

TRUST BOARD

Date of Meeting: 26/02/2013	Agenda Item No: 5.3	Enclosure: 5
Intended Outcome:		
For noting	For information	For decision x
Title of Report: Service Performance Report		
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 ten 2012/2013. For month ten the Trust Dashboard and Monitor Compliance Framework have been attached at Appendix 1 and 2 respectively. It is proposed that in subsequent months that the complete Safety & Quality Regulatory Report, which incorporates the Trust Dashboard Indicators and Quality, Safety and Regulatory indicators will be considered in detail at the Finance Committee and that Trust Board will receive the summary exception report only.		
Overview of key areas for consideration or noting: Areas of concern highlighted at Month 10 : A/E Performance Q4 18 Weeks Cancer		
Specific implications and links to the Trust's Strategic Aims:		
Ensure we provide high quality, safe and effective care for all our patients including meeting essential standards of safety and quality as set out by the CQC		✓
Develop a viable integrated clinical strategy for secondary care services which is sustainable and affordable		
Develop a new healthcare facility in West Cumbria that is fit for the 21st century		
Achieve sustainable financial balance through the delivery of the Trust's internal Cost Improvement Programme, securing a viable contract income from our GP commissioners and contributing to the system wide cost reductions		
To develop and implement a successful merger or acquisition plan that enables the Trust to become part of an existing NHS Foundation Trust		
Recommendations: The Board agree and are assured that the performance improvement plans are robust. That the detailed report is considered at Finance (and Performance [FIP]) Committee in Month 11.		
Prepared by: Corinne Siddall, Executive Director of Operations	Presented by: Corinne Siddall, Executive Director of Operations	

Corporate Safety and Quality Regulatory Report NCUH Board of Directors, February 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, **xxxxxxx Ramona/ Chris to complete**
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
MONITOR Compliance Framework
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	Forecast	Forecast

1. Performance against national measures

Governance					
Service performance met 15 targets		15/16	15/16	15/16	15/16
Quality	Processes and systems	Mortality	Partial	Fully met	Fully met
	CQC requirements	7/16	7/16	7/16	6/16
	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			
	1	2	3	4
Reviews	2	-	-	1
Patient involvement				
Personalised care				
Safeguarding & safety				
Suitability of staff				
Quality and management				
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 Quality	3.5	0.0	5.0	
	N/A			

5. Other

Material risks	0	0	0	0
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Overall governance risk rating

N/A

Commissioners Legally Binding Contract

National and local quality standard linked to payments and losses

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

Strategic, Operational & Financial Risks: High Risks

Risk

Clostridium Difficile

3.1 C.difficile

In **January** 2013 there were four post 48 hour cases of C.difficile. There were two cases at the Cumberland Infirmary on Elm C and Larch AB and on Honister and Overwater ward at the West Cumberland Hospital.

With **the** significant increases in cases since December the Trust has breached its annual target for C.difficile of 40 cases with the current reported cases at 45.

A C.difficile sub group has been established and the root cause analysis of all cases has been reviewed to establish the core drivers.

The key actions identified relate to the following:

Antibiotic prescribing and management – As part of the actions identified each unit has been instructed to identify champions for antibiotic use within the business units who will link into the Antimicrobial Management Team.

Non Compliance of antibiotic prescribing and management - Any issues of non-compliance will be dealt with by the Business Unit Director and reported to the Director for Infection Prevention and Control and Medical Director.

Audit of compliance across all Business Units - The business units will audit compliance and will act on failure to comply with Trust antimicrobial policy, namely that whenever an antibiotic is prescribed a working diagnosis and a stop/review date or intended duration is given on the prescription chart. The antimicrobial agent chosen must also be compliant with trust antibiotic guidelines.

Root Cause Analysis (RCA) – all RCA's for all cases will involve the consultant responsible for that patient's care, who will also review

	<p>antimicrobial prescribing. Feedback to the whole team of the root cause analysis.</p> <p>Weekly meetings to review the root cause analysis of c difficile cases within one week of reporting, as part of that review identify the lessons learnt and actions required to prevent further cases in another ward, This meeting will start from week commencing 18 February 2013</p> <p>Raise profile of antimicrobial prescribing at ward level - We are working with colleagues in Northumbria to raise the profile of prudent antimicrobial prescribing at ward level and ensuring that our antibiotic policy minimises the use of those antibiotics known to have a higher risk of C.difficile infection.</p> <p>Monitor overall antibiotic use across the Trust – Continue to monitor overall antibiotic use across the Trust and audit compliance against the antimicrobial prescribing policy on a quarterly basis which will be reported to the Governance Committee and Trust Board.</p> <p>Cleaning - Although Spray and Glow audits have demonstrated an improvement of cleaning standards at the Cumberland Infirmary this has not been adequate to curtail the outbreak of infection with both noro virus and C.difficile. The Infection Prevention Team have reviewed the cleaning agents and following that review and on advice from the DIPC and the Infection Prevention Team, the Trust have invested in technology that is more effective in removing C.difficile from the environment namely hydrogen peroxide vapour, paracetic acid wipes and chlorine-dioxide containing disinfectants.</p> <p>In addition to the above as part of an integral plan for improvement the following actions are currently being implemented across the Trust:</p> <p>Review the role of one DIPC across the new organisation with a recommendation made to the Board in March 2013 Review of contract variations and deep cleaning standards comparing the Cumberland infirmary with West Cumberland Hospital and Northumbria Healthcare Foundation Hospitals Trusts.</p>	
<p>A/E Performance</p>	<p>Continued increases in emergency admissions on both CIC and WCH sites, increased complexity of patients, and on-going pressure transferring patients into Community hospital beds has continued to impact into Q4.</p> <p>Q4 to date 92.09%</p> <p>Detailed analysis of Q3 has been completed and shared with CCG and CPFT at North Cumbria Strategic Clinical Leaders.Q4 analysis on-going. A detailed Service Improvement Plan is in place and is monitored on a weekly basis and reported to SMT. CCG have formally responded in support of this action plan.</p>	

	<p>Clinical Business Unit Deputy Directors will provide an update on progress to the March Trust Board.</p>	
<p>18 Weeks</p>	<p>Performance is consistent with projections in 18 Recovery Plan. However, on -going non-elective pressures continue to impact on activity elective in January. Significant underachievement against plan in three specialities:</p> <p>General Surgery</p> <p>O&T – Trauma took precedence over elective. Implement transfer of trauma to CIC releasing capacity at WCH.</p> <p>Gynae – more patients for complex care as IP NHFT.</p> <p>Case mix analysis by NHFT IP-DC-OP shift.</p> <p>Additional theatre capacity.</p> <p>Detailed operational plans have been agreed with these specialities to recover this activity. Elective General Surgery and Orthopaedic cases are being transferred to Hexham Additional lists have been agreed with Gynaecology – these are currently dependent upon staffing theatre capacity.</p> <p>Recovery Plan has been amended accordingly and is being monitored weekly at PTL and fortnightly by CEO and Director of Operations</p> <p>Capacity and Demand modelling is nearing completion and will be presented by Directorates at forthcoming Finance (FIP) Committees. Business Units will need to demonstrate sufficient capacity is available to meet demand and continue to sustain the 18 week performance in Q2 13/14..</p> <p>Medinet will be contracted to continue to support the backlog clearance and on-going capacity constraints in Ophthalmology into Q1/Q2 2013. SMT will consider the Business Unit case for additional Ophthalmology consultants in March 2013.</p> <p>On-going support from IST to continue to develop PTLs and organisational capability and expertise.</p> <p>Board Development session on 18 weeks scheduled 26/2/13.</p>	
<p>Cancer</p>	<p>Main risk continues to be complexity of pathways, small patient numbers and patient choice. Delays in patient pathways, predominantly diagnostics, in 62 pathways are currently being investigated.</p> <p>In January : 4 patients breached 31 days ST Radiotherapy</p>	

	<p>18 patients breached 62 days – 6 clinical need/complexity, 3 patient choice, 2 unfit, 7 delayed pathways</p> <p>Executive led PTL weekly continues Discussion re NHFT support to Cancer Services</p> <p>Best practice tariff Paediatrics 1.4.13 Stroke – tbc NOF BC-March Trust Board – Q1 start</p>	
CQC Compliance	<p>The Provider Compliance Assessments and supporting action plans are being updated in relation to the seven outcomes which are not fully met:</p> <p>Outcome 2 – consent to care and treatment Outcome 8 – cleanliness and infection control Outcome 10 – safety and suitability of premises Outcome 11 – safety, availability and suitability of equipment Outcome 14 – supporting workers Outcome 16 – assessing and monitoring the quality of service provision Outcome 17 - complaints</p> <p>A report was discussed at SMT in January 2013, which also outlined implementing an accountability framework for the Business Unites to allocate specific leads for key outcomes.</p>	

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