The Queen Elizabeth Hospital NHS
King's Lynn
NHS Foundation Trust

REPORT TO THE BOARD OF DIRECTORS (IN PUBLIC)

SUBMITTED BY:	REPORT FOR:		IMPACT:		
Barbara Cummings Director of Performance and Informatics	Decision		High	Med	Low
CONSULTATION:	Information	√			
Director of Operations Chief Nurse Medical Director	REPORT TYPE:		RELATED WORK:		
	Strategic				
	Operational	√			
	Governance	√			
BAF ref:	√				
Monitor Compliance Framework:	√				
CQC Essential Standard Reference:					
NHSLA Standard Reference:					
Media / Communications:					

Meeting Date: 26th March 2012
Report Title: Performance Report

Purpose:
To provide an update to the Trust Board of Directors on the Trusts performance against the Monitor Compliance framework currently.

Summary:
For Quarter 4, the Trust forecast is RED;

- Delivery of the A&E target is forecast to be above 95% for the quarter.
- The number of Clostridium Difficile infections will be above trajectory for the year and has been breached for three consecutive quarters.
- 1 moderate concern for Records management following the re-inspection by the Care Quality Commission.

Financial Implications / Efficiency Savings / Quality Improvement:
The financial risk associated with underperformance is included in the finance report

Risk Assessment (cross-reference with Risk Register where appropriate):

Strategic / External	Operational/ Organisational	Financial	Clinical	Legal/ Regulatory	Reputational / Patient Experience
√	√		√	√	√

Recommendations:

The Board is invited to:

a) Review performance achievement across the Monitor compliance framework.
b) Note the position in relation to Clostridium Difficile and the intention to seek support from the Department of Health.
c) Note the confirmed position for the Monitor Compliance framework at the end of quarter 3 is Red (Appendix 1).

d) Note the forecast position for the Monitor Compliance framework at the end of quarter 4 is Red.
e) Note the outcome of the recent CQC inspection.

Author **Michael Brown**
Date **13 March 2012**

TRUST BOARD – PERFORMANCE REPORT

26 MARCH 2012

FEBRUARY 2012

1. PURPOSE OF THE REPORT

1.1 To provide members of the Trust Board with a report on performance at the Trust for the period to 29 February 2012 for the following areas:

- Monitor Compliance Framework

1.2 The report highlights where performance is at variance to plan or target and by exception provides a briefing from the Director of Operations and his team on the mitigating actions taken to address underperformance.

1.3 A detailed report on Trust Performance was reviewed by the Trust Performance and Standards Committee and issues for escalation are reported within this reported or through chair's key actions from the committee. These include:

- Schedule 3, Part 4 National Contract Quality Targets
- NHS Operating Framework Key Performance Targets, and
- Performance against the CQUINS targets for 2011/12.

2. EXECUTIVE SUMMARY OF FEBRUARY 2012 PERFORMANCE

2.1 The Trust forecast against the Monitor Compliance Framework for the end of Quarter 4 is RED. This shows performance as Red. This will be due to;

1) Breaching the year end trajectory for Clostridium Difficile infections and breaching this indicator for three consecutive quarters.

2) One expected moderate concern from the CQC re-inspection in January 2012.

2.2 The Trust reported 5 Clostridium Difficile infections and 0 MRSA infections for February 2012. This is reported in more detail in the Medical Director's Patient Safety Report.

2.3 Trust A&E performance for February 2012 was 94.7%. The forecast position for quarter 4 is above 95% following additional investment from commissioners to support delivery in the final quarter.

2.4 All cancer targets were achieved for January 2012 (cancer performance is monitored 1 month in arrears)

2.5 18 week RTT targets for admitted and non-admitted were achieved in January 2012.

2.6 Other key performance indicators are: -

2.6.1 Stroke indicators – patients who experience a TIA are assessed and treated within 24 hours - 50% for January 2012.

2.6.2 Choose and Book Booking % - 68% against a target of 90%

2.6.3 New to Follow up Ratios – Trust total new to follow up ratio for February 2012 was 2.4

Declaration of performance against healthcare targets and indicators

These targets and indicators are set out in Appendix B on page 45 of the 2010-11 Compliance Framework

Targets as per Compliance Framework 2011/12		Threshold	2011/12 CF Weighting	Annual Plan 2011/12	Quarter 1		Quarter 2		Quarter 3		Jan-12		Feb-12	
					Perf	Weight	Perf	Weight	Perf	Weight	Perf	Weight	Perf	Weight
C.difficile year on year reduction		37	1.0		14	1	13	1	7	1	3	1	5	1
MRSA - meeting the MRSA objective		1	1.0		0		0		0		1		0	
All cancers: 31-Day Wait For Second Or Subsequent Treatment	Anti Cancer Drug Treatments	98%	1.0		99.0%		100.0%		98.4%		100.0%			
	Surgery	94%	1.0		93.5%	1	100.0%		100.0%		100.0%			
	Radiotherapy (from 1 January 2011)	94%	1.0		n/a		n/a		n/a		n/a			
All cancers: 62-Day Wait For First Treatment	From Consultant Screening Service Referral	90%	1.0		95.6%		98.4%		96.6%		100.0%			
	Urgent GP Referral To Treatment	85%	1.0		85.1%		85.7%		92.4%		87.4%			
A&E: Total time in A&E 95% Patients withing 4 Hr Target		95%	1.0		95.1%		95.1%		95.0%		94.0%	1	94.7%	1
Referral to treatment waiting times – admitted (95th percentile)		23 Weeks	1.0								23			
Referral to treatment waiting times – non-admitted (95th percentile)		18.3 Weeks	1.0								16.3			
31-Day (Diagnosis To Treatment) Wait For First Treatment	All cancers	96%	0.5		97.7%		97.2%		100.0%		97.7%			
Two week wait from referral to date first seen	All cancers	93%	0.5		97.6%		96.2%		95.7%		94.9%			
	For symptomatic breast patients (cancer not initially suspe	93%	0.5		98.6%		96.6%		96.5%		98.7%			
Thrombolysis within 60 minutes (where this is the preferred local treatment)		68%	0.5		n/a		n/a		n/a		n/a			
Screening all elective in-patients for MRSA		100%	0.5		100%		100%		100%		100%		100%	
Care Programme Approach (CPA) patients	Follow up contact within 7 days of discharge	95%	0.5		n/a		n/a		n/a		n/a			
	Having formal review within 12 months	95%	0.5		n/a		n/a		n/a		n/a			
Minimising delayed transfer of care		<=7.5%	1.0		2.1%		1.9%		1.1%		0.8%		1.9%	
Admissions had access to crisis resolution home treatment teams		90%	1.0		n/a		n/a		n/a		n/a			
Meeting commitment to serve new psychosis cases by early intervention teams		95%	0.5		n/a		n/a		n/a		n/a			
Data completeness: identifiers		99%	0.5		n/a		n/a		n/a		n/a			
Data completeness: outcomes		50%	0.5		n/a		n/a		n/a		n/a			
Ambulance FTs - Category A call – emergency response within 8 minutes		75%	1.0	No Risk	n/a		n/a		n/a					
Self certification against compliance with requirements regarding access to healthcare for people with a learning dis		N/A	0.5											
Moderate CQC concerns regarding the safety of healthcare provision		N/A	1.0											
Major CQC concerns regarding the safety of healthcare provision		N/A	2.0											
Failure to rectify a compliance or restrictive condition(s) by the date set by CQC within the condition(s) (or as subsequently amended with the CQC's agreement)		N/A	4.0											
Does the Trust have outstanding compliance actions applied by the CQC ?				YES				2		2		2		2
Does the Trust have outstanding enforcement actions applied by the CQC				No										
Registration conditions imposed by Care Quality Commission														
Restrictive registration conditions imposed by Care Quality Commission														
Restrictive registration conditions imposed by Care Quality Commission														
				Monitor Risk Rating										

3 KEY PERFORMANCE – COMPLIANCE FRAMEWORK

3.1 A&E Performance Indicators

The Trust failed the A&E target for February 2012. Performance is reported at 94.7% against the target of 95%.

Operational Action

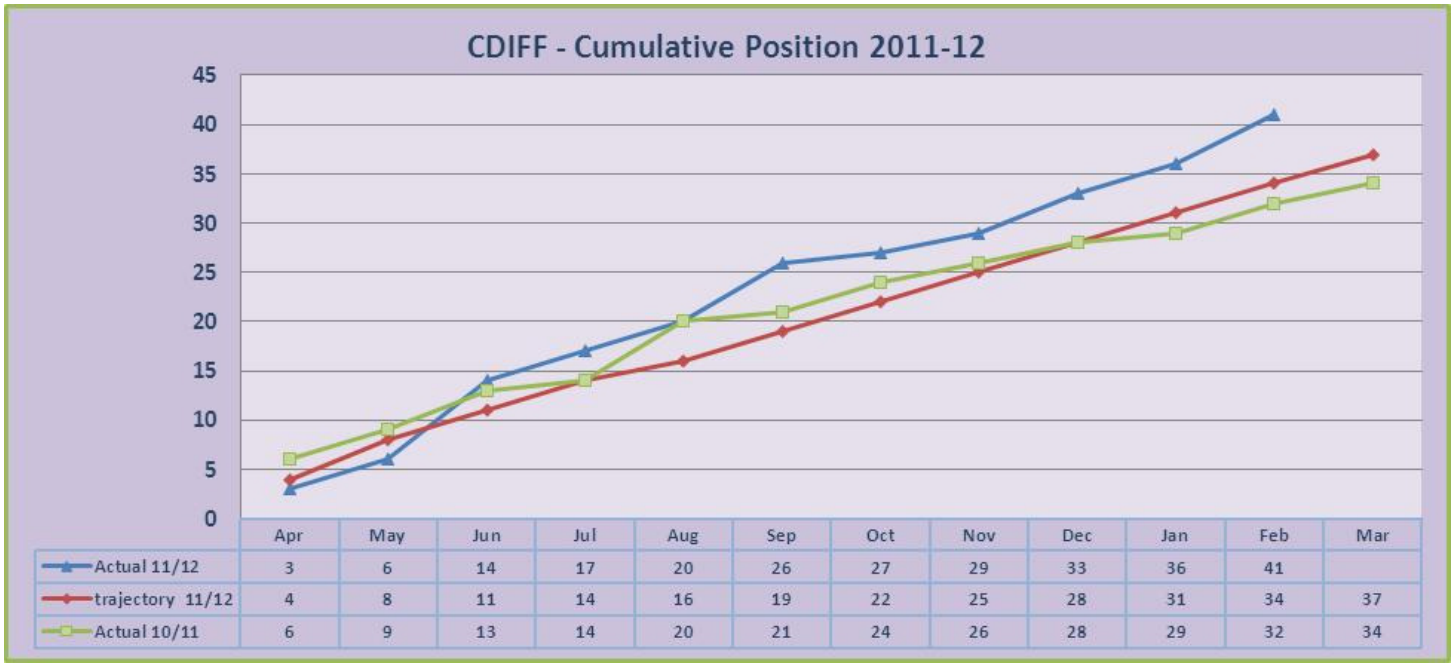
- The Trust invited the ECIST to revisit the trust on 1 February 2012 to review the changes and their impact and effectiveness. The Trust has successfully worked with NHS Norfolk in securing additional funding to support the delivery of the A&E target following the work with ECIST.
- NHS Norfolk have provided £113,00 of additional funding for the remainder of the year to support the following;

QEHFT	£97,822
Norfolk Social Services	£13,286
NCHC	£2,441
Total	£113,549

- This investment will ensure that the Trust has sufficient capacity and resource available to deliver 95% in quarter 4. A number of the schemes have been highlighted as essential components to deliver the emergency pathway changes outlined in TEP 3 and those that are successful in march will be built into delivery plans for 2012-13

3.2 Clostridium Difficile Infections

The Trust has reported 5 Clostridium Difficile infections in February 2012. This means that the Trust will be above the full year trajectory at the end of the financial year and will be automatically identified as "Red" under the Monitor Compliance Framework.



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Actual 11/12	3	6	14	17	20	26	27	29	33	36	41	
trajectory 11/12	4	8	11	14	16	19	22	25	28	31	34	37
Actual 10/11	6	9	13	14	20	21	24	26	28	29	32	34

Operational Action

- An RCA is conducted led by the Medical Director for every patient who potentially has a Clostridium Difficile infection.
- A detailed report and revised action plan was discussed at the Quality and Risk Committee on 21 March 2012 and depending on discussion at this meeting a decision will be made as to whether external support is required to support delivery in 2012-13.

3.3 CQC Inspection outcome

On the 18th August 2011 the CQC carried out an unannounced inspection of services at the Trust. This identified two moderate concerns in relation to;

- People should get safe and appropriate care that meets their needs and supports their rights (outcome 4)
- People should be given the medicines they need when they need them, and in a safe way (outcome 9)
-

In January 2012 the CQC revisited the Trust to conduct a further unannounced inspection to review the outcome of the initial report and further review services within the Trust. The published report can be found at http://www.cqc.org.uk/sites/default/files/media/reports/RCX_The_Queen_Elizabeth_Hospital_Kings_Lynn_NHS_Foundation_Trust_RCX70_The_Queen_Elizabeth_Hospital_20120307.pdf.

However, the Trust will still have one moderate concern reported against it in relation to "Outcome 21: People's personal records, including medical records, should be accurate and kept safe and confidential."

Operational Action

- A new nursing record is being implemented led by the Director of Nursing at the Trust.
- An action plan has been developed and led by the Director of Nursing and is reported separately to the Board

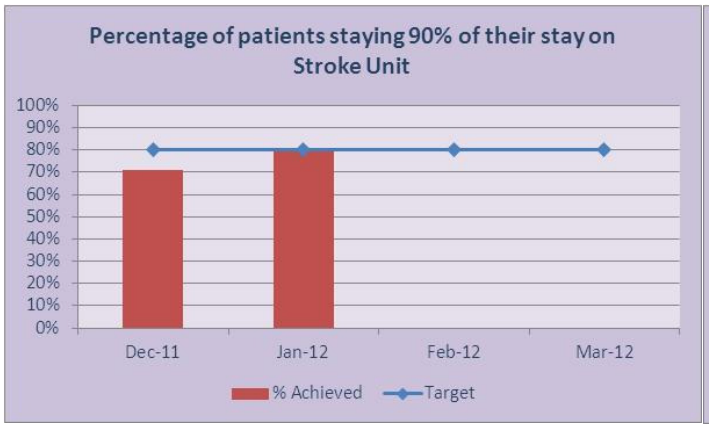
4 KEY PERFORMANCE – OTHER INDICATORS

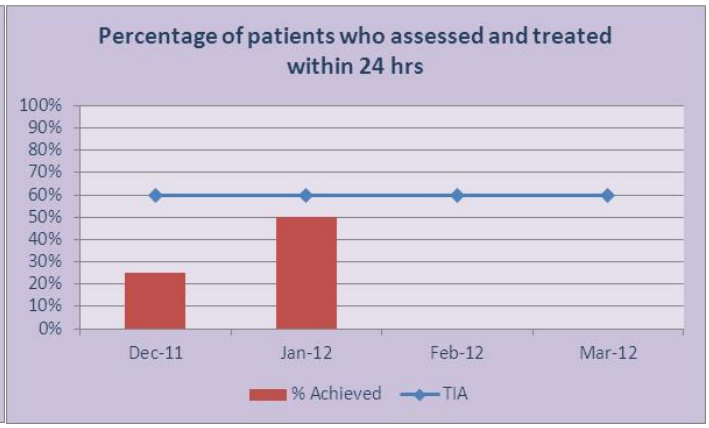
4.1 Stroke Performance Indicators

To date Monitor have not confirmed that they will use Stroke Indicators for 2011/12 as part of their assessment framework, but have outlined within their consultation document on the Compliance Framework for 2012/13 that no stroke indicators will be included. However, the PCT is very concerned about Stroke performance and is monitoring this closely with the trust. The 2 targets being measured are key Operating Framework Commitments for 2011/12. These are:-

1. Proportion of people who have had a stroke who spend at least 90% of their time in hospital on a stroke unit. The position for the Trust on this at the end of January is 80.85% against a national target of 80%.
2. Proportion of people at high risk of Stroke who experience a TIA are assessed and treated within 24 hours. The position for the Trust on this at the end of January is 50% against a national target of 60%.

   The 50% TIA performance represents 9 patients who have breached the target. 4 patients breached due to lack of appointment availability, 3 breached due to Doppler scan capacity issues, and the remaining 2 were due to other types of scan capacity issues.





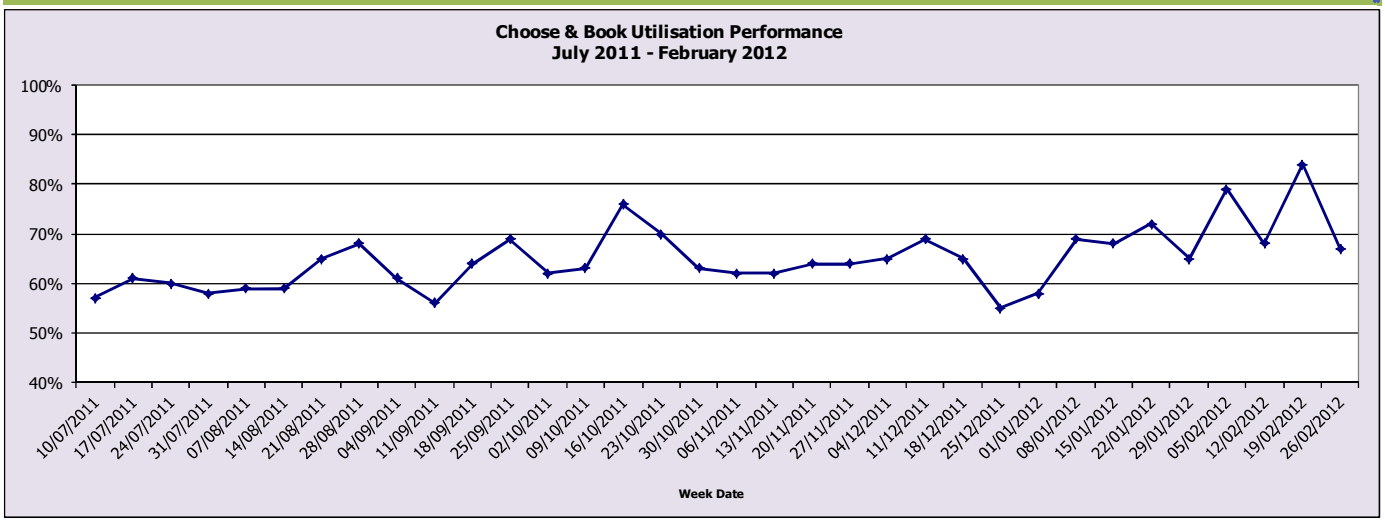
Operational Action

- The Division and Clinical Lead for Stroke have agreed a comprehensive action plan with the Stroke Network to address both operational performance and other pathway issues.
- The Medicine division are currently requesting more Doppler availability to ensure these breaches to not happen again. 10 additional sessions have been put in place since 01 March 2012, at 0830 and 1030 five days of the week. A Stroke workshop is planned for the 14 March 2012 to work through the Stroke and TIA pathway to ensure appointment availability is as maximised as possible. Actions will be discussed to address the shortfall in capacity.

4.2 Choose & Book

Choose and book performance against the booking target and ASI ratio is detailed below. QEH performance is benchmarked against the national position.

CHOOSE & BOOK UTILISATION & SLOT ISSUES	15/01/2012	22/01/2012	29/01/2012	05/02/2012	12/02/2012	19/02/2012	26/02/2012
DBS Bookings (QEH)	834	936	831	977	881	836	892
Slot Issues (All Reasons) (QEH)	85	101	104	104	130	118	181
Slot issues per successful DBS booking (QEH)	0.10	0.11	0.13	0.11	0.15	0.14	0.20
National Issues per DBS Booking	0.05	0.05	0.06	0.06	0.07	0.07	0.08
QEH Variance to National	0.06	0.06	0.07	0.05	0.08	0.07	0.12
QEH Current Slot Utilisation	68%	72%	65%	79%	68%	84%	67%



DBS - Directly Bookable Outpatient Services
Slot issues - Where patients are having difficulty booking their appointment because of a slot unavailability or technical issue

Slot issues per successful DBS booking - This is the ratio of slot issues (all types) to DBS bookings in the same period (outpatient only). It is not necessarily the same as the percentage of patients encountering issues because some patients may encounter multiple issues;

Operational Action

- The Trust has reviewed all capacity currently available to Choose and Book by specialty and is reducing slot pooling and waiting times for outpatient appointments to the following;
  - Breast Surgery - 2 week wait pathway
  - Colorectal – 8 weeks
  - ENT – 8 weeks
  - General Surgery – 8 weeks
  - Ophthalmology – 8 weeks
  - Oral Surgery – 6 weeks
  - Orthodontics – 10 weeks
  - Orthopaedics – 8 weeks
  - Pain – 8 weeks
  - Plastic Surgery – 8 weeks
  - Upper GI – 8 weeks
  - Urology – 8 weeks
  - Vascular – 8 weeks

This will not only improve C&B compliance by opening slots earlier in the patient pathway, but will improve performance against the 18 week target.

4.3 Outpatient New to Review Ratio – Contract Performance

This indicator looks at the ratio of follow-up appointments in relation to first appointments. Within the Trust NHS contract performance is based on performance targets against the Better Care Better Value upper quartile.

For 2012 QEH agreed target ratios with PCT performance for Quarter 3 is given below.

The financial risk associated with delivery of these ratios is managed via contract negotiations.

Speciality	Target Ratio	Achieved Ratio
General Surgery	1.439	1.655
Urology	3.517	3.769
Breast Surgery	1.503	1.555
Colorectal Surgery	2.152	3.269
Ophthalmology	2.244	3.407
General Medicine	1.499	2.765
Endocrinology	3.048	3.134
Diabetic Medicine	5.846	8.454
Cardiology	1.025	1.138
Gynaecology	2.566	3.421

Operational Action

- The specialty furthest adrift from target is Ophthalmology. Work has been undertaken by the Division and the Information team to understand this position. The Ophthalmic pathways are now understood and there are tariff reasons appointments are recorded as follow ups. However, the benefit of this recoding is cancelled out by the contract penalty of not being paid for follow ups over the target. The potential for pathway prices has been discussed with commissioners and is currently being worked through.
- A total sum has been agreed with commissioners to limit the Trusts risk to contractual challenges made by the PCT on these ratios for 2011/12 of £150,000.
- For 2012/13 the Trust has confirmed to commissioners that they will not accept any ratio caps for activity unless this is clinically driven and there are alternative pathways for patients.

5 RECOMMENDATIONS

5.1 The Board is invited to:

a) Review performance achievement across the Monitor compliance framework.
b) Note the position in relation to Clostridium Difficile and the intention to seek support from the Department of Health.
c) Note the confirmed position for the Monitor Compliance framework at the end of quarter 3 is Red (Appendix 1).
d) Note the forecast position for the Monitor Compliance framework at the end of quarter 4 is Red.
e) Note the outcome of the recent CQC inspection.

6 REFERENCE/CONTACTS

6.1 Further information can be obtained from:

Barbara Cummings
Director of Performance and Informatics
Barbara.cummings@qehkl.nhs.uk

Michael Brown
Deputy Director - Performance and Informatics
Michael.brown@qehkl.nhs.uk

APPENDIX 1

8 March 2012

Ms Patricia Wright,
Chief Executive
The Queen Elizabeth Hospital
Gayton Road
King's Lynn
PE30 4ET

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Independent Regulator
of NHS Foundation Trusts
4 Matthew Parker Street
London
SW1H 9NP

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Dear Patricia,

Q3 2011/12 monitoring of NHS foundation trusts

Our analysis of Q3 is now complete. Based on this work, the Trust's current ratings are:

- Financial risk rating - 3
- Governance risk rating - RED

The Trust has been assigned a Red governance risk rating, which reflects that the Trust is in significant breach of its Authorisation as a result of financial and governance concerns. The Trust will remain Red rated for governance risk until such time as Monitor is satisfied that the Trust has a sustainable financial position. The Red governance risk rating also reflects a breach of the Trust's C.Difficile trajectory for three consecutive quarters and outstanding CQC compliance actions.

Compliance with targets, national priorities and CQC registration conditions is a requirement of the Trust's terms of Authorisation. The *Compliance Framework* sets out the significance that Monitor attaches to a failure to comply. Monitor expects the Trust to have plans in place such that your Board will be in a position to submit unqualified self-certifications in future monitoring cycles.

I have attached a one page executive summary of your Trust's Q3 results for your information and a report on the aggregate performance of the NHS foundation trust sector will shortly be available on our website (in the ***News, events and publications*** section) which I hope you will find of interest.

For your information, we will shortly be issuing a press release setting out a summary of the key findings across the NHS foundation trust sector from the Q3 monitoring cycle.

If you have any queries relating to the above, please contact me by telephone on 020 7340 2501 or by email (Tim.Halford@monitor-nhsft.gov.uk).

APPENDIX 1 (CONTINUED)

Queen Elizabeth Hospital Kings Lynn NHS FT
Q3 2011-12 reporting executive summary

Monitor
Independent Regulator of NHS Foundation Trusts

Risk ratings

Financial Risk Rating:

11/12 Plan:	YTD	FY		YTD Actual:	Q3
	3	4			3

Governance Risk Rating:

11/12 Plan:	GREEN		YTD Actual:	RED
Declared Risks:	• STunit, ST24h		Breaches:	• Cdiff, CQC Compliance actions

2011/12 Authorisation limits

Long term borrowing	£26.0m	Working Capital Facility	£15.0m	Private Patient Income	1.4 %

Comments
Trust may not be able to use its WCF, due to being in significant breach of its terms of Authorisation. Bank confirmation is awaited.

Financial summary

£m	This Quarter			Year to date		
	Plan	Actual	Variance	Plan	Actual	Variance
Op. Rev (adj donations)	41.9	41.9	(0.0)	122.9	122.0	(0.9)
Pay	(27.1)	(27.9)	(0.8)	(81.7)	(83.5)	(1.8)
PFI Op. expense	0.0	0.0	0.0	0.0	0.0	0.0
All other Op. costs	(11.8)	(11.5)	0.3	(34.4)	(33.0)	1.4
EBITDA	3.0	2.5	(0.6)	6.8	5.5	(1.3)
Operating Surplus	1.6	1.3	(0.3)	2.6	1.9	(0.8)
Surplus after tax	1.0	0.8	(0.2)	1.0	0.3	(0.6)
EBITDA %	7.2 %	5.9 %	-1.3 %	5.6 %	4.5 %	-1.0 %
CapEx	(4.6)	(2.0)	2.6	(8.4)	(4.8)	3.6
Net cash flow	(0.1)	(6.5)	(6.4)	(1.3)	0.3	1.5
Cash & Equiv	5.9	7.4	1.5	5.9	7.4	1.5
FRR Liquidity days	30.5	31.9	1.4	30.5	31.9	1.4
CIP% Op. Ex less PFI	5.4 %	5.1 %	-0.3 %	4.5 %	4.0 %	-0.5 %
Net current assets	2.4	3.4	1.0	2.4	3.4	1.0
Borrowing	(8.6)	(7.6)	1.0	(8.6)	(7.6)	1.0

- **FRR3. Red rated as found in significant breach in January 2012, due to concerns over financial performance and governance (particularly financial planning).**
- YTD EBITDA (4.5%) is below plan (5.6%), due to premium staff costs incurred as a result of unplanned non-elective activity. Trust's WCF may not be usable, due to breach of covenant.
- Trust is working with KPMG in developing CIPs and a financial recovery plan aimed at a sustainable FRR 3, or better. Trust has outstanding compliance actions awaiting CQC clearance. CQC's review in January 2012 highlighted a further concern on record keeping. Trust await CQC's final report. Trust at risk of breaching full year C.Difficile target.

Key risks	Action taken / committed	Gaps and residual concerns
• Non elective over activity at marginal tariff is reducing capacity for more profitable elective activity.	• The Trust is working to redesign emergency care pathways, reconfigure beds and is engaged with commissioners to reduce emergency demand and admissions.	• Concern that EBITDA improvement in Q3 11/12 may not be sustainable. • A return to financial stability is predicated on a recovery in higher margin elective activity, however, the Trust is partly dependent on PCT led demand management initiatives to reduce emergency activity.
• Liquidity & WCF	• Trust may not be able to use its WCF, due to being in significant breach of its terms of Authorisation. Bank confirmation is awaited.	• Concern that Trust will have liquidity issues if it is unable to use its WCF. • Liquidity issues will impact on the Trust's FRR.
• CIP performance is £0.6m behind plan at Q3 11/12.	• The Trust has risk assessed its CIP plan as part of the financial recovery plan with a revised full year target of £5.4m (68% of original plan).	• Forecast full year EBITDA is dependent on achieving CIP savings. Continued increase in non elective activity will put pressure on temporary nursing pay costs.
• C-Diff cases at Q3 YTD are above trajectory (33 vs 28).	• The Trust has commissioned an external review which has identified recommendations but no systemic issue.	• The Trust is at risk of breaching the full year C-Difficile target.

Next steps
- **Continue monthly monitoring and monthly progress review meetings.**
- **Trust to update relationship team once CQC report is finalised.**