

Integrated Performance Report M07 – October 2013

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Brighton and Sussex Medical School**

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Performance Oct 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 October for the 6th month in a row
 - 18 weeks delivery remains in excess of expected standards with full speciality compliance for RTT targets
 - Cancer access: Under performance on the Breast symptomatic indicator has now been resolved with performance in October of 97.3%
- 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 no MRSA bloodstream infection cases in September. C-Diff is two cases above trajectory with 19 cases YTD
 - Maternity indicators continue to show positive performance .
- Quality Governance Metrics
 - The Friends and Family Test score for October 2013 for Inpatients is +72 and for the Emergency department is +64.
 - 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 Oct 2013

- Finance
 - The overall Trust position at month 7 remains a £0.2m surplus which is slightly favourable to plan. The forecast is a £0.3m surplus, while savings are above plan with £5.1m (46%) achieved to date.
 - The Trust is close to a resolution regarding the non recurrent income, and cash support has been provided in the short term as temporary borrowing. The resolution will allow the breakeven interim budget to be affirmed as final.
- Key Risks
 - Quality - C-Diff and 18 weeks specialty compliance
 - Finance – Readmissions audit, C Diff fines 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	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Trigger Text	Trigger Points
Emergency Department								
ED 95% in 4 hours	96.8%	99.1%	98.5%	95.4%	96.3%	96.2%	> 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		For Information
Ambulance Turnaround - Number Over 60 mins			0	2	0	3		For Information
18 Weeks RTT								
RTT Admitted - 90% in 18 weeks	91.8%	94.0%	95.9%	97.0%	96.6%	94.6%	> Target is Good	90% 85%
RTT Non Admitted - 95% in 18 weeks	96.8%	97.0%	97.6%	97.4%	96.5%	97.5%	> Target is Good	95% 90%
RTT Incomplete Pathways - % under 18 weeks	97.2%	96.8%	96.6%	97.8%	97.6%	96.6%	> 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	0.0%	0.2%	0.9%	0.9%	0.1%	0.0%	< 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	93.1%	95.2%	94.0%	93.0%	93.0%	93.8%	> Target is Good	93% 88%
Cancer - TWR Breast Symptomatic	87.5%	94.0%	89.0%	84.9%	86.2%	97.3%	> Target is Good	93% 88%
Cancer - 31 Day Second or Subsequent Treatment (SURGERY)	94.1%	100.0%	94.0%	94.4%	96.0%	94.7%	> 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	97.8%	97.4%	99.0%	97.8%	97.5%	96.6%	> Target is Good	96% 91%
Cancer - 62 Day Referral to Treatment from Screening	100.0%	100.0%	83.0%	88.9%	88.8%	80.0%	> Target is Good	90% 85%
Cancer - 62 Day Urgent Referral	86.0%	85.8%	86.0%	86.1%	85.0%	88.4%	> Target is Good	85% 80%

Emergency Department

- **Performance against the 4 hour target was maintained in October for the 6th month in a row despite challenging levels of patient acuity.**
- There was continued reduction in the number of ambulance handover delays over 30 minutes but there were three delays over 60 minutes. 12 hour trolley waits continued to be sustained at zero in month.
- Looking forward to the winter, the Trust and its local health partners are now implementing the system plan to establish additional community capacity in order 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 and embedding of trust-wide Professional Standards.

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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.

RTT and Diagnostics

- 18 weeks delivery remains in excess of expected standards reflecting the significant work within the Trust over the past 12 months.
- Following the delivery of full speciality compliance in July this has been sustained through to October. However, a growth in the number of patients waiting over 18 weeks for admitted care in orthopaedics, will mean non-compliance in this speciality indicator in November and December
- 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 0% of patients waiting over 6 weeks for their diagnostic appointment.

Cancer Access

- Following several months of under-performance, the Trust has now achieved the breast symptomatic (Cancer not suspected) standard. As well as a significant reduction in patient deferrals, the Trust has implemented a number of enhancements to the Breast Service that were identified when investigating the under-performance of this service.
- 62 Day Screening performance was not achieved in October 2013 with 0.5 patients breaching (out of 2.5 treatments).

Outcome Metrics

Indicator Description	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Trigger Text	Trigger Points
Patient Safety								
No of Never Events in month	0	0	1	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)	95.4%	90.3%	94.0%	91.4%	91.4%	89.5%	> Target is Good	92% 87%
Safety Thermometer - % of patients with harm free care (new harm)	97.3%	95.6%	96.8%	95.7%	95.8%	94.7%	> Target is Good	92% 87%
Percentage of patients who have a VTE risk assessment	96%	95%	95%	96%	96%	96%	> Target is Good	95% 90%
WHO Checklist Usage - % Compliance	100%	100%	100%	99%	100%	99%	For Information	
Serious Incidents - No per 1000 Bed Days	0.18	0.33	0.37	0.25	0.26	0.24	< Target is Good	1.23 1.35
Number of overdue CAS and NPSA alerts				29	0	1	< Target is Good	0 1
Mortality and Readmissions								
HSMR (56 Monitored diagnoses - 12 Months)	94.8	93.8	92.1	90.8			< Target is Good	100 105
SHMI	94.5	94.5	95.7	95.7			< Target is Good	100 105
Emergency readmissions within 30 days	8.90%	8.80%	8.60%	9.40%	7.90%	7.30%	< Target is Good	10.9% 10.9%
Infection Control								
MRSA (incidences in month)	0	0	0	1	0	0	For Information	
CDiff Incidences (incidences YTD)	2	1	4	2	4	3	< Target is Good	on plan 1 stdev
MSSA	2	2	0	0	2	1	For Information	
E-Coli	20	19	36	27	18	31	For Information	
Maternity								
C Section Rate - Emergency	12.7%	18.5%	18.5%	20.6%	19.0%	17.3%	For Information	
C Section Rate - Elective	6.2%	6.8%	7.5%	6.1%	7.1%	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	6.9%	6.9%	6.0%	5.8%	7.5%	8.0%	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 89.5%). The key driver behind this was 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 94.7%.
- VTE performance and Serious incidents per 1,000 bed days continued to deliver the expected standards.
- There was 1 overdue CAS alert at the end of October which is being closed in November.

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 reduced to 7.30% in October, the lowest level year to date.

Infection Control

- There were no cases of MRSA in month, however there has been a case in early November – details of the RCA will be available next month.
- There were three C-Diff incidences in October taking the YTD total to nineteen. 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 are providing an on site review at SaSH.

Maternity

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

Quality Governance Metrics

Indicator Description	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-12	Trigger Text	Trigger Points
Patient Voice								
Inpatients Friends & Family (Net Promoter Score)	51	54	64	59	76	72		For Information
Emergency department Friends & Family (Net Promoter Score)	64	50	43	45	69	64		For Information
Mixed Sex Breaches	0	0	0	0	0	0	< Target is Good	0
Complaints (rate per 10,000 occupied bed days)	30	22	35	22	31	23		For Information
Workforce								
Overall Sickness Rate	3.6%	3.6%	3.48%	3.32%	3.53%	3.83%	< Target is Good	5.2%
%age of staff who have had appraisal in last 12 months **	87.1%	86.2%	90.0%	91.6%	84.5%	83.1%		For Information
Staff Turnover rate	15.1%	15.5%	15.1%	15.1%	14.5%	14.8%		For Information

** Indicator definition and methodology currently being reviewed

Patient Voice

- October was the second month of the revised data collection method for the Friends and Family Test. The Net promoter score for Inpatients was +72 and for ED was +64.
- Following a reduction in the response rate in September, the response rate for the single FFT question for inpatient wards has increased from 21% of patients to 31% and for the Emergency Department from 5.4% to 6.4%. Work is on-going to improve the response rates.
- October is the first month that FFT scores for Maternity have been uploaded to Unify as test data. The first publication of the maternity data is due to be February 2014
- The number of complaints per 10,000 occupied bed days has decreased in October. The Trust is targeting the quality of complaints responses to reduce the number of open cases and give a better experience to the complainant. Since the 1st of October the Trust has been tracking reasons why complaints may take longer than agreed to close. Initial themes are around resource capacity and recruitment is to take place in November in order to provide administration support to enhance the closure of complaints within the defined timescale.

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 increased again this month and is however lower than the same period last year (4.4%) 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	YTD	Trigger Basis
	M01	M02	M03	M04	M05	M06	M07	RAG	
Overall Financial Position									
- Outturn £m Surplus / (Deficit) - Plan	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	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		
- YTD £m Surplus / (Deficit) - Actual	0.0	0.0	0.1	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)		
- Outturn UNDERLYING £m Surplus / (Deficit) - Actual	(3.5)	(3.5)	(3.5)	(3.5)	(3.5)	(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	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)	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	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	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)	A	Red is <(15) days Green is >15 days
- YTD BPPC (overall) value £m	84%	87%	88%	89%	87%	81%	80%	R	Red is <85% Green is >95%
- YTD BPPC (overall) volume £m	93%	90%	90%	90%	90%	84%	82%	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	G	Red is <£(0.5m) adv to plan

- The overall Trust position at month 7 remains a £0.2m surplus which is slightly favourable to plan. The forecast is a £0.3m surplus, while savings are above plan with £5.1m (46%) achieved to date.
- The Trust is close to a resolution regarding the non recurrent income, and cash support has been provided in the short term as temporary borrowing. The resolution will allow the breakeven interim budget to be affirmed as final.
- The position remains on plan through the use of reserves and central underspends. The financial position worsened at Month 7 with confirmation of a reduced level of non-contract income and continued overspending within the majority of clinical divisions. Pre-emptive action was taken in month with the introduction of cost-controls and escalated action with Divisions (including over elective activity).
- The Contractual reconciliation process (which confirms income to be physically paid) for months 1 to 4 has been completed and cash paid by CCGs, however, the contractual process remains difficult.

Finance

- 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). Further financial risk comes from the infection control measure for C.diff incidence, which year to date is adverse to trajectory – the fine for this is calculated at year end and if this position does not improve will be between £1.0m and £1.8m.
- The cash balance has dropped further to £1.1m, and is slightly below plan. Cash management remains challenging, and the Trust is waiting for confirmation of capital cash in December.