

Date of Meeting: 28/5/2013	Agenda Item No: 6.3	Enclosure: 6
Intended Outcome:		
For noting	For information	For decision ✓
Title of Report: Service Performance Report – Corporate Safety & Quality Regulatory Report – April 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 one 2013/2014. We continue to make considerable progress to deliver the NHS constitution commitments. There remain challenges but we have in place a robust and proactive improvement plan.		
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, April 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

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
Governance				
1. Performance against national measures	Monitor Compliance Framework GRR	10/15		
	Service performance - 15 targets			
	Quality			
	Processes and systems	Fully met		
	CQC requirements	Partial 10/16		
	Medical practitioners revalidation (ORSA)	Fully met		
	Information Governance Lev 2	Fully met		

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

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	6			
	Service performance	0 to date			
	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					
<i>National and local quality standard linked to payments and losses To be completed from July 2013</i>					
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	<p><u>C.difficile</u></p> <p>As at 15th May 2013 we have had four post 48 hour cases of C.difficile. The Infection Prevention Control Committee has provided a service improvement plan and this is on the Trust Board Agenda.</p> <p>As previously reported to Board there is a significant risk that the trust may breach quarter one.</p>	
Emergency Care Standard – 95% of patients seen, treated and admitted or discharged in less than four hours	<p>Performance against National Emergency Care standard (target > 95%)</p> <p>April 2013 92.1% May 2013 to date 96.33%</p> <p>Q1 to date 93.36%</p> <p>The target for Q1 is >95%</p> <p>CCG have formally responded in support of this action plan. A Board Development session was held on 13th May 2013. The Intensive Support team reports for CIC and WCH were considered during the session and an exercise has been completed to ensure all outstanding actions from these reports are contained within our current improvement plan.</p> <p>A detailed Service Improvement Plan is in place and is monitored on a weekly basis and reported to EMT.</p> <p>Acute Physician Model / Management of Emergency Patients from Day 1</p> <p>Now in place at WCH and CIC .This gives consultant presence on Emergency Assessment Unit 0800 – 2000 seven days a week. There was no material impact on reduced LOS and patient flow as an immediate result of this.</p> <p>It has been recognised that the implementation of the ACP at WCH has not been as was expected with some elements of the model not operating effectively. A meeting has taken place to address this and agree some key changes whivh will be operational 27th May. These are : - on – call handover to ACP 0800</p>	

- Patients admitted to right speciality first time
- Ward based clinical teams managing patients
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The opening of the SAU at CIC has improved flow in surgical patients and reduced demand for surgical beds on EAU. There has been a steady improvement in A/E performance since this unit opened on 27 April with the Trust achieving 96.4% and 96.5% for the w/c 29/4 and 6/5 respectively and both hospitals achieving the standard during the w/c 6/5. This model will be implemented at the WCH by the end of June.

The plan to introduce an Ambulatory care service is well advanced at CIC. This will bring together the best of practice at WCH and the PCAS service at Carlisle. It will commence on 3 June 2013, located on the EAU. This should decrease the number of patients admitted and reduce pressure on core medical capacity.

The Nurse Practitioner service at WCH will move from Eskdale ward over the weekend of 18/19 May and will be operational on Pillar/Patterdale ward from Monday 20 May.

Plan well advanced and on track to move high risk emergency surgery from WCH to CIC from on 10 June 2013.

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.

A meeting has taken place with senior clinical leaders from NCUH, CPFT and Social services to understand lessons learnt from the walkarounds and ensure actions are implemented to move to a "pull" system.

Work continues across the health economy with senior clinical leaders now attending PAG and Directors of Operations weekly to track and deliver improvement workstreams approved by North Cumbria Strategic Clinical Leaders

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.

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.

A business case is being prepared for a clinical modular build to provide this capacity .

Vision for Care of the Elderly Services

The Care of the Elderly team have prepared a business case for the future vision of their service.

This will focus on delivering high quality care pathways to the frail elderly and reducing LOS by implementing the following :

- Early supported discharge for stroke patients
- Provision of ortho-geriatric service to achieve Best Practice Tariff
- Right care , right place , first time

A senior nurse from Northumbria has been seconded into the team to support this work and the Vision will be presented to CPG in June.

Forecast Performance for Admitted Pathways Q1 2013/14

May 2013 > 80%

June 2013 > 80%

18 Weeks

Compliance for the Trust for Q1 - Q2 2013/14

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

Seven services need greater balance between the demand and the capacity in order to provide a consistent 18 week wait. This table confirms that all but gynae and orthopaedics will achieve 90% by the end of May/June. More analysis needs to be done to confirm 90% by end of June (Trustwide).

Service	Patients waiting >18wks at 31 st Oct 12	Plan for 30 April	Actual patients waiting >18weeks at 30 April	Forecast end of May position for >18 weeks	Number required to achieve 90%
Ophthalmology	320	35	70	46	48
Orthopaedics	171	276	377	309	104
General Surgery	133	55	91	68	83
Gynaecology	70	84	83	74	29
Urology	64	10	41	21	17
Dermatology	5	2	18	5	20
Oral surgery	61	5	14	5	13
All admitted pathways	1051	491	736	531	379

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

- Ophthalmology:** 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 and Northumbria. 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 May/June and July. Two additional lists have been carried out in May. These additional lists will be implemented permanently on a weekly basis from 10th June to maintain the paediatric waiting list. This plan is well advanced and patients will experience a 18 week wait by the end of June.
- 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 May /June and July. Work has been transferred to BMI and Hexham. 27 patients have been booked for May. Two additional locums are undertaking routine backlog cases at CIC and WCH. 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:** Currently there are 83 patients waiting >18 weeks and 54 need to be cleared to achieve 90%. 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. 99 patients have been triaged by BMI and 42 have been accepted for June. Further cases will be triaged for July/August and September to ensure the service will deliver a sustainable 18 week pathway by end of September 2013.

- **Dermatology:** A locum 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 2013.
- **Urology:** An increase in cancer patients requiring operative treatment has resulted in the plan to reduce the backlog in urology going off track. Currently an external provider is being identified to clear routine cases waiting over 18 weeks and 30 cases are currently identified for BMI. The service will be compliant by end of June 2013.
- **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 2013.
- **Orthopaedics:**

Orthopaedics: >18 week backlog caused by a gap in demand and capacity of 70 patients per month

Month	April	May	June	July	August	September
Planned Operations (Contract)	296	296	296	296	296	296
Actual Operations	232					
Variance	-64					
> 18 weeks	377	376				
% 18 Week RTT Achievement	52.61%					
Operational Plan to increase capacity						
Plan Hexham Hospital	25	25	40	40	40	40
Actual Hexham Hospital	15	14				
Plan WCH	15	15	15	15	15	15
Actual WCH	12	17				
Plan Private Sector	0	30	100	70	0	0
Actual Private Sector	0	3				
Plan Better Use WCH capacity	0	0	15	15	15	15
Actual Better use WCH capacity	0	0				
Total Plan	40	70	170	140	70	70
Total Actual	27	34				
Variance	-13	-36				
Cumulative Variance	-13	-49				

- a) The number of operations -100 compared to the working days. The lesson to be learnt is sickness cover needs to be agreed by the Clinical Director and operational service manager at the Orthopaedic Directorate meeting.
- b) We will now move to monthly reports on consultant activity and 18 week performance and report to the Public Trust Board. This will include a breach analysis, by consultant.
- c) 10 inpatient admissions were cancelled due to access to beds due to increased length of stay. Our enhanced patient flow in May has resulted in no cancellation of patients.
- d) Zero cancellation of orthopaedic lists should be the norm. Anaesthetic cover needs to be reviewed to support this principle.
- e) Prospective weekly planning of orthopaedic lists to match our safety and quality priorities and our financial obligations.
- f) Raise the profile and project management of the orthopaedic service, being a pilot for the contact centre philosophy.
- g) 20 patients were cancelled due to WCH theatre ventilation and both these theatres became operational on Friday, 24 May.

Operational Plans to Increase Capacity:

- a) Patients are selecting Hexham Hospital, however, enhanced administrative processes are required to ensure 25 patients and more are offered this choice. This has been put in place for the week beginning 27 May.
- b) Patients are selecting the private sector, however, our administrative process and capacity need to be enhanced. Additional support was put in place, with effect from 24 May, to ensure 200 patients were booked into the private sector by the end of July.
- c) We have asked both Hexham Hospital and the private sector to make up the current shortfall in the plan which =30 patients, and we will confirm their decision at the Board meeting on 28 May.
- d) We are now booking patients for the additional capacity in theatres at WCH for June as a consequence of the service change.

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

Cancer

In April the Trust achieved 5 out of 8 of the national cancer targets.

The three exceptions :

2 Week Waits (excl. Breast) (target 93%)

722 patients treated , 54 breaches - achieved 92.5%

These were all due to patient choice.

<p>Advancing Quality</p>	<p>31 day patients First Definitive Treatment (target 96%) 138 patients treated , 7 breaches - achieved 94.9% 2 - colorectal theatre capacity 1 breast - clinically unfit for surgery 1 gynae - complex pathway 1 lung - consultant not available 2 urology – theatre capacity</p> <p>62 day National Screening Programme (target 86.7%) 15 treated , 2 breaches 1 was a capacity issue 1 was a complex pathway requiring confirmation of operation date prior to screening which was delayed as a result.</p> <p>Due to timescales of reporting since last Trust Board there is no further data to report. The January 2013 data is awaiting ratification Appendix 2.</p>
<p>CQC Compliance</p>	<p>Progress has been made with identifying Business Unit Leads for specific outcomes, which will be fully in place by the end of Q1 2013/14. Guidance on the requirements of the Business Unit leads has been issued as well as a guide to conducting ‘internal spot checks’.</p> <p>The Trust will be implementing the internal inspection process for CQC in June 2013. This is an enhanced version of the previous mock assessments and is based on the Northumbria model. Representatives from the Trust are ‘shadowing’ the Northumbria CQC internal inspections in May 2013.</p> <p>The Trust has three outcomes which are currently partially compliant and are outlined below:</p> <p><u>Outcome 10 - Safety and suitability of premises</u></p> <p>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 Q4 2013/14.</p> <p><u>Outcome 11 - Safety, availability and suitability of equipment</u></p> <p>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:</p> <ul style="list-style-type: none"> - 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 <p>Full compliance with this outcome is forecasted for end of Q2 2013/14.</p> <p>This outcome will be reviewed again in light of the concerns raised regarding theatres at both hospital sites.</p> <p><u>Outcome 16 - Assessing and monitoring the quality of service provision</u></p> <p>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.</p>

The Clinical Policy Group and Board have approved the Clinical Audit Plan for 2013/14.

In April 2013, the Clinical Policy Group have approved an approach to review NICE guidelines which has commenced and the Trust has updated the NICE policy. Reporting on compliance against NICE guidelines and the Trust Policy commenced in April 2013 and was reported to the Trust Board.

Business Unit Leads for Outcome 16 are being identified and will be in place by the end of Q1 13/14.

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

Inspections since last report to the Board

As reported in the last Trust Board report, the final CQC report from the unannounced inspection at CIC carried out 12 and 13 March 2013, has now been published and all 3 outcomes inspected Outcome 13 (Staffing), Outcome 4 (Care and welfare of people who use the services) and Outcome 21 (Records) have been reported as non compliant and compliance actions are required. The CQC have requested a written report stating the actions that will be implemented to achieve return to compliance with these outcomes which is currently being developed by the Acting Director of Nursing.

The Trust received an unannounced inspection on 2 and 3 May 2013 at the WCH site looking at the following outcomes - 13 (Staffing), Outcome 4 (Care and welfare of people who use the services) Outcome 21 (Records) and Outcome 6 (Co-operating with other providers). The CQC report is awaited.

Overall position on compliance

The feedback from the CIC inspection, on Outcome 4 (Care and welfare of people who use services), Outcome 13 (Staffing) and Outcome 21 (Records) combined with the action plans we have in place to address compliance with Outcomes 10 (Safety and suitability of premises), Outcome 11 (Safety, availability and suitability of equipment) and Outcome 16 (Assessing and monitoring the quality of service provision) confirms an overall position of compliance with 10 of the 16 essential outcomes.

In addition to the internal inspection programme the Acting Director of Governance has requested Internal Audit to review Outcome 6 (Co-operating with other providers) and Outcome 9 (Management of medicines).

The DIPC is also reviewing the Trust's position on compliance with Outcome 8 (Cleanliness and infection control) which is being monitored monthly at the Infection Prevention Steering Group.

The Executive Director for Safeguarding has also been requested to review the Provider Compliance Assessment for Outcome 7 (Safeguarding people who use services from abuse).

Recommendations

Trust Board members are requested to approve this report.

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Executive Director of Operations

Chris Platton
Acting Director of Nursing

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Acting Director of Governance