

Integrated Performance Report M08 – November 2013

Presented by: **Paul Bostock (Chief Operating Officer)** **Des Holden (Medical Director)** **Yvonne Parker (Director of HR)**
Paul Simpson (Chief Financial Officer)

**An Associated University Hospital of
Brighton and Sussex Medical School**

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Performance Nov 2013

Summary:

- “ Care Quality Commission
 - “ The Trust is not currently subject of any CQC warning notices or intervention action
- “ Access Metrics
 - “ ED Performance against the 4 hour target was maintained in November at 98%
 - “ 18 weeks delivery remains in excess of expected standards at aggregate level but admitted and non-admitted performance was not achieved in T&O
 - “ Cancer access: Performance in Breast symptomatic was maintained for the second month however the 31 Day second or subsequent treatment was not achieved with 2 breaches.
- “ Outcome Metrics
 - “ Patient safety indicators continued to show expected levels of performance although the Safety Thermometer for All Harms has seen adverse movement reflecting increased incidence of patients coming to the Trust with existing pressure damage.
 - “ The latest HSMR data and SHMI data both show overall trust mortality is lower than expected for our patient group.
 - “ The Trust had one MRSA bloodstream infection cases in November. C-Diff is two cases above trajectory with 22 cases YTD
 - “ Maternity indicators continue to show positive performance .
- “ Quality Governance Metrics
 - “ The Friends and Family Test score for November 2013 for Inpatients is +75 and for the Emergency department is +60.
 - “ The Trust continues to monitor ward nursing (numbers and skill mix) on a daily basis and is assured that adequate staffing is in place. Agency temporary staff remains higher than desired and significant recruitment is underway and yielding results.

Performance Nov 2013

- “ Finance
 - “ The overall Trust position at month 8 is a £0.2m surplus . maintaining the position from previous months. The forecast remains a £0.3m surplus, while savings are above plan with £6.3m (57%) achieved to date.
- “ Key Risks
 - “ Quality - 18 weeks specialty compliance
 - “ Finance . Readmissions audit and CCG income challenges

Action: The Board are asked to note and accept this report

Legal: What are the legal considerations & implications linked to this item? Please name relevant Act

Patient safety: Legal actions from unintentional harm to patients would normally be covered by negligence, an area of English tort (civil) law, providing the remedy of compensation. Case law is extensive. Criminal action could be pursued if investigation judged intentional harm and remedies will vary according to severity.

Staff safety: The Health and Safety at Work Act etc 1974 may apply in respect of employee health and safety or non clinical risk to patients (usually reported under the Reporting of Injuries Diseases and Dangerous Occurrences Regulations (RIDDOR) 1995)

Regulation: What aspect of regulation applies and what are the outcome implications? This applies to any regulatory body.

The Care Quality Commission (CQC) regulates patient safety and quality of care and the CQC register and therefore license care services under the Health and Social Care Act 2009 and associated regulations. The health and safety executive regulates compliance with health and safety law. A raft of other regulators deal with safety of medicines, medical devices and other aspects.

Access Metrics

Indicator Description	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Trigger Text	Trigger Points	
Emergency Department									
ED 95% in 4 hours	99.1%	98.5%	95.4%	96.3%	96.2%	98.0%	> Target is Good	95%	94%
Patients Waiting in ED for over 12 hours following DTA	0	0	0	0	0	0	< Target is Good	0	1
Ambulance Turnaround - Number Over 30 mins		57	48	36	32	44		For Information	
Ambulance Turnaround - Number Over 60 mins		0	2	0	3	0		For Information	
18 Weeks RTT									
RTT Admitted - 90% in 18 weeks	94.0%	95.9%	97.0%	96.6%	94.6%	94.4%	> Target is Good	90%	85%
RTT Non Admitted - 95% in 18 weeks	97.0%	97.6%	97.4%	96.5%	97.5%	97.3%	> Target is Good	95%	90%
RTT Incomplete Pathways - % under 18 weeks	96.8%	96.6%	97.8%	97.6%	96.6%	96.3%	> Target is Good	92%	87%
RTT Patients over 52 weeks on incomplete pathways	0	0	0	0	0	0	< Target is Good	0	1
Percentage of patients waiting 6 weeks or more for diagnostic	0.2%	0.9%	0.9%	0.1%	0.0%	0.9%	< Target is Good	1%	5%
% of operations cancelled on the day not treated within 28 days	0%	0%	0%	0%	0%	0%	< Target is Good	0%	3.5%
Cancer Access									
Cancer - TWR	95.2%	94.0%	93.0%	93.0%	93.8%	93.0%	> Target is Good	93%	88%
Cancer - TWR Breast Symptomatic	94.0%	89.0%	84.9%	86.2%	97.3%	94.5%	> Target is Good	93%	88%
Cancer - 31 Day Second or Subsequent Treatment (SURGERY)	100.0%	94.0%	94.4%	96.0%	94.7%	90.9%	> Target is Good	94%	89%
Cancer - 31 Day Second or Subsequent Treatment (DRUG)	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	> Target is Good	98%	93%
Cancer - 31 Day Diagnosis to Treatment	97.4%	99.0%	97.8%	97.5%	96.6%	100.0%	> Target is Good	96%	91%
Cancer - 62 Day Referral to Treatment from Screening	100.0%	83.0%	88.9%	88.8%	80.0%	100.0%	> Target is Good	90%	85%
Cancer - 62 Day Urgent Referral	85.8%	86.0%	86.1%	85.0%	88.4%	TBC	> Target is Good	85%	80%

Emergency Department

- “ Performance against the 4 hour target was maintained in November for the 7th month in a row
- “ There was an increase in the number of ambulance handover delays over 30 minutes but no delays over one hour
- “ As activity and acuity levels change in the Winter, the system plans for additional community capacity are being implemented alongside Trust actions, most notably changes to consultant presence at weekends, that are supporting the Trust's delivery of ED performance.

Access Metrics

RTT and Diagnostics

- “ 18 weeks delivery remains in excess of expected standards at aggregate level, however the admitted and non-admitted targets were not achieved in Trauma and Orthopaedics. Remedial action plans are being put in place to increase capacity and resolve underlying issues.
- “ The Trust continues to experience significant increase in referrals compared to previous years, and in excess of that commissioned with ad-hoc capacity being required to deliver standards.
- “ There were no patients waiting over 52 weeks and no breaches of the 28 day guarantee in month.
- “ Diagnostics performance saw an adverse movement, although still within expected standards, centred around waits for MRI. Additional capacity is being put in place to reduce waits in the modality of diagnostic.

Cancer Access

- “ For the second month, the Breast Symptomatic target was achieved following issues earlier in the year and 62 Day Screening performance was also achieved in month.
- “ However, the 31 day subsequent treatment from Surgery did not achieve in month with two breaches out of twenty two patients.
- “ 62 Day Urgent referral performance is to be confirmed while information in relation to treatments and tertiary centre performance is collected. Quarter to date the KPI is achieving expected standards.

Outcome Metrics

Indicator Description	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Trigger Text	Trigger Points
Patient Safety								
No of Never Events in month	0	1	0	0	0	0	< Target is Good	0 1
No of medication errors causing Severe Harm or Death	0	0	0	0	0	0	< Target is Good	0 1
Safety Thermometer - % of patients with harm free care (all harm)	90.3%	94.0%	91.4%	91.4%	89.5%	90.6%	> Target is Good	92% 87%
Safety Thermometer - % of patients with harm free care (new harm)	95.6%	96.8%	95.7%	95.8%	94.7%	94.9%	> Target is Good	92% 87%
Percentage of patients who have a VTE risk assessment	95%	95%	96%	96%	96%	96%	> Target is Good	95% 90%
WHO Checklist Usage - % Compliance	100%	100%	99%	100%	99%	99%		For Information
Serious Incidents - No per 1000 Bed Days	0.33	0.37	0.25	0.26	0.24	0.31	< Target is Good	1.23 1.35
Number of overdue CAS and NPSA alerts			29	0	1	2	< Target is Good	0 1
Mortality and Readmissions								
HSMR (56 Monitored diagnoses - 12 Months)	93.8	92.1	90.8	90.5			< Target is Good	100 105
SHMI	94.5	95.7	95.7	95.7			< Target is Good	100 105
Emergency readmissions within 30 days	8.80%	8.60%	9.40%	7.90%	7.30%	7.30%	< Target is Good	10.9% 10.9%
Infection Control								
MRSA (incidences in month)	0	0	1	0	0	1		For Information
CDiff Incidences (incidences YTD)	1	4	2	4	3	3	< Target is Good	on plan 1 stdev
MSSA	2	0	0	2	1	0		For Information
E-Coli	19	36	27	18	31	17		For Information
Maternity								
C Section Rate - Emergency	18.5%	18.5%	20.6%	19.0%	17.3%	16.7%		For Information
C Section Rate - Elective	6.8%	7.5%	6.1%	7.1%	7.1%	6.6%		For Information
Maternal Deaths	0	0	0	0	0	0	< Target is Good	0 1
Admissions of full term babies to neo-natal care	6.9%	6.0%	5.8%	7.5%	8.0%	6.5%		For Information

“ Safety Thermometer defines all harm as trust and community acquired. New harm is Trust acquired only

Patient Safety

- “ Patient safety indicators continued to show expected levels of performance.
- “ There were no never events or medication errors causing severe harm or death in October.

Outcome Metrics

- “ The Trust did not achieve the TDA standard of 92% for harm free care (Trust performance of 90.6%). The key driver behind this remained as in October, patients being admitted with existing pressure damage. The trust is working to record where patients have been admitted from with existing pressure damage to facilitate quality governance across the health community. When measuring new harm while the patients were under the care of SaSH, the Trust achieved a performance of 94.9%.
- “ VTE performance and Serious incidents per 1,000 bed days continued to deliver the expected standards.
- “ There were 2 overdue CAS alert at the end of November. At the time of writing, one has been closed and actions are being taken to close the other.

Mortality and Readmissions

- “ The latest HSMR data and SHMI data both show overall trust mortality is lower than expected and there are no Dr Foster negative mortality alerts
- “ 30 day readmission rates remained at 7.30% in November.

Infection Control

- “ There was one case of MRSA in November.
- “ There were three C-Diff incidences in November taking the YTD total to twenty two. The Trust is implementing a revision (change in drug) to the antibiotic prescribing policy and is also reviewing processes around stool sampling. In addition the TDA and the lead nurse for infection control from Ashford and St Peters have provided a review of practice with learning incorporated into the Trust action plan

Maternity

- “ Maternity indicators continue to show positive performance with no service concerns raised.

Quality Governance Metrics

Indicator Description	Jun-13	Jul-13	Aug-13	Sep-13	Oct-12	Nov-12	Trigger Text	Trigger Points
Patient Voice								
Inpatients Friends & Family (Net Promoter Score)	54	64	59	76	72	75	For Information	
Emergency department Friends & Family (Net Promoter Score)	50	43	45	69	64	70	For Information	
Mixed Sex Breaches	0	0	0	0	0	0	< Target is Good	0 1
Complaints (rate per 10,000 occupied bed days)	22	35	22	31	23	18	For Information	
Workforce								
Overall Sickness Rate	3.6%	3.48%	3.32%	3.53%	3.83%	3.53%	< Target is Good	5.2% 5.7%
%age of staff who have had appraisal in last 12 months **	86.2%	90.0%	91.6%	84.5%	83.1%	79.6%	For Information	
Staff Turnover rate	15.5%	15.1%	15.1%	14.5%	14.8%	14.8%	For Information	

** Indicator definition and methodology currently being reviewed

Patient Voice

- On the friends and family test, the Net promoter score for Inpatients was +75 and for ED was +70, both increasing on prior month.
- There has been on-going work to increase response rates, particularly in ED where the response rate increased from 6.4% in October to 16.6% in November.
- The number of complaints per 10,000 occupied bed days has decreased in November. The Trust is targeting the quality of complaints responses to reduce the number of open cases and give a better experience to the complainant. November saw an increase in the number of re-opened complaints which is being discussed and complaints will form part of a wider patient Experience strategy workshop in January 2014

Quality Governance Metrics

Workforce

- “ Staff Turnover continues below 15% it is still too early to say whether this is due to the impact of our continuous nurse recruitment programme, but it is likely.
- “ The percentage of staff having had an appraisal within the last 12 months has declined in month and is being discussed at Divisional performance reviews.
- “ Sickness absence has declined in November and remains lower than prior year. The top 3 reasons for absence are - Surgery followed by Gastrointestinal problems and then Anxiety/stress/depression/other psychiatric illnesses.

Finance

Indicator Description	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	YTD	Trigger Basis
	M01	M02	M03	M04	M05	M06	M07	M08	RAG	
Overall Financial Position										
- Outturn £m Surplus / (Deficit) - Plan	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0		
- Outturn £m Surplus / (Deficit) - Forecast	0.0	0.0	0.0	0.0	0.3	0.3	0.3	0.3	G	Red is a deficit < (0.1)% income
- YTD £m Surplus / (Deficit) - Plan	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0		
- YTD £m Surplus / (Deficit) - Actual	0.0	0.0	0.1	0.2	0.2	0.2	0.2	0.2	G	Red is a deficit < (0.1)% income
- Outturn UNDERLYING £m Surplus / (Deficit) - Plan	(3.5)	(3.5)	(3.5)	(3.5)	(3.5)	(3.5)	(3.5)	(3.5)		
- Outturn UNDERLYING £m Surplus / (Deficit) - Actual	(3.5)	(3.5)	(3.5)	(3.5)	(3.5)	(3.2)	(3.2)	(3.2)	G	Red is a variance <£(0.,5m)
- YTD Savings £m - Actual	0.3	0.7	1.1	1.8	2.9	4.0	5.1	6.3	G	Red is adverse <(1.0)%
- OT Risk £m Surplus / (Deficit) - Assessment	(5.5)	(6.5)	(6.5)	(6.5)	(6.5)	(6.5)	(5.5)	(5.5)	R	Red is a deficit <£(0.5m)
- Outturn Cash position £m Fav / (Adv) - Forecast	2.6	2.6	2.6	2.6	2.6	2.6	2.6	2.6	G	Red is <£(0.6)m adv to plan and <£0.6m)
- YTD Cash position £m Fav / (Adv) - Actual	4.6	2.2	3.4	3.7	2.9	1.7	1.1	2.3	G	Red is <£(0.6)m adv to plan and <£0.6m)
- YTD Liquid ratio - days	(9.0)	(9.0)	(9.0)	(10.0)	(13.0)	(11.0)	(10.0)	(13.0)	A	Red is <(15) days Green is >15 days
- YTD BPPC (overall) value £m	84%	87%	88%	89%	87%	81%	80%	82%	R	Red is <85% Green is >95%
- YTD BPPC (overall) volume £m	93%	90%	90%	90%	90%	84%	82%	84%	R	Red is <85% Green is >95%
- Outturn Capital spend Fav / (Adv) - forecast	17.3	17.3	17.3	17.3	17.3	17.3	17.3	17.3	G	Red is <£(0.5m) adv to plan

- “ The overall Trust position at month 8 is a £0.2m surplus . maintaining the position from previous months. The forecast remains a £0.3m surplus, while savings are above plan with £6.3m (57%) achieved to date.
- “ The Trust agreed to set a final budget in respect of non recurrent support last month.
- “ The Divisional positions worsened in month with continued over spending, however the position remains on plan through the use of reserves and central underspends. Overspends relate to escalation costs also costs in the Surgical Division.
- “ Month 5 over performance invoices have been raised to the CCGs, however, the contractual process remains difficult.
- “ Key risks: The Trust is in Contractual dispute over the outcome of the readmission audit. That provides £2.0m of risk to the Trust's financial forecast (and presumably CCG positions . which is why we are in dispute).
- “ The cash balance has improved to £2.3m, and is slightly above plan, as a result of the £5.5m temporary PDC received. However, cash management remains challenging.