Management Board – 30th January 2013
Trust Board – 31st January 2013

Surrey and Sussex NHS Healthcare NHS Trust

Integrated Quality and Performance Report (IQPR)

M09 – December 2012

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An Associated University Hospital of Brighton and Sussex Medical School

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Quality and Performance M09 – December 2012

Summary:

- For December 2012 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, Mixed Sex Accommodation and DTOC targets continue to show sustained delivery of performing standards.
- There was 1 new case of C-Diff and no MRSA cases in December

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.
- For November 2012 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
July 2012	Performing	Performing (2.89)	Under Performing	**Performance Under Review**
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**

- 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 each the Integrated Measures and User Experience domains.

1. National Quality of Services Measures
Integrated Measures

Surrey and Sussex NHS Healthcare NHS Trust

- **For December 2012, the Trust is forecasting an in-month score of 2.60 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.

Indicator	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Trigger Text	Trigger Point 1	Trigger Point 2
ED 95% in 4 hours	98%	99%	98%	98%	98%	92%	> Target is Good	95%	94%
MRSA Incidences - In Month (Trust acquired)	0	0	0	1	0	0	< Target is Good	On plan	1Std Dev
C Diff Incidences - In Month (Trust acquired)	2	1	1	2	3	1	< Target is Good	On plan	1Std Dev
RTT Admitted - 90% in 18 weeks	91.6%	91.4%	90.8%	91.2%	92.4%	92.0%	> Target is Good	90%	85%
RTT Non Admitted - 95% in 18 weeks	95.3%	95.8%	95.5%	95.3%	96.0%	95.8%	> Target is Good	95%	90%
RTT Incomplete Pathways - %age under 18 weeks	93.4%	93.6%	92.1%	93.7%	93.7%	94.0%	> Target is Good	92%	87%
RTT - No of Specialties not achieving standards	13	11	10	11	5	4	< Target is Good	0	20
%age of patients waiting 6 weeks or more for diagnostic	0.2%	0.1%	5.8%	0.2%	0.6%	0.99%	< Target is Good	1%	5%
Cancer - TWR	94.0%	93.0%	92.6%	94.7%	95.0%	95.7%	> Target is Good	93%	88%
Cancer - Breast Symptomatic (2 Week Wait)	95.2%	93.0%	93.0%	96.3%	93.7%	98.8%	> Target is Good	93%	88%
Cancer - 31 Day Second or Subsequent Treatment (SURGERY)	96.3%	100.0%	100.0%	98.3%	96.6%	100.0%	> 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	96.8%	98.7%	98.0%	98.0%	96.8%	100.0%	> Target is Good	96%	91%
Cancer - 62 Day Referral to Treatment from Screening	88.9%	75.0%	90.0%	78.0%	70.0%	75.0%	> Target is Good	90%	85%
Cancer - 62 Day Urgent Referral	86.2%	90.4%	85.3%	87.1%	88.9%	88.4%	> Target is Good	85%	80%
Delayed Transfers of Care (%age of bed days)	2.4%	1.4%	2.9%	1.7%	1.7%	2.9%	< Target is Good	3.5%	5.0%
Mixed Sex Breaches per FCE	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	< Target is Good	0.0%	0.5%
VTE Assessment on Admission	92.5%	91.2%	90.5%	91.5%	90.0%	91.0%	> Target is Good	90%	80%

1. National Quality of Services Measures
Integrated Measures

Surrey and Sussex NHS Healthcare NHS Trust

Significant points of note regarding performance include:

- Winter pressures adversely effected ED performance in month.
- There were no incidence of MRSA and one incidences of C-Diff during December resulting in C-Diff being 14.25 cases below the straight line YTD trajectory and MRSA 0.25 below the YTD trajectory.
- RTT performance continued as expected with the 90% Admitted, 95% non-admitted and 92% incompletes measures all being achieved in aggregate.
- Delayed Transfers of Care continued to be below the 3.5% standard.
- Following achievement of no mixed sex breaches for the first time in July, this performance was sustained into December.

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

Indicator	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Trigger Text	Trigger Point 1	Trigger Point 2
RTT Admitted - 90% in 18 weeks	91.6%	91.4%	90.8%	91.2%	92.4%	92.0%	> Target is Good	90%	85%
RTT Non Admitted - 95% in 18 weeks	95.3%	95.8%	95.5%	95.3%	96.0%	95.8%	> Target is Good	95%	90%
RTT Incomplete Pathways - %age under 18 weeks	93.4%	93.6%	92.1%	93.7%	93.7%	94.0%	> Target is Good	92%	87%
RTT - No of Specialties not achieving standards	13	11	10	11	5	4	< Target is Good	0	20
%age of patients waiting 6 weeks or more for diagnostic	0.2%	0.1%	5.8%	0.2%	0.6%	0.99%	< Target is Good	1%	5%

- The Trust continued to achieve the 90% Admitted target in December and the number of non compliant specialties for this measure decreased to one (Oral Surgery is not counted due to the low number of treatments carried out). Recovery plans for speciality level compliance have been agreed with commissioners but will see on-going non-compliance for specific specialties over coming months.
- The trust also continued to achieve the Non-admitted target in M09 with only two specialties being non-compliant (General Surgery and Ophthalmology) and, where appropriate, recovery actions are being agreed.
- The Incomplete target of 92% was also achieved with only one specialty being non-compliant (General Surgery), bringing the overall number of RTT specialties not achieving standards to four.
- The diagnostic target was achieved in December for the third month since the adverse performance in September.

Action	Person Responsible	Timeline	Monitoring Body
Daily tracking of patients awaiting radiology diagnostics and use of temporary additional capacity to clear backlog	Acting AD for CSS /Radiology	Ongoing	Weekly PTL

1. National Quality of Services Measures

Integrated Measures – Cancer

Indicator	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Trigger Text	Trigger Point 1	Trigger Point 2
Cancer - TWR	94.0%	93.0%	92.6%	94.7%	95.0%	95.7%	> Target is Good	93%	88%
Cancer - Breast Symptomatic (2 Week Wait)	95.2%	93.0%	93.0%	96.3%	93.7%	98.8%	> Target is Good	93%	88%
Cancer - 31 Day Second or Subsequent Treatment (SURGERY)	96.3%	100.0%	100.0%	98.3%	96.6%	100.0%	> 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	96.8%	98.7%	98.0%	98.0%	96.8%	100.0%	> Target is Good	96%	91%
Cancer - 62 Day Referral to Treatment from Screening	88.9%	75.0%	90.0%	78.0%	70.0%	75.0%	> Target is Good	90%	85%
Cancer - 62 Day Urgent Referral	86.2%	90.4%	85.3%	87.1%	88.9%	88.4%	> Target is Good	85%	80%

June 62 Day Cancer will show as 84.8% in Open Exeter Cancer system due to late submission of data by tertiary providers. True performance is 86.6%.

- **All Cancer targets except for 62 Day Screening were achieved in December 2012.**
- The 62 Day Screening target performance was the result of two patients (0.5 shared breach each Worthing Screening Centre and Surrey Bowel Screening Centre) who could not be treated within 62 days as a result of delays in patients moving onto SaSH pathways.
- Work with Worthing over screening pathways is on-going.

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	Weekly PTL
Agreement of timelines for cross organisation screening pathway with Worthing	Chief Operating Officer	Ongoing	Cancer Board

1. National Quality of Services Measures
User Experience

Surrey and Sussex NHS Healthcare NHS Trust

Indicator Description	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Trigger Text	Trigger Point 1	Trigger Point 2
User Experience - Patient Opinion									
Patient Opinion - %age that would recommend SaSH			77%	79%	80%	78%	> Target is Good	80%	70%
User Experience - NHS Choices									
NHS Choices - %age that would recommend SaSH	57%	57%	58%	60%	61%	67%	> Target is Good	80%	70%
NHS Choices - Cleanliness (Score out of 5)	4	4	4	4	4	3.5	> 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	3	3	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%	16%	> Target is Good	18%	15%
Internal Real Time Monitoring - Other									
Outpatients - East Surrey Hospital	64	75	67	75	68	67	> Target is Good	90	85
Outpatients - Crawley Feedback rating	72	65	77	61	66	78	> Target is Good	90	85
Emergency Department	90	93	92	93	91	94	> Target is Good	90	85
Maternity Services	87	91	88	89	76	91	> Target is Good	90	85

- The Trust has begun its three month 'Your Care Matters' inpatient survey. This is a new approach to collecting feedback from our patients. The aim is to increase the robustness of patient feedback data and hence its reliability. Results will be available at ward level and can be aggregated to Divisional level and tracked over time. Data from the survey will be turned around faster allowing the Trust to respond to the needs of patients in a more timely manner.
- The response rate to the 'Your care matters' survey has increased . There is a time lag in reporting the data; figures for previous months will be updated to reflect the most accurate position.
- RTM survey results in maternity have returned to expected levels in December.
- Outpatient feedback continues to be "Red" rated and additional focus is being put on the uptake of the RTM machines in outpatients where the adverse performance is the reflection of a very small sample of patients.

1. National Quality of Services Measures
User Experience

- The use of the Patient Opinion website has continued to increase as a result of the publicity actions the Trust has taken, with 78% of patients saying they would recommend the Trust. Although the number of respondents on NHS choices remains lower than hoped, the percentage of NHS Choices users who would recommend SASH has been increasing month on month since August. For the month of December 67% of respondents would recommend the Trust. This result is based on feedback since the start of the NHS Choices system.

Action	Person Responsible	Timeline	Monitoring Body
Improvements on performance measures which impact user experience e.g. RTT, Cancellations, ED.	Chief Operating Officer	On-going	Management Board

Contents

2. Internal Quality of Service and Workforce Measures

Mortality, Readmissions and Safety

Surrey and Sussex NHS Healthcare NHS Trust

Indicator Description	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Trigger Text	Trigger Point 1	Trigger Point 2
Mortality									
HSMR (rolling 12 Months)	94.1	92.4	85.8	85.8			< Target is Good	100	105
HSMR (Rolling 3 Months)	86.2	91.0	90.2	85.7			< Target is Good	100	105
Readmissions									
Emergency Readmission within 3 day of discharge - post Elective	0.5%	0.5%	0.5%	0.6%	0.5%	0.2%	Trigger to be confirmed		
Emergency Readmission within 3 day of discharge - post Non Elect	3.8%	3.7%	2.7%	3.8%	4.1%	4.1%	Trigger to be confirmed		
Emergency Readmission within 30 day of discharge - post Elective	3.3%	3.5%	2.9%	3.0%	3.0%	3.0%	Trigger to be confirmed		
Emergency Readmission within 30 day of discharge - post Non Elect	15.0%	14.8%	14.2%	14.2%	13.7%	14.2%	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)	14	11	12	16	11	11	< Target is Good	15	25
No of falls reported as clinical incidents	79	72	72	85	86	75	< Target is Good	70	80
No of falls resulting in fracture/head injury	0	1	1	0	1	1	< Target is Good	0	1
Number of medication errors resulting in an adverse event	5	2	0	0	2	0	< 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.
- A readmission audit was conducted under PbR guidance, clinically led and relied on the review and challenge of detailed patient records. The results indicate the 2.5% of all readmissions are avoidable . Recent publication of Quality accounts show a similar range of 5%-8% of avoidable admissions at other comparable organisations. The audit provides significant assurance that 30-day readmissions at SASH are being counted correctly and are clinically appropriate.
- There were no never events reported in December. In addition there was no grade 3 or 4 pressure damage.

2. Internal Quality of Service and Workforce Measures
Mortality, Readmissions and Safety

Surrey and Sussex NHS Healthcare NHS Trust

- There has been a transition from paper reporting to DATIXWEB. Moving to a web based system has allowed the Trust to eliminate the time lag in reporting and have a faster response rate. From 1st February all incidents must be reported online and the paper form will be discontinued Falls and medication error data have been updated for previous months. Falls remain above expected levels with on-going actions within the Nursing workforce.

2. Internal Quality of Service and Workforce Measures
Infection Control

Indicator Description	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Trigger Text	Trigger Point 1	Trigger Point 2
MRSA Incidences - In Month (Trust acquired)	0	0	0	1	0	0	< Target is Good	On plan	1Std Dev
C Diff Incidences - In Month (Trust acquired)	2	1	1	2	3	1	< Target is Good	On plan	1Std Dev
MSSA (Trust Acquired)	1	1	0	1	1	1	For monitoring		
Hand Hygiene compliance	98%	99%	98%	100%	99%	100%	> Target is Good	100%	95%
E Coli	30	22	31	16	24	29	For monitoring		

- There was no incidence of MRSA and one incidence of C-Diff during December 2012 (two MRSA and eighteen C-Diff YTD). Using the DH rating system this places the Trust as Performing for C-Diff and MRSA
- Both MRSA and C-diff have seen significant improvements. The number of MRSA cases has reduced by over half as compared with the same period YTD last year and there have been 18 cases of C-diff YTD compared to 39 cases in the same period last year.
- The infection control task force continue their increased focus on good antimicrobial stewardship, driven primarily by the hospital's medical staff and pharmacists which is reflected by significant improvements over recent months in compliance with the monthly Good Antimicrobial Prescribing (GAP) audits.

Action	Person Responsible	Timeline	Monitoring Body
Embed the new anti-microbial prescribing policy within all Departments with new antimicrobial guidelines to be issued	Medical Director	On Going	Infection Control Task Force
Embed consistent diligence in the prevention, management and monitoring of MRSA in the hospital for Compliance to report back to CQC	Medical Director	On-going	Infection Control Task Force

2. Internal Quality of Service and Workforce Measures

Emergency Department

Surrey and Sussex NHS Healthcare NHS Trust

Indicator Description	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Trigger Text	Trigger Point 1	Trigger Point 2
ED 95% in 4 hours	98%	99%	98%	98%	98%	92.4%	> Target is Good	95%	94%
Time to Treatment - Median (minutes)	29	26	22	22	20	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)	5.9%	5.9%	5.2%	5.4%	5.1%	4.9%	< Target is Good	4%	5%
Rate of patients leaving without being seen	2.9%	2.5%	3.0%	2.2%	1.8%	2.0%	< Target is Good	4%	5%
Ambulance Handover within 15 mins	60%	55%	36%	35%	38%	36%	Trigger to be confirmed		
Ambulance Handover within 60 mins	99%	99%	99%	98%	98%	97%	Trigger to be confirmed		

- **Unfortunately performance against the 4 hour target deteriorated in December due to winter pressures.**
- Median time to treatment continues to be maintained at a good performance level.
- 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 of below 5% has now been achieved and there is on going work to reduce this further.
- Ambulance Handover times and the embedding of a 'see and treat' model remain key areas of focus, there has been improvements made and we are working with external partners on resolving further issues. It should be noted that data quality / system issues are being managed with SECAmb, the owners of the system. Performance remains static and we have introduced an on site practitioner from SECAmb to support the handover process, this is being well received by all.
- The Majors area of the ED refurbishment is now complete and fully functioning and the majority of corridor areas are also complete. There remains some smaller areas to be revised due to flooring issues, but these have been put on hold due to winter pressures. The refurbishment of the Resuscitation area has been agreed and a schedule of works is waiting to be reviewed.

2. Internal Quality of Service and Workforce Measures

Emergency Department

Surrey and Sussex NHS Healthcare NHS Trust

Action	Person Responsible	Timeline	Monitoring Body
Continuous review of arrivals and receiving process to ensure new facilities and senior decision making is maximized to improve quality of service for patients.	Department Lead	On-going	ED Quality Board
Reduce LOS to further reduce bed occupancy and provide increased flexibility to avoid any delay in admission.	Director of Operations	On-going	Patient Flow Steering Group
Work with Commissioners around CQUIN and the Audacious Goals for 2012/13 to understand issues behind recent increases in ED attendances and emergency admissions and any consequential service risk.	Chief Operating Officer	On-going	Management Board, CQPM

2. Internal Quality of Service and Workforce Measures

Stroke and TIA Care

Surrey and Sussex NHS Healthcare NHS Trust

Indicator Description	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Trigger Text	Trigger Point 1	Trigger Point 2
Stroke Patients Scanned within 1 hour of Hospital Arrival	29%	51%	47%	53%	31%	58%	> Target is Good	50%	40%
Stroke Patients Scanned within 24 hour of Hospital Arrival	100%	100%	94%	100%	97%	100%	> Target is Good	100%	90%
%age of patients admitted directly to a ASU within 4 hours of arrival	67%	60%	67%	59%	46%	47%	> Target is Good	90%	80%
Stroke - 90% or more of time spent on stroke unit	81%	77%	82%	71%	73%	50%	> Target is Good	80%	70%
Stroke/TIA - High risk TIA treated within 24 hours	100%	94%	100%	100%	87%	79%	> Target is Good	60%	50%
Stroke HSMR (Rolling 12 Months)	118.1	106.3	103.1	105.5			< Target is Good	100	105
Stroke HSMR (Rolling 3 Months)	103.3	124.4	90.2	87.8			< Target is Good	100	105

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

Performance Needing Improvement

- Performance against the direct admissions within 4 hours and time spent on the Acute Stroke Unit metrics has suffered again this month due to the Norovirus outbreak that affected the stroke ward. The reduction in community services over the festive period also contributed to discharge delays

Performance Improving

- The scanning of patients within 1 hour has improved significantly with better engagement from the Emergency Department and Radiology teams.
- Stroke mortality (rolling 12 months) performance dropped but is forecast to improve by the end of Q3.

Performance Excelling

- The TIA 7 day a week service continues to perform much better than target.
- Stroke mortality (rolling 3 months) achieved the best performance so far this year.

2. Internal Quality of Service and Workforce Measures

Stroke and TIA Care

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 Performance
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 Performance Board
Ensure the Stroke Pathway and escalation processes are adhered to.	Stroke Team and Site Management Team	On-going	Divisional Performance Board
Ensure that the Stroke Team and Site Management Team work collaboratively to ensure there is a fast track bed available.	Stroke Service Manager	On-going	Divisional Performance Board
Radiation Protection Committee to ratify the non-medical referrer policy to enable stroke nurses to request CT head scans.	Radiology Lead	December 2012	Divisional Performance Board
Monthly validation of stroke deaths, including a review of palliative care input and coding.	Stroke Lead	On-going	Divisional Performance Board
Emergency and Radiology Leads to review CT pathway and implement recovery plan.	Emergency Department and Radiology Leads	January 2013	Divisional Performance Board

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

Surrey and Sussex NHS Healthcare NHS Trust

Indicator Description	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Trigger Text	Trigger Point 1	Trigger Point 2
Admission to #NOF ward within 4 hours	60%	52%	76%	86%	78%	64%	> Target is Good	85%	80%
Operation within 36 hours	87%	88%	74%	89%	91%	89%	> Target is Good	85%	80%
Operation within 48 hours	95%	89%	83%	100%	98%	98%	> Target is Good	85%	80%
#NOF Mortality (rolling 12 months)	130.6	119.5	107.0	104.9			< Target is Good	100	105
#NOF Mortality (rolling 3 months)	85.3	102.0	96.4	88.9			< Target is Good	100	105

- While both targets for time to theatre were achieved in December, there was a further deterioration in the Admission to Newdigate within 4 hours target. As highlighted in in last months IQPR and along covered under stroke, this is driven by bed pressures as a result of Noro virus / Winter.
- Mortality remains above expectations on a rolling 12 month basis, but the number of deaths has decreased over the last 12 months and the 3 month HSMR was below 100 in October (the latest available data).

Action	Person Responsible	Timeline	Monitoring Body
Continue to embed the #NoF pathway for admission to ward within 4 hours as part of the Daily Planning Meetings with the on-site Team	Director of Operations	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.	Chief Operating Officer	On-going	Management Board

2. Internal Quality of Service and Workforce Measures

Maternity

Indicator Description	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Trigger Text	Trigger Point 1	Trigger Point 2
C-Section Rate	26.2%	22.0%	29.7%	26.3%	36.7%	32.0%	29.0%	25.0%	< Target is Good	23%	28%
1 to 1 care in labour	78%	79%	79%	80%	76%	80%	85%	83%	> Target is Good	100%	80%
Breastfeeding Initiation	83%	81%	83%	80%	82%	81%	82%	81%	> Target is Good	85%	70%
Women seen by midwife within 12 weeks and 6 days	94%	94%	92%	92%	92%	90%	98%	98%	> Target is Good	90%	80%

The figure reported for C-section varies from that reported in the maternity dashboard. This is due to a difference in calculation. The calculation used in this report is based on the number of discharges in month.

- C-Section performance reduced to 25% in December. 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 VBAC (Vaginal Birth After Caesarean) pathway has been implemented and is working well. The Clinical Review has produced its interim report in draft which shows there is clear evidence of the Trust's commitment to ensuring that clinically appropriate care is provided to women during childbirth. The Trust is awaiting further regional guidance on the management of women who request a C-Section and refuse to engage with the pathway.
- 1:1 Care in labour performance deteriorated to 83% in December 2012. Since this is directly linked to the ratio of midwives to women delivered and peaks in activity, improvement is not expected until recruitment takes place in the coming months the department is currently advertising for 6 WTE midwives The on-call hospital midwifery system to address peaks in activity is due to start towards the end of January 2013.
- 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 Specialist 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.

2. Internal Quality of Service and Workforce Measures

Maternity

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	Service user reporting sent to Board Develop a trajectory for the BU

2. Internal Quality of Service and Workforce Measures

Clinical Audit and Effectiveness

Indicator Description	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Trigger Text	Trigger Point 1	Trigger Point 2
% of audit programme started	43%	58%	53%	62%	74%	77%	> Target is Good	8% Per Mon	5% Per Mon
% of completed audits with agreed action plans	72%	65%	78%	77%	78%	69%	> Target is Good	90%	75%
No of NICE guidelines without a statement of compliance	15	5	3	2	1	1	> Target is Good	0	1
% of non or partially compliant NICE guidelines	16%	16%	16%	16%	16%	16%	For monitoring		

- The trust remains on target for progress against this years audit programme and efforts continue to ensure all audits have agreed action plans.
- The number of NICE guidelines without a statement of compliance is now one. This is a surgical guideline and has been addressed in January.
- The overall percentage of non or partially compliant NICE guidelines remains static at 16%. Over the next month, Divisions will be provided with a full list of these guidelines in order to review and update compliance where applicable.

Action	Person Responsible	Timeline	Monitoring Body
Complete all overdue NICE statements of compliance and ensure robust divisional processes in place	Divisional Chief for Surgery	December 2012	Quality & Risk Divisional Board

2. Internal Quality of Service and Workforce Measures

Research and Development

Indicator Description	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Trigger Text	Trigger Point 1	Trigger Point 2
Number of Studies recruiting - all	29	26	26	27	28	27	For monitoring		
Number of studies recruiting - commercial only	3	2	2	2	1	2	For monitoring		
Recruitment target (National Research Portfolio) - Interventional	70	103	103	118	141	151	> Target is Good	206 (FY)	195(FY)
Recruitment target (National Research Portfolio) - Non - Interventional	229	257	310	326	352	362	> 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 twenty seven recruiting studies, including two commercial studies (paediatrics and rheumatology). Five new non commercial studies are being set up and will be open for recruitment within the next 2 months. We are in discussion with sponsors about 2 new commercial studies (cardiology and dermatology)
- Business planning for 2013/14 research activity, resources and external funding is now complete and we await confirmation of funding

2. Internal Quality of Service and Workforce Measures

Workforce

`	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Trigger Text	Trigger Point 1	Trigger Point 2
Total Establishment**	3,382	3,383	3,383	3,366	3,371	3,368	Closer to Target is Good	3371 +/-2.5%	+/-5%
Total In post	2,972	2,993	2,977	2,975	3,000	2,981	Closer to Target is Good	2973 +/-2.5%	+/-5%
Vacancy Rate	12.1%	11.5%	12.0%	11.6%	11.0%	11.5%	Closer to Target is Good	10%	12%
Total WTE bank staff	277.3	278.5	295.5	258.1	270.7	243.2	Closer to Target is Good	144	151
Total WTE agency staff	82.5	62.8	72.1	75.3	87.1	104.1	< Target is Good	50	53
WTE Worked - Locum	19.2	15.9	8.7	10.7	14.2	12.4	< Target is Good	16	17
Staff Turnover Rate	14.66%	14.90%	15.50%	15.57%	16.11%	15.51%	Closer to Target is Good	12%	14%
Sickness absence rate	3.75%	3.86%	3.53%	4.51%	4.48%	4.52%	< Target is Good	3.5%	4.5%
% of staff who have completed mandatory training in last 12 months	76.8%	80.5%	80.4%	81.7%	85.8%	87.7%	> Target is Good	80%	70%
% of staff who have been appraised in last 12 months	63.3%	58.2%	56.7%	56.5%	64.9%	70.6%	> Target is Good	90% (FY)	80% (FY)
% of staff who have completed mandatory training YTD	30.3%	35.5%	42.8%	51.1%	62.2%	70.0%	> Target is Good	80% (FY)	70% (FY)
% of staff who have been appraised YTD	13.6%	19.4%	24.0%	30.5%	41.1%	50.7%	> Target is Good	90% (FY)	80% (FY)
% of staff due to be apprasied in month who have been apprasied				51.6%	76.0%	100.0%	> Target is Good	100%	95%

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.

- Appraisal rate has moved into green for the first time and although services need to continue to over perform in order to catch up with outstanding appraisals this is an encouraging sign.
- Establishment and staff in in post figures show reductions in line with business and savings plans following the realignment of monthly targets to planned funded establishment.
- Vacancy rate has fallen slightly, however given continued high turnover this is unlikely to be sustained.
- Higher use of contingent workforce, is due to increased demand for sickness cover linked to gastrointestinal reasons.
- Overall sickness rate fell slightly this month and also when compared to last year. This is despite the high incidence of sickness absence for gastrointestinal reasons which have increased significantly (59% increase in days lost for this reason compared to the same period last year). Colds and flu remain second highest reason for absence.
- Staff turnover continues to rise. Q3 is traditionally a slower period for new joiners, however impact on nursing recruitment is being monitored by Recruitment and Retention Group. Please note correction to Octobers figure – previous Workforce slide incorrectly showed turnover for Corporate Services instead of overall Trust figure.

2. Internal Quality of Service and Workforce Measures
Workforce

Surrey and Sussex NHS Healthcare NHS Trust

- Completion of mandatory training remains on plan to achieve 90% compliance by year end.
- Appraisals carried out this month remain below target. Whilst fewer staff are due an appraisal in the first part of the year, data capture and prioritising of appraisals remains a priority for the HR Business Partners and Education & Training Department.

Action	Person Responsible	Timeline	Monitoring Body
Nurse Recruitment - Task and finish group established - meeting fortnightly to progress high impact actions for regular recruitment and selection episodes, prioritising areas of highest nurse vacancies. Explore innovative solutions and link with reputation and marketing opportunities of new entrance/wards. First recruitment event held on 21st September	Divisional Chief Nurses, HRBP's	On-going	Corporate HR
Staff Engagement - Framework approved by Executives. Results of in year 'temperature check' of engagement via survey monkey shows a slight increase in our score which is encouraging.	Lead via Corporate HR, delivery by Trust managers	On-going	Patient experience and staff engagement committee (under review)
3 additional appraisal training sessions have been run in order to prepare managers to undertake appraisals during the second quarter in order to bring the rate back into line.	Brenda Chiremba	On-going	HR Governance & Strategy Meeting
Continue with internal performance management framework to proactively manage sickness levels in Divisions.	Chiefs of Service and HR Business Partners	On-going	Divisional Meetings

Contents

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
Sterilisation risk from the steam generators at Crawley Hospital not being serviceable	Infection control, 18 weeks
NICE guidance and women wishing to exercise what they see as their right to choose mode of delivery	C-Sections, 12 weeks 6 days
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**	**1**	**1**	**0**	**0**	**1**	**0**	**0**	**0**	**0**	**1**	**1**	**0**	**0**	**0**	**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	1	1	0	0	1	0	0	0	0	1	1	0	0	0	0	0	0	**5**
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**	**3**	**2**	**0**	**0**	**17**	**0**	**0**	**0**	**0**	**9**	**1**	**41**	**0**	**0**	**0**	**10**	**1**	**85**
Insufficient capacity	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	**1**
Capacity - First appointment	1	0	0	1	0	0	1	0	0	0	0	0	0	3	0	0	0	2	0	**8**
Capacity - follow up	0	0	0	0	0	0	3	0	0	0	0	0	0	4	0	0	0	4	0	**11**
Capacity - preassessment	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Capacity – Theatre	0	0	3	1	0	0	13	0	0	0	0	9	0	34	0	0	0	4	1	**65**
Hospital cancellation	**1**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**2**	**0**	**1**	**0**	**0**	**0**	**0**	**0**	**4**
Hospital cancellation of Clinic	1	0	0	0	0	0	0	0	0	0	0	2	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	0	0	1	0	0	0	0	0	**1**
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**	**1**	**0**	**1**
Paper process delay	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	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	1	0	0	1	0	0	0	0	1	0	0	0	0	0	0	0	**3**
Total	**2**	**0**	**4**	**4**	**0**	**0**	**19**	**0**	**0**	**0**	**0**	**13**	**2**	**42**	**0**	**0**	**0**	**11**	**1**	**98**

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	**0**	**0**	**5**	**1**	**0**	**0**	**0**	**0**	**1**	**0**	**0**	**3**	**0**	**2**	**0**	**1**	**0**	**0**	**0**	**13**
Patient non-cooperation (e.g. DNAs)	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1	0	0	0	**2**
Patient chooses to wait longer than reasonable (as defined in local access policy)	0	0	5	1	0	0	0	0	0	0	0	3	0	2	0	0	0	0	0	**11**
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**	**0**	**1**
Capacity	**2**	**0**	**0**	**11**	**2**	**0**	**7**	**0**	**0**	**0**	**0**	**26**	**1**	**11**	**0**	**0**	**0**	**11**	**2**	**73**
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	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**1**
Capacity - First appointment	2	0	0	7	0	0	0	0	0	0	0	26	1	11	0	0	0	5	0	**52**
Capacity - follow up	0	0	0	4	1	0	7	0	0	0	0	0	0	0	0	0	0	6	2	**20**
Hospital cancellation	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**5**	**0**	**4**	**0**	**0**	**0**	**1**	**0**	**10**
Hospital cancellation of Clinic	0	0	0	0	0	0	0	0	0	0	0	2	0	2	0	0	0	1	0	**5**
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	3	0	2	0	0	0	0	0	**5**
Diagnostic delay	**0**	**0**	**0**	**0**	**0**	**0**	**1**	**0**	**0**	**1**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**2**
Insufficient diagnostic capacity to deliver local standards for diagnostic tests	0	0	0	0	0	0	1	0	0	1	0	0	0	0	0	0	0	0	0	**2**
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	2	0	2	0	6	1	0	0	0	0	0	1	0	1	0	1	1	**15**
Total	**2**	**0**	**7**	**12**	**4**	**0**	**14**	**1**	**2**	**1**	**0**	**34**	**1**	**18**	**0**	**2**	**0**	**13**	**3**	**114**