UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT TO: **TRUST BOARD**

DATE: **7TH JULY 2011**

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

SUBJECT: **MONTH TWO PERFORMANCE SUMMARY REPORT**

1.0 Introduction

The following paper provides an overview of the Quality & Performance month 2 report highlighting key performance metrics and areas of escalation where required.

2.0 May 2011 Operational Performance

2.1 Infection Prevention

- MRSA – No cases of MRSA were reported for the month of May with a year to date figure of 2 (year end target of 9). Further to last months Q&P report, correspondence has been forwarded to all clinicians regarding expectations and compliance with recommended infection prevention procedures
- CDifficile – a positive month 2 report with 15 cases identified in contrast to the May 2010 position of 25. The year to date position is 24.
- Monthly reporting for MSSA is now in place with EColi due to commence in June 2011 in line with national guidance. A more detailed report will be presented in July.

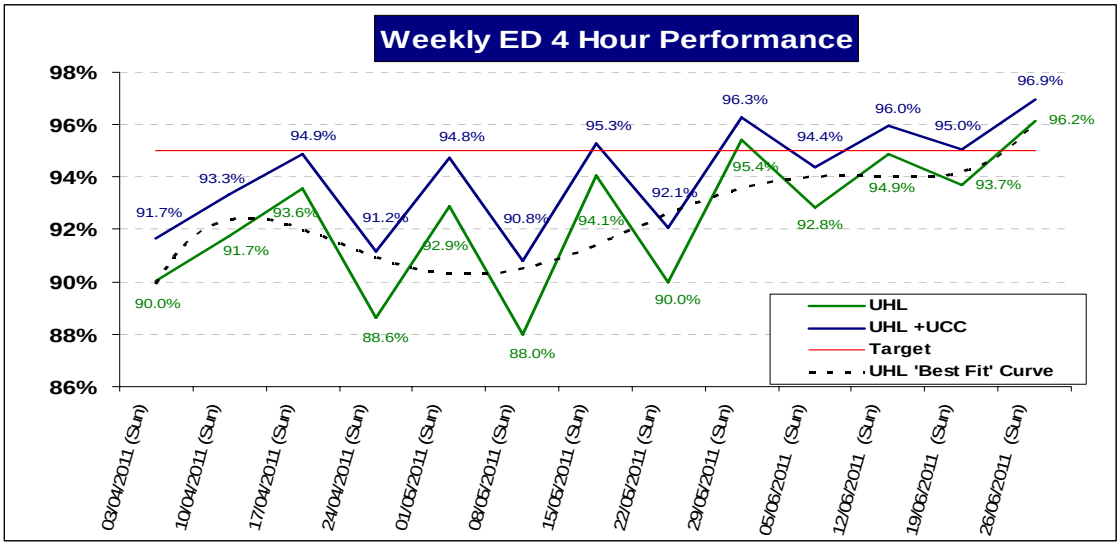
2.2 RTT

In May 90% was achieved for admitted patients (target of 90%) and 97.2% (target of 95%) for non-admitted patients.

Further to the DoH revised performance measures reducing admitted 95th percentile waiting time threshold from 27.7 weeks to 23 weeks, work actively commenced during May to increase activity over the next 10 weeks by a further 650 cases to create both delivery and headroom during quarter 2 and beyond. As expected and reported earlier in the year, performance is reducing whilst backlog is addressed though is expected to regain pace by the end of July.

2.3 ED

Performance for May Type 1 and 2 is 92.1% and including UCC (now approved by the DoH) is 93.7% - a slightly improving position as may be seen below. In line with the workforce plans for ED, new staff who have been appointed are due to commence during June to September which will in turn reduce the use of agency transition costs.



Further guidance in relation to performance management of the NHS A&E services using the clinical quality indicators was published by the Department of Health (DoH) on the 23rd June 2011.

From the 1 July, the DoH expect 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. However, all these measures are important to delivering high quality care to patients and performance is planned to be delivered above the minimum thresholds.

Indicators	**Performance Management Trigger**	
Unplanned re-attendance	A rate above 5%	Patient Impact
Left without being seen rate	A rate at or above 5 %	
Total time spent in A&E department	A 95th percentile wait above 4 hours for admitted patients and with the same threshold for non-admitted	Timeliness
Time to initial assessment	A 95th percentile time to assessment above 15 minutes	
Time to treatment	A median time to treatment above 60 minutes	

Given the timeliness of the data for performance management and the importance of maintaining grip in this critical year of transition, compliance with the minimum threshold for total time in A&E will also be a given for each quarter in 2011/12. This means that the DoH would add any organisation not achieving the minimum threshold to the group of organisations identified above as not achieving.

2.4 Cancer Targets

All cancer targets were achieved in April (one month behind)

2.5 Same Sex Accommodation (SSA)

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

2.6 Efficiency Programme Support

Further to a .further recruitment round for the two outstanding Senior Responsible Officers (SRO's) for the trust cross cutting transformational schemes, these roles have now been filled on a temporary basis. Furthermore, 'interim' temporary support has also commenced to expedite corporate schemes, support pathway changes at GGH and undertake an SLA 'deep dive' within the Planned Care Division.

2.7 Nursing Metrics

Appendix A provides an overview of progress against the nursing metrics over the year. Initially commencing with a core set of 9 metrics, expanding to 12 in June 2010 and a further 2 in November 2010, clear progress has been made in all metrics to date.

In addition to the core metrics, further developments have commenced with monthly reported metrics within theatres, recovery, paediatrics, out-patients, women's and neonatal services – all of which are progressing well, with neonatal and children's services already achieving full compliance in all indicators.

A suite of medical metrics have also been identified covering the areas noted below which will be reported through the Medical Directors report going forward:

❖ VTE	❖ Anti-microbial prescribing
❖ Discharge letters	❖ TTOs
❖ Ward rounds	

2.8 TIA & Stroke Performance

May TIA performance has been achieved for the 5th consecutive month and is 65% against a target of 60%.

The percentage of stroke patients who spent 90% of their stay on a dedicated stroke ward has been maintained in May at 84%. Issues remain regarding the inability to transfer patients to community settings due to capacity which are being monitored on a daily basis and reported to commissioners. A key focus is to further improve performance to 90%.

3.0 Medical Director's Report – Kevin Harris

3.1 Mortality Rates

CHKS have rebased their 10/11 data and UHL's risk adjusted mortality rate (RAMI) for both 10/11 and April 11 continues to be lower than expected.

3.2 Discharge and Outpatient Letters CQUIN

All CBU and Specialities have been asked to commence the Discharge letter audit in order to meet the CQUIN requirements.

The 'audit standards' for the Outpatient Letter CQUIN are being finalised and each CBU has been asked to confirm who will be the lead for this indicator.

3.3 Fractured Neck of Femur 'Time to Theatre'

Following review and validation of data, performance for April 11 for 'fractured neck of femur patients taken to theatre within 36 hours of attendance' was 80%. Unfortunately performance fell to 58% in May.

The National Hip Fracture Database had 'unofficially' advised that the Trust's performance for 10/11 is 71.2% and that the average performance nationally is anticipated to be 61.2%. UHL will therefore be in the top quartile.

It has therefore been suggested that the Quality Schedule 11/12 threshold for the 'time to theatre' indicator be set at 75%. Confirmation as to whether this has been accepted will be received on 1st 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 with VTE risk assessment is currently monitored on all wards by both the nursing metrics and Patient Centre reports. As per national guidance, performance figures using 'full patient data' have to be submitted to the Department of Health on a monthly basis.

Performance for May remains below the 90% threshold but has improved to 84.6% on Patient Centre. Discussions are underway with the Commissioners about whether the CQUIN threshold and RAG rating could take account of the improvements and minimise financial penalties accordingly.

The use of the electronic VTE risk assessment tool on iCM is being piloted in Nephrology and Haematology. However, it is unlikely that this approach will be appropriate for full roll out due to the time taken to carry out an assessment. Therefore, there will be a need to continue with the Patient Centre model.

3.5 Readmissions

Although not all data will have been completed, there were less readmissions in April following both 'elective' and 'non elective' admissions.

The Readmissions Programme Board now has representation from Primary Care and the SRO for Readmissions is due to commence from 1st August.

3.6 Patient Safety

The systematic and consistent attention by CBUs to reduce the incidence of falls continues to ensure a downward trend in falls incidents reported throughout the trust and also in the amount of serious injuries as a result of falls. As previously reported, significant work is in progress to reduce mortality and morbidity related to deteriorating patient incidents. Clinical engagement on this is increasing and some process changes have been made together with improved training for various staff groups. There no deteriorating patient incidents reported during May and more near-miss incidents were reviewed and actioned.

Regretfully, one 'Never Event' has been reported in May within Cancer and Haematology which is subject to a full RCA investigation. The patient suffered no harm or increased length of stay and system changes are being considered to avoid a similar incident reoccurring in the future.

There has been an increase this month in the number of incidents reported relating to insufficient numbers of staff – almost all attributable to the Women's division and particularly the labour wards and is noted and actioned as part of the on-going work to increase the numbers of midwives.

3.7 Quality Schedule and CQUINs

Two Quality Schedule Indicators were RAG rated Amber for April (MRSA bacteraemias and Complaint Response Times) and there was one Red indicator (Never Event).

Actions in place to improve performance were supported by the Clinical Quality Review Group following discussion at the June meeting. Performance for all CQUIN indicators will be RAG rated at the end of Q1.

4.0 Human Resources – Kate Bradley

4.1 Appraisals

Despite considerable effort we have not achieved an appraisal rate beyond 93.2% which is well short of the Trusts 100% target. The appraisal rates now stands at 88.8% which is the lowest monthly rate since October 2010. This is of concern as appraisal rates dropped significantly from May 2010 onwards

4.2 Sickness

April's actual sickness rate was 3.3% (initially reported at 3.6%). For May we are initially reporting at 3.3% - a figure which is likely to be actually less as sickness episodes are closed after our reporting deadline. This could be the Trust lowest ever sickness level bettering the 3.2% rate in August 2010.

5.0 May 2011 Financial Performance – Andrew Seddon

5.1 Financial Position

The Trust is reporting an actual deficit of £5.8 million, a £6 million adverse variance from the planned £0.1 million surplus which is a most disappointing start to the year. Table 1 outlines the current position.

Table 1 – I&E Summary

	May 11			
	Actual	Plan	Variance	
	£m	£m	£m	%
Income	**112.6**	113.9	-1.3	-1.1
Operating Expenditure				
Pay	**74.0**	70.9	-3.1	-4.4
Non Pay	**37.2**	35.5	-1.7	-4.8
EBITDA	**1.5**	**7.6**	**-6.1**	**-80.3**
Depreciation	**-5.0**	-5.2	0.2	3.8
Net Interest payable	**-0.1**	-0.1	0.0	0.0
PDC dividend payable	**-2.2**	-2.2	0.0	0.0
Net Surplus / (Deficit)	**-5.8**	**0.1**	**-6.0**	

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

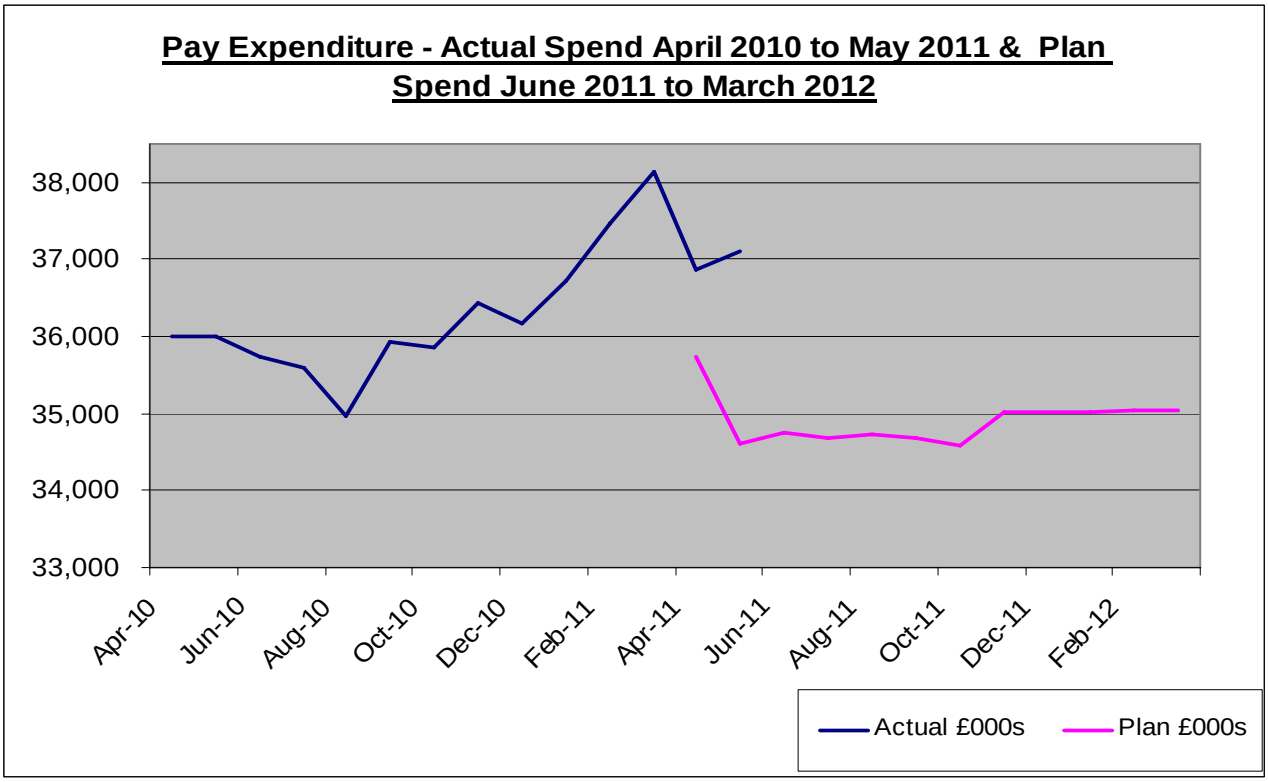
Income

Income is £1.3 million below plan. This reflects a shortfall on NHS patient care income of £0.6 million, and other income of £0.7 million. The adverse patient care variance is predominantly due to the shortfall in emergency / non-elective IP activity. The Trust is 1,054 procedures adverse to plan (5%) at month 2.

Expenditure

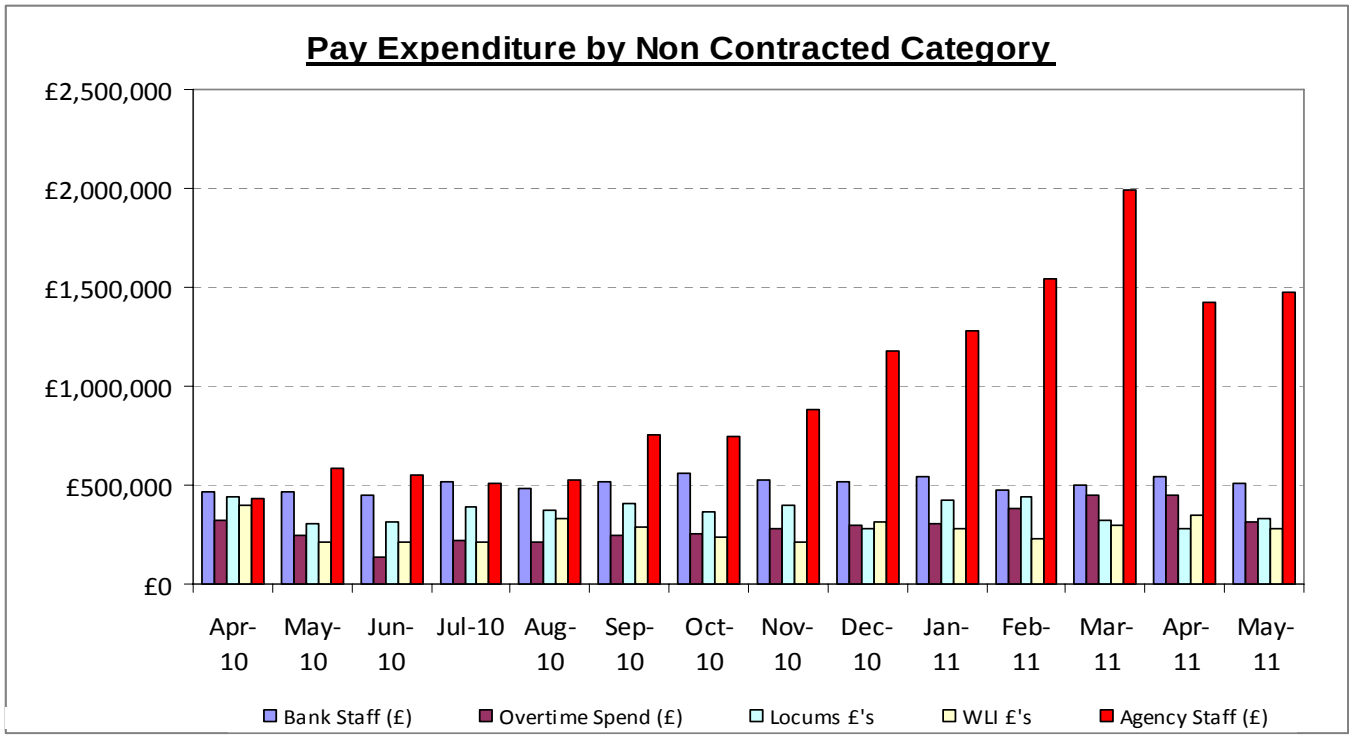
Expenditure is £4.7 million over plan. This reflects a shortfall on the cost improvement programme of £2.4 million and the continued use of significant premium agency staff (£2.9 million of year to date expenditure). Chart 1 clearly shows that the level of pay expenditure is well above the planned level for the year.

Chart 1



Agency costs remain particularly high compared to this time last year – costs of £1.6 million in the Acute Division alone are over 3 times higher than in the same period in 2010. It should be noted that total heads, (worked WTE), including bank and agency at 10,459, show an increase of 13 from the same period last year – the growth in temporary staffing has nullified the savings from the reduction in employed (contracted) staff over the same period from 10,307 to 10,103. The impact can be seen best graphically in Chart 2 below:

Chart 2



Following the Confirm and Challenge meetings with the Divisions, actions have been taken to reduce premium expenditure and the impact will be seen from mid-June onwards.

5.3 Working capital and net cash

The Trust's cash position reduced in month by £4.7 million. This partly reflects the deterioration in the income and expenditure position but also the fact that transformational support funds have not been received in the year to date.

Appendix A – Nursing Metrics

Nursing Metrics

All Wards (105)

	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11
Patient Observation	76%	80%	84%	84%	90%	87%	92%	92%	92%	91%	94%	95%	93%
Pain Management	61%	71%	75%	79%	82%	87%	84%	85%	85%	88%	90%	92%	93%
Falls Assessment	41%	47%	65%	64%	70%	80%	80%	81%	80%	85%	85%	94%	91%
Pressure Area Care	67%	68%	81%	76%	79%	83%	90%	85%	86%	89%	91%	96%	93%
Nutritional Assessment	72%	80%	79%	77%	75%	80%	85%	85%	82%	85%	90%	95%	93%
Medicine Prescribing and Assessment	91%	92%	92%	92%	95%	94%	95%	94%	96%	98%	99%	99%	98%
Hand Hygiene	98%	99%	99%	97%	95%	94%	96%	98%	98%	98%	98%	95%	97%
Resuscitation Equipment	70%	69%	73%	65%	59%	73%	77%	71%	71%	84%	83%	87%	91%
Controlled Medicines	93%	93%	93%	96%	95%	98%	98%	98%	90%	100%	100%	98%	99%
VTE		40%	49%	51%	57%	61%	65%	64%	69%	75%	79%	80%	80%
Patient Dignity		87%	91%	92%	93%	93%	94%	95%	95%	96%	99%	96%	98%
Infection Prevention and Control		84%	89%	88%	90%	91%	91%	92%	91%	96%	94%	96%	93%
Discharge							43%	35%	41%	50%	60%	75%	68%
Continence							75%	84%	86%	91%	90%	97%	95%

Red < 80
Amber 80 - 89
Green >=90