

Date of Meeting: 30/4/2013	Agenda Item No: 5.5	Enclosure: 8
Intended Outcome:		
For noting	For information	For decision ✓
Title of Report: Service Performance Report – Corporate Safety & Quality Regulatory Report – March 2013		
Aims: To provide the Board of Directors with the evidence of achievement against the national performance targets, highlighting by exception key areas of underperformance, key strategic organisational risks and demonstrating that an improvement plan is in place and is effective.		
Executive Summary: The Service Performance Report summarises the key risks in operational performance for month twelve 2012/2013. For month twelve the Trust Dashboard , Quality Dashboard and Monitor Compliance Framework and CQC-QRP have been attached at Appendix 1, 2, 3 and 4 respectively.		
Overview of key areas for consideration or noting: Areas of concern highlighted at Month 12 : A/E Performance 18 Weeks Cancer CDifficile AQ Mixed Sex Accommodation Breaches CQC compliance		
Specific implications and links to the Trust’s Strategic Aims:		
We deliver excellent clinical outcomes along closely integrated pathways		✓
We provide excellent patient-centred services		
We deliver excellence in safety, quality and regulatory compliance		
We deliver efficient care and work within budgets		
Recommendations: The Board agree and are assured that the performance improvement plans are robust.		
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Corporate Safety and Quality Regulatory Report NCUH Board of Directors, March 2013

Strategic Objective: Excellence in safety, quality and compliance

At the same time as delivering the best quality healthcare and excellent customer services we have to ensure patients are safe and that we meet national regulatory safety and quality standards. This will provide independently verified assurance to our stakeholders and will give us the necessary freedom to focus on our priorities.

Key Strategic Question

To what extent are we delivering excellent safety and quality in accordance with the national regulatory standards?

Key Findings and Performance Levels

The purpose of this executive summary is to provide the Board of Directors with the evidence of achievement against the national regulatory systems, highlight emerging risks and give assurance that an improvement plan is in place and is effective.

The Board intends to delegate full authority to the following Committees to ensure these standards are met: FIP and the Governance and Quality Committee

The evidence to support the governance of these standards is provided to these Committees and is available on the Trust internet site.

Supporting documents to this report:

- NCUH Trust Dashboard
- NCUH Quality Dashboard
- MONITOR Compliance Framework
- Latest QRP summary CQC
- NCUH S&Q Regulatory Report
- TDA SOM Self Certification Report (Private Board)

Monitor Governance Risk Rating				
The requirements placed on NHS Foundation Trusts as set out in Monitor's 2012/13 Compliance Framework				
	Q1	Q2	Q3	Q4
	Actual	Actual	Actual	Actual

1. Performance against national measures

Governance					
Service performance met 15 targets		11.5/15	15/15	10/15	10/15
Quality	Processes and systems	Partial	Partial	Fully met	Fully met
	CQC requirements	Partial 9/16	Partial 9/16	Partial 9/16	Partial 12/16
	Medical practitioners revalidation (ORSA)	Fully met	Fully met	Fully met	Fully met
Information Governance Lev 2		Partial	Partial	Partial	Fully met

2. Third parties

Care Quality Commission				
<i>Quality and Risk Profiles (QRPs) & Planned Reviews</i>				
	Quarter			
	Q1	Q2	Q3	Q4
Reviews:	1	1	1	2
Improvement Actions	0	0	4	TBC
Compliance Actions	4	0	0	TBC
Enforcement Actions	0	0	0	0
Patient involvement	Low/Medium Risk	Low/Medium Risk	Low/Medium Risk	Low/Medium Risk
Personalised care	Medium Risk	Medium Risk	Low/Medium Risk	Low/Medium Risk
Safeguarding & safety	Insufficient Data	Insufficient Data	Low/Medium Risk	Low/Medium Risk
Suitability of staff	Insufficient Data	Insufficient Data	Medium Risk	Medium Risk
Quality and management	Insufficient Data	Insufficient Data	Low/Medium Risk	Low/Medium Risk

NHS Litigation Authority	
Trust level 3	Level 1
Maternity level 3 (Best score)	Level 1

3. Mandatory services

Change to mandatory services?	None	None	None	None
Changes to locations?	None	None	None	None

4. Board statements Shadow reporting

Annual plan GRR	N/A			
Annual Quality Governance	8	5.5	3.5	3.5
Service performance	3.5	0.0	5.0	6.0
Quality	N/A			

5. Other Factors

Material risks	0	0	0	0
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Overall governance risk rating:

Q1	Q2	Q3	Q4
N/A	N/A	N/A	N/A

Commissioners Legally Binding Contract

National and local quality standard linked to payments and losses To be completed from April 2013

Quarter	National Priorities (loss)£K	CQUIN (Earned) (cumulative) £	No Payments (Loss)£K	Best Practice Tariff (Loss)£K	Cumulative Total (Loss) (£K)
1					
2					
3					
4					
Total (potential)					

Strategic, Operational & Financial Risks: High Risks

Risk

Clostridium Difficile

C.difficile

In March 2013 there were five post 48 hour cases of C.difficile at the Cumberland Infirmary. The five cases were on Beech B, Elm A, Willow A, Willow B and ITU. There were no c difficile cases at the West Cumberland Hospital.

The Trust has breached its annual target for C.difficile of 40 cases, with the year end position of 56 cases. For 2013/2014 the post forty eight hour attributed cases for the Trust is 29, with a monthly trajectory of 2 cases per month. As previously reported to Board there is a significant risk that the trust may breach quarter one.

The Trust approached the Trust Development Authority (TDA) Infection Prevention lead to undertake an overview of infection prevention across the organization. The TDA overview will be presented to the Trust Board in April 2013.

As at 19th April there has been no further CDiff.

MSA Breaches

Mixed Sex Accommodation Breaches

There were 14 delays in transfer from intensive care within the four hour transfer target which resulted in 14 reportable MSA breaches in March, bringing the total for the year to 64. The Business unit have reviewed the transfer process for ITU patients to their speciality wards across the Trust. The Chief Executive required a review of the escalation protocol. This was revised and implemented by 2nd April 2013. To date there have been no further breaches in April.

Emergency Care Standard – 95% of patients seen, treated and admitted or discharged in less than four hours

Continued increases in emergency admissions on both CIC and WCH sites, the need for us to improve our patient flow internally ,increased complexity of patients, and on-going pressure transferring patients into Community hospital beds has impacted on Q4 performance.

Performance against National Emergency Care standard (target > 95%)

March 2013 90.89%
 Q4 2013 92.1%

April 2013/14 to date 90.66%

The target for Q1 is >95%

A detailed Service Improvement Plan is in place and is monitored on a weekly basis and reported to EMT.

CCG have formally responded in support of this action plan.

Progress on Key Actions from A/E Service Improvement Plan :

Acute Physician Model

Now in place at WCH and CIC .This gives consultant presence on Emergency Assessment Unit 0800 – 2000 seven days a week

This will be further enhanced to provide cover to 2200 by Q3 2013/14. Advertisements are out for substantive consultant posts.

We are expecting the number of patients discharged within 24/48 hours to increase by 10%. This will be reviewed weekly.

Expected Day of Discharge to be the norm and Medical Director and Nurse Director clinical walkrounds on both sites

Daily monitoring of EDD compliance now in place. This is also checked and challenged by the Executive Directors and Nursing Directors daily clinical Walkrounds. There is a definite change in pace and attention to managing discharge at ward level.

There will be a meeting of senior clinical leaders from NCUH, CPFT and Social services on 1st May to understand lessons learnt from the walkarounds and ensure actions are implemented to move to a “pull” system.

The challenge of securing 50 discharges early in the day to ensure capacity is available to match demand is still not effectively working and we continue to work on this.

Reducing Delayed Transfers of Care

Integrated Discharge Team now in place

We have seen the start of on-going improvements in this area –

Period	Patients Delayed	Bed days delayed
Q1	104	3335
Q2	113	3358
Q3	97	3147

	<p>Implement Ambulatory Care model Nursing posts out to advert Team to be in place and operating by end of Q1 2013/14</p> <p>Increased Bed Capacity to support Patient Flow 25 beds put back into the system by January 2013. A further 20 beds to be opened by Q3 2013/14 to support Winter</p> <p>The key areas from the Service Improvement Plan are described above.</p> <p>A further meeting took place on 27 March 2013 with CEO, Executive Directors and the Business Units where a range of other measures were agreed to ensure that all has been done to secure 95% performance against the A/E standard.</p> <p>The key additional actions agreed are now combined into the service improvement plan and implementation and delivery are monitored weekly at EMT. These are :</p> <p>Discharge to start on day of admission incl additional pharmacy support EDD in RealTime Focus on reducing length of stay in care of the elderly services Zero tolerance of MSA breaches</p>
<p>18 Weeks</p>	<p>Forecast Performance for Admitted Pathways Q1 2013/14</p> <p>April 2013 > 80% May 2013 > 80% June 2013 > 80%</p> <p>Compliance for the Trust for Q1 - 2 2013/14</p> <p>Admitted Pathways > 90% (target 90%) by end July 2013 and compliant by speciality by end of September 2013 Non admitted > 95% (target 95%) Achieved Incomplete > 92% (target 92%) Achieved</p> <p>Patients can access thirteen services for their elective treatment and nine of these services provide care within 18 weeks of referral.</p> <p>Four services need greater balance between the demand and the capacity in order to provide a consistent 18 week wait.</p>

Service	Patients Waiting >18 weeks at 31 st October	Plan for 31 March	Actual Patients Waiting >18 weeks at 31 March	Forecast end of April position for >18 weeks	Number required to achieve 90%
Ophthalmology	320	50	80	80	50
Orthopaedics	171	344	350	400	104
General Surgery	133	75	101	120	90
Gynaecology	70	94	86	84	29
Urology	64	15	48	48	17
Dermatology	5	2	21	21	20

Detailed operational plans have been agreed with these specialities to recover this activity.

- Ophthalmology:** This plan is well advanced and patients will experience a 18 week wait by the end of April. Medinet has been asked to continue to provide the additional capacity and at the same time the business unit are producing a business case for Consultant Ophthalmology expansion to eventually deliver care within North Cumbria. Pressures due to some changes in consultant operating capacity have placed pressure on waits for paediatric ophthalmic surgery. There is a plan in place to deliver 7 additional lists of surgery over April/May/June and July which will give an additional 21 cases and deliver an 18 week pathway. These additional lists will be implemented permanently from May 2013 to maintain paediatric waiting list
- Orthopaedics:** This service has deviated the most from the plan due to the impact of the increased medical admissions over the winter, unplanned changes to the consultant workforce and a decision to allocate elective lists to trauma during the year. These factors have led to an on-going monthly gap of 70 between demand and capacity. To manage this gap, 25 patients per month have chosen to be transferred to Hexham Hospital and the consultant team has planned additional activity from April, equal to 15 patients per month. We will contract with BMI to do a total of 200 cases commencing in May to be completed by July. We will increase this and transfer to Hexham as required to compensate for any further deviations from current planned workload. Numbers of patients actually operated on at BMI, Hexham and on our own theatre plan are monitored weekly. The big gain will come from June when the transfer of trauma is consolidated on the Cumberland Infirmary site and the majority of elective treatment is consolidated on the West Cumberland Hospital site. This will provide additional capacity for 30 patients per month. Together these measures will ensure patients receive an 18 week experience by the end of September.
- General Surgery:** Operating capacity had been historically reduced due to changes in surgeons job plans due to Medical Director and Associate Medical Director commitments. 30 additional long waiting patients a month are needed in April /May /June and July. There has been a delay between referral and operating date so for May, June and July an additional 7 patients need planning. Work has been transferred to BMI and Hexham. Four additional consultants are commencing by end of July and additional theatre capacity has been identified – this will return the service to its previous capacity and a sustainable 18 week pathway by end of July 2013.

- **Gynaecology:** Long term sickness and further short term sickness has required covering by locums and additional surgical work being carried out by our substantive consultants. The plan was based on the allocation of additional lists during the day and at weekends however, the flexibility in the staff to cover the operating theatre lists is limited. A recruitment process commenced in January for weekend theatre staff but no appropriate staff are available. A recruitment process will continue and international recruitment is being put in place. In the meantime, patients are offered the choice of Northumbria and the private sector. There are 88 patients waiting >18 weeks and 60 need to be cleared to achieve 90%. There are two meetings planned this week and next with BMI and our CD for Obstetrics and Gynaecology to identify 60 cases to go to the private sector or Northumbria. Locums will be needed to cover sickness and vacancies in our consultant group until the substantive consultant appointments commence in June 2013. The service will deliver a sustainable 18 week pathway by end of September 2013.
- **Dermatology:** A locum surgeon is now in place to increase capacity to deliver additional activity to reduce the backlog of patients waiting and the service will be compliant by the end of May.
- **Urology:** An increase in cancer patients requiring operative treatment has resulted in the plan to reduce the backlog in urology going off track. The plan is being remodelled to build in additional capacity and the service will be compliant by end of June.
- **Oral Surgery:** All patients exceeding 18 weeks on the waiting list are being contacted to offer dates and additional sessions are being identified to deal with the increased backlog in April. 14 additional operating lists are planned in May and service will be delivering 18 week pathway by end of May.

Ongoing support from IST is welcomed and the main focus of this support has been to train our local clinical and operational teams in capacity and demand assessment for every service including diagnostics. This work has been presented to DoF and DoOps and will undergo a Director Review and Challenge with IST support in May. This will ensure all services have considered their activity plans, any possible changes to demand profiles, risk assessed them and have sustainable and flexible capacity plans to deliver 18 week pathways.

Other key indicators considered significant by the Department of Health are the number of patients waiting longer than 52, 45 and 36 weeks. The table below confirms the improvements by the Trust in the past two years. We aim to have no patients waiting longer than 45 and 36 weeks by the end of Quarter two in 13/14.

PATIENTS WAITING :	MAR- 11	MAR-12	MAR - 13	APR- 13	MAY-13	JUN - 13	JUL - 13
>52 WEEKS	40	27	0	0	0	0	0
>45 WEEKS	55	58	8	5	3	0	0
>36 WEEKS	149	143	37	52	37	19	2

<p>Cancer</p>	<p>In March the Trust achieved 6 out of 8 of the national cancer targets.</p> <p>The two exceptions :</p> <p>31 day subsequent treatment “surgery” (target 94%) 15 patients treated , 2 breaches - achieved 86.7 % This was due to capacity issues in colorectal surgery. Two new substantive colorectal surgeon posts are now out to advert.</p> <p>31 day subsequent treatment “chemotherapy” (target 98%) 33 patients treated , 1 breach – achieved 97.1% This patient was medically unfit for treatment on the day.</p> <p>ADVANCING QUALITY</p> <p>The December 2012 data indicates that the Trust was not fully compliant with all measures in Acute Myocardial Infarction, Pneumonia, Stroke, and Hip and Knee pathways. All measures for heart failure were achieved. However the December composite quality score indicates that heart failure is at -0.17% at achieving the 95% CQUIN threshold.</p> <p>Actions taken:</p> <p>The Advancing quality team are raising awareness to the clinical teams by visiting the clinical areas daily. The team provide feedback to clinicians on compliance and raise awareness of any omissions in documentation. A monthly report is also provided to each Business Unit Deputy Director and Head of Nursing to address any actions required.</p> <p>Stroke Improvement Plan</p> <p>There was a Stroke Improvement Workshop on 21/3/2013. The national target for stroke patients to spend more than 90% of their stay on a stroke unit is expected to be achieved by end of Q1.</p> <p>Key Improvements to the pathway were agreed by the clinicians and the MDT:</p> <p>Implement Rosier scoring in A/E Baton bleeps for the stroke team Ring fenced bed for Stroke at all times Zero tolerance o admission to stroke unit via Emergency Assessment Unit CT scan en route to stroke unit Pilot 7 day Physiotherapy Implement integrated care plan with EDD Implement Early Supported Discharge team Achievement of all sentinel stroke audit measures Achieve Best Practice Tariff Achieve CQUIN</p>
<p>CQC Compliance</p>	<p>Full compliance against the following outcomes were approved by the Board in March 2013:</p> <ul style="list-style-type: none"> • Outcome 14 - Supporting Workers • Outcome 2 - Consent to care and treatment • Outcome 8 - Cleanliness and infection control • Outcome 17 - Complaints

The Trust has three outcomes which are currently partially compliant.

Outcome 10 - Safety and suitability of premises

The Trust has in place an action plan to address compliance with fire safety regulations and the environmental health and safety risk assessments.

Full compliance with this outcome is forecasted for end of Q2 2013/14.

Outcome 11 - Safety, availability and suitability of equipment

The Trust has in place an action plan regarding compliance with the safety, suitability and availability of equipment. Specific areas of work to be complete by quarter 2 include:

- Uploading the maintenance schedules onto the asset management system
- Updating and implementing the Trust policies for medical devices
- Training ward sisters on their responsibilities for medical equipment including the competency sign offs for their ward/department
- Competency sign offs for medical staff

Full compliance with this outcome is forecasted for end of Q4 2013/14.

Outcome 16 - Assessing and monitoring the quality of service provision

The development of the business unit clinical governance arrangements has commenced, which is a key part of ensuring full compliance across the organisation with this outcome.

The Board have reviewed the annual report on delivery of the 2012/13 clinical audit plan in March 2013. The draft clinical audit plan for 2013/14 has been developed and will be presented to the Board for approval in April 2013, following approval by Clinical Policy Group in April 2013.

The Trust's compliance position against NICE guidance will be presented to the Clinical Policy Group (CPG) in April 2013 to agree the priorities for 2013/14 and how these will be monitored throughout the year.

Full compliance with this outcome is forecasted for end of Q1 2013/14.

Inspections since last report to the Board

The Trust received one unannounced inspection looking at Outcome 13 – staffing, Outcome 4 – care and welfare of people who use the services and Outcome 21 – Record Keeping. The final report is awaited.

Recommendations

Trust Board members are asked to approve this report.

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Executive Director of Operations

Chris Platton
Acting Director of Nursing

Ramona Duguid
Acting Director of Governance

