Management Board – 24th July 2013
Trust Board – 25th July 2013

Surrey and Sussex NHS
Healthcare NHS Trust

Integrated Performance Report

M03 – June 2013

Presented by: **Jon Tomlinson (Interim 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

Putting people first
Delivering excellent, accessible healthcare

Performance June 2013

Summary:

- **DH Performance Framework** - For June 2013 the Trust is expecting to be rated as "Performing" for the Quality of Services based on the DH performance framework. The formal replacement of this framework is not yet finalised.
- **Deliver Safe, High Quality, Co-ordinated Care** - 18 weeks and cancer targets continue to exceed expected standards and ED performance was delivered in month and for Q1 as a whole. Stroke and #NOF performance remain challenging, partly driven by the high levels of bed occupancy at the Trust which is reflected in the increase in delayed transfers of care to 6%.
- **Ensure patients are cared for and cared about** - The Trust continues to demonstrate improvements in ensuring patients are cared for and cared about as reflected in the friends and family test and Your Care Matters results.
- **Work in Partnership with our community** – the trust continues to work with the local health system to significantly reduce the number of patients in the hospital who no longer require acute care. There is important progress in increasing community capacity by winter 2013.
- **Become a sustainable, effective organisation** - At Month 3 the Trust is slightly favourable to the financial plan with a £0.1m surplus. The forecast remains breakeven. Within workforce, the focus is on continuous recruitment to our nursing vacancies and the most cost effective use of contingent workforce to ensure that the highest quality standards are maintained and deliver financial savings.

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

Notes:	
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.

Contents

1. National Quality of Services Measures
Overview

Surrey and Sussex NHS Healthcare NHS Trust

- This section of the report outlines the Trust's performance for Quality of Services under the Department of Health Performance Framework. Once a full TDA assurance framework methodology is published, this page will be replaced accordingly.
- For June 2013 the Trust is expected to be rated as "Performing" for Quality of Services based on the ratings shown below for each of the individual domains within the framework.

Month	CQC Registration	Integrated Measures	User Experience	Overall Quality Of Services
January 2013	Performing	Performing (2.71)	Performance Under Review	**Performing**
February 2013	Performing	Performing (2.89)	Performance Under Review	**Performing**
March 2013	Performing	Performing (2.82)	Performance Under Review	**Performing**
April 2013	Performing	Performing (2.60)	Performing Under Review	**Performing**
May 2013	Performing	Performing(2.75)	Performing Under Review	**Performing**
June 2013	Performing	Performing(2.71)	Performing Under Review	**Performing**

1. National Quality of Services Measures
Integrated Measures

Surrey and Sussex NHS Healthcare NHS Trust

- **For June 2013, the Trust is forecasting an in-month score of 2.71 which would rate the Trust as "Performing" for the Integrated Measures.**
- The table below shows the performance against each of the individual Integrated Measures on an in-month basis.

Integrated measures	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Trigger Point 1	Trigger Point 2
ED 95% in 4 hours	95.3%	95.1%	94.3%	89.4%	96.5%	99.2%	95%	94%
MRSA Incidences - In Month (Trust acquired)	1	0	0	0	0	0	On plan	1Std Dev
C Diff Incidences - In Month (Trust acquired)	4	2	1	3	2	1	On plan	1Std Dev
RTT Admitted - 90% in 18 weeks	91.1%	91.2%	90.6%	91.3%	91.8%	94.0%	90%	85%
RTT Non Admitted - 95% in 18 weeks	96.9%	96.8%	96.7%	97.4%	96.8%	97.0%	95%	90%
RTT Incomplete Pathways - %age under 18 weeks	94.3%	95.0%	95.6%	95.2%	97.2%	96.8%	92%	87%
RTT - No of Specialties not achieving standards	4	3	2	4	2	1	0	20
%age of patients waiting 6 weeks or more for diagnostic	0.2%	0.0%	0.0%	0.0%	0.0%	0.2%	1%	5%
Cancer - TWR	93.8%	96.2%	95.8%	94.1%	93.1%	95.2%	93%	88%
Cancer - Breast Symptomatic (2 Week Wait)	93.4%	98.7%	97.0%	94.0%	87.5%	94.0%	93%	88%
Cancer - 31 Day Second or Subsequent Treatment (SURGERY)	96.9%	95.0%	100.0%	96.3%	94.1%	100.0%	94%	89%
Cancer - 31 Day Second or Subsequent Treatment (DRUG)	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	98%	93%
Cancer - 31 Day Decision to Treatment	96.0%	99.0%	98.8%	97.4%	97.8%	97.4%	96%	91%
Cancer - 62 Day Referral to Treatment from Screening	85.7%	87.5%	84.6%	80.0%	100.0%	100.0%	90%	85%
Cancer - 62 Day Urgent Referral	77.9%	86.3%	91.6%	86.2%	86.0%	85.8%	85%	80%
Delayed Transfers of Care (%age of bed days)	2.7%	2.2%	1.6%	1.7%	4.7%	6.0%	3.5%	5.0%
Mixed Sex Breaches per FCE	0.10%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.5%
VTE Assessment on Admission	93%	93%	94%	96%	96%	95%	90%	80%

1. National Quality of Services Measures
Integrated Measures

Surrey and Sussex NHS Healthcare NHS Trust

Significant points of note regarding performance include:

- ED Performance was sustained following the adverse performance in April. Despite the adverse performance in April, the ED access target was achieved for Q1 as a whole.
- There were no incidences of MRSA and one incidence of C-Diff during June with the Trust being on plan for both indicators.
- RTT performance continued as expected with the 90% Admitted, 95% non-admitted and 92% incompletes measures all being achieved in aggregate and only one non compliant specialty.
- All cancer measures were achieved in June 2013 for the first time in recent history.
- The delayed transfers of care measure continued to underperform in month. The Trust has been unable to discharge an increasing number of patients who do not require acute care into the community. We are working with our partners in the local health economy to resolve this issue.

Contents

2. Deliver Safe, High Quality Coordinated Care

Achievement of national best practice in clinical care - Core Standards and Patient Safety

Indicator Description	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Trigger Points	
Priority 1 - Achievement of national best practice in clinical care - Core Standards								
CQC Warning Notices	0	0	0	0	0	0	0	1
Priority 1 - Achievement of national best practice in clinical care - Patient Safety								
No of Never Events in month	0	0	1	0	0	0	0	1
Serious Incidents - No in Month	4	6	7	3	3	5	3	5
Serious Incidents - No overdue for Trust Closure				14	12	15	0	1
Safety Thermometer - % of patients with harm free care	95.2%	93.6%	92.8%	92.2%	95.4%	90.3%	95%	90%
Grade 3 and 4 pressure damage (Trust acquired)	0	1	0	0	0	0	0	1
Grade 2 Pressure damage (Trust acquired)	7	7	15	9	13	14	8	11
No of medication errors causing Severe Harm or Death	0	0	1	0	0	0	0	1
No of medication errors causing No, Low or Moderate harm	47	45	79	50	40	48	For Information	
Number of falls resulting in Severe Harm or Death	4	3	0	1	1	1	0	1
Number of falls resulting in No, Low or Moderate harm	158	75	123	112	92	93	For Information	
Percentage of patients who have a VTE risk assessment	93%	93%	94%	96%	96%	95%	95%	90%
WHO Checklist Usage - % Compliance	100%	98%	100%	96%	100%	100%	100%	99%

- **While a number of Patient Safety indicators have triggered investigation, the Trust's overall assessment is that expected levels of Patient safety are being maintained.**
- There were five serious incidents in June, with no obvious clusters of theme. Earlier themes around falls with fracture or deteriorating patients were not seen in June.
- The Trust has 15 serious incidents that are overdue for Trust closure and additional resources are being put in place to help resolve this. It should be noted that although these SI's have not been closed, key learning and actions have been taken where required.
- The June score for the NHS Safety Thermometer has triggered as Amber having dropped below the 95% target. The drop in performance is the result of a change to the safety thermometer data capture related to those patients attending the Trust with pressure damage evident. These patients no longer need reporting and the final performance will be updated when the Trust submission is made in late July. Performance is expected to be above 95%.

2. Deliver Safe, High Quality Coordinated Care

Achievement of national best practice in clinical care - Core Standards and Patient Safety

- Amber scores for the safety thermometer in Feb/Mar/April were as a result of 'other' VTE which related to patients not adhering to requests to wear TED Stockings which had been prescribed. Additional training for ward staff has been implemented to ensure that the correct TED's are fitted with consideration to a change in supplier for additional comfort and documentation of informed choice has seen theses areas improve. The Safety Thermometer data is included on the Synbiotix system described elsewhere in this report and thus will be reviewed as part of ward level reporting and subsequent actions taken.
- There was no Grade 3 or 4 pressure damage in June 2013 but Grade 2 pressure damage was above expectations. The Pressure Damage Board which saw the reduction in damage towards the end of 12/13 has been reinstated with revised agenda. Management of the TVN Service has transferred to Infection Control where additional support and guidance can be offered with the day to day running of the service and clear expectations have been set.
- Additional written information has been developed for patients and their relatives highlighting the risks of pressure damage occurrence and actions to take to avoid it. Pressure damage is also captured within Synbiotix for additional scrutiny and oversight.
- Triggers in relation to Grade 2 pressure damage will be revised when discussions in relation to CQUIN targets and avoidable vs unavoidable pressure damage are concluded.
- There were no medication errors resulting in severe harm or death but one fall which resulted in severe harm or death. This has been declared an SI and will be investigated.
- VTE assessment and WHO checklist compliance achieved expected levels of performance

2. Deliver Safe, High Quality Coordinated Care

Achievement of national best practice in clinical care - Mortality and Readmissions

Indicator Description	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Trigger Points	
Priority 1 - Achievement of national best practice in clinical care - Mortality								
HSMR (56 Monitored diagnoses - 12 Months)	90.3	90.7	91.4	90.3			100	105
SHMI				94.5			100	105
HSMR - #NOF (Rolling 12 Months)	90.9	93.8	97.0	100.5			100	105
HSMR - Stroke (Rolling 12 Months)	99.8	104.1	114.6	110.8			100	105
HSMR - COPD (Rolling 12 Months)	98.9	100.3	95.9	86.2			100	105
Priority 1 - Achievement of national best practice in clinical care - Readmissions								
Emergency readmissions within 2 days following elective admission	0.10%	0.30%	0.40%	0.10%	0.20%	0.30%	1.0%	1.1%
Emergency readmissions within 2 days following non elective admission	2.70%	1.70%	3.20%	2.10%	2.60%	2.50%	2.5%	2.8%
Emergency readmissions within 30 days following elective admission	1.90%	3.10%	3.10%	3.40%	3.10%	2.50%	6.7%	7.4%
Emergency readmissions within 30 days following non elective admission	13.60%	13.50%	14.40%	13.80%	13.50%	13.60%	13.0%	14.3%

- Overall mortality as measured by HSMR continues to be below 100 on a 12 month basis reflecting the Trust having a lower than expected mortality rate. The latest SHMI data published in April showed a SHMI value of 0.94 reflecting deaths are in line with expected.
- The Trust has one negative alert on Dr Foster for HSMR which is in relation to Stroke. Internal investigation is underway and is detailed further on page 15where Stroke is discussed in more detail.
- Fractured Neck of Femur mortality has increased in April and while not triggered on Dr Foster as an alert, is subject to internal review and is discussed on page 17.
- Readmission rates within 2 days are within expected levels but 30 day readmissions following non-elective admission are slightly higher than expected. A joint clinical audit with commissioners is taking place in July to understand any underlying health system issues that, if resolved, could help reduce readmission rates. Data quality work in relation to readmissions remains on going.

2. Deliver Safe, High Quality Coordinated Care

Achievement of national best practice in clinical care - Infection Control

Indicator Description	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Trigger Points	
Priority 1 - Achievement of national best practice in clinical care - Infection Control								
MRSA (incidences in month)	1	0	0	0	0	0	0	1
CDiff Incidences (incidences in month)	4	2	1	3	2	1	On Plan	1 Std Dev
MSSA	1	2	2	4	2	2	For Information	
E-Coli	18	17	20	25	20	19	For Information	
Hand Hygiene Compliance	99%	100%	97%	99%	99%	99%	100.0%	95.0%

- **MRSA and C.Diff incidence remain on plan.**
- There were no MRSA bloodstream infections (BSIs) and one incidence of C.diff infection during June 2013.
- The Trust is 2 cases below plan for C. diff and on plan for delivery of the MRSA objective.
- The Infection Prevention Control & Antimicrobial Stewardship Team, working through the Task Force continues its focus on:
  - Antimicrobial stewardship, driven primarily by the hospital's medical staff and pharmacists which is reflected by on-going improvements over recent months in compliance with the monthly Good Antimicrobial Prescribing (GAP) audits.
  - Management of invasive devices such as urinary catheters and vascular cannulae – with use of high intervention impact care bundles.
- The challenge ahead will be to continue the downward trend in HCAIs, particularly C.diff, in the context of increasing susceptible patient population and growing antimicrobial resistance and will require careful review of focus and resource allocation.

2. Deliver Safe, High Quality Coordinated Care

Achievement of national best practice in clinical care - Emergency Department

Indicator Description	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Trigger Points	
Priority 1 - Achievement of national best practice in clinical care - Emergency Department								
ED 95% in 4 hours	95.3%	95.1%	94.3%	89.4%	96.5%	99.2%	95%	94%
Patients Waiting in ED for over 12 hours following DTA	0	0	0	0	0	0	0	1
ED Unplanned Re-attendance rate within 7 days	3.3%	3.4%	3.8%	3.8%	3.9%	4.0%	4%	5%

- **Performance against the 4 hour target has improved further in June and brought performance in Q1 to over 95%.**
- Median time to treatment continues to be maintained at a consistent levels.
- The consultant led clinic's continue to work well to maintain the performance for unplanned re-attendance within 7 days .
- Ambulance Handover times have continued to improve in June, the draft proposals for validation are waiting to be agreed.
- There have been no over 60 minute handover delays in June and the number over 30 minutes has reduced to approximately 3% from 16%. The under 15 minute performance has increased to 62% from 39% in April.
- The changes in staffing at streaming area have been maintained, this is now demonstrating an improvement in performance.
- Internal escalation and utilisation of CDU with a more structured admission process and guidelines is being implemented to support on-going maintenance of targets.

2. Deliver Safe, High Quality Coordinated Care

Achievement of national best practice in clinical care - 18 Weeks

Indicator Description	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Trigger Points	
Priority 1 - Achievement of national best practice in clinical care - 18 Weeks and Elective Access								
RTT Admitted - 90% in 18 weeks	91.1%	91.2%	90.6%	91.3%	91.8%	94.0%	90%	85%
RTT Non Admitted - 95% in 18 weeks	96.9%	96.8%	96.7%	97.4%	96.8%	97.0%	95%	90%
RTT Incomplete Pathways - % under 18 weeks	94.3%	95.0%	95.6%	95.2%	97.2%	96.8%	92%	87%
RTT Number of Specialties not achieving standards	4	3	2	4	2	1	0%	20%
RTT Patients over 52 weeks on incomplete pathways				0	0	0	0	1
No of operations cancelled on the day not treated within 28 days				2	0	0	0	2
No of patients who have urgent operations cancelled twice				0	0	0	0	1
Percentage of patients waiting 6 weeks or more for diagnostic	0.2%	0.0%	0.0%	0.0%	0.0%	0.2%	1%	5%

- **18 weeks continues to show sustained delivery of National standards.**
- The Trust continued to achieve the 90% Admitted target in June with one non compliant specialties - General Surgery. This has been part of the Trust plan to continue to reduce the number of patients waiting over 18 weeks on the admitted pathway which at the end of June sat at its lowest level of 77 patients.
- The Non-admitted and Incomplete targets were both achieved at aggregate and speciality level in June 2013.
- The trust remains on track to achieve zero non-compliant specialties in August 2013.
- The elimination of long waiters remains a key focus and for the 3rd month this year there were no patients waiting over 52 weeks on incomplete pathways
- Performance in relation to the 28 day guarantee for cancellations and urgent cancellations remains at expected levels.
- The diagnostic target was again achieved in June 2013 although there was a slight increase in radiology waits over 6 weeks.

2. Deliver Safe, High Quality Coordinated Care

Achievement of national best practice in clinical care - Cancer

Indicator Description	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Trigger Points	
Priority 1 - Achievement of national best practice in clinical care - Cancer								
Cancer - TWR	93.8%	96.2%	95.8%	94.1%	93.1%	95.2%	93%	88%
Cancer - TWR Breast Symptomatic	93.4%	98.7%	97.0%	94.0%	87.5%	94.0%	93%	88%
Cancer - 31 Day Second or Subsequent Treatment (SURGERY)	96.9%	95.0%	100.0%	96.3%	94.1%	100.0%	94%	89%
Cancer - 31 Day Second or Subsequent Treatment (DRUG)	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	98%	93%
Cancer - 31 Day Diagnosis to Treatment	96.0%	99.0%	98.8%	97.4%	97.8%	97.4%	96%	91%
Cancer - 62 Day Referral to Treatment from Screening	85.7%	87.5%	84.6%	80.0%	100.0%	100.0%	90%	85%
Cancer - 62 Day Urgent Referral	77.9%	86.3%	91.6%	86.2%	86.0%	85.8%	85%	80%

- **June 2013 saw the achievement of all Cancer access standards.**
- Failure against the breast symptomatic standard from May was due to a breakdown of the digital mammography equipment which was not escalated appropriately, although escalation is unlikely to have changed the outcome. This has now been resolved and a process put in place to ensure that in future equipment failure that will impact upon performance is escalated appropriately. This will allow managers to seek alternative provision. Options around a second digital mammography machine are also being explored.
- 62 Day Screening performance was achieved in June 2013 and finalisation of May performance resulted in achievement of this indicator. Sussex Breast screening patients are now being offered the choice of referral to SaSH, although uptake rates are not as high as expected, but volumes of treatments for this target will continuously remain low with single breaches impacting the performance
- SaSH Cancer services are currently being reconfigured within the Trust. Historically, elements of Cancer care have been within separate divisions managed by a virtual Cancer Board. In order to ensure structures and leadership is aligned with the Trust's clinical strategy and focus on Cancer care, it has been agreed to bring all cancer services under the umbrella of a new Cancer Services Division, led by one of the existing ADs, the Clinical Lead for cancer and the lead Cancer Nurse. A dedicated Cancer Business Manager post has been created to help drive forward the Trust's aspirations and plans.
- The reconfiguration forms part of the Trust's Operational Improvement Programme. The implementation is slightly behind plan, but it is anticipated that the new Division will be fully operational by the end of August against the original plan of July.

2. Deliver Safe, High Quality Coordinated Care

Achievement of national best practice in clinical care - Stroke Care

Indicator Description	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Trigger Points	
Priority 1 - Achievement of national best practice in clinical care - Stroke Care								
% of patients admitted directly to a ASU within 4 hours of arrival	55%	39%	35%	36%	50%	45%	90%	80%
Stroke - 90% or more of time spent on stroke unit	80%	60%	55%	49%	59%	56%	80%	70%
High risk TIA treated within 24 hours	81%	74%	63%	71%	50%	67%	60%	50%
Stroke Patients Scanned within 1 hour of Hospital Arrival	64%	57%	50%	54%	39%	48%	50%	40%
Stroke Patients Scanned within 24 hour of Hospital Arrival	100%	98%	98%	96%	100%	93%	100%	90%

- **Stroke performance remains challenged, although improvements in real-time data are being seen**
- The June report for admission to ASU within 4 hours has deteriorated by 5%. This pertains largely to May performance as Stroke performance is recorded based on the month of discharge. Stroke admissions (via ED) during June are tracking at 74% for access to ASU within 4 hours and the ring fencing of the Stroke unit is having a positive impact.
- The percentage of patients spending 90% of their time on ASU is steady (3% deterioration). Evidence that ring-fencing of stroke beds will improve this can be effectively judged in the August data.
- Following a dip in performance in May 2013 , High risk TIA patients treated within 24 hours has returned to expected levels
- Stroke patients scanned within 1 hour of arrival has improved in month. Policy authorising Stroke Nurses to order scans is expected to help maintain and improve performance. Awaiting confirmation of policy ratification. This has been escalated and it is anticipated that formal approval will come from the Radiation Protection Committee meeting in July.
- The Stroke Mortality data for March showed an unexpected rise and has been investigated. The lead Clinician audited 10/17 notes and presented findings to the Medical Division Board. There were no immediate clinical concerns however there were some coding issues which significantly skewed performance. Further presentation of audit findings will be made to the Safety and Quality Committee or Management Board for Quality and Risk as well as to the Executive team. The coding issues identified will be corrected but will take some time to be reflected in the HSMR due to the process of SUS submission and Dr Foster processing.

2. Deliver Safe, High Quality Coordinated Care

Achievement of national best practice in clinical care - Stroke Care

- Other actions underway include
  - Initiate an internal system for Root Cause Analysis of every stroke death.
  - Internal review of audit findings by a newly appointed consultant neurologist who has joined the Trust from the St Georges stroke team.
  - Audit of all stroke deaths in April
  - Liaise with Network (Clinical Senate) to organise an external Peer Review in order to provide further assurance of standards.
  - Further investigate coding issues including palliative care patients.

2. Deliver Safe, High Quality Coordinated Care

Achievement of national best practice in clinical care - #NOF Care

Indicator Description	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Trigger Points	
Priority 1 - Achievement of national best practice in clinical care - #NOF Care								
Number of #NOF admissions in month				52	59	33	For Information	
Percentage of patients achieving all criteria of best practice				80%	68%	54%	85%	75%
Admission to #NOF ward within 4 hours	40%	49%	56%	31%	63%	79%	85%	75%
Average time to #NOF Ward (hrs)	5.9	5.5	12.2	26.5	11.5	7.3	9.2 hrs	11.3 hrs
Operation within 36 hours	86%	84%	76%	81%	78%	79%	85%	75%
Operation within 48 hours	90%	93%	94%	92%	93%	88%	90%	80%
Average time to Theatre (hrs)	24	32	26	25	26	30	27 hrs	31 hrs

- **The Trust continues to demonstrate overall steady performance in Q1, particularly around access to the #NOF ward**
- Performance is closely linked to operational bed and theatre capacity pressures and, although #NoF admissions in June were low, the overall number of trauma cases was 12% higher than average.
- In June 2013, 54% of patients discharged following admission with Fractured Neck of Femur attracted Best Practice Tariff. The drop in performance was partly due to the high volume of #NoF admissions in May that were discharged in June (this indicator is counted on discharge rather than admission).
- Orthopaedic beds have been ring-fenced since May which has positively impacted on the patient's experience. In June, our average time to the ward was almost 2 hours better than last year's national average of 9.2 hrs. The time to theatre escalation process is being reviewed and reinforced with the clinical team to ensure patient's have their operation at the right time.
- Of the patients who did not have their operation within 48 hours, 2 were medically unfit, and 2 were delayed due to a higher volume of trauma admissions.
- As discussed previously in this report, #NOF Mortality (as measured by the HSMR) has increased over March and April to 100.5. All #NOF deaths are routinely reviewed by the #NOF team and no deficiencies in clinical standards have been found in these months. However, the reviews do not routinely verify the clinical coding of the activity which can impact the expected number of deaths in the HSMR calculation.

2. Deliver Safe, High Quality Coordinated Care

Achievement of national best practice in clinical care - #NOF Care

- The routine review of clinical coding will be built into the review process from August and all recent deaths are being reviewed during July, although it should be noted that this will take some time to be reflected in the HSMR due to the process of SUS submission and Dr Foster processing.
- The output of the individual death reviews will be monitored at divisional board and fed back to the Executive team / Medical Director.
- The improvement and sustainability for the ward access indicators is aligned to the system wide urgent care plans described on page 21 and 22 which aims to ensure the system has sufficient bed capacity to allow efficient patient flow throughout the hospital.
- In relation to time to theatre, an interim escalation policy has been agreed and is in place and will be refined further following a wider review of the service.
- The trust has seen significant growth in #NOF admissions in 2012/13 compared to the prior year as well as the designation of the hospital as a Trauma unit in late 2012. A review of the service capacity is therefore being undertaken to ensure ongoing maintenance of the latest clinical standards. This will look at all aspects of the service including bed and theatre capacity to allow for the high daily variations in admission volumes.
- The initial outputs will feed back to the Executive team in August 2013 and the existing #NOF improvement plan will be revised to reflect any improvements needed.

2. Deliver Safe, High Quality Coordinated Care

Achievement of national best practice in clinical care - Maternity Care

Indicator Description	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Trigger Points	
Priority 1 - Achievement of national best practice in clinical care - Maternity Care								
Women seen by midwife within 12 weeks and 6 days	99%	98%	99%	95%	95%	97%	90%	80%
Weekly hours of dedicated consultant presence on labour ward				98 hrs	98 hrs	98 hrs	98 hrs	60 hrs
1 to 1 Care in Labour	82%	84%	84%	85%	94%	95%	100%	80%
C Section Rate - Emergency	16.4%	19.2%	18.5%	15.9%	12.7%	18.5%	13%	15%
C Section Rate - Elective	5.7%	8.4%	6.4%	7.6%	6.2%	6.8%	10%	11%
Breastfeeding Initiation	82%	83%	81%	83%	83%	86%	85%	70%
Neonatal deaths within 7 Days / Still Births	0	0	0	0	0	0	0	1
Admission of full term babies to neonatal care	5.5%	1.0%	4.9%	5.2%	6.9%	6.9%	10%	11%

- **The Maternity services at the Trust continue to deliver high quality services following the significant investments over previous years in midwifery and medical staffing.**
- There has been an improvement in the percentage of women receiving 1:1 care in labour over the last two months owing to the revised strategy for 1:1 care drawn up and implemented by the Head of Midwifery. Although the Trust's internal stretch target of 100% has not been achieved, the Trust is providing 1:1 care to a larger proportion of women than many peers.
- The department is compliant with the Safer Childbirth recommendation in relation to the number of hours required for Consultant presence on the Labour Ward. Based on a birth rate in excess of 4000 there is now 98 hour Consultant presence on the Labour Ward.
- There has been an improvement in the Elective Caesarean Section rate which has been sustained over the last 6 months. This has come as a result of the implementation of a new pathway for women who have had a previous Caesarean Section. The service is facilitated by a designated Consultant and lead midwife.
- There is a daily review of all Emergency Caesareans by senior clinicians to check the appropriateness of the decision and to disseminate relevant learning. The appropriateness of some inductions of labour is currently being audited with learning shared and actions taken where appropriate.
- The unit has recently received a Stage 1 accreditation from the Baby Friendly initiative and is working towards Stage 2 by Jan 2015. An initiation rate of 86% is one of the highest in the region.

2. Deliver Safe, High Quality Coordinated Care

Achieve best practice in the use of quality and patient safety indicators

Indicator Description	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Trigger Points	
Priority 2 - Achieve best practice in the use of quality and patient safety indicators								
National quality Dashboard implementation plan				On Plan	On Plan	On Plan	On Plan	Off Plan
Real-time ward quality / safety system implementation plan				On Plan	On Plan	On Plan	On Plan	Off Plan

- **The Trust remains on plan for developments in relation to the two main schemes for the use of quality and patient safety indicators**
- Synbiotix is an electronic system which has been procured to enable nursing staff to audit quality practice at ward/Divisional level by providing real-time data and identifying areas of best practice and areas that require support.
- A multidisciplinary steering group agreed metrics in relation to indicators such as infection prevention and control, nutrition, falls, urinary catheter care, safeguarding, patient experience and workforce. This is to enable triangulation of all data currently captured within the Trust.
- Friday afternoons provide a forum for analysis and discussion of the ward dashboards to demonstrate practice ward by ward and examine why some wards are doing better than others in different areas of practice and quality.
- The system rolled out within the Trust from 1st June 2013 as a trial period and various issues were identified, and are being rectified before the full roll out is completed.
- The Trust continues to work with external parties as required in relation to the National Quality dashboard and until this is published the Trust continues to review and incorporate into governance / oversight processes other similar national dashboard (eg the Workforce Assurance Framework and Greater East Midlands Commissioning Support Unit Acute Care Dashboard) as well as the outputs from the Dr Foster product suite that the Trust utilises.

2. Deliver Safe, High Quality Coordinated Care

Ensure patients are cared for in the right place at the right time

Indicator Description	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Trigger Points	
Priority 3 - Ensure patients are cared for in the right place at the right time								
Average bed occupancy vs substantive bed stock	103%	103%	104%	108%	104%	101%	90%	95%
Percentage of adult patients in an appropriate bed	75%	75%	77%	79%	81%	84%	90%	80%

- **Although data collection methodologies need to be refined, the Trust continues to operate at high levels of bed occupancy although there has been a significant improvement in the percentage of patients in an appropriate bed.**
- As part of the internal patient flow programme, the Trust is developing a number of KPIs to aid monitoring of improvements. These include:
  - Daily monitoring of bed occupancy to give a more accurate picture than the Unify returns.
  - Daily assessment of the percentage of patients that are in the right bed
  - The number of patients who experience 4 or more ward moves during their stay
- The first two of these indicators have been put in place although some refinement is required, particular the second indicator which is currently based on an algorithm that looks at the specialty of patients on Cerner vs the ward the patient is in. A more robust, clinically validated process is being explored and the triggers above have been set to reflect the methodology.
- While neither indicator is achieving the expected levels of performance, a downward tread in bed occupancy and upward trend in patients in the right bed can be seen.
- The trust has a significant programme of work across the health system to reduce the bed occupancy and improve the number of patients that are cared for in the “right bed, first time”.
- The internal element of this programme falls within the wider operational Improvement Programme and is focussed on the following:
  - Embedding Professional Standards around patient care

2. Deliver Safe, High Quality Coordinated Care

Ensure patients are cared for in the right place at the right time

- Review of Medical staffing rotas
- Developments of Frail Elderly services including the recruitment of Community geriatrics
- Implementation of Electronic whiteboards on inpatient wards
- Improvements to the the discharge process
- Procurement of an Acute “Hospital at Home” Service

- The internal programme is expected to deliver improvements in bed occupancy which will be further bolstered by the Health system plans to put in place c.100 community beds to allow the patients at the Trust who no longer require care in an acute bed to move into a more appropriate community setting.
- Both these programmes are on track to allow significant sustainable improvements for this objective by winter 2013/14.

2. Deliver Safe, High Quality Coordinated Care

Work well within clinical networks and develop clinical partnerships

Indicator Description	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Trigger Points	
Priority 4 -Work well within clinical networks and develop clinical partnerships								
Vascular network implementation plan				Slippage	Slippage	Slippage	On Plan	Off Plan
Trauma Unit designation	Yes	Yes	Yes	Yes	Yes	Yes	Maintained	Removed
Chemotherapy repatriation implementation plan				On Plan	On Plan	Slippage	On Plan	Off Plan
Radiotherapy implementation plan				On Plan	Slippage	Slippage	On Plan	Off Plan

- Progression of Vascular network plans are experiencing some slippage. Arterial elective activity is now undertaken at BSUH as part of the network arrangements. Emergency activity is yet to move. This is on hold while the financial model is evaluated by all parties in the network
- The Trust continues to maintain its Trauma Unit designation.
- Chemotherapy – the first patients have been repatriated, with 2-3 patients per week receiving care at SaSH who previously had to travel to Guildford. The remaining breast patients are due for repatriation by September, although this is dependant upon the recruitment of an oncologist by Royal Surrey, which is proving challenging.
- Radiotherapy is likely to be delayed by one month due to build issues, but Royal Surrey expect their facility to be on line by May 2014. SaSH elements of the programme remain on plan.

Contents

3. Ensure patients are cared for and cared about

Be recommended on the basis of customer care

Indicator Description	Jan-13	Feb-13	Mar-13	Apr-12	May-12	Jun-12	Trigger Points	
Priority 1 /2 - Be recommended on the basis of Customer Care and Always treat patients and their families / carers with compassion, courtesy and privacy and dignity								
Friends and Family Test								
- Inpatients Friends & Family (Net Promoter Score)	31	49	50	50	51	54	For Information	
- Emergency department Friends & Family (Net Promoter Score)				47	64	50	For Information	
- Response Rate					9%	16%	18%	15%
Your Care Matters - Inpatient Care								
- Dignity and respect	8.5	9.1	8.8	8.9	9.1	9.3	For Information	
- Cleanliness of ward	8.8	9.3	9.2	9.2	9.2	9.4	For Information	
- Pain Control	8.3	8.9	8.5	8.7	8.8	8.9	For Information	
- Privacy	9.0	9.7	9.3	9.3	9.6	9.4	For Information	
- Emotional Support	6.9	8.2	7.7	7.6	8.2	8.3	For Information	
- Confidence in Doctors	8.3	9.1	8.6	8.6	9.0	8.8	For Information	
- Confidence in Nurses	8.3	8.9	8.5	8.5	9.0	8.9	For Information	
- Answers patients could understand from Nurses	7.4	8.4	8.2	8.1	9.0	8.6	For Information	
- Answers patients could understand from Doctors	7.4	8.4	8.1	7.6	8.3	8.2	For Information	
- Hospital Food rating	5.7	5.2	5.3	5.4	5.8	5.9	For Information	
Your Care Matters - Emergency Department								
- Cleanliness of clinic (% saying excellent or good)				84%	92%	91%	For Information	
Other Indicators								
Number of Complaints in Month	37	47	52	47	49	34	35	39
Number of commendations in Month (Your care matters)	85	76	85	88	121	158	For Information	
Mixed Sex Breaches	0	0	0	0	0	0	0	1

- **The Trust continues to demonstrate improvements in ensuring patients are cared for and cared about.**
- The National Friends and Family Test results are calculated using an underlying “Net Promoter Score” ‘which takes the proportion of patients who are ‘Extremely Likely” to recommend minus those who are unlikely or neutral, to give a score from -100 to +100. The Friends and Family Test score for June 2013 for Inpatients is +54 based on 417 responses. For the Emergency Department patients the score is +50 which is based on 438 responses.

3. Ensure patients are cared for and cared about

Be recommended on the basis of customer care

- The Trust has undertaken significant work to understand the drivers behind the net promoter score. This has driven the specific areas within the Your Care Matters surveys that are detailed in the table on the previous page. The analysis also highlights the fact that one of the key influences on the NPS is the movement of patients from 'Likely to recommended' to ' Extremely Likely to recommend'. The Trust is arranging a number of focus groups to better understand the steps we could take to increase the likelihood of patients being extremely likely to recommend the Trust.
- Although not within the NPS methodology, in June 2013 90% of inpatients and 87% of ED patients were likely or extremely likely to recommend the Trust.
- The national publication of the Friends and Family scores and response rates will be published for the first time on NHS Choices in July 2013, this will give the Trust the opportunity to benchmark itself nationally against this measure and triggers will be agreed. At the same time, the Triggers for Your Care Matters questions will be reviewed.
- The Trust has taken a number of actions in relation to response rates including:
    - All eligible ED patients are written to shortly after being discharged
    - Making paper copies of the inpatient questionnaire available in the Discharge Lounge
    - Medical Division Consultants giving out YCM cards on ward rounds
- The underling questions that the Trust are focussing on are showing positive improvement trends since January 2013.
- A number of changes have been made as a result of the Your Care Matters survey, for example:
    - Acoustic panels have been installed in the ED reception to improve the acoustics
    - Clocks, soft close bins, tray tables, ear plugs, additional chairs have been ordered for various wards
    - A range of steps have been taken in two wards to reduce noise at night

3. Ensure patients are cared for and cared about

Be recommended on the basis of customer care

- Other developments in relation to embedding Your Care matters include:
  - Ward level results are now published on the Intranet with an Executive Level Divisional Report emailed directly to the Divisional Chief Nurses .
  - 'Additional Comment' reports are sent to ward / department managers and copied to Matrons at the end of each month which comprise the free text responses left by respondents when they are asked if they have any further comment about their experience as a patient. This level of data has not been available until recently.
  - Your Care matters was launched for Endoscopy, Day Surgery and Outpatients in May and it is anticipated that significant data will be available in September to allow reporting. Your Care matters will also launch for maternity in September.
- Complaints reduced in June 2013, replicating a trend that has been seen in recent months. Commendations has also increased significantly month on month since Your Care matters was implemented
- There were no mixed sex breaches in June 2013.

Contents

4. Work in partnership with our community

Work with patients, the public and partners to develop services that meet the needs of our community

Surrey and Sussex NHS Healthcare NHS Trust

Indicator Description	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Trigger Points	
Priority 1 - Work with patients, the public and partners to develop services that meet the needs of our community								
Delayed Transfers of Care	2.7%	2.2%	1.6%	1.7%	4.7%	6.0%	3.5%	5.0%
Endoscopy / JAG Accreditation developments				On Plan	On Plan	On Plan	On Plan	Off Plan
TB Service Development				On Plan	On Plan	On Plan	On Plan	Off Plan
BOC Unit				On Plan	On Plan	On Plan	On Plan	Off Plan
Chemotherapy repatriation implementation plan				On Plan	On Plan	Slippage	On Plan	Off Plan
Radiotherapy implementation plan				On Plan	Slippage	Slippage	On Plan	Off Plan
FT Membership on plan				On Plan	On Plan	On Plan	On Plan	Off Plan

- **Delayed Transfers of Care continued to increase in June and actions are being taken across the health system.**
- As previously highlighted the DTOCs increased in June as the number of patients awaiting assessment / discharge increased. A large element of this relates to patients waiting the 2nd stage of CHC assessment (Decision Support tool) which is the responsibility of CCGs to undertake. As an interim measure the Trust has agreed to utilize some trained staff to undertake the DSTs in order expedite patients discharge. However, the figure is likely to remain around 5% until Health and Social Care partners ensure appropriate capacity and assessments are in place to support discharge as soon as the patient is safe to discharge/transfer.
- The Trust is currently working with CCGs and health and social care providers to:
    - Re-design the discharge pathway, both within the Trust and externally to reduce duplication, paperwork and complex assessments and funding decisions in the acute environment. Moving to a 'discharge to assess' model
    - Increase actual or virtual bed capacity out of hospital by 100, supporting assessments out of hospital
    - Implement an Integrated Discharge Team, with all partners working together to support discharges earlier in the patients journey and resolve complex issues more rapidly
- Other developments continue to be on plan with the new TB service now live and staff being recruited and the Endoscopy JAG accreditation programme is on plan in preparation for the Trust's assessment in October.

4. Work in partnership with our community

Improve the way people see and talk about SaSH

Indicator Description	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Trigger Points	
Priority 2 - Improve the way people see and talk about SaSH								
NHS Choices Rating	3.5	3.5	3.5	4.0	4.0	4.0	5	3.5
Patient Opinion Rating - % that would recommend SASH	76%	76%	74%	75%	75%	75%	80%	70%
% of Press Coverage that is positive						81%	80%	60%

- **NHS Choices and Patient Opinion continue to be key channels for engaging with patients and the public**
- In June, 21 stories were posted on Patient Opinion that were viewed 2,105 times. In the last 12 months 296 stories have been posted that have been viewed 67,633 times in all (an average of 228 views per story).
- Of the stories posted in June 10% were scored as moderately critical; 28% were scored minimally/mildly critical; 29% were not critical and 33% not rated (not rated stories are those which are fed from NHS Choices).
- The three most read stories in June were two positive stories about Godstone Ward and the Urology Dept and one moderately critical story about paediatric outpatients.
- Three times as many Patient Opinion responses are from East Surrey patients compared to Crawley and Horsham patients and the Trust is looking to work with Patient Opinion and the CCG to understand how this channel of engagement can be opened up for the Sussex population.
- All Patient Opinion stories are fed directly to the inboxes of senior staff. The Trust aims to respond to all comments within 24 hours. Patient Opinion allows us to have a direct conversation with patients and solve problems that may never have been heard through traditional routes. To date 22 changes have been made through comments left on Patient Opinion. Changes that have happened have included a review of medicine management on wards, environmental noise on wards, changes to the way a clinic is run, assistance for attendance at outpatient appointments and additional telephones for patients on wards. It is not always about solving issues, sometimes it is about reassuring patients or their relatives, please see overleaf for an example from Patient Opinion.

Original comment: Posted 31/05/2013

I need to record the deterioration of my father's health during his three months on Abinger Ward simply so consideration can be given to communication with families in similar positions still in hospital. On admission in February to East Surrey hospital, dad was diagnosed with high potassium levels, dehydration and a urine infection, he was able to transfer from his wheelchair to an arm chair. He could sit and eat dinner from a table, feeding himself. Over the last three months the doctor explained that dad has gone through "cycles of dehydration" presumably the reason why he could not be discharged sooner. Having recently transferred to Coppice Lea Nursing home it transpires that dad has bedsores on his feet and back - which was weeping and he can no longer straighten his legs. The care assistant said his teeth were very dirty and when I first visited him in the nursing home they were noticeably whiter, having got brown in hospital.

I cannot understand the level of care that would lead to this deterioration. Visiting weekly we could see the weight loss, which we began to assume was due to a medical issue. Why were we not asked to help with feeding and drinking if staff didn't have enough time to attend to him? How did he get dehydrated in hospital? Is no time taken to turn patients to avoid the ultimate in poor care - bedsores? And the dignity of having help in brushing your teeth if you can't manage is that now overlooked? I appreciate that he may have refused physio or food but doesn't there come a point when you consult us as family to help if you see a patient getting worse under your care?

We understand that the demands on staff are high these days and that dad, not having an acute condition, would not be a great priority but surely it would pay to have got him better to release the bed that was so sought after in the last days of his stay that he was transferred to Coppice Lea without our knowledge. The nursing staff were all very friendly on my visits but no one really seemed to know what was going on with him. We only wish he could have been discharged to a nursing home sooner where the level of care he now needs could be provided.

Responses

Response from Eloise Clarke , Communications Manager , Surrey and Sussex Healthcare NHS Trust on 31/05/2013 at 13:12

Dear 'Lloyds family'

I am sorry to read your comment and want to thank you for bringing your concerns to our attention. Abinger Ward Matron, Keith Middleton would like to investigate this further, and would like to talk to you. This comment is anonymous, so please can you email Keith and I with your phone number and/or email address so he can call you.

eloise.clarke@sash.nhs.uk and keith.middleton@sash.nhs.uk

Many thanks, Eloise Clarke, Communications Manager, 01737 768511 ext 6844

Update posted by Lloyds family (a relative) on 05/06/2013 at 12:10

I have just had a phone call from Tapuwa Matinya Abinger Ward Manager.

She has very kindly explained my dad's condition, the steps they took to care for him during his stay in hospital, the reasons for his loss of weight and physical condition and the efforts they took to prevent this. She also explained that he was at the point of discharge when other medical conditions concerned them and delayed this. She offered a meeting but I did not feel this necessary and I wanted to say that I am very grateful for her contact in putting me at ease over my concerns and for the nursing care that took place as they did what they could.

Thank you for helping me resolve these worries I can ask for nothing more

4. Work in partnership with our community

Improve the way people see and talk about SaSH

- Press Coverage for the Trust has been positive in June 2013 with the most press stories about the Trust being about the publication of the CQC report following their inspection visit in February. Other stories included the opening of the new Comet Ward in Crawley Hospital and our hunt for the first baby born at East Surrey Hospital to mark the opening of our new birthing unit. Nationally, both the Daily Telegraph and Daily Mail covered a story about closures of maternity units. Our Trust was highlighted as sending a maternity patient the furthest distance (to Portsmouth Hospital).
- More recently we received negative coverage in three local papers about high mortality rates on a Monday following a Freedom of Information request. The data around the mortality rates has been investigated and a response was published on the homepage of our website and in the CEO's weekly message. A radio interview be a Consultant also took pace to explain the data.

Contents

5. Become a sustainable, effective organisation

Live within our means both in year and sustainably into the future

Indicator Description	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Trigger Points	
Priority 1 - Live within our means both in year and sustainably into the future								
Overall Financial Position								
- Outturn £m Surplus / (Deficit) - Plan				0.0	0.0	0.0	For Information	
- Outturn £m Surplus / (Deficit) - Forecast				0.0	0.0	0.0	On Plan	Off Plan
- YTD £m Surplus / (Deficit) - Plan				0.0	0.0	0.0	For Information	
- YTD £m Surplus / (Deficit) - Actual				0.0	0.0	0.1	On Plan	Off Plan
- Outturn UNDERLYING £m Surplus / (Deficit) - Plan				(3.5)	(3.5)	(3.5)	For Information	
- Outturn UNDERLYING £m Surplus / (Deficit) - Actual				(3.5)	(3.5)	(3.5)	On Plan	Off Plan
- YTD Savings £m Fav / (Adverse) - Actual				0.3	0.7	1.1	On Plan	Off Plan
- OT Risk £m Surplus / (Deficit) - Assessment				(5.5)	(6.5)	(6.5)	On Plan	Off Plan
- Outturn Cash position £m Fav / (Adv) - Forecast				2.6	2.6	2.6	On Plan	Off Plan
- YTD Cash position £m Fav / (Adv) - Actual				4.6	2.2	3.4	On Plan	Off Plan
- YTD Liquid ratio - days				(9.0)	(9.0)	(9.0)	On Plan	Off Plan
- YTD BPPC (overall) value %				84%	87%	88%	On Plan	Off Plan
- YTD BPPC (overall) volume %				93%	90%	90%	On Plan	Off Plan
- Outturn Capital spend Fav / (Adv) - forecast				17.3	17.3	17.3	On Plan	Off Plan

- **At Month 3 the Trust is slightly favourable to plan with a £0.1m surplus. The forecast remains breakeven**.
- The interim budget remains in place as there is still no resolution over the allocation of the £5.5m of non recurrent funding included in that budget. The TDA and NHS England are aware and the Board will want to consider further action, perhaps during August. The risk of not receiving the funding is not significant because the alternative is cash support, but this needs resolution.
- Operational pressures in the first couple of months of the year have eased and the financial position with it. Although the divisional overspends at M02 are still prevalent they are [largely] “standing still” despite another month passing. Contract income performance is showing recovery with a much improved variance. Savings are on track with £1.1m delivered. Risk, however, remains and the Trust’s internal challenge has not delivered the level of contingency it wanted. A review of the forecast is being prepared to map out contingency options.

5. Become a sustainable, effective organisation

Live within our means both in year and sustainably into the future

- An issue has arisen over Section 251 of the Health and Social Care Act 2006 and the creation of CCGs that leaves CCGs unable to legally share patient level information to support Contract management. The financial implication is that the M01 reconciliation point (for final payment of income) has been missed by CCGs, providing risk to both CCGs and Trust.
- The cash balance was healthier at the end of M03 and has recovered from the dip at M02. There will be no cash flow problem until September but resolution of the non recurrent funding and the Contract payments will be required to ensure adequate cash to year end. Verbal confirmation of the source of cash funding for the theatres project has also been provided by the TDA in the last week.

5. Become a sustainable, effective organisation

Development of our workforce

Indicator Description	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Trigger Points	
Priority 2 - Development of our Workforce								
Establishment, Recruitment and Staff Usage								
- Total Establishment (Funded WTEs)	3381	3382	3385	3456	3453	3457	For Information	
- Total In post	2988	3001	3004	2991	2999	3023	For Information	
- Vacancy Rate (All Staff)	11.6%	11.3%	11.3%	13.5%	13.1%	12.6%	10%	12%
- WTE Worked - Bank	274	273	342	293	268	309	For Information	
- WTE Worked - Agency	100	101	111	120	100	83	For Information	
- WTE Worked - Locum	13	14	17	13	15	16	For Information	
- Staff Turnover rate	15.6%	15.0%	15.5%	15.7%	15.1%	15.5%	12%	14%
- % of Pay on agency	7.7%	7.5%	8.9%	8.5%	7.0%	6.5%	4.0%	7.3%
Sickness								
- Overall Sickness Rate	4.6%	4.6%	4.0%	3.9%	3.6%	3.6%	3.5%	4.0%
- Sickness Rate - Short Term	3.1%	2.9%	2.5%	2.2%	2.0%	2.2%	For Information	
- Sickness Rate - Long Term	1.5%	1.7%	1.5%	1.7%	1.5%	1.4%	For Information	
Appraisals and Training								
- %age of staff who have had appraisal in last 12 months	73.2%	76.2%	93.7%	89.9%	87.1%	86.2%	90%	80%
- %age of staff who have completed mandatory training in last 12 months	86.3%	87.7%	89.0%	84.5%	80.7%	81.6%	80%	70%
- %age of staff who have completed Information Governance training YTD				5%	10%	18%	26%	23%

- **The focus of work within the Trust is on continuous recruitment to our nursing vacancies and the most cost effective use of contingent workforce to ensure that the highest quality standards are maintained and deliver financial savings.**
- The Vacancy rate has reduced to 12.6% as impact of recruitment initiatives take effect this month. We are currently exploring recruitment opportunities in the north of England and Wales. The Trust is in the fortunate position of being able to offer on site accommodation which is attractive when recruiting from further afield.
- The Trust is also exploring alternative advertising and marketing techniques to assist with the recruitment of any posts in specialties which are difficult to recruit to.

5. Become a sustainable, effective organisation

Development of our workforce

- There is an encouraging shift from agency to bank use this month with agency reducing significantly to 6.5% of pay bill. Whilst it is too early to demonstrate a sustained trend, this is shows the positive impact of some of the actions taken.
- Staff Turnover increased slightly to 15.47%.
- Sickness absence has remained the same this month and is lower than the same period last year (3.7%). The summer months traditionally show lower absence rates and so the reductions over the past 4 months need to be sustained into the winter in order to achieve the 3.5% target. Mechanisms in place to support this include on-line return to work form/monitoring and increase in RTW compliance - 71% compared to 66% last year. Research supports the use of RTW meetings particularly in tackling short term absence.
- The top 3 reasons for absence are unchanged from last month (Surgery, Anxiety/stress/depression/other psychiatric illnesses followed by Gastrointestinal problems).
- Appraisal compliance has fallen again – monthly reports to managers include forward look to appraisals coming up as well as those overdue in order to improve performance.
- Conversely Mandatory training has improved – although small increases each month from April an upward trend is developing. Solutions to drive further improvements include use of Core Training Framework (Passport for MAST between organisations) e learning and use flexible timings to increase the numbers able to be accommodated on training.

5. Become a sustainable, effective organisation

Implement our plans to become an FT by 2014 and Ensure that the estate and infrastructure supports our sustainability

Surrey and Sussex NHS Healthcare NHS Trust

Indicator Description	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Trigger Points	
Priority 3 - Implement our plans to become a Foundation Trust by 2014								
FT Programme Plan				On Plan	On Plan	On Plan	On Plan	Off Plan
Priority 4 - Ensure that the estate and infrastructure supports our sustainability								
Capital Plan Implementation				On Plan	On Plan	On Plan	On Plan	Off Plan
IT Strategy Implementation				On Plan	On Plan	On Plan	On Plan	Off Plan

- The FT project board continues to meet on a six weekly basis. FT progress is also reviewed at the monthly TDA oversight meeting. The Trust is on plan to submit a next draft submission of its Integrated Business Plan and Long Term Financial Model in mid August. A date for an Exec-to-Exec meeting with the TDA is being arranged for September to agree FT milestones.
- The 2013/14 capital plan is progressing as expected:
  - Theatres Phase 1 – Progressing on plan following commencement of sub structure works in May 2013. Occupation is expected at the end of November 2013.
  - Theatres Phase 2 – the outline business case is now with the TDA with the intention of moving to procurement in August 2013.
  - Radiology – the CT Scanner suite tender was awarded and work started on 18th June. A new Gamma Camera was also installed on 24th June.
- The IT Strategy was approved by the Clinical Health Informatics Group in July 2013 and was subsequently discussed at IWC. The proposed final draft needs to be ratified by the Management Board. While the strategy is being finalised, implementation of key programmes progresses and in June the new PACS/RIS system went live and the Trust has now joined the London Procurement Programme (LPP) for the EPR re-procurement.

Contents

6. Appendices
Glossary of Terms

AMI	Acute Myocardial Infarction
C diff	Clostridium difficile
CDS	Commissioning Data Set
FFCE	First Finished Consultant Episode
H&S	Health and Safety
HSMR	Hospital Standardised Mortality Rates
LOLER	Lifting Operations and Lifting Equipment Regulations 1998
MRSA	Methicillin-Resistant Staphylococcus aureus
RACP	Rapid Access Chest Pain
RIDDOR	Reporting of Injuries, Diseases and Dangerous Occurrences Regulations
SUI	Serious Untoward Incident
TIA	Transient Ischaemic Attack
WTE	Whole Time Equivalent

6. Appendices

18 Week Waits – Breach Reasons

Admitted Pathways	Cardiology	Cardiothoracic Surgery	Dermatology	ENT	Gastroenterology	General Medicine	General Surgery	Geriatric Medicine	Gynaecology	Neurology	Neurosurgery	Ophthalmology	Oral Surgery	Other	Plastic Surgery	Rheumatology	Thoracic Medicine	Trauma & Orthopaedics	Urology	Total
Patient Choice	**0**	**0**	**0**	**1**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**1**	**0**	**2**
Patient non-cooperation (e.g. DNAs)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Patient chooses to wait longer than reasonable (as defined in local access policy)	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	**2**
Not in the patients best clinical interest	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Capacity	**2**	**0**	**0**	**5**	**0**	**0**	**40**	**0**	**1**	**0**	**0**	**4**	**1**	**5**	**0**	**0**	**0**	**22**	**4**	**84**
Insufficient capacity	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Capacity - First appointment	1	0	0	0	0	0	3	0	1	0	0	3	0	1	0	0	0	1	0	**10**
Capacity - follow up	0	0	0	0	0	0	11	0	0	0	0	0	0	0	0	0	0	2	0	**13**
Capacity - preassessment	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Capacity – Theatre	1	0	0	5	0	0	26	0	0	0	0	1	1	4	0	0	0	19	4	**61**
Hospital cancellation	**0**	**0**	**0**	**2**	**0**	**0**	**1**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**3**
Hospital cancellation of Clinic	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	**1**
Hospital cancellation - no theatre	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**1**
Hospital cancellation - no beds	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**1**
Hospital cancellation - staff absence	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Diagnostic delay	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Insufficient diagnostic capacity to deliver local standards for diagnostic tests	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Reporting delay	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Medically not fit	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Medically not fit at pre-assessment	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Not fit while awaiting admission	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Process delay	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**1**	**0**	**0**	**0**	**0**	**0**	1
Paper process delay	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	**1**
Incorrect patient demographics	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Referral vetting delay	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Postal delay	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Late transfer from another provider	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Other	0	0	0	0	0	0	2	0	0	0	0	1	0	0	0	0	0	0	3	**6**
Total	**2**	**0**	**0**	**8**	**0**	**0**	**43**	**0**	**1**	**0**	**0**	**5**	**1**	**6**	**0**	**0**	**0**	**23**	**7**	**96**

6. Appendices

18 Week Waits – Breach Reasons

Non Admitted Pathways	Cardiology	Cardiothoracic Surgery	Dermatology	ENT	Gastroenterology	General Medicine	General Surgery	Geriatric Medicine	Gynaecology	Neurology	Neurosurgery	Ophthalmology	Oral Surgery	Other	Plastic Surgery	Rheumatology	Thoracic Medicine	Trauma & Orthopaedics	Urology	Total
Patient Choice	**0**	**0**	**0**	**1**	**0**	**0**	**0**	**0**	**1**	**1**	**0**	**1**	**0**	**0**	**0**	**1**	**0**	**0**	**0**	**5**
Patient non-cooperation (e.g. DNAs)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Patient chooses to wait longer than reasonable (as defined in local access policy)	0	0	0	1	0	0	0	0	1	1	0	1	0	0	0	1	0	0	0	**5**
Not in the patients best clinical interest	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**2**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**1**	**3**
Capacity	**2**	**0**	**2**	**9**	**1**	**0**	**0**	**0**	**4**	**0**	**0**	**3**	**1**	**17**	**0**	**1**	**0**	**11**	**3**	**54**
Insufficient capacity	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Capacity – Theatre	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Capacity - First appointment	2	0	0	2	1	0	0	0	3	0	0	3	1	15	0	1	0	3	1	**32**
Capacity - follow up	0	0	2	7	0	0	0	0	1	0	0	0	0	2	0	0	0	8	2	**22**
Hospital cancellation	**0**	**0**	**1**	**3**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**2**	**2**	**0**	**0**	**0**	**0**	**0**	**8**
Hospital cancellation of Clinic	0	0	1	1	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0	**4**
Hospital cancellation - no theatre	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Hospital cancellation - no beds	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Hospital cancellation - staff absence	0	0	0	2	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0	**4**
Diagnostic delay	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Insufficient diagnostic capacity to deliver local standards for diagnostic tests	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Reporting delay	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Medically not fit	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Medically not fit at pre-assessment	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Not fit while awaiting admission	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Process delay	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Paper process delay	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Incorrect patient demographics	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Referral vetting delay	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Postal delay	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Late transfer from another provider	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Other	2	0	1	3	0	0	7	0	0	1	0	2	0	0	0	0	0	1	0	**17**
Total	**4**	**0**	**4**	**16**	**1**	**0**	**7**	**0**	**7**	**2**	**0**	**6**	**3**	**19**	**0**	**2**	**0**	**12**	**4**	**87**