2019.

Smoking shelters on our sites will be removed ahead of that date; however vaping will be permitted outdoors away from doorways and windows.

8. Health Services Journal Awards

The RUH Project SEARCH partnership with Virgin Care and Fosse Way Schools has won the National HSJ Widening Participation Award at a ceremony in London on 21 November 2018. The national awards celebrate excellence and innovations throughout the health service.

Project SEARCH is a one year course supported by the Trust that helps students with learning disabilities to gain work experience and find jobs. The scheme has been so successful that the Trust leads the NHS nationally in terms of the number of Project SEARCH interns who then go on to employment.

9. Anticoagulation Team Wins National Award

The Trust's Anticoagulation Team has won a national award for their work to further improve the care of cancer patients at risk of life-threatening blood clots. The team were short-listed for the National Anticoagulation Achievement Awards and, at a ceremony at the House of Commons on 10th October 2018 were named winner in the 'Best work in the prevention and treatment of cancer-acquired thrombosis' (CAT) category.

10. Top award for Infection Control Nurse

Yvonne Pritchard, Infection Control Nurse, won prestigious Healthcare Professional of the Year at the Bristol and Bath Healthcare Awards on 24th October 2018. These annual awards thank professionals from across all fields, from nurses and doctors to porters and researchers.

Yvonne was recognised for her contribution of working 15 years at the Trust, during which time she has made an outstanding contribution to patient care on a daily basis. Yvonne expertly leads and manages her team under immense pressure and with minimal resources yet still finds time to be hands on with delivering patient care.

11. 2018 Quality in Care Diabetes Award





The Trust received a commendation at the 2018 Quality in Care (QiC) Diabetes Awards for its work in helping children manage their diabetes. The recognition was for a carbohydrate counting educational assessment tool which helps primary school children with type 1 diabetes to manage their own carbohydrate counting, in preparation for when they move on to secondary school.

12. Frailty Flying Squad wins FAB Award

Our multi-award winning Frailty Flying Squad were named winners for the 5127 Award at the 2018 Fab Awards on 17-18th November. The pioneering specialist team of doctors, nurse practitioners and therapists work in the Trust's Emergency Department and Medical Assessment Unit and identifies older patients who, with some intensive assessment and treatment, have the opportunity to return to the community rather than being admitted to hospital.

Our Falls Rapid Response Service were runners up in the Hartley Larkin Award category.

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 for Month 7 was a surplus of £1.7m. The Trust was £0.2m adverse variance to this plan in month and is £2.8m adverse to plan for the year. As a result of this the Provider Sustainability Fund (PSF) allocation for Month 7 has not been assumed in the position. The position in the month is in line with the financial recovery plan. The main pressure in month is the continuing spend on pay above the planned levels and the failure to delivery QIPP savings. 		
QIPP programme	<ul style="list-style-type: none"> £5.7m achieved against plan of £7.1m, 80% delivery for the year to date. There remains £0.1m of QIPP plans to be identified and £0.7m of schemes are red rated. It is forecast that the QIPP will be delivered in full by the end of the financial year. 		
Liquidity	<ul style="list-style-type: none"> Cash balance at the end of October was £20.6m, which is £1.7m above plan. Capital expenditure continues to be below plan (£11m year to date) due to slippage on a number of schemes. Due to the income and expenditure position being less than planned and the PSF not being achieved this has reduced the planned cash balance. The liquidity metric is scored as 1, which is the highest rating possible. 	