Management Board – 27th March 2013
Trust Board – 28th March 2013

Integrated Quality and Performance Report (IQPR)

M11 – February 2013

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An Associated University Hospital of Brighton and Sussex Medical School

Quality and Performance M11 – February 2013

Summary:

- For February 2013 the Trust is expecting to be rated as "Performing" for the Quality of Services based on the following ratings for Quality domains:
    - Integrated Measures – Performing
    - CQC Registration – Performing
    - User Experience – Performance Under Review
- Within the Integrated measures, aggregate 18 weeks and DTOC targets continued to show delivery of performing standards and the Emergency Department four hour target maintained performing levels following a dip in performance in December 2012.
- The Mixed Sex Accommodation and 62 urgent referral Cancer targets are now performing.
- There were two new cases of C-Diff and no reported cases of MRSA in February

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.

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1. National Quality of Services Measures
Overview

- This section of the report outlines the Trust's performance for Quality of Services under the Department of Health Performance Framework.
- For February 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
August 2012	Performing	Performing (2.82)	Performance Under Review	**Performing**
September 2012	Performing	Performing (2.67)	Performance Under Review	**Performing**
October 2012	Performing	Performing (2.75)	Performance Under Review	**Performing**
November 2012	Performing	Performing (2.82)	Performance Under Review	**Performing**
December 2012	Performing	Performing (2.60)	Performance Under Review	**Performing**
January 2013	Performing	Performing (2.71)	Performance Under Review	**Performing**
February 2013	Performing	Performing (2.89)	Performance Under Review	**Performing**

- The Trust continues to be rated as Performing for the CQC registration domain and the remainder of this section sets out the Trust's position for the Integrated Measures and User Experience domains.

1. National Quality of Services Measures
Integrated Measures

Surrey and Sussex NHS Healthcare NHS Trust

- **For February 2013, the Trust is forecasting an in-month score of 2.89 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	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Trigger Text	Trigger Point 1	Trigger Point 2
ED 95% in 4 hours	98%	98%	98%	92%	95%	95%	> Target is Good	95%	94%
MRSA Incidences - In Month (Trust acquired)	0	1	0	0	1	0	< Target is Good	On plan	1Std Dev
C Diff Incidences - In Month (Trust acquired)	1	2	3	1	4	2	< Target is Good	On plan	1Std Dev
RTT Admitted - 90% in 18 weeks	90.8%	91.2%	92.4%	92.0%	91.1%	91.2%	> Target is Good	90%	85%
RTT Non Admitted - 95% in 18 weeks	95.5%	95.3%	96.0%	95.8%	96.9%	96.8%	> Target is Good	95%	90%
RTT Incomplete Pathways - %age under 18 weeks	92.1%	93.7%	93.7%	94.0%	94.3%	95.0%	> Target is Good	92%	87%
RTT - No of Specialties not achieving standards	10	11	5	4	4	3	< Target is Good	0	20
%age of patients waiting 6 weeks or more for diagnostic	5.8%	0.2%	0.6%	0.99%	0.2%	0.0%	< Target is Good	1%	5%
Cancer - TWR	92.6%	94.7%	95.0%	95.7%	93.8%	96.2%	> Target is Good	93%	88%
Cancer - Breast Symptomatic (2 Week Wait)	93.0%	96.3%	93.7%	98.8%	93.4%	98.7%	> Target is Good	93%	88%
Cancer - 31 Day Second or Subsequent Treatment (SURGERY)	100.0%	98.3%	96.6%	100.0%	96.6%	95.2%	> 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 Decision to Treatment	98.0%	98.0%	96.8%	100.0%	96.9%	99.0%	> Target is Good	96%	91%
Cancer - 62 Day Referral to Treatment from Screening	90.0%	78.0%	70.0%	75.0%	85.7%	87.5%	> Target is Good	90%	85%
Cancer - 62 Day Urgent Referral	85.3%	87.1%	88.9%	88.4%	76.1%	85.4%	> Target is Good	85%	80%
Delayed Transfers of Care (%age of bed days)	2.9%	1.7%	1.7%	2.9%	2.7%	2.2%	< Target is Good	3.5%	5.0%
Mixed Sex Breaches per FCE	0.0%	0.0%	0.0%	0.0%	0.10%	0.0%	< Target is Good	0.0%	0.5%
VTE Assessment on Admission	90.5%	91.5%	90.0%	91.0%	92.7%	93.1%	> Target is Good	90%	80%

1. National Quality of Services Measures
Integrated Measures

Significant points of note regarding performance include:

- Following under-performance in December, the Emergency Department target was achieved for a second month with performance against the four hour standard of 95%.
- There were no incidences of MRSA and two incidences of C-Diff during February resulting in C-Diff being 15 cases below the straight line YTD trajectory and MRSA 0.25 cases above the YTD trajectory.
- RTT performance continued as expected with the 90% Admitted, 95% non-admitted and 92% incompletes measures all being achieved in aggregate.
- Following a period of sustained delivery the Cancer 62 Day Standard was “Under Performing” in January 2012, however the position has been recovered and it is now in the performing category.
- Delayed Transfers of Care continued to be below the 3.5% standard.
- Following sustained delivery of zero mixed sex accommodation breaches, there was one mixed sex event (7 patient breaches) during January, putting the Trust in the “Performance Under Review” category for this measure. Processes to avoid breaches have been re-enforced with the relevant teams and performance has returned to normal levels (0.00%) in this reporting period.

1. National Quality of Services Measures
Integrated Measures - 18 Weeks and Diagnostics

18 weeks and Diagnostics Indicators	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Trigger Text	Trigger Point 1	Trigger Point 2
RTT Admitted - 90% in 18 weeks	90.8%	91.2%	92.4%	92.0%	91.1%	91.2%	> Target is Good	90%	85%
RTT Non Admitted - 95% in 18 weeks	95.5%	95.3%	96.0%	95.8%	96.9%	96.8%	> Target is Good	95%	90%
RTT Incomplete Pathways - %age under 18 weeks	92.1%	93.7%	93.7%	94.0%	94.3%	95.0%	> Target is Good	92%	87%
RTT - No of Specialties not achieving standards	10	11	5	4	4	3	< Target is Good	0	20
%age of patients waiting 6 weeks or more for diagnostic	5.8%	0.2%	0.6%	0.99%	0.2%	0.0%	< Target is Good	1%	5%

- The Trust continued to achieve the 90% Admitted target in February with three non compliant specialties - General Surgery, Dermatology and Other (while Oral Surgery was below 90% this is excluded from failing specialities due to the low number of treatments in month).
- The trust also continued to achieve the Non-admitted target in M11 with no non compliant specialties.
- The Incomplete target of 92% was also achieved, with the highest performance year to date, and for the first time all specialties were compliant on this measure reflecting the on-going work to reduce the number of patients over 18 weeks on incomplete pathways.
- The diagnostic target was achieved in February for the fifth month since the adverse performance in September.

Action	Person Responsible	Timeline	Monitoring Body
Ongoing RTT specialty level recovery plans and PTL processes	Divisional ADs	Ongoing	Elective Care Oversight Committee

1. National Quality of Services Measures

Integrated Measures – Cancer

Cancer Indicators	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Trigger Text	Trigger Point 1	Trigger Point 2
Cancer - TWR	92.6%	94.7%	95.0%	95.7%	93.8%	96.2%	> Target is Good	93%	88%
Cancer - Breast Symptomatic (2 Week Wait)	93.0%	96.3%	93.7%	98.8%	93.4%	98.7%	> Target is Good	93%	88%
Cancer - 31 Day Second or Subsequent Treatment (SURGERY)	100.0%	98.3%	96.6%	100.0%	96.6%	95.2%	> 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 Decision to Treatment	98.0%	98.0%	96.8%	100.0%	96.9%	99.0%	> Target is Good	96%	91%
Cancer - 62 Day Referral to Treatment from Screening	90.0%	78.0%	70.0%	75.0%	85.7%	87.5%	> Target is Good	90%	85%
Cancer - 62 Day Urgent Referral	85.3%	87.1%	88.9%	88.4%	76.1%	85.4%	> Target is Good	85%	80%
Delayed Transfers of Care (%age of bed days)	2.9%	1.7%	1.7%	2.9%	2.7%	2.2%	< Target is Good	3.5%	5.0%
Mixed Sex Breaches per FCE	0.0%	0.0%	0.0%	0.0%	0.10%	0.0%	< Target is Good	0.0%	0.5%
VTE Assessment on Admission	90.5%	91.5%	90.0%	91.0%	92.7%	93.1%	> Target is Good	90%	80%

- **Following sustained delivery of all Cancer standards except 62 Day Screening, there was adverse Performance in January 2013 with the 62 Day Urgent referral standard not being achieved. However performance has returned to expected levels in February.**
- The 62 Day Screening target performance of 87.5% remains an area of focus. Underperformance is a result of 0.5 breaches out of 3 accountable patients.

Action	Person Responsible	Timeline	Monitoring Body
Robust monitoring and management of demand and capacity issues by Cancer Services team and escalation through PTL	Cancer Services Manager / Divisional Service Managers	Ongoing	Elective Care Oversight Committee

1. National Quality of Services Measures
User Experience

User Experience Indicators	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Trigger Text	Trigger Point 1	Trigger Point 2
User Experience - Patient Opinion									
Patient Opinion - %age that would recommend SaSH	77%	79%	80%	78%	76%	76%	> Target is Good	80%	70%
User Experience - NHS Choices									
NHS Choices - would recommend SaSH	58%	60%	61%	67%	3.5	3.5	> Target is Good	80%	70%
NHS Choices - Cleanliness (Score out of 5)	4	4	4	3.5	4	4	> Target is Good	5	4
NHS Choices - Hospital staff worked well together (Out of 5)	4	4	4	4	4	4	> Target is Good	5	4
NHS Choices - Treated with Dignity and respect (Out of 5)	4	4	4	4	4	4	> Target is Good	5	4
NHS Choices - Involved in decisions about care	3	3	3	4	4	4	> Target is Good	5	4
NHS Choices - Provision of same Sex	4	4	4	4	4	4	> Target is Good	5	4
Inpatients Survey									
Your care Matters- Response Rate			16%	14%	17%	12%	> Target is Good	18%	15%
Your care Matters - Friends & Family (Net Promoter Score)				34	31	52	Trigger to be confirmed		
Your care Matters - Access and Waiting					75	78	Trigger to be confirmed		
Your care Matters - Safe, High qualtiy coordinated care					61	68	Trigger to be confirmed		
Your care Matters - Better Information, More Choice					64	70	Trigger to be confirmed		
Your care Matters - Building Closer Relationships					80	88	Trigger to be confirmed		
Your care Matters - Clean, comfortable and friendly place to be					76	79	Trigger to be confirmed		

- Patient Opinion and NHS Choices continue to highlight areas where patient experience is not achieving the internal standards expected with a slight reduction in January that has been sustained into February for the Patient Opinion percentage of patients that would recommend SaSH. The NHS Choices system has been revised to an overall score out of 5 for which the Trust has achieved 3.5.
- The Your Care Matters inpatient survey continues to be well received with improvements in all areas of the survey. It should be noted that the response rate in February is lower than prior months as the Trust reviewed the processes for reminding patients to complete the survey which resulted in a decrease in the response rate. Patients can still complete the survey so the response rate can still improve and the survey results will be amended retrospectively to reflect the most up to date position.
- The national Friends and Family Test results are calculated using an underlying "Net Promoter Score" 'which takes the proportion of patients who would strongly recommend minus those who would not recommend, or who are indifferent to give a score from -100 to +100. The Friends and Family Test score for February 2013 for the Trust is +51. This is based on 190 responses.

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2. Internal Quality of Service and Workforce Measures

Mortality, Readmissions and Safety

Mortlity, Readmissions and Safety Indicators	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Trigger Text	Trigger Point 1	Trigger Point 2
Mortality									
HSMR (rolling 12 Months)	85.8	85.8	91.3	90.7			< Target is Good	100	105
HSMR (Rolling 3 Months)	90.2	85.7	88.1	88.6			< Target is Good	100	105
Readmissions									
Emergency Readmission within 3 day of discharge - post Elective	0.5%	0.6%	0.5%	0.2%	0.2%	0.6%	Trigger to be confirmed		
Emergency Readmission within 3 day of discharge - post Non Elect	2.7%	3.8%	4.1%	4.1%	3.8%	3.3%	Trigger to be confirmed		
Emergency Readmission within 30 day of discharge - post Elective	2.9%	3.0%	3.0%	3.0%	1.9%	3.1%	Trigger to be confirmed		
Emergency Readmission within 30 day of discharge - post Non Elect	14.2%	14.2%	13.7%	14.2%	13.6%	13.5%	Trigger to be confirmed		
Other Safety Measures									
No of Never Events in Month	0	0	0	0	0	0	< Target is Good	0	1
Newly acquired Pressure Ulcers (Grade 2 and above)	12	16	11	9	7	8	< Target is Good	15	25
No of falls reported as clinical incidents	71	84	88	75	106	68	< Target is Good	70	80
No of falls resulting in fracture/head injury	1	0	1	1	6	4	< Target is Good	0	1
Number of medication errors resulting in an adverse event	8	0	2	1	1	3	< Target is Good	0	2

Falls and medication data continues to be updated following the publication of the IQPR with restatement of prior month values where required.

- Overall mortality as measured by HSMR continues to be below 100 on both a 3 and 12 month basis reflecting the Trust having a lower than expected mortality rate. The latest SHMI data published in January showed a SHMI value of 0.93 reflecting there being less deaths than the number expected.
- There has been a slight increase in the post elective readmission rates. It is expected as data quality issues are resolved the re-admission rates will move towards the rates seen in the detailed reviews carried out internally and externally.
- There were no Never Events reported in February.
- There was one grade 3 and no grade 4 pressure damage in February 2013. Work is on-going with ward and specialist teams to eliminate all avoidable cases.
- The number of falls has decreased this month. The has been an increased level of performance monitoring and training / intervention by the reconfigured falls team while a new strategy being developed.

2. Internal Quality of Service and Workforce Measures

Infection Control

Infection Control Indicators	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Trigger Text	Trigger Point 1	Trigger Point 2
MRSA Incidences - In Month (Trust acquired)	0	1	0	0	1	0	< Target is Good	On plan	1Std Dev
C Diff Incidences - In Month (Trust acquired)	1	2	3	1	4	2	< Target is Good	On plan	1Std Dev
MSSA (Trust Acquired)	0	1	1	1	1	2	For monitoring		
Hand Hygiene compliance	98%	100%	99%	100%	99%	100%	> Target is Good	100%	95%
E Coli	31	16	24	29	18	17	For monitoring		

- There was no incidences of MRSA and two incidences of C-Diff during February 2013 (three MRSA and twenty four C-Diff YTD). Using the DH rating system this places the Trust as Performing for C-Diff and MRSA
- The number of Cdiff infection is less than half of reported cases for the same time period last year (April - February)
- The infection control task force continue their focus on good 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.

2. Internal Quality of Service and Workforce Measures

Emergency Department

Emergency Department Indicators	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Trigger Text	Trigger Point 1	Trigger Point 2
ED 95% in 4 hours	98%	98%	98%	92.4%	95%	95%	> Target is Good	95%	94%
Time to Treatment - Median (minutes)	22	22	20	19	18	19	< Target is Good	45 mins	60mins
Patients Waiting in ED for over 12 hours following DTA	0	0	0	0	0	0	< Target is Good	0	1
Unplanned re-attendance rate (within 7 days)	4.8%	5.1%	5.1%	4.7%	5.0%	5.0%	< Target is Good	4%	5%
Rate of patients leaving without being seen	3.0%	2.2%	1.8%	2.0%	1.7%	1.7%	< Target is Good	4%	5%
Ambulance Handover within 15 mins	36%	35%	38%	36%	36%	36%	Trigger to be confirmed		
Ambulance Handover within 60 mins	99%	98%	98%	97%	99%	99%	Trigger to be confirmed		

- **Performance against the 4 hour target returned to Performing for the second month following the under-performance in December.**
- Median time to treatment continues to be maintained at a better than expected levels.
- A seven Consultant rota is now in operation, increasing senior cover in the department during the evenings and at weekends.
- The re-attendance within seven days target continues to show improved levels compared to July and August. Data quality around planned re-attendances continues to be resolved and performance monitored.
- Ambulance Handover times remain key areas for targeted improvement and issues around data quality of the external system have now been escalated to senior levels for resolution.

Action	Person Responsible	Timeline	Monitoring Body
Reduce LOS to further reduce bed occupancy and provide increased flexibility to avoid any delay in admission.	Director of Operations	On-going	Management Board

2. Internal Quality of Service and Workforce Measures

Stroke and TIA Care

Surrey and Sussex NHS Healthcare NHS Trust

Stroke and TIA Care Indicators	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Trigger Text	Trigger Point 1	Trigger Point 2
Stroke Patients Scanned within 1 hour of Hospital Arrival	47%	53%	31%	58%	64%	57%	> Target is Good	50%	40%
Stroke Patients Scanned within 24 hour of Hospital Arrival	94%	100%	97%	100%	100%	98%	> Target is Good	100%	90%
%age of patients admitted directly to a ASU within 4 hours of arrival	67%	59%	46%	47%	55%	39%	> Target is Good	90%	80%
Stroke - 90% or more of time spent on stroke unit	82%	71%	73%	50%	80%	60%	> Target is Good	80%	70%
Stroke/TIA - High risk TIA treated within 24 hours	100%	100%	87%	79%	81%	74%	> Target is Good	60%	50%
Stroke HSMR (Rolling 12 Months)	103.1	105.5	102.6	101.3			< Target is Good	100	105
Stroke HSMR (Rolling 3 Months)	90.2	87.8	89.1	103.3			< Target is Good	100	105

Prior month stroke data has been restated as part of a quarterly update undertaken with the stroke network.

- **Performance against the 90% stay on the Stroke unit reduced in February, following the positive performance in January, as a result of operational pressures including noro virus which impacted the Trust as well as the re-hab facilities provided in the community.**
- Access to the Acute stroke unit within 4 hours also suffered following improvements in January as a result of the operational pressures at the Trust.
- The TIA 7 day a week service also continues to perform much better than target.
- While 3 month rolling mortality showed an adverse movement, the 12 month rolling HSMR continued to decline and the HSMR data for December will be reviewed in detail.

Action	Person Responsible	Timeline	Monitoring Body
Reduce LOS to further reduce bed occupancy and provide increased flexibility to avoid any delay in admission / admission to other wards.	Director of Operations	On-going	Management Board
Review all stroke admissions, outliers and fast track bed availability every day and escalate to senior management team where required.	Stroke Service Manager	On-going	Divisional Board

2. Internal Quality of Service and Workforce Measures
Fractured Neck of Femur

Surrey and Sussex NHS Healthcare NHS Trust

Fractured Neck of Femur Indicators	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Trigger Text	Trigger Point 1	Trigger Point 2
Admission to #NOF ward within 4 hours	76%	86%	78%	64%	40%	49%	> Target is Good	85%	80%
Operation within 36 hours	74%	89%	91%	89%	86%	84%	> Target is Good	85%	80%
Operation within 48 hours	83%	100%	98%	98%	90%	93%	> Target is Good	85%	80%
#NOF Mortality (rolling 12 months)	107.0	104.9	91.3	87.7			< Target is Good	100	105
#NOF Mortality (rolling 3 months)	96.4	88.9	92.8	93.8			< Target is Good	100	105

- **While access to Newdigate within 4 hours improved in February, this still remained below expectations.**
- Of the forty three hip fractures in month, twenty seven (63%) were operated on within twenty four hours. Forty patients had procedures within forty eight hours and the remaining three patients were medically unfit. The thirty six hour target was narrowly missed and there was an abnormal amount of medical reasons that caused delays (e.g patients requiring respiratory treatment in HDU prior to Surgery)
- For the second month, mortality on both a 12 and 3 month rolling basis were both below 100, reflecting the expectations discussed in prior months when #NOF mortality was flagged as an outlier by external organisations.

Action	Person Responsible	Timeline	Monitoring Body
Continue to embed the #NoF pathway and review capacity and configuration of orthopedic wards to accommodate demand.	Chief of Surgery/Divisional Chief Nurse	On-going	Daily Bed Meetings
Reduce LOS to further reduce bed occupancy and provide increased flexibility to avoid any delay in admission / admission to other wards.	Director of Operations	On-going	Management Board

2. Internal Quality of Service and Workforce Measures
Maternity

Maternity Indicators	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Trigger Text	Trigger Point 1	Trigger Point 2
C-Section Rate	36.7%	32.0%	29.0%	25.0%	22.1%	27.9%	< Target is Good	23%	28%
1 to 1 care in labour	76%	80%	85%	83%	83%	84%	> Target is Good	100%	80%
Breastfeeding Initiation	82%	81%	82%	81%	82%	83%	> Target is Good	85%	70%
Women seen by midwife within 12 weeks and 6 days	92%	90%	98%	98%	99%	98%	> Target is Good	90%	80%

- C-Section performance increased to 27.9% as a result of an increase in the number of Emergency CS in month, The Women & Children (WaCh) team continue to clinically review all Caesarean sections on a monthly basis and to embed aims and objectives of the service within all staff members to ensure appropriate management of all elective and non-elective cases. The Clinical Review has produced its final report in draft which shows there is clear evidence of the Trust's commitment to ensuring that clinically appropriate care is provided.
- 1:1 Care in labour performance remained at 84% in February 2013. The consultation on the on-call hospital midwifery system to address peaks in activity (Helping Hands Initiative) has been completed and the service commences in April.
- Work has been done with all maternity staff to promote breast feeding initiation including placing infant feeding specialists into theatres to assist post C-Section. The Breast Feeding Specialists are available by bleep to improve communication and improvement is expected (the national average is 70%). In a review of the Baby Friendly initiative for which breastfeeding is a key component the Trust was above the national average.

Action	Person Responsible	Timeline	Monitoring Body
Improve 1 -1 in established labour - Midwifery audit Real time user reports. Promote use of Birthing Unit	Head of Midwifery and Child Health, Chief Nurse and Medical Director	On-going	Divisional Board

2. Internal Quality of Service and Workforce Measures

Clinical Audit and Effectiveness

Surrey and Sussex NHS Healthcare NHS Trust

Clinical Audit and Effectiveness Indicators	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Trigger Text	Trigger Point 1	Trigger Point 2
% of audit programme started	53%	62%	67%	68%	71%	80%	> Target is Good	8% Per Mon	5% Per Mon
% of completed audits with agreed action plans	78%	77%	78%	69%	73%	76%	> Target is Good	90%	75%
No of NICE guidelines without a statement of compliance	3	2	1	1	0	2	> Target is Good	0	1
% of non or partially compliant NICE guidelines	16%	16%	16%	16%	16%	16%	For monitoring		

- The trust has fallen slightly behind the plan for 100% completeness of the audit programme by the end of the year.
- The number of NICE guidelines without a statement of compliance has risen to 2 (Venous Thromboembolic diseases; Sickle Cell Acute painful episode) due to compliance statements not being received from the Medical Division within the agreed timescales.
- The overall percentage of non or partially compliant NICE guidelines remains static at 16%. Divisions have been reminded to review and update compliance where applicable by mid-March.

Action	Person Responsible	Timeline	Monitoring Body
Review all NICE statements of compliance and provide updates	Divisional Chiefs	March 2013	Quality & Risk Divisional Board
To confirm level of compliance against two outstanding NICE clinical guidelines	Chief for Medicine	March 2013	Quality & Risk Divisional Board

2. Internal Quality of Service and Workforce Measures

Workforce

Workforce Indicators	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Trigger Text	Trigger Point 1	Trigger Point 2
Total Establishment**	3,383	3,366	3,371	3,368	3,381	3,382	Closer to Target is Good	3366 +/-2.5%	+/-5%
Total In post	2,977	2,975	3,000	2,981	2,988	3,001	Closer to Target is Good	2973 +/-2.5%	+/-5%
Vacancy Rate	12.0%	11.6%	11.0%	11.5%	11.6%	11.3%	Closer to Target is Good	10%	12%
Total WTE bank staff	295.5	258.1	270.7	243.2	274.1	273.0	Closer to Target is Good	144	151
Total WTE agency staff	72.1	75.3	87.1	104.1	99.6	101.1	< Target is Good	46	48
WTE Worked - Locum	8.7	10.7	14.2	12.4	13.0	13.7	< Target is Good	16	17
Staff Turnover Rate	15.50%	15.53%	15.72%	15.51%	15.59%	15.01%	Closer to Target is Good	12%	14%
Sickness absence rate	3.53%	4.51%	4.48%	4.52%	4.59%	4.59%	< Target is Good	3.5%	4.5%
% of staff who have completed mandatory training in last 12 months	80.4%	81.7%	85.8%	87.7%	86.3%	87.7%	> Target is Good	80%	70%
% of staff who have completed mandatory training YTD	42.8%	51.1%	62.2%	70.0%	73.8%	81.3%	> Target is Good	80% (FY)	70% (FY)
% of staff who have been appraised in last 12 months	56.7%	56.5%	64.9%	70.6%	73.2%	76.2%	> Target is Good	90%	80%
% of staff who have been appraised YTD	24.0%	30.5%	41.1%	50.7%	58.8%	69.8%	> Target is Good	90% (FY)	80% (FY)
% of staff due to be apprasied in month who have been apprasied		51.6%	76.0%	113.0%	95.0%	147.0%	> Target is Good	100%	95%

**includes planned contingent workforce (bank agency and locum)

Vacancy rate is difference between total establishment (which includes bank agency and locum) and staff in post – not all establishment will be recruited into to allow for flexibility (planned contingent workforce to be no more than 10% of Total establishment). Please note that monthly establishment triggers realigned to funded establishment in November.

- The Trust has achieved its 80% target for completion of mandatory training by the end of the financial year
- Actions identified last month have had a positive effect on appraisal activity with services overachieving in order to catch up with overdue appraisals.
- Staff turnover fell slightly, however it is too early to say whether the continued priority actions around recruitment and retention have been successful.
- The increase in contingent workforce, is due to the increased demand for sickness cover linked to absence for gastrointestinal reasons and the need to bring in additional staff to cope with increased capacity in the hospital.
- Sickness absence is unchanged from last month and is following the seasonal trend for increased absence in the winter months. Gastrointestinal continues to be the main reason for absence with colds and flu remaining second.

2. Internal Quality of Service and Workforce Measures
Workforce

Surrey and Sussex NHS Healthcare NHS Trust

Action	Person Responsible	Timeline	Monitoring Body
Absence Management _ - Performance management of sickness levels in Divisions at monthly meetings. - Targeted absence management training to managers has been delivered by HR BP's. - On line RTW forms on Firstcare introduced email prompts for follow up meetings and actions enable managers to track staff being managed under Trust policy.	Chiefs of Service and HR Business Partners	On-going Completed	Divisional Performance Meetings
Vacancy Level – Nursing - Monthly nursing recruitment days in operation since September. - Recruitment event in Ireland yielded 11 nurse appointments, further overseas events planned. - Exit interviews undertaken in high turnover areas by Divisional Chief Nurse and HR Business Partner. - Divisional Chief Nurses have this work as one of their top priorities and are producing a Recruitment & Retention plan with clear timescales as to adverts, interviews and appointments.	Divisional Chief Nurses, HRBP's	On-going	Weekly performance meetings
Appraisals - Additional refresher training and drop-in sessions planned during Feb-13, - Poster campaign throughout Trust, - Dedicated appraisal day, - Targeted emails to managers and reminders attached to payslips. - Reports on overdue appraisals to Managers and HRBP's. - Action plans to bring compliance into line required and monitored through Performance meetings	Brenda Chiremba Chiefs of Service and HR Business Partners	)) Completed)) On-going	HR Governance & Strategy Meeting Divisional Performance Meetings

2. Internal Quality of Service and Workforce Measures

Research and Development

Clinical Research Indicators	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Trigger Text	Trigger Point 1	Trigger Point 2
Number of Studies recruiting - all	26	27	28	27	28	31	For monitoring		
Number of studies recruiting - commercial only	2	2	1	2	2	2	For monitoring		
Recruitment target (National Research Portfolio) - Interventional	103	118	141	151	158	187	> Target is Good	206 (FY)	195(FY)
Recruitment target (National Research Portfolio) - Non - Interventional	310	326	352	362	370	389	> Target is Good	318 (FY)	302 (FY)

- High quality national (NIHR) portfolio studies and commercial research studies are our top priority. There is a rigorous and competitive site selection process for all commercial studies. Companies choose sites which are able to ensure prompt study set up and delivery of research recruits. Time to first patient recruited (expected within 30 days of study start up) and ability to reach research targets is monitored at local (CLRN) and national level.

- The Trust currently has thirty one recruiting studies, including two commercial studies (paediatrics and rheumatology). Due to unresolved problems with temperature control in trials medicine storage area within pharmacy, recruitment to the paediatric study cannot start. We are in discussion with sponsors about 3 new commercial studies (cardiology, dermatology and diabetes). Four new non commercial studies opened in February (Paediatrics, respiratory, diabetes)

Surrey and Sussex Healthcare NHS Trust

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3. Action and Risk Log
Risk Log

Risk	KPI's Impacted
Emergency activity in ED and insufficient Medical Emergency bed capacity	ED [A&E], 18 wks(non-admitted), cancelled ops, FNoF, MSA
D&V outbreaks causing ward closures	ED [A&E], 18 wks(non-admitted), cancelled ops, FNoF, MSA
Continued reliance on escalation beds and medical patients being managed in the non medical bed base.	ED [A&E], 18 wks.(non-admitted)
Variable volumes of trauma being admitted at once	FNoF
Registered Nurse and HCA vacancies in the core inpatient wards	Inpatient Quality and Safety measures

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4. 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

4. 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**	**0**	**0**	**0**	**1**	**0**	**1**	**0**	**0**	**0**	**0**	**1**	**0**	**0**	**0**	**0**	**0**	**3**
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	0	0	0	1	0	1	0	0	0	0	1	0	0	0	0	0	**3**
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	**1**	**0**	**9**	**4**	**0**	**0**	**39**	**0**	**0**	**0**	**0**	**8**	**5**	**18**	**0**	**0**	**0**	**22**	**5**	**111**
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	0	0	1	0	0	0	0	0	0	0	0	4	0	3	0	0	0	0	0	**8**
Capacity - follow up	0	0	0	0	0	0	6	0	0	0	0	0	0	0	0	0	0	3	0	**9**
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	8	4	0	0	33	0	0	0	0	4	5	15	0	0	0	19	5	**94**
Hospital cancellation	**0**	**0**	**0**	**2**	**0**	**0**	**5**	**0**	**0**	**0**	**0**	**1**	**0**	**2**	**0**	**0**	**0**	**0**	**0**	**10**
Hospital cancellation of Clinic	0	0	0	2	0	0	1	0	0	0	0	1	0	1	0	0	0	0	0	**5**
Hospital cancellation - no theatre	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	**1**
Hospital cancellation - no beds	0	0	0	0	0	0	3	0	0	0	0	0	0	1	0	0	0	0	0	**4**
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**	**2**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**2**
Paper process delay	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	**2**
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	1	0	0	0	0	0	0	0	0	0	0	0	0	**1**
Other	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0	**2**
Total	**1**	**0**	**9**	**6**	**1**	**0**	**46**	**0**	**1**	**0**	**0**	**11**	**5**	**21**	**0**	**0**	**0**	**23**	**5**	**129**

4. 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	**1**	**0**	**4**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**6**	**0**	**4**	**0**	**1**	**0**	**1**	**1**	**18**
Patient non-cooperation (e.g. DNAs)	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**1**
Patient chooses to wait longer than reasonable (as defined in local access policy)	1	0	3	0	0	0	0	0	0	0	0	6	0	4	0	1	0	1	1	**17**
Not in the patients best clinical interest	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**1**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**1**	**2**
Capacity	**4**	**0**	**1**	**10**	**2**	**0**	**6**	**0**	**1**	**0**	**0**	**14**	**0**	**8**	**0**	**0**	**0**	**13**	**4**	**63**
Insufficient capacity	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	**1**
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	4	0	1	4	1	0	2	0	1	0	0	13	0	7	0	0	0	7	2	**42**
Capacity - follow up	0	0	0	6	1	0	4	0	0	0	0	1	0	1	0	0	0	6	1	**20**
Hospital cancellation	**0**	**0**	**0**	**1**	**0**	**0**	**0**	**0**	**0**	**1**	**0**	**3**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**5**
Hospital cancellation of Clinic	0	0	0	1	0	0	0	0	0	1	0	1	0	0	0	0	0	0	0	**3**
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	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	**2**
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	0	0	0	1	0	0	5	0	0	0	0	1	0	0	0	0	0	0	0	**7**
Total	**5**	**0**	**5**	**12**	**2**	**0**	**11**	**0**	**2**	**1**	**0**	**24**	**0**	**12**	**0**	**1**	**0**	**14**	**6**	**95**