

# Integrated Performance Report M06 – September 2013

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

*Putting people first*  
*Delivering excellent, accessible healthcare* 

# Performance Sept 2013

## Summary:

- The Trust has revised its performance report to align with the Trust Development Authority Measures and standards. This is reflective of the Monitor risk assessment framework which assesses Foundation Trusts in relation to the Continuity of Services and Governance conditions of Provider licences.
- 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 September for the 4<sup>th</sup> month in a row despite challenging levels of activity.
  - 18 weeks delivery remains in excess of expected standards with full speciality compliance
  - Cancer access targets continued to show under-performance in both the Breast Symptomatic pathway (cancer not suspected) and the 62 Day referral from screening pathway. Breast symptomatic under-performance was primarily driven by a high rate of patient deferrals.
- Outcome Metrics
  - Patient safety indicators continued to show expected levels of performance
  - The latest HSMR data and SHMI data both show overall trust mortality is lower than expected.
  - The Trust had no MRSA bloodstream infection cases in September. C-Diff is one case above trajectory with 16 cases YTD
  - Maternity indicators continue to show positive performance. A review of the emergency C-section rate has provided assurance to the management board that clinical practice within the division is appropriate and safe.

# Performance Sept 2013

- Quality Governance Metrics
  - The Friends and Family Test score for September 2013 for Inpatients is +76, a significant increase from performance in month 05. There has also been an increase for the Emergency Department patients with a score +69. The Trust has adopted a new methodology for collecting F&F responses but will continue with the Your Care Matters Programme which provides insight of what matters most to our patients. We use this information to drive change for a more positive experience of Trust services.
  - The Trust continues to monitor ward nursing (numbers and skill mix) on a daily basis and is assured that adequate staffing is in place. It is recognised that the level of agency temporary staff is higher than desired and significant recruitment is underway and yielding results.
- Finance
  - At Month 6 the Trust has maintained a £0.2m surplus, slightly favourable to plan. The Trust is forecasting a £0.3m surplus. Savings continue to be above the TDA plan and are now almost on the internal plan.
  - The non recurrent income/cash support remains unresolved and continues to be a significant risk to the financial position

## 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.

# Access Metrics

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

## Emergency Department

- Performance against the 4 hour target was maintained in September for the 5<sup>th</sup> month in a row despite challenging levels of activity.
- Despite the challenging levels of activity, performance has improved in month compared with month 5, the Trust continued to demonstrate sustained delivery of the 4hr target with achievement in month and quarterly performance of 96.7% the highest in type 1 performance in the local area.
- Looking forward to the winter, the Trust and its local health partners are progressing the system plan to establish over 50 community beds to reduce the number of medically fit for discharge patients in the hospital. Internal process improvements are also underway, including significant investments in 7 day services.

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## Access Metrics

- These initiatives will allow improved flow through the hospital and the Trust expects to sustain delivery of the 4 hour target throughout the winter.
- The number of ambulance handovers over 30 minutes continues to decrease and there were no handovers over 60 minutes in month. 12 hour trolley waits continued to be sustained at zero in month.

### RTT and Diagnostics

- **18 weeks delivery remains in excess of expected standards reflecting the significant work within the Trust.**
- Following the delivery of full speciality compliance in July this has been sustained through to September.
- 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 continued to perform with less than 1% of patients waiting over 6 weeks.

### Cancer Access

- **Cancer access targets continued to show under-performance in both the Breast Symptomatic pathway and the 62 referral from screening pathway**
- As forecasted we have underachieved on the the breast symptomatic (Cancer not suspected) standard for September. The pathway has been redesigned to allow more women to access services within seven days. It is expected this change will enable the Trust to deliver the target from October.

## Access Metrics

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- Although impacted by the rare issue, performance was maintained for the two week wait measure
- 62 Day Screening performance was not achieved in September 2013 with 0.5 patients breaching. The patient was booked in time however in pre-assessment they were found to have an urgent clinical issue that needed to be managed before treatment could continue.

# Outcome Metrics

Indicator Description	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Trigger Text	Trigger Points
<b>Patient Safety</b>								
No of Never Events in month	0	0	0	1	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)	92.2%	95.4%	90.3%	94.0%	91.4%	91.4%	> Target is Good	92% 87%
Safety Thermometer - % of patients with harm free care (new harm)	94.6%	97.3%	95.6%	96.8%	95.7%	95.8%		92% 87%
Percentage of patients who have a VTE risk assessment	96%	96%	95%	95%	96%	96%	> Target is Good	95% 90%
WHO Checklist Usage - % Compliance	96%	100%	100%	100%	99%	100%		For Information
Serious Incidents - No per 1000 Bed Days	0.18	0.18	0.33	0.37	0.25	0.23	< Target is Good	1.23 1.35
Number of overdue CAS and NPSA alerts					29	0	< Target is Good	0 1
<b>Mortality and Readmissions</b>								
HSMR (56 Monitored diagnoses - 12 Months)	90.2	90.2	90.2	88.2			< Target is Good	100 105
SHMI	94.5	94.5	94.5	95.7			< Target is Good	100 105
Emergency readmissions within 30 days	9.30%	8.90%	8.80%	8.60%	9.40%	7.90%	< Target is Good	10.9% 10.9%
<b>Infection Control</b>								
MRSA (incidences in month)	0	0	0	0	1	0		For Information
CDiff Incidences (incidences YTD)	3	2	1	4	2	4	< Target is Good	on plan 1 stdev
MSSA	4	2	2	0	0	2		For Information
E-Coli	25	20	19	36	27	18		For Information
<b>Maternity</b>								
C Section Rate - Emergency	15.9%	12.7%	18.5%	18.5%	20.6%	19.0%		For Information
C Section Rate - Elective	7.6%	6.2%	6.8%	7.5%	6.1%	7.1%		For Information
Maternal Deaths	0	0	0	0	0	0	< Target is Good	0 1
Admissions of full term babies to neo-natal care	5.2%	6.9%	6.9%	6.0%	5.8%	7.5%		For Information

- Final methodology of emergency readmission indicator to be agreed using SUS data
- 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 September.
- The Trust did not achieve the TDA standard of 92% for harm free care (Trust performance of 91.4%) However, when New Harm while under the care of the Trust is measured, the Trust achieved performance of 95.8%
- VTE performance and Serious incidents per 1000 bed days continued to deliver the expected standards

# Outcome Metrics

- There were no overdue CAS alerts in month.

## Mortality and Readmissions

- **The latest HSMR data and SHMI data both show overall trust mortality is lower than expected.**
- 30 day readmission rates reduced to 7.90% the lowest level year to date in September.

## Infection Control

- **There was no cases of MRSA in month. C-Diff is 1 case above the YTD trajectory at 16 cases**
- There were four C-Diff incidences in September taking the YTD total to sixteen. The Trust continues it's root cause analysis of all cases and is considering changes to the antibiotic prescribing policy.

## Maternity

- **Maternity indicators continue to show positive performance**
- There has been a sustained reduction in the elective C-Section rate since the introduction of the Birth Choices clinic. There has been a 10% increase in the vaginal birth after caesarean section rate as compared to last year. We now have a well embedded midwifery led pathway during the antenatal period for women who have had one previous C-Section
- A review of the emergency caesarean sections performed year to date found the procedures were clinically appropriate although a formal action plan will be developed for targeted action to reduce the rate where possible.



# Quality Governance Metrics

Indicator Description	Jun-13	Jul-13	Aug-13	Sep-13	Trigger Text	Trigger Points
<b>Patient Voice</b>						
Inpatients Friends & Family (Net Promoter Score)	54	64	59	76		For Information
Emergency department Friends & Family (Net Promoter Score)	50	43	45	69		For Information
Mixed Sex Breaches	0	0	0	0	< Target is Good	0
Complaints (rate per 10,000 occupied bed days)	22	35	22	28		1
<b>Workforce</b>						
Nurse to bed ratio	Calculation to be determined					For Information
% Nurses who are registered nurses	Calculation to be determined					For Information
Proportion temporary staff (clinical and non clinical)	Calculation to be determined					For Information
Overall Sickness Rate	3.6%	3.48%	3.32%	3.53%	< Target is Good	5.2%
%age of staff who have had appraisal in last 12 months	86.2%	90.0%	91.6%	84.5%		5.7%
Staff Turnover rate	15.5%	15.1%	15.1%	14.5%		For Information

\* TDA indicators in relation to nursing staff and temporary staff will be reported in later months once methodology has been confirmed

## Patient Voice

- As previously discussed and agreed by The Board we have changed our approach to collecting Friends and Family data. As a consequence the Net Promoter Score (NPS) in each area has risen significantly. However as a result of this change response rates have fallen by over 50% in ED and work is underway to improve these rates. The principal reason for the fall is that we are no longer able to send patients reminders to undertake the survey once they have returned home. This reminder accounted for well over half of all respondents in ED when the Friends and family question was part of the Your Care Matters survey.
- The drop in the number of patients taking part in the Your Care Matters survey means that the number of staff commendations has also dropped – from 183 in August for inpatients to 126 in September, and from 118 for ED in August to 64 in September.

## Quality Governance Metrics

- We plan to look at how two surveys can be explained to patients at the same time. In some inpatient wards staff are keen to give the Your Care Matters cards as well as the single Friends and Family card and this is being trialled. Other options may also need to be devised
- As part of the launch of the Maternity questionnaire we have been working closely with staff on Burstow ward to develop a process that works best for them and maximises our response rate. There is now an iPad in the Discharge Lounge area of Burstow, as well as hard copies of the questionnaire. This combination is working well at improving the response rate among maternity patients being discharged from hospital.
- A patient newsletter is in its final draft form. This will be produced at regular intervals and will be a vehicle to inform patients and visitors of changes that have been made as a result of patient feedback. It will also serve to provide readers with news of their hospital.
- As part of the national roll-out of Friends and Family it is anticipated that the survey will be extended to day cases, outpatients and staff in 2014.
- The number of complaints per 10,000 occupied bed days has increased slightly in month as compared with month 5. The Trust is targeting the quality of complaints responses to reduce the number of open cases and give a better experience to the complainant. From the 1<sup>st</sup> of October the Trust will be able to monitor and track reasons why cases may take longer than agreed to close and to identify any themes and trends that may arise.

### Workforce

- Staff Turnover has fallen to below 15% first time in 13 months, as the impact of our continuous nurse recruitment programme begins to take effect.
- The fall in Trust's appraisal and MAST compliance this month is in line with seasonal trends – this is however being followed up with Divisions.
- Although sickness absence shows a small increase the month the overall downward trend continues. The top reason for absence is unchanged with Gastrointestinal problems overtaking Anxiety/stress/depression/other psychiatric illnesses this month

# Finance

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

- At Month 6 the Trust has maintained a £0.2m surplus, slightly favourable to plan. The Trust is forecasting a £0.3m surplus. Savings continue to be above the TDA plan and are now almost on the internal plan.
- The non recurrent income/cash support remains unresolved and continues to be a significant risk to the financial position . For month 6 the Non recurring funding has been assumed – this will be revisited at month 7. The Board is aware of correspondence with the TDA.
- The financial position remains balanced at month 6 – with underspends offsetting pressures being seen within the clinical divisions related to activity.
- The Trust's current income and activity position, and year end forecast, still shows significant over performance against CCG plans. There has been progress on reconciling activity and income with CCGs and agreeing over performance payments, with invoices to the value of £3.6m raised in October but with disputes over part of the M04 reconciliation and the readmission.
- With the discussions over the non-recurrent funding still going on, the Trust has applied for temporary cash borrowing while these issues are worked through.
- The cash balance has dropped again, now £1.7m, but remains above plan. Cash management remains challenging for the above reasons