SOUTHAMPTON UNIVERSITY HOSPITALS NHS TRUST
Trust Key Performance Indicators
December 2010

Report to: Trust Board – 31 January 2011
Report from: Steve McManus, Chief Operating Officer
Sponsoring Executive: Steve McManus, Chief Operating Officer

Aim of Report / Principle Topic: Provides a summary of the Trust's performance against a range of high level key performance indicators as agreed by Trust Board.

Review History to date: Regular report to Trust Board

Recommendation(s):
- Trust Board are asked to note the Key Performance Indicators Report and consider whether there is appropriate assurance regarding current and future performance.
- Detailed summary of KPI revision as set out in 2011/2012 Operating Framework and draft Monitor compliance Framework to be presented to Trust Board in February.
- Rapid review of reduced elective inpatient waiting time target for 2011/2012 on required level of commissioned activity from PCT.

1. Strategic Context
A range of high-level indicators to give an overview of performance within the Trust and to support the development of the Intelligent Board principles within the organisation.

1.1 The key performance indicators and individual scorecards have been realigned to more closely reflect the newly agreed Strategic Objectives. The scorecards will continue to be included within this report to provide monthly trends and additional detail to Board.

1.2 A number of new metrics will need to be included or developed to monitor the new Strategic Objectives, for example:
- PROMS
- Medication errors
- Falls
- Staff utilisation (income per wte £k)
- Reference costs
- Market position

It should be noted however, that a number of these indicators (specifically those within CQUIN) are new for this year and monitoring information may not be available until Quarter 4 of 2010/11.

2. Supporting Guidance
A supporting document which provides guidance on the information contained within this report, and how it should be interpreted, is available upon request. Such information has been removed from the monthly report in order to reduce it's length, and to enable better focus on the reported performance / actions.

3. Executive Summary

3.1 ‘Regulatory’ Aggregate Scoring

The following sections summarise the impact of performance (which is reported within the detail of this document) upon aggregate scoring tools used by ‘Regulatory’ organisations.
The 2010/11 Quarter 2 results for the NHS Performance Framework were published on the 12th January 2011 (summary attached as Appendix 5). The results were broadly in line with earlier predictions with under-performance in delayed transfers of care, stroke and PPCI. The Trust’s own internal scorecard is included in Appendix 1 and includes forecast performance for Quarter 4 2010/11 based on the new guidance and thresholds.

The Department of Health published the NHS Operating Framework for 2011/2012 in December 2010. A number of revisions to the service quality indicators are set out within this document, covering a range of performance measures including elective referral to treatment times (RTT), emergency access, cancer waiting times, stroke care etc.

The KPI Board Report will be updated in shadow form for the February Trust Board to reflect these changes in service performance indicators. These changes are also reflected within the Monitor Compliance Framework as detailed in section 3.1.3.

### 3.1.2 Annual Health Check 2009/10 (Care Quality Commission (CQC))

Due to revisions to the NHS Operating Framework the CQC will not be publishing aggregated scores for trusts for 2009/10, this will be replaced by benchmarking data. The CQC have yet to advise on how this will impact on 2010/11 and will update organisations as discussions progress with the Department of Health.

### 3.1.3 Monitor Compliance Framework (Foundation Trust Indicators)

In line with the Monitor performance reporting requirements, this report now provides a four quarter predictive performance based on the known Monitor Compliance Standards. These predictions are based on known seasonality, historical performance and proximity to the published thresholds.

Monitor published a consultation document on 21st December 2010 regarding its Compliance Framework for 2011/12. Key issues are:

- Revised self-certification to incorporate a regard by the Board for the Quality Governance Framework. This clinical quality self-certification becomes a quarterly rather than annual return. Further to this, it is proposed that ‘each NHS Foundation Trust’s annual Statement on Internal Control should include a specific comment on arrangements for quality governance’

- Revision to governance indicators as indicated in section 3.1.1:
  - Re-introduction of indicators for referral to treatment times (inpatients and outpatients) based on the 95th percentile measure
  - Inclusion of five emergency access indicators to reflect the new A&E related performance targets
  - Inclusion of two new cancer targets that have been measured in shadow form during 2010

- Monitor proposes to amend the governance risk rating and service performance scores to reflect a Red rating at ≥ 4.0 rather than 3.0.
Areas of concern

- Finance Indicators (all indicators)
- A&E 4 hour wait
- Cancer waits (second or subsequent treatment (surgery))

More detailed scorecards are included in Appendix 1

3.2 Quality Indicator Pyramid – Early Alert

In addition to Financial indicators, the measure related to clinical efficiency (percentage inpatient bed occupancy) whilst not appearing to have deteriorated, is of concern given the issues identified below. The measures for Staff Experience and Patient Outcomes have also deteriorated but these are expected seasonal variations. Please note that deteriorating measures are now being shown with a downward arrow.

December saw a severe challenge for the hospital regarding the impact of both increases in seasonal flu-related non-elective admissions and a viral diarrhoea outbreak impacting on hospital capacity and patient flows. At the height of the viral outbreak, 10 wards were closed to new admissions with a resultant loss in bed capacity together with the need to cohort confirmed and suspected flu patients. The seasonal flu demand had a particular impact on the young adult population, with a high level of acuity leading to increased critical care requirements.

Throughout this period the HIMT (Hospital Incident Management Team) was instigated on a daily basis with an executive lead in order to oversee the clinical and operational requirements of the hospital at that time. Daily teleconferencing was held with PCT and other community colleagues. A detailed report on the management of the hospital during this period has been presented to NHS Southampton at the request of their CEO.

Sections 1.1 and 1.2 of appendix 4 sets out a number of the actions taken to recover the hospital’s operational performance during this period.
4. Scorecard and Indicator Changes

4.1 18 Week RTT Milestones

The KPI report now contains updated information regarding elective access performance as measure in median waits and 95\textsuperscript{th} percentile of referral to treatment time.

Further details of the inpatient / outpatient RTT measures will be included in the KPI report to Board in February. However, there are some key considerations regarding these indicator changes:

- RTT 95\textsuperscript{th} percentile and median waits appear to fully replace the previous 90\% / 95\% 18 week targets
- Measures appear to be at Trust aggregate level rather than by specialty
- 95\textsuperscript{th} percentile target has reduced from 27.7 weeks to 23 weeks. This needs to be modelled in terms of contracted activity levels in 2011/2012 to ensure delivery of this headline measure is contracted for by PCTs
- These measures are reflected in the Monitor Service Performance Aggregate score for elective care.

4.2 Patient Safety

The patient indicators for the performance report have increased to appropriately reflect the measures contained within the Trust’s Patient Improvement Framework and the quality indicators as outlined in the Quality Contract and CQUIN by which we are monitored.

4.2.1 Grade III and IV Hospital Acquired Pressure Ulcers

We have changed the indicator to measure Grades III and IV rather than just Grade IV to reflect the contract and the national nurse indicator. For 2010/11 the target has been a 25\% reduction in Grade III and IV pressure ulcers from baseline set from Dec– March 2010 with an overall annual trajectory of 81.

4.2.2 Avoidable Falls

To reduce avoidable falls to under 5\% of total falls.

4.2.3 Falls - SIRFIT Compliance

To maintain SIRFIT compliance above 95%.

4.2.4 Nutrition – MUST Assessment

Internal Trust target to achieve a 20\% improvement in the use of MUST.

4.2.5 Medication Errors

Quality Contract target for 2010/11 to reduce serious medication errors by 10\% i.e. 8 or less, for 2011/12 the target will be 6 or less.

4.2.6 Thromboprophylaxis (VTE) – Assessment

90\% risk assessment (CQUIN). CQUIN for 2011/12 yet to be set out by the DH.

4.2.7 Thromboprophylaxis (VTE) – Patients receiving appropriate Pharmacological Prophylaxis

90\% appropriate treatment (Trust Target) CQUIN for 2011/12 yet to be set out by the DH.
4.3 Productivity Indicators – Definitions

4.3.1 Outpatient Indicators

_New to follow up rate:_ The number of follow up attendances for each new attendance

_Outpatient discharge rate:_ The percentage of patients discharged back to their GP after a new outpatient attendance (no follow-up or waiting list addition)

_Outpatient DNA rate:_ The percentage of patients (new and follow-up) who do not attend (DNA) their outpatient appointment. (This does not include cancellations)

4.3.2 Elective Inpatient Indicators

_Day of Surgery Admissions:_ Percentage of elective inpatients who were admitted on the same day as their first procedure/operation (this excludes day case patients)

_Day Case Rates:_ Percentage of elective patients who did not have an overnight stay (ie were admitted and discharged on the same day)

_Pre-Operative Length of Stay:_ The average number of days (overnights) that elective inpatients spend in hospital before their first procedure/operation (this excludes day case patients)

_Theatre Utilisation:_ The amount of theatre time actually used as a percentage of total theatre time available (Centre Block Theatres only)

_Elective Length of Stay:_ The average number of days elective inpatients (discharged in the period) stay in hospital (from admission to discharge). Note that day cases are excluded.

4.3.3 Non-elective Indicators

_Non-elective Length of Stay:_ The average number of days non-elective patients (discharged in the period) stay in hospital (from admission to discharge)

_Trust Inpatient Bed Occupancy:_ The percentage of occupied beds (excluding maternity, Countess Mountbatten House, Bursledon House, all HDU and ICU beds) at midnight averaged across the month.

_Medical Outliers:_ The number of acute general medical / elderly care patients residing in beds outside commissioned Division B bed stock.

_Pre-11am Discharges:_ The number of patients discharged before 11am as a percentage of all inpatient discharges in the period (patients with a zero length of stay are excluded from this analysis)

5. Performance as at the end of December 2010 (Appendices 1, 2 and 3)

The scorecards showing current performance can be found in Appendices 1, 2 and 3. The summary action plans to support the Red Indicators are included as Appendix 4.

5.1 Education and Training

As reported in Quarter 2 - the system for recording and generating reports against the education KPI's was migrated to OLM (the learning management component of ESR) in December 2010 and local database maintenance stopped. Due to functionality issues the reports aggregating activity for Quarter 3 will not be available until February 2011 and will be presented as part of the KPI reports at the March board meeting.

6. Conclusions

6.1 Trust Board are asked to note the Key Performance Indicators Report and consider whether there is appropriate assurance regarding current and future performance.