

# Corporate Safety and Quality Regulatory Report

## Combined for NHCT and NCUH

### Board of Directors, January 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, emerging risks and the assurance that an improvement plan is in place and is effective.

The Board has delegated full authority to the following Committees to ensure these standards are met: FIP, Safety & Quality and Assurance. The evidence to support the governance of these standards is provided to these Committees and is available on the Trust internet site.

The Trust intends to commission dashboard reporting for performance and governance.

## 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	Forecast

### 1. Performance against national measures

Governance					
Service performance met (27 targets)		26	26	26	27
Quality	Processes and systems	Fully met	Not met	Not met	Fully met
	CQC requirements	Fully met	Not met	Not met	Fully met
	Medical practitioners revalidation (ORSA)	Fully met	Fully met	Fully met	Fully met
Information Governance Lev 2		Fully met	Fully met	Fully met	Fully met

### 2. Third parties

Care Quality Commission Quality and Risk Profiles (QRPs) & Planned Reviews				
	Quarter			
	1	2	3	4
Reviews	Fully met	Not met	Not Met	
Patient involvement	Top score	2 <sup>nd</sup> top score	2 <sup>nd</sup> Top Score	
Personalised care	Top Score	2 <sup>nd</sup> lowest score	2 <sup>nd</sup> Top Score	
Safeguarding & safety	2 <sup>nd</sup> top score	2 <sup>nd</sup> lowest score	2 <sup>nd</sup> Top Score	
Suitability of staff	Top score	2 <sup>nd</sup> top score	2 <sup>nd</sup> lowest score	
Quality and management	Top score	2 <sup>nd</sup> top score	2 <sup>nd</sup> Top Score	
NHS Litigation Authority				
Trust level 3 (Best score in England) NHCT only	December 2009			
Maternity level 3 (Best score) NHCT only	November 2010			

### 3. Mandatory services

Change to mandatory services?	No	No	No	No
Changes to locations?	No	Yes	No	No

### 4. Board statements

Annual plan GRR - NHCT only	Green			
Annual Quality Governance	Fully met	Partially met	Partially met	Fully met
Service performance	1.0	1.0	1.0	0
Quality	Fully met	Not met	Not met	Fully met

### 5. Other Factors

Material risks	No	No	No	No
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### Overall governance risk rating

Amber - Green	Amber - Green	Amber - Green	Green
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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 NHCT only	£7K	£1,347K	£63K	£6K	£76K
2 NHCT only	£7K	£1,663K	£43K	£1k	£51K
3 NHCT only	£7K	£1,663K (TBC)	£23K	£4K	£34K
4					
Total (potential)					

NCUH receive payment for both CQUIN and Advancing Quality (AQ) measures. However, confirmation of total quarter 1 payment for both sets of measures is currently not available.

### Safety & Quality Regulatory Risk Assessment

This section provides a risk assessment of the regulatory standards.

Strategic, Operational & Financial Risks: High Risks		Risk
Clostridium Difficile – Meeting the C.Diff and MRSA objective	<i>C diff.</i> The target for 2012/13 is 81. The Trust cumulative position at the end of December was 45 positive cases. The position as of 14th January is that there has been 1 positive C diff case against a target of 7. There were no positive MRSA cases in December. There have been 2 positive cases to date this year against a target of 2.	1.0
Surgical Site Infection rates in Orthopaedics	The SSI rates for deep infections for hip replacements continue to be high when compared to 11/12 outturn and the national rate. However there is improvement on the October position. There is improvement in the SSI rate for fractured neck of femur with there being no reported infections in this group of patients for the last 2 months (Oct and Nov). The SSI rate for deep infections for knee replacements has increased slightly from the October position and is higher than 11/12 outturn. The action plan from the external visit has been circulated with this paper, with a number of actions already being undertaken. This action plan is monitored via T&O board. There are currently discussions underway to modify the internal comparator value and use 11/12 outturn and a value of 1.5% and 1.8% (superficial and deep infections) for hips and knees respectively as per the HPA guidance, as opposed to national benchmarking. It is also proposed that the Trust starts to submit 'best quarter' data to the HPA for each site in line with other Trusts (it currently submits all months). The SSI group continue to actively address issues highlighted through RCA of all positive cases.	
Right Care, Right Time (re-admission rate)	The readmission rate reported for October (in arrears) has shown a marked reduction at 7.7%, and this is in line with the required target readmission rate of 8% (and within the target 20% reduction required). The performance measures continue to be monitored 3 months in arrears – a separate briefing has been circulated with regards to the issues related to this measure.	£3m
Complaints	Complaints responses within the period agreed with the complainant was 94.1% (out of complaints closed within the agreed timescale).	Patient Exper.
NHS Litigation Authority, Level 3	Following a meeting with the NHSLA Chief Executive in July, they have confirmed in writing that they will not be formally assessing the Trust in December 2012. The Trust will be required to submit a letter of compliance and as such BU will continue to work towards achieving NHSLA level 3 standards. The Trust has also confirmed that it would like to be considered to work alongside the	

	NHSLA in the development of outcome standards. The Trust will be assessed against CNST level 3 in 2013/14.																
Cancer	<p>Breast symptomatic</p> <p>Target 93%</p> <p>December 2012 Achieved 92.5%</p> <p>134 patients 10 breaches</p> <p>2 booked outside of 14 day window:- 1 complex pathway 1 tertiary referral delay</p> <p>8 patients booked within 2 weeks but changed appointments of C&amp;B outside 2 weeks</p>																
Clostridium Difficile – Meeting the C.Diff and MRSA objective	With the significant increases in cases in December the Trust has breached its annual target for C.difficile of 40 cases with the current reported cases at 42. There has been one MRSA Bacteraemia in November 2012 which was a contaminated sample.																
A&E Performance	<p>Total time in A&amp;E – 4 hours</p> <p>95% of patients should be admitted, transferred or discharge within 4 hours of arrival at A&amp;E</p> <p>Target 95%</p> <table> <tr> <td>December 2012</td> <td>Achieved</td> <td>92.0%</td> </tr> <tr> <td>Quarter 3 2012/13</td> <td>Achieved</td> <td>93.4%</td> </tr> </table> <table> <tr> <td>January 2013</td> <td>to date (16/1)</td> <td>87.67%</td> </tr> <tr> <td>Q4 2012/13</td> <td>to date (16/1)</td> <td>87.67%</td> </tr> <tr> <td>YTD 2012/13</td> <td>to date (16/1)</td> <td>94.49%</td> </tr> </table> <p><u>ACTION ON-GOING</u></p> <ul style="list-style-type: none"> <li>• Daily Health Economy teleconferences continue</li> <li>• Continuing support from CCG, CPFT and Cumbria Social Services</li> <li>• PAG meeting weekly followed by escalation to Directors of Operations</li> <li>• Spot purchasing of Nursing Home capacity continues</li> <li>• Weekly Physician meeting</li> <li>• Recruitment of additional A&amp;E Consultant at WCH and process commenced for CIC</li> <li>• Enhanced ACP rota at CIC</li> <li>• EDD will be the norm and will be monitored by clinician</li> <li>• Enhanced management and reporting of Delayed Discharges and Delayed Transfers of Care</li> <li>• 7 Day Senior Review and “Home for Lunch” projects on-going and monitored by ward</li> <li>• Continued development of Integrated Emergency Floor, A&amp;E streaming and ambulatory care</li> </ul>	December 2012	Achieved	92.0%	Quarter 3 2012/13	Achieved	93.4%	January 2013	to date (16/1)	87.67%	Q4 2012/13	to date (16/1)	87.67%	YTD 2012/13	to date (16/1)	94.49%	
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18 Weeks	<p><u>Admitted Care</u></p> <p>Target 90%</p> <p>December 2012 Achieved 84.6%</p> <p><u>Incomplete Pathways</u></p> <p>Target 92%</p> <p>December 2012 Achieved 91.6%</p> <p>Performance is consistent with projections in the 18 week recovery plan however, recent pressures have affected elective activity significantly causing some specialities to slip against their agreed plan. Actions have been taken and are documented in the Recovery plan.</p> <p>We continue to work closely with the Intensive Support Team (IST) to ensure our systems and processes are fit for purpose to ensure sustainability of the 18 week RTT targets.</p> <p>Following their initial visit in August the finalised report is expected imminently. Focussed areas of work are as follows:-</p> <ul style="list-style-type: none"> <li>• Capacity and Demand modelling by speciality</li> <li>• Development of PTLs</li> <li>• Agreement of RTT stages by speciality</li> <li>• Workshops for Business Managers and clinicians and identification of Clinical Champions</li> </ul> <p>IST expertise continues to be offered to the Trust to support delivery of the Improvement Plan resulting from this work.</p> <p>The agreed recovery plan to clear the backlog of incomplete pathways is being monitored weekly.</p> <p>Fortnightly monitoring calls with CCG and NHS NoE continue.</p> <p>Providing capacity is available and the action plan is delivered performance is currently expected to normalise in Q1 of 2013/14.</p> <p>Board members will be in receipt of the following documents:</p> <ul style="list-style-type: none"> <li>• 18 Week Recovery Plan</li> <li>• IST Action Plan</li> <li>• RTT Assurance Slides (prior to Board Development Session)</li> </ul>	
Assurance Framework	<p>References 2.1 – 2.51 inclusive</p> <p>Key controls – Yes, key controls are in place</p> <p>Positive assurance – this report provides positive assurance</p> <p>Gaps in controls or assurance – There is no gap in our controls.</p> <p>Actions by whom/ when – these are described in this report</p> <p>The combined NHCT and NCUH Assurance Framework is still under development, the references above relate to NHCT AF only.</p>	

**Recommendations**

Trust Board members are asked to approve this report.

Birju Rana  
Interim Director of Performance and Governance  
January 2013

Corinne Siddall  
Executive Director of Operations  
January 2013