| | |
|---|---|
| | **Trust Board** |
| **From:** | Suzanne Hinchliffe |
| **Date:** | **7th April 2011** |
| **CQC regulation** | All |

**Trust Board paper F**

| | |
|---|---|
| **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 February 2010.

**The Report is provided to the Board for:**

| | | | |
|---|---|---|---|
| Decision | | Discussion | √ |
| Assurance | √ | Endorsement | |

**Summary / Key Points:**

Corporate challenges:

- Performance for February for both UHL type 1 and 2 is 91.1% - an improvement of 2.5% from January's position. Year to date performance is at 94.1%. Further to the strategic plans for ED supported by the Trust Board in January 2011, meetings have been held with PCT colleagues as part of the Emergency Care Network.
- MRSA & CDifficile – Two cases of MRSA (same patient) were reported for the month of February (pending an appeal) resulting in a total of 11 for the year. The CDifficile trajectory remains "in reach" with a February total of 16 bringing the year to date total to 186 against a year end target of 212.

Performance Position:

- With a national target of 100%, UHL Base Wards have continued to offer Same Sex Accommodation (SSA) within this target and intensivist areas have now achieved 100% compliance during February.
- 18 weeks Referral to Treatment (RTT) for February admitted patients is 91.1% (target 90%) and non-admitted patients 97.3% (target 95%).
- Performance for February for Primary PCI is 88.9 % against a target of 75%. Year to date performance is 87.1%
- All cancer targets are delivering against performance thresholds in January 2011 with the exception of the 2 week wait standard where patient choice in attending appointments contributed significantly to the in month performance change (cancer performance is reported 1 month in arrears)
- Sickness absence - the sickness rate for month 10 is 4.1%.
- The appraisal rate for February is 90.1%.

**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:** **7th APRIL 2011**

**REPORT BY:** **SUZANNE HINCHLIFFE, CHIEF OPERATING OFFICER/CHIEF NURSE**

**SUBJECT:** **MONTH ELEVEN UHL PERFORMANCE SUMMARY REPORT**

---

## 1.0 Introduction

The following paper provides an overview of the Quality & Performance report February 2011 position highlighting performance indicator progress where indicators may be subject to further development or reporting.

## 2.0 February 2011 Operational Performance

2.1 Infection Prevention

- MRSA & CDifficile – Two cases of MRSA (same patient) were reported for the month of February resulting in a total of 11 for the year. An appeal is to be made for the last case due to the extraordinary multi-pathologies and treatment of the patient which was felt to be unavoidable. The CDifficile trajectory remains "in reach" with a February total of 16 bringing the year to date total to 186 against a target of 212.

**It is forecast that performance for Quarter 4 CDifficile will be achieved.**

2.2 RTT

18 weeks Referral to Treatment (RTT) for February admitted patients is 91.1% (target 90%) and non-admitted patients 97.3% (target 95%).

**It is forecast that performance for Quarter 4 will be achieved.**

Early application of the revised statistical measures, the median and 95th percentile, RTT waiting times shows current achievement of the measures. In preparation for April, divisional plans are being prepared and applied to ensure performance is maintained and further enhanced as we commence the new financial year.

2.3 ED

2.3.1 Performance for February for both type 1 and 2 is 91.1% - an improvement of 2.5% from January's position. Year to date performance is at 94.1%.

**It is forecast that performance for Quarter 4 will not be achieved.**

2.3.2 New clinical quality indicators are being introduced in April 2011 to replace the four hour operational standard. Work continues coupled with the support from ECIST regarding the application of these measures which are also presenting a challenge on a wider emergency department network.

2.3.3 Further to the strategic plans for ED supported by the Trust Board in January 2011, meetings have been held with PCT colleagues as part of the Emergency Care Network. A secondary paper relating to this may be seen as part of this Trust Board agenda crafted by the chair of the Emergency Care Network Catherine Griffiths.

2.3.4 Further to the January 2011 report a further review of patient experience and attendance has been undertaken, the results of which are appended to the Emergency Care Transformation report. Furthermore, actions taken by UHL to further develop admission avoidance and complimentary working across the health system are also identified within this report.

2.4 TIA

Further to the application of the East Midlands recent guidance eluded to in previous reports, coupled with the increase in brain imaging capacity and revised clinical criteria, it is pleasing to report that February's performance has improved to 65% against a target of 60%

2.5 Thrombolysis

The chosen treatment for patients for LLR will focus on the percentage of eligible patients with acute myocardial infarction who receive Primary PCI within 150 minutes of calling professional help

Performance for February for Primary PCI is 88.9 % against a target of 75%. Year to date performance is 87.1%

**It is forecast that performance for Quarter 4 will be achieved.**

2.6 Cancer Targets

All cancer targets are delivering against performance thresholds in January 2011 with the exception of the 2 week wait standard where patient choice in attending appointments contributed significantly to the in month performance change. This has been addressed in conjunction with GP colleagues through the development of patient information to emphasise to patients the importance of attending appointments of this nature. In line with Trust Board request in March, a summary report of findings may be found within the Trust Board bulletin.

**Quarter 3 performance has been achieved (cancer performance in arrears)**

2.7 Same Sex Accommodation (SSA)

With a national target of 100%, UHL Base Wards have continued to offer Same Sex Accommodation (SSA) within this target and intensivist areas have now achieved 100% compliance during February.

2.8 Theatre Utilisation

UHL utilisation data for February 2011 has shown a pleasing improvement as follows:

- UHL inpatient utilisation was 82.97% - up from 78.5% in January 2011
- UHL day surgery utilisation was 90.36% – up from 89.76% in January 2011

Further detail by specialty and site may be found attached.

Theatre Utilisation Report - February 20

2.9 Cost Improvement Programme (CIP)

Further to a disappointing response for CIP Senior Responsible Officers (SRO's) to manage the Trust's cross cutting corporate schemes, these roles alongside the Head of Transformation Programmes has been re-advertised on a wider catchment basis.

## 3.0 Medical Director's Report – Kevin Harris

3.1 Mortality Rates

UHL's overall 'unadjusted' mortality rate saw an increase for the months of December and January, however the 'adjusted mortality' as reported by CHKS was 'lower than expected'.

The greatest increase was seen within the Acute Division for 'non-elective admission's and the CBU Medical Leads for both Medicine and Respiratory attended the Clinical Effectiveness Committee to feedback following their review of December's patients. Both CBUs had seen a high number of elderly, frail patients with multiple co-morbidities admitted with respiratory problems which is synonymous with the winter months.

The mortality rate for February has fallen to the pre December rate for both 'overall' and 'non-elective' patients.

3.2 Discharge Letters

The bi-annual full audit of March's discharge letters is currently underway although not all areas have yet responded to the request for participation.

Whilst the requirement to undertake monthly audits will cease from April, discharge and outpatient) letters are part of the 2011/12 CQUIN scheme. Quarterly audits will therefore need to be undertaken of both types of letters with significant financial penalties if these are not done or improvements not made as per the CQUIN requirements.

Good progress is being made with the implementation of the ICE discharge letter, which will facilitate emailing of letters to GPs. The new process is currently being

'road tested' by a small number of wards prior to full roll out across the trust. Similar progress is being made with the development of an ICE template for outpatient letters.

The ICE templates will support compliance with the 'content standards' for both discharge and outpatient letters in line with the CQUIN requirements.

3.3 Fractured Neck of Femur 'Time to Theatre'

Performance in respect of '90% of hip fracture patients being taken to theatre within 36 hours of arrival' deteriorated in February with most breaches being due to a water leak in the orthopaedic theatres.

At the recent National Hip Fracture meeting, there was a suggestion that the threshold should be reduced to 85% in order to take into account the variability in patient presentation and case mix. Discussions are underway with the Commissioners to review UHL's threshold for the 11/12 Quality Schedule.

Following feedback from the meeting, the clinical team are considering the re-establishment of a 'fractured neck of femur ward' as this has been shown to positively benefit performance both in terms of 'time to theatre' and other aspects of post operative care and rehabilitation.

3.4 Venous Thrombo-embolism (VTE) Risk Assessment

VTE risk assessment within 24 hours is one of the National CQUIN indicators and whilst there has been a month on month improvement in the percentage of patients assessed, performance for February is Red as the national requirement is 90% (since December 2010). This will therefore impact on CQUIN monies for Quarter 4 in this financial year.

VTE risk assessment is one of the two national CQUINs for 2011/12 with an increased emphasis on achieving 90% throughout the year. Therefore, from April the financial penalty will be approximately £60,000 for each month performance is below 90%.

In addition, from June 2010, all trusts have been asked to submit monthly data on each patient admitted to the Department of Health (mandated from December). Within UHL, performance with VTE risk assessment has been assessed using Nursing Metrics and monthly medically led audits and therefore extrapolated data was submitted to the DoH. For December this has been considered a 'nil return'.

From January this year, ward clerks and temporary audit clerks, supported by the UHL Thrombosis Nurse have been manually inputting details of VTE risk assessment into Patient Centre which has enabled the trust to submit 'patient by patient' data to the DoH for January and February. UHL's performance for February, supplemented by the 'cohort' patients[1], was reported as 79.6%.

[1] 'cohort patients' are groups of patients that are considered to have a very low thrombotic risk and therefore do not require individual VTE risk assessment e.g. ophthalmology procedures as a day case; EDU patients with less than 24 hour stay. The cohort groups have been agreed at a Regional level and by all the Acute Trust Medical Directors in line with the DoH guidance.

In order to move to an automated data collection and reporting process, work is almost completed to install the VTE risk assessment tool on iCM. However, experience from Nottingham has shown that there will need to continue the Patient Centre process for reporting to the DoH until use of the iCM risk assessment tool is fully embedded across the Trust. As well as involving changes in working practice for clinical staff, there will be a need to ensure immediate access to iCM for multiple users undertaking the risk assessments.

3.5 Readmissions

January's readmission rate following an elective episode of care was slightly lower than previous months. However, there was an increase readmission rate for patients with previous non elective care, leading to an overall increased readmission rate.

Divisional action plans for reducing readmissions were reviewed at the recent UHL Re-admissions Group meeting and each CBU has been requested to provide an update on progress with their specific actions at the next meeting. This work is currently being lead by the Planned Care Division until the appointment of the Senior Responsible Officer (SRO).

One of the Trust-wide actions is to look at how to prospectively identify patients who have been readmitted in order to confirm the reason for re-admission and reduce the risk of further readmission.

3.6 Patient Safety

Overall the patient safety indicators show a disappointing picture for February (six out of ten indicators are currently showing red). Complaints relating to discharge have reached the highest level for 10/11 and the trend in deteriorating patient incidents is up. Outlying numbers also remain high as do complaints relating to staff attitude. This quality and safety performance picture might be attributable to increased activity and will be subject to further scrutiny within divisions and CBUs.

## 4.0 Human Resources – Kate Bradley

4.1 Appraisals

Appraisal rates have improved significantly over the last 6 months from 68.5% in June 2010 to 93.2% in December. The rate for February is 90.1%, however, this slight reduction may be due to the fact that we are now reporting appraisals earlier.

4.2 Sickness

The current level of sickness at the date of reporting is 4.1% although the figure may actually reduce as earlier reporting appears to be adding about 0.4 % to the rate. A rate of 3.7% is in line with last year's sickness rate and is significantly higher than the Trust Target of 3%.

In December we reported a significant rise in the sickness level to 4.8% from 3.8% in the previous month We were hoping to benchmark our December increase against other Trusts in the East Midlands, unfortunately, this data is still not yet available.

It is worth noting that Pathology sickness rate is currently 1.95% having decreased from 2.27% in January - well below the Trust Target.

4.3 Headcount Reduction

Progress continues in achieving and exceeding the headcount reduction with the planned reduction of 433.3 WTE delivering 440.9 realising a 7.6 WTE surplus.

## 5.0 February 2011 Financial Performance – A. Seddon

5.1 Financial Position

The Trust is reporting a cumulative year to date deficit of £1.2 million, which is £1.2 adverse to plan. The Trust is planning to achieve a surplus of £1 million at year end and has been working with commissioners to underpin this position. Table 1 outlines the current position, excluding the impact of impairment:

**Table 1 – I&E Summary**

| | **April 10 - February 11** | | | |
|---|---|---|---|---|
| | **Actual £m** | **Plan £m** | **Variance £m** | % |
| **Income** | 638.9 | 633.1 | 5.8 | 0.9 |
| **Operating Expenditure** | | | | |
| Pay | 396.9 | 394.1 | 2.8 | 0.7 |
| Non Pay | 203.8 | 199.7 | 4.1 | 2.1 |
| **EBITDA** | **38.2** | **39.2** | **-1.1** | **-2.7** |
| Depreciation | -26.9 | -26.6 | -0.3 | 1.0 |
| Net Interest payable | -0.4 | -0.4 | 0.1 | -20.5 |
| PDC dividend payable | -12.2 | -12.2 | 0.0 | 0.0 |
| | | | | |
| **Net Surplus / (Deficit)** | **-1.2** | **0.0** | **-1.2** | |

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

Net Operating Income and Expenditure

The cumulative adverse variance of £1.1 million against plan is analysed above. Service income is £4.4 million favourable plus a further £1.4 million favourable variance on other operating income. The month 11 cumulative position includes

£5.6 million of the £7.4 million settlement with commissioners reported previously to Trust Board in respect of 2010/11 activity.

The pay position reflects the continued delivery of the planned headcount reduction offset by increased use of non-contracted staffing to meet the additional activity demands. The non pay position predominantly reflects the shortfall in cost improvement delivery, NICE and High Cost Therapy expenditure and increased R&D activity (offset by other operating income).

5.3 Patient Care Income and Activity

At the end of February 2011, there is an over-performance on patient care income of £2.7 million compared to the original plan.

The £2.7 million patient care over-performance against plan reflects some significantly under-performing areas, e.g. Neonates Transport income, offset by over-performance on critical care, outpatient and End Stage Renal Failure activity. Due to the terms of the contract, the Trust does not receive full cost payment for these over-performing areas.

5.4 Cost Improvement Programme

At the end of February 2011, the Trust has delivered £27.7 million against the planned £27.3 million cost improvement targets (101% delivery).

5.5 Better Payments Practice Code (BPPC)

Current performance is noted in the following table:

| | **February 2011** | | **Year to Date** | |
|---|---|---|---|---|
| | NHS | Non-NHS | NHS | Non-NHS |
| **By Value** | 90.5% | 94.5% | 93.3% | 95.0% |
| **By Volume** | 90.1% | 92.1% | 88.1% | 93.9% |

5.6 Working Capital

At the end of February 2011, the Trust's working capital reflects the following:

- Cash balances of £18.4 million (£4 million above plan) due to the receipt of £8.5 million in advance from Leicester City PCT. This offsets the non payment of over activity invoices from LLR.

- The position on trade and other receivables continues to improve with the balance at the end of February 2011 being £21.2 million compared to £37.4 million at the end of March 2010.

5.7 Year End Forecast

Based on the Month 11 results, the Trust is still confident of delivering the planned position of a £1 million surplus.