TRUST BOARD

North Cumbria University Hospitals NHS
NHS Trust

Date of Meeting: 26/03/13	**Agenda Item No:** 5.2	**Enclosure:** 5
Intended Outcome:		
For noting	**For information**	**For decision** ✓

Title of Report:
Service Performance Report – Corporate Safety & Quality Regulatory Report - February 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 eleven 2012/2013.
For month eleven the Trust Dashboard , Quality Dashboard, 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 11 :
A/E Performance
18 Weeks
Cancer
CDifficile
AQ
Mixed Sex Accomodation Breaches
CQC compliance with four essential outcomes:

- 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

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.

Prepared by: Corinne Siddall, Executive Director of Operations, Ramona Duguid, Acting Director of Governance Chris Platton, Acting Director of Nursing	**Presented by:** Corinne Siddall, Executive Director of Operations, Ramona Duguid, Acting Director of Governance Chris Platton, Acting Director of Nursing

North Cumbria University Hospitals NHS
NHS Trust

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 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	Forecast	Forecast

1. Performance against national measures

Governance					
Service performance met 15 targets		11.5/15	15/15	10/15	11/15
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 *Quality and Risk Profiles (QRPs) & Planned Reviews*				
	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	4.0
Quality	N/A			

5. Other Factors

Material risks	0	0	0	0

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*					
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	**Year end position** - It is anticipated that by the end of March the Trust will be at 54 cases of C difficile. The total number for C difficile for 2013/2014 is 29 attributed cases which gives a monthly trajectory of 2 cases per month. There is a significant risk that the trust may breach quarter one. In **February** 2013 there were five post 48 hour cases of C.difficile. There were four cases at the Cumberland Infirmary on Beech CD, Elm A, Beech A and Larch C and one case at Honister 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 50. 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 antimicrobial prescribing. Feedback provided to the clinical team of the root cause analysis.

	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, These meetings commenced in February 2013. **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. **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. **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. In **addition** to the above, a recommendation is to be made to the Trust Board in March 2013 to approve interim arrangements prior to the acquisition where the Trust will have one DIPC. This role will provide the opportunity to align policies and practices for infection prevention in preparation for the acquisition and the new organization.
MSA Breaches	There have been 14 MSA breaches to date in Q4. This has been exclusively due to unavailability of beds for discharge of patients from our Intensive Care Units. The Senior teams and bed management teams have been directed to give priority to ICU patients and ICU are to ensure adequate notice is given of discharge requirement in line with National performance team guidance we received in 2012. There will be escalation to Director of Nursing and Medical Director if this is not possible. Forecast performance for Q1 2013/14 is zero.
Advancing Quality	The Advancing quality team are raising awareness to our clinical teams by visiting the clinical areas daily. The team feedback on compliance and raise awareness of any omissions in documentation to the clinical teams. A monthly report is also provided to the Heads of Nursing and Business Managers. The newly appointed AQ Liaison and Clerical support worker is currently undertaking training to support the team to address the backlog of data entry and move towards real time data collection.

	AMI Smoking cessation for November was 83% and this related to 6 patients, 5 of which received advice one did not have any documented evidence of receiving advice. **PNEUMONIA** • Adult Smoking Cessation for November was 67% and this related 6 patients, 4 received smoking cessation advice, 2 patients did not have a documented record. • Curb for November was 67%, this related to 6 patients, 4 of which received a Curb score on admission, 2 patients did not have a documented Curb score. • Antibiotic selection for November was 85%. This relates to patients 13 patients, 11 received the initial antibiotic, 2 patients did not have a document record. **HIPS** • Prophylactic antibiotic within 1 hour of surgery for November was 87%, this related to 40 patients, 35 received the antibiotic and 5 patients did not have any documented evidence. **STROKE** • Stroke unit admission within 4 hours of arrival for November was 82%, this related to 34 patients, 28 patients were admitted to the stroke unit within 4 hours, 6 patients were not admitted within the AQ time frame. There is a Stroke Improvement workshop on 21/3/2013 to revise and agree the Stroke Improvement Plan. Key expected outcomes will be : - Implement ROSIER scoring in A/E - Baton bleeps for Stroke specialist team - Ring fenced stroke bed at all times - Zero tolerance of admission to stroke unit via EAU - CT scan en route to stroke unit - Pilot 7 day Physiotherapy - Implement integrated care plan with EDD - Implement Early Supported Discharge Team
A/E Performance	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. Q4 to date 92.81%. We have national approval to add PCAS (Primary Care Assessment Service) performance data to our A/E performance and this would improve this performance to 93 %. We are awaiting confirmation from the CCG that this and other primary care walk-in data can be incorporated into our performance data. For the month of February 2013 we achieved 94.5% - this would improve to 94.9% if PCAS data was included.

	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. Clinical Business Unit Deputy Directors will provide an update on progress to the March Trust Board. **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. **Expected Day of Discharge to be the norm.** Daily monitoring of EDD compliance now in place. **Reducing Delayed Transfers of Care** Weekly DTOC meeting Weekly PAG meeting Integrated Discharge Team now in place **Implement Ambulatory Care model** Nursing posts out to advert Team to be in place and operating by end of Q1 2013/14 **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 Forecast A/E Performance position at 31 March 2012/13 is 93%. Forecast performance for Q1 2013/14 is > 95 % The key areas from the Service Improvement Plan are described above. There will be a weekly CEO led A/E Performance meeting to monitor on–going delivery of this plan and A/E performance against the required Emergency Care Standard. A further meeting has taken place on 27 March 2013 with CEO, Executive Directors and the Business Units. Further actions have been agreed to ensure that all has been done to secure 95% performance against the A/E standard. The key additional actions agreed are, in summary : Discharge to start on day of admission incl additional pharmacy support and EDD in RealTime Medical Director and Nurse Director clinical walkrounds on both sites Focus on reducing length of stay in care of the elderly services Zero tolerance of MSA breaches

18 Weeks

Patients can access thirteen services for their elective treatment and five of these services provide care within 18 weeks of referral.

Four services need greater balance between the demand and the capacity in order to provide a consistent 18 week wait and these services are:

Service	Patients Waiting >18 weeks at 31st October	Plan for 28 February	Actual Patients Waiting >18 weeks at 28th February	Forecast end of March position for >18 weeks
Ophthalmology	320	60	80	60
Orthopaedics	171	260	340	344
General Surgery	133	110	130	120
Gynaecology	70	104	101	94
Others	114	63	128	86

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

- Opthalmology: 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.

- 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 a 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. 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.

- Gynaecology: This plan to reduce the patient waiting experience is not as effective. 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 Hexham Hospital and the private sector. Colleagues from Northumbria have confirmed that their pathways have limited scope for innovation. What can be done, will be done.

- General Surgery: The same issues are relevant to general surgery.

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. The outcome of this work will be reported to the Finance Committee from March.

Other key indicators considered significant by the Department of Health are the number of patients waiting longer than 52, 45 and 35 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.

TOTALS ON WAITING LIST :	**Mar-11**	**Mar-12**	**Feb-13**
Patients waiting over 52 weeks	40	27	0
Patients waiting over 45 weeks	55	58	18
Patients waiting over 36 weeks	149	143	65

As we work to continue to deliver the reduction in longest waits and the backlog delivery of the agreed plan is essential.
This is being monitored weekly.

Target for 31 March 2013	Expected Forecast by 31 March
Non admitted (Target of 95%)	95%
Admitted (Target of 90%)	82%
Incomplete (backlog) (Target of 92%)	Over 90%

Forecast Performance for Admitted Pathways Q1 2013/14

April 2013 > 80%
May 2013 > 80%
June 2013 > 80%

Q2 trajectory is currently being prepared in line with updated delivery plan and 18 week Service Improvement Plan

Compliance for the Trust for Q1 2013/14

Admitted Pathways > 90% (target 90%) Compliant by speciality by Q2
Non admitted > 95% (target 95%)
Incomplete > 92% (target 92%)

Cancer	In February the Trust achieved 7 out of 8 of the national cancer targets. 14 day rule - All 2 week wait referrals excl Breast Symptomatic Lower GI - 80/87 - 7 breaches Skin cancer – 54/61 - 7 breaches Urology – 111/126 - 15 breaches Head and Neck – 55/69 – 14 breaches An administrative error in the booking process has been rectified. Head and Neck services had an increase in demand due to a lowering of the threshold for referrals from Primary care which was not notified to the clinical team. Extra capacity was put in place but was not able to meet the demand. This issue is currently being dealt with via PAG and with discussions in Primary care. Urology also had a surge in demand following the recent public health campaign. Extra capacity is being put in to deal with the surge in activity.	
CQC Compliance	As reported to the Board last month there were seven essential outcomes which were partial. A report was reviewed by the Governance and Quality Committee in March regarding the end of year position. This position has changed to four outcomes which the Trust will be partially compliant with as at the end of quarter four 2012/13 which are described below. **<u>Outcome 10 - Safety and suitability of premises</u>** 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. **<u>Outcome 11 - Safety, availability and suitability of equipment</u>** 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 Q2 2013/14.	

Outcome 14 - Supporting Workers

The Trust has made significant and consistent progress this financial year and has greatly improved its mandatory training and appraisal rates to the highest recorded levels. The trend is still in an upward direction and this gives confidence that partial compliance will convert to full compliance by the end of March 2013. This gives us a foundation for building on the Trust wide system for the full range of clinical training in 13/14.

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. This will include specialty level reporting and review of incidents, clinical audit and implementation of NICE guidance.

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

Outcomes which have moved from partial to full compliance are described below.

Outcome 2 - Consent to care and treatment

- Business Unit Clinical Leads have been confirmed for this outcome, to ensure compliance with the standard can be monitored at a local clinical level. An Audit was undertaken in 2012, report on findings and action required are being finalised. The delegated consent register being developed, to record the competency arrangements of staff who perform delgated consent. This will be complete by 31 March 2013.

Outcome 8 - Cleanliness and infection control

- Trust wide action plan from issues identified in clearning audits will be in place by 31 March, including compliance with local cleaning audit checks. Further measures will be introduced with Northumbria FT for 2013/14.

Outcome 17 Complaints

- Complaint survey commenced which will be ongoing for all complainants. Performance reporting on complaints enhanced from March 2013, to focus on the Trusts performance against the NHS Complaint Regulations 2009.

Inspections since last report to the Board

The Trust received two unannounced inspections looking at Outcome 13 – staffing and Outcome 4 – care and welfare of people who use the services. The final report is awaited however verbal feedback will be given to the Board in March 2013.

Appendix 4 summarises the latest Quality Risk Profile and the detail of the reviews carried out in 2012/13 to date.

Recommendations
Trust Board members are asked to approve this report.

Corinne Siddall
Executive Director of Operations

Chris Platton
Acting Director of Nursing

Ramona Duguid
Acting Director of Governance