

Integrated Quality and Performance Report (IQPR) M01 – April 2013

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Quality and Performance M01 – April 2013

Summary:

- For April 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 standard
- An increase in adult ED attendances and has led to an underachievement of the 4 hour ED target in month
- The Trust has achieved all other quality metrics in the DoH performance framework with the exception of Cancer 62 day from screening and RTT compliance in every specialty.

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. As the performance framework will no longer be used to monitor Trust performance nationally, this page will not be included in this report from month 02.
- For March 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
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
March 2013	Performing	Performing (2.82)	Performance Under Review	Performing
April 2013	Performing	Performing (2.60)	Performing 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

- For April 2013, 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.

Integrated measures	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	Trigger Text	Trigger Point 1	Trigger Point 2
ED 95% in 4 hours	98%	92%	95%	95%	94%	89%	> Target is Good	95%	94%
MRSA Incidences - In Month (Trust acquired)	0	0	1	0	0	0	< Target is Good	On plan	1Std Dev
C Diff Incidences - In Month (Trust acquired)	3	1	4	2	1	3	< Target is Good	On plan	1Std Dev
RTT Admitted - 90% in 18 weeks	92.4%	92.0%	91.1%	91.2%	90.6%	91.8%	> Target is Good	90%	85%
RTT Non Admitted - 95% in 18 weeks	96.0%	95.8%	96.9%	96.8%	96.7%	96.8%	> Target is Good	95%	90%
RTT Incomplete Pathways - %age under 18 weeks	93.7%	94.0%	94.3%	95.0%	95.2%	95.2%	> Target is Good	92%	87%
RTT - No of Specialties not achieving standards	5	4	4	3	2	4	< Target is Good	0	20
%age of patients waiting 6 weeks or more for diagnostic	0.6%	0.99%	0.2%	0.0%	0.0%	0.0%	< Target is Good	1%	5%
Cancer - TWR	95.0%	95.7%	93.8%	96.2%	95.6%	94.7%	> Target is Good	93%	88%
Cancer - Breast Symptomatic (2 Week Wait)	93.7%	98.8%	93.4%	98.7%	97.0%	94.0%	> Target is Good	93%	88%
Cancer - 31 Day Second or Subsequent Treatment (SURGERY)	96.6%	100.0%	96.6%	95.2%	96.6%	96.1%	> 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	96.8%	100.0%	96.9%	99.0%	98.8%	97.3%	> Target is Good	96%	91%
Cancer - 62 Day Referral to Treatment from Screening	70.0%	75.0%	85.7%	87.5%	84.6%	80.0%	> Target is Good	90%	85%
Cancer - 62 Day Urgent Referral	88.9%	88.4%	76.1%	85.4%	91.5%	100.0%	> Target is Good	85%	80%
Delayed Transfers of Care (%age of bed days)	1.7%	2.9%	2.7%	2.2%	1.6%	1.7%	< Target is Good	3.5%	5.0%
Mixed Sex Breaches per FCE	0.0%	0.0%	0.10%	0.0%	0.0%	0.0%	< Target is Good	0.0%	0.5%
VTE Assessment on Admission	90.0%	91.0%	92.7%	93.1%	94.3%	95.5%	> Target is Good	90%	80%

1. National Quality of Services Measures

Integrated Measures

Significant points of note regarding performance include:

- There were no incidences of MRSA and three incidence of C-Diff during April.
- 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 abnormally high levels of adult ED attendances for 3 contiguous weeks, the Trust has underperformed on the 4hr ED standard.

1. National Quality of Services Measures

Integrated Measures - 18 Weeks and Diagnostics

18 weeks and Diagnostics Indicators	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	Trigger Text	Trigger Point 1	Trigger Point 2
RTT Admitted - 90% in 18 weeks	92.4%	92.0%	91.1%	91.2%	90.6%	91.8%	> Target is Good	90%	85%
RTT Non Admitted - 95% in 18 weeks	96.0%	95.8%	96.9%	96.8%	96.7%	96.8%	> Target is Good	95%	90%
RTT Incomplete Pathways - %age under 18 weeks	93.7%	94.0%	94.3%	95.0%	95.2%	95.2%	> Target is Good	92%	87%
RTT - No of Specialties not achieving standards	5	4	4	3	2	4	< Target is Good	0	20
%age of patients waiting 6 weeks or more for diagnostic	0.6%	0.99%	0.2%	0.0%	0.0%	0.0%	< Target is Good	1%	5%

- The Trust continued to achieve the 90% Admitted target in April with three non compliant specialties - General Surgery, T&O and Oral Surgery (low number of treatments). This has been part of the Trust plan to continue to reduce the number of patients waiting over 18 weeks on the admitted pathway which was under 200 patients at the end of April and has continued to reduce since.
- The Non-admitted and Incomplete targets were both achieved at aggregate level but Oral Surgery did not achieve the Non admitted measure..
- 2013/14 will see continued embedding of processes and improvements of pathways with a focus on further reducing the number of patients waiting over 18 weeks for treatment
- The diagnostic target was again achieved in April 2013.

Action	Person Responsible	Timeline	Monitoring Body
Ongoing RTT specialty level recovery plans and PTL processes	Divisional ADs	Ongoing	Management Board Performance

1. National Quality of Services Measures

Integrated Measures – Cancer

Cancer Indicators	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	Trigger Text	Trigger Point 1	Trigger Point 2
Cancer - TWR	95.0%	95.7%	93.8%	96.2%	95.6%	94.7%	> Target is Good	93%	88%
Cancer - Breast Symptomatic (2 Week Wait)	93.7%	98.8%	93.4%	98.7%	97.0%	94.0%	> Target is Good	93%	88%
Cancer - 31 Day Second or Subsequent Treatment (SURGERY)	96.6%	100.0%	96.6%	95.2%	96.6%	96.1%	> 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	96.8%	100.0%	96.9%	99.0%	98.8%	97.3%	> Target is Good	96%	91%
Cancer - 62 Day Referral to Treatment from Screening	70.0%	75.0%	85.7%	87.5%	84.6%	80.0%	> Target is Good	90%	85%
Cancer - 62 Day Urgent Referral	88.9%	88.4%	76.1%	85.4%	91.5%	100.0%	> Target is Good	85%	80%

- The trust has sustained delivery of all Cancer Performance indicators for 2012/13 with the exception of the 62 Screening standard. Compliance with this standard continues to be a challenge due to low number of referrals and patient deferrals
- The 62 Day Screening target performance of 80% was the result of one 0.5 breach out of only 2.5 accountable patients due to patient late referral from Bowel Screening Centre. Work with Worthing over the historic issues relating to Breast Screening pathways is on-going.
- SWSH Cancer Network ceased to exist at the end of March and we have concerns over maintaining the good work of cancer networks in reducing variation of care across the network which could impact on Cancer Waiting Times. However we will continue to proactively meet with colleagues to manage flow within the system. Future engagement with SCN will help ensure continuation of patient pathways.

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	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	Trigger Text	Trigger Point 1	Trigger Point 2
User Experience - Patient Opinion									
Patient Opinion - %age that would recommend SaSH	80%	78%	76%	76%	74%	75%	> Target is Good	80%	70%
User Experience - NHS Choices									
NHS Choices - would recommend SaSH	61%	67%	3.5	3.5	3.5	4	> Target is Good	5	3.5
NHS Choices - Cleanliness (Score out of 5)	4	3.5	4	4	4	4	> Target is Good	5	3.5
NHS Choices - Hospital staff worked well together (Out of 5)	4	4	4	4	4	4	> Target is Good	5	3.5
NHS Choices - Treated with Dignity and respect (Out of 5)	4	4	4	4	4	4	> Target is Good	5	3.5
NHS Choices - Involved in decisions about care	3	4	4	4	4	4	> Target is Good	5	3.5
NHS Choices - Provision of same Sex	4	4	4	4	4	4	> Target is Good	5	3.5
Inpatients Survey									
Your care Matters- Response Rate	16%	14%	17%	12%	15%	16%	> Target is Good	18%	15%
Your care Matters - Friends & Family (Net Promoter Score)		34	31	52	48	50	Trigger to be confirmed		
Your care Matters - Access and Waiting			75	78	71	7	Trigger to be confirmed		
Your care Matters - Safe, High quality coordinated care			61	68	68	6	Trigger to be confirmed		
Your care Matters - Better Information, More Choice			64	70	68	7	Trigger to be confirmed		
Your care Matters - Building Closer Relationships			80	88	86	9	Trigger to be confirmed		
Your care Matters - Clean, comfortable and friendly place to be			76	79	79	8	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 quarter four 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 4.
- The Your Care Matters inpatient survey continues to be well received with improvements in all areas of the survey. The scoring methodology has been revised to an overall score out of 10 instead of 100 as previously reported.
- The scores shown above are weighted based upon the respondents answer to a series of questions in each category with zero being the worst and 100 the best. This will allow the Trust to monitor and improve patient experience in year. The questions are mapped to the national inpatient survey and responses can be separated by division and ward. Feedback from the survey will be discussed at divisional performance reviews with actions tracked over time to assess the impact on patient experience.

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2. Internal Quality of Service and Workforce Measures

Mortality, Readmissions and Safety

Mortality, Readmissions and Safety Indicators	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	Trigger Text	Trigger Point 1	Trigger Point 2
Mortality									
HSMR (rolling 12 Months)	91.3	90.7	90.7				< Target is Good	100	105
HSMR (Rolling 3 Months)	88.1	88.6	88.6				< Target is Good	100	105
Readmissions									
Emergency Readmission within 3 day of discharge - post Elective	0.5%	0.2%	0.2%	0.6%	0.5%	0.4%	Trigger to be confirmed		
Emergency Readmission within 3 day of discharge - post Non Elect	4.1%	4.1%	3.8%	3.3%	4.6%	4.6%	Trigger to be confirmed		
Emergency Readmission within 30 day of discharge - post Elective	3.0%	3.0%	1.9%	3.1%	3.4%	3.4%	Trigger to be confirmed		
Emergency Readmission within 30 day of discharge - post Non Elect	13.7%	14.2%	13.6%	13.5%	14.7%	15.5%	Trigger to be confirmed		
Other Safety Measures									
No of Never Events in Month	0	0	0	0	1	0	< Target is Good	0	1
Newly acquired Pressure Ulcers (Grade 2 and above)	11	9	7	8	15	9	< Target is Good	15	25
No of falls reported as clinical incidents	88	75	106	68	87	110	< Target is Good	70	80
No of falls resulting in fracture/head injury	1	1	6	4	1	1	< Target is Good	0	1
Number of medication errors resulting in an adverse event	2	1	1	3	0	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 April showed a SHMI value of 0.94 reflecting deaths are in line with expected
- There has been a slight change 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 was no grade 3 or 4 pressure damage in April 2013. Work is on-going with ward and specialist teams to eliminate all avoidable cases.
- The number of falls has increased in month. There has been an increased level of performance monitoring and training / intervention by the reconfigured falls team. A new falls strategy which focuses on falls prevention and targets those falls that cause harm has been disseminated for comment.

2. Internal Quality of Service and Workforce Measures

Infection Control

Infection Control Indicators	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	Trigger Text	Trigger Point 1	Trigger Point 2
MRSA Incidences - In Month (Trust acquired)	0	0	1	0	0	0	< Target is Good	On plan	1Std Dev
C Diff Incidences - In Month (Trust acquired)	3	1	4	2	1	3	< Target is Good	On plan	1Std Dev
MSSA (Trust Acquired)	1	1	1	2	2	1	For monitoring		
Hand Hygiene compliance	99%	100%	99%	100%	97%	99%	> Target is Good	100%	95%
E Coli	24	29	18	17	20	25	For monitoring		

- There were no MRSA bloodstream infections (BSIs) and three incidence of C.diff infection during April 2013.
- The target annual target for Cdiff and MRSA has changed in year to 31 and 0 respectively.

The Infection Prevention Control & Antimicrobial Stewardship Team, working through the Task Force continues its focus on:

- Antimicrobial stewardship, driven primarily by the hospital's medical staff and pharmacists which is reflected by on-going improvements over recent months in compliance with the monthly Good Antimicrobial Prescribing (GAP) audits.
- Management of invasive devices such as urinary catheters and vascular cannulae – with use of high intervention impact care bundles
- The challenge ahead will be to continue the downward trend in HCAs, particularly Cdiff, in the context of increasing susceptible patient population and growing antimicrobial resistance and will require careful review of focus and resource allocation

2. Internal Quality of Service and Workforce Measures Emergency Department

Emergency Department Indicators	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	Trigger Text	Trigger Point 1	Trigger Point 2
ED 95% in 4 hours	98%	92.4%	95%	95%	94.0%	89.0%	> Target is Good	95%	94%
Time to Treatment - Median (minutes)	20	19	18	19	20	22	< 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)	5.1%	4.7%	5.0%	5.0%	4.0%	4.7%	< Target is Good	4%	5%
Rate of patients leaving without being seen	1.8%	2.0%	1.7%	1.7%	1.6%	2.2%	< Target is Good	4%	5%
Ambulance Handover within 15 mins	38%	36%	36%	36%	38%		Trigger to be confirmed		
Ambulance Handover within 60 mins	98%	97%	99%	99%	99%		Trigger to be confirmed		

- **Performance against the 4 hour target was below standard in April, significant restriction to flow out of the department leading to high numbers of breeches.**
- Median time to treatment continues to be maintained at a consistent levels.
- The consultant led clinic's are working well and maintaining the performance for unplanned re-attendance within 7 days .
- Ambulance Handover times continue to appear poor for April, a new system for internal monitoring of anomalies in handovers is now in place . A local validation process with Secamb to be developed to agree actual position. Data anomalies continue to be an issue for all acute trusts.
- Changes in staffing at streaming area are proposed to reduce time and encourage compliance with handover.
- Internal escalation and utilisation of CDU with a more structured admission process and guidelines is being implemented.

	Person Responsible	Timeline	Monitoring Body
Implement transfer and full handover in streaming room	Department Lead	June 13	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

Management Board

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

2. Internal Quality of Service and Workforce Measures

Stroke and TIA Care

Stroke and TIA Care Indicators	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	Trigger Text	Trigger Point 1	Trigger Point 2
Stroke Patients Scanned within 1 hour of Hospital Arrival	31%	58%	64%	57%	50%	58%	> Target is Good	50%	40%
Stroke Patients Scanned within 24 hour of Hospital Arrival	97%	100%	100%	98%	98%	100%	> Target is Good	100%	90%
%age of patients admitted directly to a ASU within 4 hours of arrival	46%	47%	55%	39%	35%	32%	> Target is Good	90%	80%
Stroke - 90% or more of time spent on stroke unit	73%	50%	80%	60%	55%	52%	> Target is Good	80%	70%
Stroke/TIA - High risk TIA treated within 24 hours	87%	79%	81%	74%	63%	71%	> Target is Good	60%	50%
Stroke HSMR (Rolling 12 Months)	102.6	101.3	100.9				< Target is Good	100	105
Stroke HSMR (Rolling 3 Months)	89.1	103.3	99.6				< 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 direct admissions within 4 hours and time spent on the Acute Stroke Unit metrics has suffered during April due to the high numbers of emergency admissions and the consequent pressure on beds. This has resulted in a high number of stroke beds occupied by non-stroke patients and has adversely affected performance against the 90% stay on the Stroke Unit and the % of patients admitted directly to ASU. Performance in May shows early signs of improvement.
- The SSNAP audit has now replaced the SINAP national audit. Going forward the ASI metrics will be calculated externally using this data. There is a concern that there may be data disparity between CERNER and SSNAP which represents a risk that the Trusts true position may be reported inaccurately. To mitigate this the stroke team will continue to monitor ASI metrics internally and plan to conduct snapshot comparative audit.
- The scanning of patients within 24 hours continues with robust performance.
- The TIA 7 day a week service also continues to perform much better than target.
- Stroke mortality (rolling 3 months) maintained the January improvement in February. The data for March suggested a slight deterioration and this is being investigated by the Lead Clinician. Clinical audit is ongoing.
- Specific performance against the time spent on the Acute Stroke Unit has been inconsistent, lacking resilience in times of operational pressure. Divisional plans to actively ring fence stroke beds will be presented to the Management Board for consideration.

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

Fractured Neck of Femur Indicators	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	Trigger Text	Trigger Point 1	Trigger Point 2
Admission to #NOF ward within 4 hours	78%	64%	40%	49%	56%	31%	> Target is Good	85%	80%
Operation within 36 hours	91%	89%	86%	84%	76%	81%	> Target is Good	85%	80%
Operation within 48 hours	98%	98%	90%	93%	94%	92%	> Target is Good	85%	80%
#NOF Mortality (rolling 12 months)	91.3	87.7	92.9				< Target is Good	100	105
#NOF Mortality (rolling 3 months)	92.8	93.8	88.5				< Target is Good	100	105

- In April 2013, 83% of patients discharged following admission with Fractured Neck of Femur attracted Best Practice Tariff.
- The department experienced substantial challenges with the admission to Orthopaedic ward within 4 hours target. According to the National Hip Fracture Database National report 2012 the number of patients who reach the ward within 4 hours has fallen from 56% in 2010/11 to 52% in 2011/12. The Executive Team have approved a pilot to ring fence all emergency T&O beds from May 2013 which will improve performance against this target.
- Of the patients who did not have their operation within 36 hours, 7 were medically unfit, 2 did not have surgery, 1 diagnostic delay and 4 were due to insufficient theatre time.
- The patient pathway continues to be discussed at the monthly multidisciplinary meetings for improvement to the service.
- A review of the ortho-geriatric junior doctor is planned in order to ensure adequate support to cover the increasing number of fractured NoF patients admitted.

2. Internal Quality of Service and Workforce Measures Maternity

Maternity Indicators	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	Trigger Text	Trigger Point 1	Trigger Point 2
C-Section Rate	29.0%	25.0%	22.1%	27.9%	24.8%	24.0%	For monitoring		
1 to 1 care in labour	85%	83%	83%	84%	84%	85%	> Target is Good	100%	80%
Breastfeeding Initiation	82%	81%	82%	83%	81%	83%	> Target is Good	85%	70%
Women seen by midwife within 12 weeks and 6 days	98%	98%	99%	98%	99%	95%	> Target is Good	90%	80%

- C-Section performance improved in year with the introduction of the Birth Choices clinic and on –going scrutiny of emergency performance
- 1:1 Care in labour performance remained at 85% in April 2013. The HOM/DCN has written a strategy to improve the current rate this includes staffing and other actions which improve workflow through the delivery suite
- 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%). The Trust’s performance is in line with the best performing nationally
- .The refurbished Birthing Unit has re opened. The division is currently reviewing the home birth service with an aim to improve the current Home Birth rate

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

Workforce

Workforce Indicators	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	Trigger Text	Trigger Point 1	Trigger Point 2
Total Establishment**	3,371	3,368	3,381	3,382	3,385	3,456	Closer to Target is Good	3366 +/-2.5%	+/-5%
Total In post	3,000	2,981	2,988	3,001	3,004	2,991	Closer to Target is Good	2973 +/-2.5%	+/-5%
Vacancy Rate	11.0%	11.5%	11.6%	11.3%	11.3%	13.5%	Closer to Target is Good	10%	12%
Total WTE bank staff	270.7	243.2	274.1	273.0	342.3	292.9	Closer to Target is Good	144	151
Total WTE agency staff	87.1	104.1	99.6	101.1	110.5	119.6	< Target is Good	46	48
WTE Worked - Locum	14.2	12.4	13.0	13.7	17.4	12.9	< Target is Good	16	17
Staff Turnover Rate	15.72%	15.51%	15.59%	15.01%	15.47%	15.67%	Closer to Target is Good	12%	14%
Sickness absence rate	4.48%	4.52%	4.59%	4.59%	3.97%	3.91%	< Target is Good	3.5%	4.5%
% of staff who have completed mandatory training in last 12 months	85.8%	87.7%	86.3%	87.7%	89.0%	84.5%	> Target is Good	80%	70%
% of staff who have been appraised in last 12 months	64.9%	70.6%	73.2%	76.2%	93.7%	89.9%	> Target is Good	90%	80%

**includes planned contingent workforce (bank agency and locum) . Please note the establishment figure for month 1 is preliminary

Vacancy rate is the 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).

- Sickness absence rate at 3.91% continues the downward trend seen in March 2013 and is lower when compared with the same period last year which stood at 4.42%. The rolling absence rate for the past 12 months is 4.17%. Days lost and the volume of absence spells has also seen a decrease this month in comparison with March 2013 and is a decrease on April 2012 by 3.33%
- The highest reason for sickness absence in April 2013 is Surgery however this is a 7.56% reduction of the volume of days lost for this reason compared to March 2013. The second highest reason for sickness absence is Gastrointestinal problems, Anxiety/stress/depression/other psychiatric illnesses, other musculoskeletal problems followed by coughs, cold, flu-influenza
- April 2013 saw a reduced usage of bank wte but an increased usage of wte agency staff. This is a reflection of the Easter holidays when the numbers of available bank staff are reduced. Locum usage for April 2013 is the lowest since December 2012.

2. Internal Quality of Service and Workforce Measures

Workforce

- April 2013 sees a small decrease in turnover from March 2013.
- Priorities for 2013/14 will be to progress actions to improve recruitment and retention identified by the nursing Recruitment and Retention Group and which will drive the reduction in agency reliance (see summary on next page).

2. Internal Quality of Service and Workforce Measures

Workforce

Action	Person Responsible	Timeline	Monitoring Body
<p><u>Absence Management</u></p> <ul style="list-style-type: none"> - 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. <p>Further sessions on use of on line RTW and new functionality in Managers portal within FirstCare.</p>	Chiefs of Service and HR Business Partners	<p>On-going</p> <p>Further sessions during 2013/14</p> <p>Completed</p> <p>May 2013</p>	Divisional Performance Meetings
<p><u>Vacancy Level – Nursing</u></p> <ul style="list-style-type: none"> - Monthly nursing recruitment days in operation since September. - Overseas event May 2013. - 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	<p>On-going</p> <p>May 2013</p> <p>Recruitment and Retention group now meeting weekly</p>	Recruitment Retention Group
<p><u>Agency Staff Use/Cost</u></p> <p>Recruit to all nursing vacancies National and overseas recruitment Recruitment in Portugal 3 days – early signs of success 16 offers in the first day Block approval to recruit to establishment granted by TDG Membership of NHS South of England Agency Project New starter induction review/leavers questionnaire</p>	Divisional Chief Nurses, HRBP's Deputy Chief Nurse	<p>May 2013 Commenced April 2013 May 2013</p>	Transformation Delivery Group SofE Agency Project

2. Internal Quality of Service and Workforce Measures

Research and Development

Clinical Research Indicators	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	Trigger Text	Trigger Point 1	Trigger Point 2
Number of Studies recruiting - all	28	27	28	31	34	34	For monitoring		
Number of studies recruiting - commercial only	1	2	2	2	2	2	For monitoring		
Recruitment target (National Research Portfolio) - Interventional	141	151	158	187	205	15	For monitoring	186(FY)	177(FY)
Recruitment target (National Research Portfolio) - Non - Interventional	352	362	370	389	412	15	For monitoring	493 (FY)	468 (FY)

- Recruitment targets for 2013/14 have been agreed at a lower level for interventional and a higher level for non interventional based on expected study activity. Most new studies anticipate low patient recruitment so in order to meet these targets we need to open up a significant number of new studies in 2013/14 and ensure that they all recruit to target. Looking further ahead, we will require additional research support staff (clinical trial nurses/ assistants, pharmacy) in order to raise our annual patient recruitment above the 600 -700 level. Our increasing research income will allow us to do this, if the staff can be accommodated at East Surrey.

Our Priorities for 2013/14 are

- Meet recruitment targets agreed with research networks
- Meet national timelines for approval and set up of new research studies
- increase number of commercial studies supported
- increase number of studies overall at SASH
- develop and strengthen research support services at SASH to facilitate research activity growth

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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	1	0	0	0	2	0	0	0	1	1	2	0	0	0	0	0	0	7
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	0	0	0	2	0	0	0	1	1	2	0	0	0	0	0	0	7
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	0	0	2	6	0	0	48	0	0	0	13	0	40	0	0	0	21	3	133	
Insufficient capacity	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1	0	2	
Capacity - First appointment	0	0	0	2	0	0	0	0	0	0	3	0	5	0	0	0	2	0	12	
Capacity - follow up	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	4	0	6	
Capacity - preassessment	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Capacity – Theatre	0	0	2	4	0	0	45	0	0	0	10	0	35	0	0	0	14	3	113	
Hospital cancellation	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1	2	
Hospital cancellation of Clinic	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	
Hospital cancellation - no theatre	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	1	1	
Hospital cancellation - staff absence	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	
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	
Reporting delay	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	
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	
Not fit while awaiting admission	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	1	0	0	0	0	0	0	0	1	
Paper process delay	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1	
Incorrect patient demographics	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Referral vetting delay	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	
Late transfer from another provider	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Other	0	0	0	0	0	0	5	0	0	0	1	0	3	0	0	0	0	0	9	
Total	0	0	3	6	0	0	55	0	0	0	16	1	46	0	0	0	21	4	152	

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	2	3	0	0	0	0	0	1	0	1	0	1	0	0	0	1	2	11
Patient non-cooperation (e.g. DNAs)	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	2
Patient chooses to wait longer than reasonable (as defined in local access policy)	0	0	1	3	0	0	0	0	0	1	0	1	0	1	0	0	0	0	2	9
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	7	0	7	9	2	0	9	0	2	0	0	12	0	10	0	0	0	13	0	71
Insufficient capacity	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Capacity – Theatre	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Capacity - First appointment	7	0	6	4	1	0	6	0	2	0	0	11	0	7	0	0	0	5	0	49
Capacity - follow up	0	0	1	5	1	0	3	0	0	0	0	1	0	3	0	0	0	8	0	22
Hospital cancellation	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1	0	0	2
Hospital cancellation of Clinic	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1
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	1	0	0	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	2	0	2
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	1	0	1
Reporting delay	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1
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	1	0	0	0	0	0	1
Other	0	0	1	0	0	0	5	0	1	0	0	1	0	1	0	0	1	0	0	10
Total	7	0	10	12	2	0	14	0	3	1	0	15	0	13	0	0	2	16	2	97