University Hospitals of Leicester NHS
NHS Trust

	Trust Board
From:	Suzanne Hinchliffe
Date:	**1st September 2011**
CQC regulation	All

Title:	**Quality & Performance Report**

Author/Responsible Director: S.Hinchliffe, Chief Operating Officer/Chief Nurse

Purpose of the Report:
To provide members with an overview of UHL performance against national, regional and local indicators for the month of July 2011.

The Report is provided to the Board for:

Decision		Discussion	√
Assurance	√	Endorsement	

Summary / Key Points:

Corporate challenges:

- Performance for July Type 1 and 2 is 96.4% and including UCC is 97.2%.
- MRSA – 1 case of MRSA was reported during July and notification of a potential recurring report going forward due to patient circumstances
- CDifficile – a positive month 4 report with 8 cases identified in contrast to the July 2010 position of 14. The year to date position is 39 and ahead of target to date.
- RTT - further to backlog work undertaken in the first quarter of the year impacting on the June position as planned, performance in July has recovered as forecast to 91.4% for admitted patients (target of 90%) and 97.2% (target of 95%) for non-admitted patients.
- Annual appraisal rate for July has reduced to 85.9%.

Performance Position:

- Same Sex Accommodation - with a national target of 100%, this has been achieved for both UHL base wards and intensivist areas.
- Performance for Primary PCI is 82.6% against a target of 75%.
- TIA performance in July is 77.8% against a target of 60%.
- All cancer targets were achieved in Qtr 1 (one month behind in reporting) with an amber report for the 62 day target in June, where additional focus is being given.
- Theatre Utilisation - Inpatient utilisation was 81.4% and day surgery utilisation was 73.3%
- The final reported sickness rate for June was 3.6% and the provisional July figure is 4.0%.

Recommendations: Members to note and receive the report

Strategic Risk Register	**Performance KPIs year to date** ALE/CQC

Resource Implications (eg Financial, HR) N/A

Assurance Implications N/A

Patient and Public Involvement (PPI) Implications N/A

Equality Impact N/A

Information exempt from Disclosure N/A

Requirement for further review? Monthly review

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT TO: **TRUST BOARD**

DATE: **1ST SEPTEMBER 2011**

REPORT BY: **SUZANNE HINCHLIFFE, CHIEF OPERATING OFFICER/CHIEF NURSE**
KEVIN HARRIS, MEDICAL DIRECTOR
KATE BRADLEY, DIRECTOR OF HUMAN RESOURCES
ANDREW SEDDON, DIRECTOR OF FINANCE

SUBJECT: **MONTH FOUR PERFORMANCE SUMMARY REPORT**

1.0 Introduction

The following paper provides an overview of the Quality & Performance month 4 report highlighting key performance metrics and areas of escalation where required.

Changes to the report include:

- Divisional Heatmap proposed revised targets for divisions to agree and sign off. Revised targets will be applied in the August reports.
- Quality & Performance report updated quality diamonds. A Performance Controls Assurance Group has been established to ensure that the Trust's data quality diamonds are further developed and accurately applied to all relevant performance indicators in both the Quality and Performance report and the Divisional Heat Maps.
- Revised/new targets have been identified in the UHL divisional heat map for the following indicators:- MRSA non-elective screening, in hospital falls resulting in hip fracture, pressure ulcers (Grade 3 and 4) and % of patients admitted on day of procedure.

2.0 July 2011 Operational Performance

2.1 Infection Prevention

- MRSA – 1 case of MRSA was reported during July and notification of a potential recurring report going forward due to patient circumstances
- CDifficile – a positive month 4 report with 8 cases identified in contrast to the July 2010 position of 14. The year to date position is 39 and ahead of target to date.

2.2 RTT

Further to backlog work undertaken in the first quarter of the year impacting on the June position as planned, performance in July has recovered as forecast to 91.4% for admitted patients (target of 90%) and 97.2% (target of 95%) for non-admitted patients.

2.3 ED

ED 4 hr performance for July Type 1 and 2 is 96.4% and including UCC is 97.2%.

From the 1 July, the DoH expects compliance with the minimum thresholds set for the five headline measures. To judge compliance against the thresholds, the five indicators will be divided into two groups: timeliness (time to initial assessment, time to treatment and total time) and patient impact (left without being seen and re-attendance).

Organisations will be regarded as achieving the required minimum level of performance where robust data shows they have achieved the thresholds for at least one indicator in each of the two groups. In other words, organisations not achieving at least one indicator under both patient impact and timeliness would be regarded as not achieving

Performance relating to the new indicators for July is as follows:

PATIENT IMPACT

		Jul-11	TARGET
1	Unplanned Reattendance	5.5%	<= 5%
2	Left without being seen	2.1%	< 5%

TIMELINESS

		Jul-11	TARGET
1	Time in Department (Minutes) - 95th Percentile	239	<= 240
2	Time to Initial Assessment (Minutes) - 95th Percentile	39	<= 15
3	Time to Treatment (Minutes) - Median	33	<= 60

An action plan has been developed to improve data capture from both EMAS and ED in relation to 'time to initial assessment of all 999 patients'. Improvements to performance should be noted during September.

In August supplementary guidance has been made available by both the DoH and Monitor to update Trusts how the new clinical outcome indicators will be monitored and scored from Quarter 2 onwards. The quarterly FT compliance framework (page 5) and CQC service performance (page 6) will be amended next month to reflect the revised guidance.

From Q2, Monitor will apply a governance score of 1 to foundation trusts for failing to achieve the indicator relating to total time in A&E. Trusts will be monitored using the 95% 4hr wait performance, *not* the 95th percentile (the original measure set out in the *Compliance Framework 2011/12*).

A joint plan commencing on the 27th September will mean that the UCC will close from midnight to early morning, with practitioner and reception resources being transferred into ED. All UCC patients will be directed to the minors waiting area and the practitioner will work from the See & Treat rooms within ED.

2.4 Cancer Targets

All cancer targets were achieved in Qtr 1 (one month behind in reporting) with an amber report for the 62 day target where additional focus is being given, and, where small patient numbers can disproportionately affect the breach position. For June, the 62 day target was missed by 2 patients.

Monitor has reviewed its approach to applying a governance score for breaches of the cancer targets in the *2011/12 Compliance Framework*. This is to recognise that for a number of trusts the thresholds set for these targets are negated by the very small number of patients being treated. As a result Monitor will no longer apply a score of 1.0 to a trust's governance risk rating where a failure of one of the cancer targets is due to a single patient breach across a quarter.

2.5 Same Sex Accommodation (SSA)

With a national target of 100%, this has been achieved for UHL Base Wards and Intensivist areas for the month of July.

2.6 Falls

Planned Care has sustained their overall reduction in reported falls from a high of 88 in March 2011 to an average of 26 reported falls for the last three months. This is evidenced by the improvement seen with the falls risk assessments in MSK highlighted through metrics scores following intensive staff awareness training.

It is recommended that falls reporting is undertaken a month in arrears to allow for CBU's to close the DATIX reports which will enable accurate reporting of numbers and causation.

2.7 Pressure Ulcers

Further to the month 3 report, work is progressing to align data to reflect other EM SHA Trusts (avoidable/unavoidable). A Matron has been assigned to work within the medical wards which have seen recent clusters of hospital acquired pressure ulcers. Ward Sisters for these areas have been tasked with ensuring all qualified staff undertake the tissue viability VITAL module within the next month to provide a consistent approach to raising staff awareness of current practice.

It is recommended that reporting of HAPU is provided one month in arrears to allow for completion of RCAs and improve accuracy of reporting.

2.8 Patient Polling

The monthly Patient Experience Survey captured 1,390 patient experiences in July 2011, a Trust survey return rate of 92%. This large amount of feedback allows us to track quality improvements across the organisation and allows Divisions to target specific areas.

The Trust Respect and Dignity overall score for July 2011 shows a slight decline from 96.5 to 95.7 but remains green. All Divisions remain within the green threshold.

2.9 Related Month 4 Performance Areas

The following table presents a summary position of the wider corporate indicators which are subject to external interest and where further detail by CBU may be found in the Heatmap report. Of the 15 indicators listed below, 13 have shown improvement against the April position with the majority delivering the target.

Performance Indicator	Target	April	July
MRSA Elective Screening *	100%	100%	100% (June)
MRSA Non-elective Screening *	100%	100%	100% (June)
Stroke % stay on stroke ward*	80%	76.7% (March)	89.2% (June)
Stroke TIA	60%	67.9%	77.8%
Primary PCI	75%	85.0%	82.6%
Rapid Access Chest Pain	98%	99.5%	100%
48hr GUM access	99%	100%	100%
Out Patient DNA**	9%	9.2%	9.1%
Out Patient Cancellations (UHL)**	13% (10.5% July)	11.4%	10.9%
Out Patient Cancellations (Patient)**	11% (10.0% July)	9.6%	10.8%
Day Case Basket	75%	77.7%	79.3%
Theatre utilisation – Inpatient**	86%	79.5%	81.4%
Theatre utilisation – Day Case**	86%	74.6%	73.3%
Operations cancelled on/after day of admission	0.8%	1.3%	0.96%
Cancelled patients offered a date within 28 days of cancellation*	95%	90.3%	95.7% (June)

*reported 1 month in arrears
** UHL local targets

3.0 Medical Director's Report – Kevin Harris

3.1 Mortality Rates

UHL's 'crude' overall mortality rate has remained constant at 1.2% in July with a year to date figure of 1.3%. Reassuringly the trust's 'elective mortality' also remains constant whilst there has been a slight fall in the mortality rate for 'emergency admissions', albeit this is in line with normal seasonal variation.

The Risk Adjusted Mortality Index (RAMI) is 80.0 for both April and the financial year to date and so remains below the trust's target of 85.

3.2 Discharge and Outpatients Letter CQUINs

The quality of inpatient discharge letters has significantly with more than half the standards being Green and none Red in the June audit. Of the 558 letters audited, 552 (99%) were issued on the day of discharge. Areas for improve continue to be around 'information given to patients' and 'medication changes' and each Head of Service has been sent their Wards' results and asked to discuss and agree actions for improvement as appropriate.

In respect of the Outpatient letters CQUIN10 sets of notes have been audited from each Speciality. Overall, the quality of content of outpatient letters was very good and for the small number of letters with less than 90%, there was no trend in speciality, division, or grade of clinician.

There were however, two areas for improvement: copying letters to patients (24%) and timing of letters (average 8 days, range 0-94 days). Following discussion of the results at a recent trust wide meeting, it was agreed that there should be a standard approach

to copying letters to patients and that all services be required to ensure letters are sent within 10 days of clinic appointment.

Sunquest ICE (known as ICE), which is the new clinical system is being implemented across UHL to replace the current Patient Centre discharge letter. ICE enables the patient's discharge letter to be electronically transmitted to their GP and uploaded into the electronic patient records (if using SystemOne). ICE is already used by GPs to order and view tests and results.

ICE was piloted in 3 areas during April to June and full 'roll out' commenced from July with Patient Centre being 'switched off' on 1st August prior to the new intake of junior doctors. The first discharge letters were successfully transmitted to the pilot GP practice earlier this month and were met with enthusiastic reception. Next 6 practices will be switched on from August 23rd onwards and all SystemOne Practices will be enabled if pilots successful from September onwards

All the 'CQUIN fields' have been incorporated into the ICE system and therefore it is expected that content and timing will continue to improve after the initial 'teething problems' of implementing a new system have been sorted.

3.3 Fractured Neck of Femur 'Time to Theatre'

75% of patients with fractured neck of femur were taken to theatre within 36 hours during July.

3.4 Venous Thrombo-embolism (VTE) Risk Assessment

VTE risk assessment within 24 hours of admission is one of the two National CQUINs for 2011/12 with a monthly threshold of 90%. Performance for July with haemodialysis activity included shows that UHL's performance is 94.5%.

Although 100% of patients' data is mandated for the DoH submission, not all patients are required to have an individual risk assessment undertaken as they are considered for 'risk assessment as a cohort'.

The DoH Guidance states "*A 'cohort approach' to risk assessment using the DH/NICE National Tool may be considered locally for certain cohorts of patients undergoing certain procedures where the cohort of patients share similar characteristics and are* ***not at risk of VTE*****"**

A cohort list has been agreed within the East Midlands SHA following consultation with all trusts in the Region. Within this cohort are haemodialysis patients. Originally UHL did not include such patients in the monthly Unify returns as haemodialysis activity is sourced from the Renal system (PROTON) whilst all other admitted activity from the Trust's PAS (Clinicom). Under PBR rules, HD attendances are not submitted to SUS.

Following review of other trusts' practice haemodialysis attendances have been included in the return. This was discussed and agreed with the EMSHA Medical Director.

3.5 Readmissions

The Readmissions Project Manager is now in post and the project infrastructure has been reviewed and amended to achieve the aim of a 25% reduction in readmissions by March 2012.

An early review of the coding processes shows that there has been some marginal over-counting with regard to the contract penalty and this will be amended. Work on the peer group also shows that UHL are an outlier due to the way some other Trusts in that peer group count admissions and when compared with individual like hospitals such as Nottingham, the readmission rates are similar.

There are many pilots taking place across the hospital to reduce readmissions, which are in line with best practice, they include:

- Improving the communication with clinicians with regard to readmissions by adding them to weekly metrics and a daily list of all readmissions distributed.
- Education sessions taken place with staff in planned care regard accurate method of admission coding
- 3 Surgeon pilot commenced to reduce follow up outpatients lead time to 3 weeks from 6 weeks
- All surgical LGH discharges being provided with ward phone number for follow up. AMU specialist nurses providing follow up phone calls to discharges
- General Surgical bed bureau admissions being triaged by Consultant/SPR

Wider developments such as development of Acute Physicians and the Frail Elderly Unit will also support the reduction of readmissions.

3.6 Patient Safety

July figures demonstrate an expected reduction in the daily average outlying figure to the lowest level for twelve months. Further attention is currently being given to winter planning arrangements to better plan and track patients' movements to ensure the safety and quality of care.

CBUs and divisions continue to focus on the quality of complaint responses and July has seen a reduction in re-opened complaints, with clear plans developed to continue this reduction over the months ahead.

July saw a marked increase in the number of incidents reported relating to staffing levels, particularly in the Women's and Children's division and specifically relating to labour wards and the neonatal unit. Work is in train to better understand triggers for staff incident reporting.

A high level action plan has been completed against the '5 Critical Patient Safety Actions' designed to address the root causes of serious incidents and specifically incidents relating to the deteriorating patient. This is being reported on further at the August GRMC meeting.

3.7 UHL Quality Schedule /CQUIN

As part of the 11/12 Contract with EMSCG and PCT Commissioners, UHL is being monitored on 193 indicators in the 11/12 Quality Schedule or CQUIN scheme, see table below:

	Quality Schedule	CQUIN
EMSCG	21	19
PCT	91	62
	112	81

The PCT CQUIN Scheme is made up of national, regional and local indicators.

For Quarter 1 UHL are required to report on 145 of the indicators either to EMSCG or the PCT Clinical Quality Review Group (CQRG). At the first reconciliation meeting on the 24th August 135 of the indicators had potentially delivered. Final reconciliation and agreement for Quarter 1 will be confirmed at the Contract Performance meeting on the 27th September.

4.0 Human Resources – Kate Bradley

4.1 Appraisals

The appraisal rate has fallen for 4 consecutive months to the current rate of 85.9% with 10 of the Trust's CBU and corporate areas have a lower rate - ranging from 64% to 85%.Of the 533 pay cost centres 236 have 100% appraisal rates, however 133 have percentage of less than 80%.

The Acute Divison has highlighted the worst 8 areas and are looking into the reasons for the low appraisal rates. On investigation some areas with apparent low appraisal rates, have actually undertaken the appraisals but have not sent through the information for input into ESR. Within the Trust those areas that have had additional support appraisal rates have increased. Anaesthetics have had a bespoke training session.

4.2 Sickness

The Trust sickness rate has increased for the 3rd consecutive month from 3% in May to the current rate of 4.02 % in July.

Of the Trust 30 CBUs and corporate areas:-

- 10 are Red in RAG rating being in excess of 4%
- 9 are Amber in RAG rating being between 3% and 4%
- 11 are Green in RAG rating being less than 3%.

The sickness rate for GI Medicine / Surgery increase by 1.86% from June to July and the rate in Anaesthetics increased by 1.27% over the same period.

It is noted that there have been delays in closing absence periods and further work is being done to minimise this.

5.0 Financial Performance – Andrew Seddon

5.1 Financial Position

The Trust is reporting a cumulative deficit of £11.3m (£11.5m adverse Plan), which is in line with the monthly trajectory submitted to the Trust Board last month. Table 1 outlines the current position.

Table 1 – I&E Summary

	2011/12 Annual Plan	July			April - July 2011		
		Plan	Actual	Variance (Adv) / Fav	Plan	Actual	Variance (Adv) / Fav
	£m	£m	£m	£m	£m	£m	£m
Service Income							
NHS Patient Related	589.2	48.3	48.9	0.6	195.0	195.8	0.8
Non NHS Patient Care	6.6	0.5	0.5	(0.0)	2.1	1.7	(0.4)
Teaching, Research and Development	67.1	5.6	5.8	0.2	22.4	22.5	0.1
Total Service Income	**662.9**	**54.5**	**55.2**	**0.8**	**219.4**	**220.0**	**0.6**
Other operating Income	18.8	1.5	1.5	0.0	6.2	6.2	0.0
Total Income	**681.8**	**56.0**	**56.8**	**0.8**	**225.5**	**226.1**	**0.6**
Operating Expenditure							
Pay	420.4	34.9	37.0	(2.1)	141.0	148.5	(7.5)
Non Pay	215.3	19.0	18.9	0.0	71.1	74.1	(3.1)
Total Operating Expenditure	**635.7**	**53.8**	**55.9**	**(2.1)**	**212.0**	**222.6**	**(10.6)**
EBITDA	**46.1**	**2.2**	**0.8**	**(1.3)**	**13.5**	**3.5**	**(10.0)**
Interest Receivable	0.1	0.0	0.0	(0.0)	0.0	0.0	(0.0)
Interest Payable	(0.6)	(0.0)	(0.0)	0.0	(0.2)	(0.2)	0.0
Depreciation & Amortisation	(31.1)	(2.6)	(2.6)	0.0	(10.4)	(10.2)	0.2
Dividend Payable on PDC	(13.2)	(1.1)	(1.1)	(0.0)	(4.4)	(4.5)	(0.0)
Net Surplus / (Deficit)	**1.3**	**(1.6)**	**(2.9)**	**(1.3)**	**(1.4)**	**(11.3)**	**(9.9)**
Planned Phasing Adjustment		**1.6**	**-**	**(1.6)**	**1.6**	**-**	**(1.6)**
Net Surplus / (Deficit)	**1.3**	**0.0**	**(2.9)**	**(2.9)**	**0.2**	**(11.3)**	**(11.5)**
EBITDA %	**6.76%**		**1.46%**			**1.55%**	

5.2 The reasons for the underlying financial position are as follows:

Income

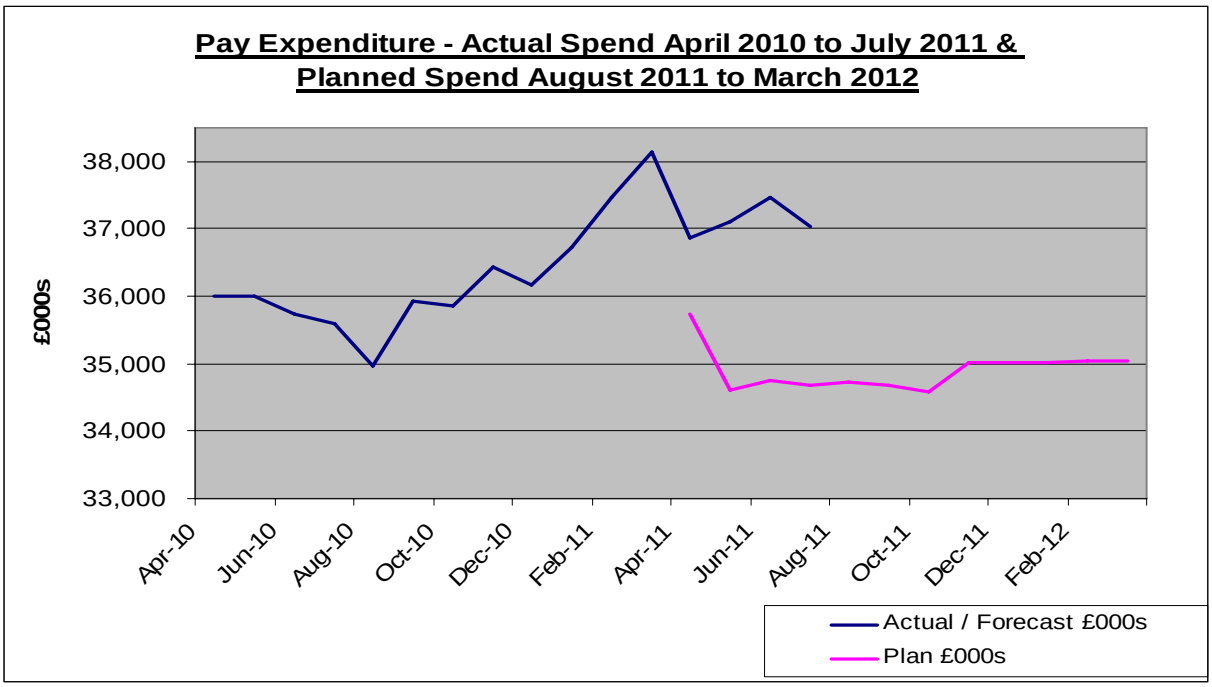
Year to date income is £0.6m above Plan. This reflects £0.8m (0.4% favourable) in patient care income due to overperformance in daycases (£0.9m), elective inpatients (£0.8m) and outpatients (£0.5m). These favourable variances are offset by underperformance in non-elective/emergencies of £1.0m (1.7% adverse to Plan). This represents 1,229 spells adverse to Plan (3%).

Expenditure

Expenditure is £10.6m over Plan. This reflects a shortfall on the cost improvement programme of £5.0m and the significant use of premium agency staff. Chart 1 clearly shows the trend for the year.

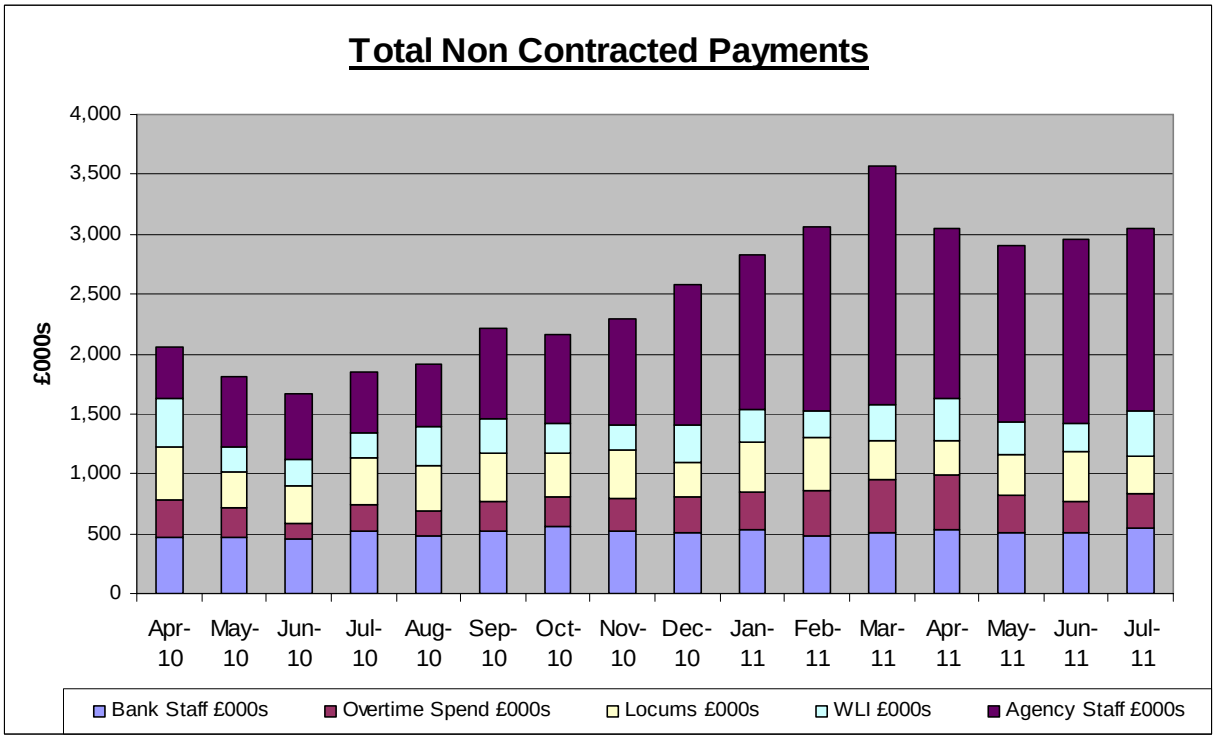
The July in month position is in line with the most recent forecast (£2.9m deficit). This however reflects increased income (£1.7m above forecast) offset by increased costs (£1.7m above forecast).

Chart 1



Agency costs remain high compared to this time last year – £7.4m cumulative from April to July 2010 compared to £12m cumulatively in April – July 2011. The growth in temporary staffing has nullified the savings from the reduction in employed (contracted) staff over the same period from 10,179 to 10,101. The impact can best be seen graphically in Chart 2 below:

Chart 2



Whilst pay costs have reduced in month, they are still above the required trajectory and urgent attention and action has commenced within CBUs/Divisions as a result of the revised authorisation levels and the financial recovery actions. The first two weeks in August 2011 indicate a stemming of expenditure.

Further details regarding the CIPs are described within the 2011/12 efficiency update paper, particularly highlighting transformational schemes and the financial recovery plan, approved by the Board at the extraordinary meeting on 21 July 2011.

5.3 Working capital and net cash

The Trust's cash position increased in month by £3.9m and was £8.3m at 31 July 2011. This partly reflects an advance of £1.6m on the August SLA from Leicester City PCT and movement in working capital.

Cash is inevitably a concern when losses are being incurred. Cash continues to be monitored on a daily basis and, to date, we have maintained monthly balances in excess of £3m (NB: the Trust consumes on average £2m per day).