Management Board – 26 September 2012
Board – 27 September 2012

Surrey and Sussex NHS
Healthcare NHS Trust

Integrated Quality and Performance Report (IQPR) M05 – August 2012

Presented by: **Bernie Bluhm (Chief Operating Officer)**
Author: **Ben Emly (Head of Performance)**

An Associated University Hospital of Brighton and Sussex Medical School

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Quality and Performance M05 – August 2012

Summary:

- For August 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
- The User experience domain has now been revised to "Performance Under Review" following submission of new patient experience survey results to the Department of Health.
- Within the Integrated measures, ED, 18 weeks, Mixed Sex Accommodation and DTOC targets continue to show sustained delivery of performing standards.
- The Trust was performing for the majority of the Cancer measures, including Breast Symptomatic. However, provisional results are showing that the 62 day screening measure has not been achieved and recovery actions are underway.
- There was one new case of C-Diff and no MRSA in August, putting the trust below for both.

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

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 August 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
April 2012	Performing	Under Performing (2.02)	Under Performing	**Under Performing**
May 2012	Performing	Performing (2.56)	Under Performing	**Performance Under Review**
June 2012	Performing	Performing (2.49)	Under Performing	**Performance Under Review**
July 2012	Performing	Performing (2.89)	Under Performing	**Performance Under Review**
August 2012	Performing	Performing (2.82)	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 August 2012, the Trust is forecasting an in-month score of 2.82 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	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Trigger Text	Trigger Point 1	Trigger Point 2
ED 95% in 4 hours	92%	97%	98%	98%	99%	> Target is Good	95%	94%
MRSA Incidences - In Month (Trust acquired)	0	1	0	0	0	< Target is Good	On plan	1Std Dev
C Diff Incidences - In Month (Trust acquired)	6	2	0	2	1	< Target is Good	On plan	1Std Dev
RTT Admitted - 90% in 18 weeks	90.6%	91.4%	90.6%	91.6%	91.4%	> Target is Good	90%	85%
RTT Non Admitted - 95% in 18 weeks	93.1%	95.6%	95.2%	95.3%	95.8%	> Target is Good	95%	90%
RTT Incomplete Pathways - %age under 18 weeks	90.0%	90.4%	92.9%	93.4%	93.6%	> Target is Good	92%	87%
RTT - No of Specialties not achieving standards	22	15	10	13	11	< Target is Good	0	20
%age of patients waiting 6 weeks or more for diagnostic	0.8%	0.8%	0.1%	0.2%	0.1%	< Target is Good	1%	5%
Cancer - TWR	93.1%	96.6%	95.4%	94.0%	93.0%	> Target is Good	93%	88%
Cancer - Breast Symptomatic (2 Week Wait)	88.4%	93.8%	90.8%	95.2%	93.0%	> Target is Good	93%	88%
Cancer - 31 Day Second or Subsequent Treatment (SURGERY)	98.4%	95.2%	95.0%	96.3%	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%	> Target is Good	98%	93%
Cancer - 31 Day Diagnosis to Treatment	100.0%	100.0%	99.0%	96.8%	98.7%	> Target is Good	96%	91%
Cancer - 62 Day Referral to Treatment from Screening	100.0%	100.0%	100.0%	88.9%	75.0%	> Target is Good	90%	85%
Cancer - 62 Day Urgent Referral	85.4%	87.4%	86.6%	86.2%	90.4%	> Target is Good	85%	80%
Delayed Transfers of Care (%age of bed days)	4.8%	4.5%	5.1%	2.4%	1.4%	< Target is Good	3.5%	5.0%
Mixed Sex Breaches per FCE	0.34%	0.27%	0.12%	0.0%	0.0%	< Target is Good	0.0%	0.5%
VTE Assessment on Admission	90.6%	90.3%	92.1%	92.5%	91.2%	> 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:
  - The Emergency Department continued to achieve the 95% standard in August 2012 for the fourth consecutive month.
  - There were no incidences of MRSA and one incidence of C-Diff during August resulting in C-Diff being seven cases below the straight line YTD trajectory and MRSA 0.25 cases 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. The number of specialities not achieving one of the measures decreased from 13 to 11 as the Trust implements the speciality level recovery plans.
  - Diagnostic waits maintained the Performing standard with only 0.1% of waits being over 6 weeks.
  - Provisional results for August Cancer performance are showing that the 62 day referral to treatment from screening measure has missed the expected standards and recovery work is underway.
  - 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 August.
  - VTE continued to exceed the Performing standard with performance of 91.2%.

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

Surrey and Sussex NHS Healthcare NHS Trust

Indicator	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Trigger Text	Trigger Point 1	Trigger Point 2
RTT Admitted - 90% in 18 weeks	90.6%	91.4%	90.6%	91.6%	91.4%	> Target is Good	90%	85%
RTT Non Admitted - 95% in 18 weeks	93.1%	95.6%	95.2%	95.3%	95.8%	> Target is Good	95%	90%
RTT Incomplete Pathways - %age under 18 weeks	90.0%	90.4%	92.9%	93.4%	93.6%	> Target is Good	92%	87%
RTT - No of Specialties not achieving standards	22	15	10	13	11	< Target is Good	0	20
%age of patients waiting 6 weeks or more for diagnostic	0.8%	0.8%	0.1%	0.2%	0.1%	< Target is Good	1%	5%

- The Trust continued to achieve the 90% admitted target in August and the number of non compliant specialties for this measure increased to five (General Surgery, T&O, ENT, Oral Surgery, Other) as part of the Trust's plans to achieve specialty level compliance.
- The trust also continued to achieve the non-admitted target in M05 with a reduction to two specialties being non-compliant; Ophthalmology and Cardiology.
- The Incomplete target of 92% has been achieved for the third consecutive month with four specialties being non-compliant (General Surgery, T&O, ENT and Oral Surgery) bringing the overall number of RTT specialties not achieving standards to 11, half the number that were non-compliant in April 2012.
- Recovery plans for non-compliant specialties are being implemented to ensure delivery of all standards in all specialties over the coming months.
- Diagnostic waits over 6 weeks continue to be sustained at under 6 weeks with 0.1% of patients waiting over 6 weeks.

Action	Person Responsible	Timeline	Monitoring Body
Robust monitoring and management of specialty performance using constantly improving information tools.	Divisional Service Managers	Ongoing	Weekly PTL

1. National Quality of Services Measures
Integrated Measures - Cancer

Surrey and Sussex NHS Healthcare NHS Trust

Indicator	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Trigger Text	Trigger Point 1	Trigger Point 2
Cancer - TWR	93.1%	96.6%	95.4%	94.0%	93.0%	> Target is Good	93%	88%
Cancer - Breast Symptomatic (2 Week Wait)	88.4%	93.8%	90.8%	95.2%	93.0%	> Target is Good	93%	88%
Cancer - 31 Day Second or Subsequent Treatment (SURGERY)	98.4%	95.2%	95.0%	96.3%	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%	> Target is Good	98%	93%
Cancer - 31 Day Diagnosis to Treatment	100.0%	100.0%	99.0%	96.8%	98.7%	> Target is Good	96%	91%
Cancer - 62 Day Referral to Treatment from Screening	100.0%	100.0%	100.0%	88.9%	75.0%	> Target is Good	90%	85%
Cancer - 62 Day Urgent Referral	85.4%	87.4%	86.6%	86.2%	90.4%	> 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%.

- **Provisional results for August indicate that all Cancer standards will be met except for 62 day referral to treatment from screening (2 breaches).**
- The Screening pathway and capacity within the Breast Service have been reviewed by the Chief Operating Officer and Chief of Surgery and recovery actions are being put in place to resolve internal capacity issues and the timings of referrals from the Worthing screening service. The Cancer lead from the Surgical division is liaising with Worthing on the clinical pathway.
- The Breast Symptomatic measure which has been an issue in prior months was achieved for the second consecutive month despite pressure relating to patient availability over the holiday period .

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
Work with External Partners regarding unavailability of patients	Chief Operating Officer	Ongoing	Single Performance Conversation
Agreement of timelines for cross organisation screening pathway with Worthing	Chief Operating Officer	September / October 2012	Cancer Board

1. National Quality of Services Measures
User Experience

Surrey and Sussex NHS Healthcare NHS Trust

- **The Trust expects to be rated as Performance Under Review for this domain in August 2012 following the agreement with the Department of Health to accept the revised inpatient survey results which have been collected over the last few months.**
- The revised inpatient survey showed improvements in the following areas which were sufficient to improve the overall rating for this domain:
    - Access and Waiting
    - Better Information, More Choice
    - Clean Comfortable place to be
- The internal monitoring of patient experience continues to show an improving picture in August 2012 with further improvements in communication aspects of patient experience as well as patient food. Outpatients remains the key area where improvement is required and action plans are in place.
- Overall 96% of patients surveyed would recommend the Trust, an improvement of 2% compared to July 2012.
- The new Main Entrance to the hospital with additional facilities and a dedicated reception team opened on 10th September which should further enhance the experience for patients and their relatives that visit the hospital.
- The use of the Patient Opinion website has continued to increase as a result of the publicity actions the Trust has taken, however the number of respondents on NHS choices remains lower than hoped, with the percentage of NHS Choices users who would recommend SaSH remaining at 57%. This result is based on feedback since the start of the NHS Choices system. Looking at the feedback during this financial year, in excess of 75% of patients would recommend the Trust.

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

1. National Quality of Services Measures
User Experience

Surrey and Sussex NHS Healthcare NHS Trust

Indicator Description	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Trigger Text	Trigger Point 1	Trigger Point 2
User Experience - NHS Choices								
NHS Choices - %age that would recommend SaSH		53%	57%	57%	57%	> Target is Good	80%	70%
NHS Choices - Cleanliness (Score out of 5)		4	4	4	4	> Target is Good	5	4
NHS Choices - Hospital staff worked well together (Out of 5)		4	4	4	4	> Target is Good	5	4
NHS Choices - Treated with Dignity and respect (Out of 5)		4	4	4	4	> Target is Good	5	4
NHS Choices - Involved in decisions about care		3	3	3	3	> Target is Good	5	4
NHS Choices - Provision of same Sex		4	4	4	4	> Target is Good	5	4
Internal Real Time Monitoring - Inpatients								
% of patients surveyed who would recommend SASH to family and friends	77	93	94	94	96	> Target is Good	90	85
% of patients who were involved as much as they wanted in decisions about their care and treatment	93	94	93	96	97	> Target is Good	90	85
% of patients who were able to talk to hospital staff about worries and fears	92	94	94	96	98	> Target is Good	90	85
% patients who were given privacy when discussing their condition or treatment	92	96	96	96	98	> Target is Good	90	85
% of patients who were told about medication side effects to watch for when they went home	82	87	89	95	96	> Target is Good	90	85
% of patients who were told who to contact if they were worried about their condition or treatment after they left hospital	77	89	89	93	95	> Target is Good	90	85
% of patients who felt they were treated with dignity and respect at all times during their stay	87	96	94	95	95	> Target is Good	90	85
% of patients who rated the hospital food positively	69	77	76	88	82	> Target is Good	70	60
Internal Real Time Monitoring - Other								
Outpatients - East Surrey Hospital	75	76	67	64	75	> Target is Good	90	85
Outpatients - Crawley Feedback rating	75	80	79	72	65	> Target is Good	90	85
Emergency Department	91	89	91	90	93	> Target is Good	90	85
Maternity Services	83	87	87	87	91	> Target is Good	90	85

The triggers for rating of patient food has been amended to reflect a stretch target on the national inpatient food ratings.

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

Surrey and Sussex NHS Healthcare NHS Trust

Indicator Description	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Trigger Text	Trigger Point 1	Trigger Point 2
Mortality								
HSMR (rolling 12 Months)	89.6	87.1	95.0			< Target is Good	100	105
HSMR (Rolling 3 Months)	84.5	80.3	90.2			< Target is Good	100	105
Readmissions								
Emergency Readmission within 3 day of discharge - post Elective	0.3%	0.7%	0.5%	0.5%	0.5%	Trigger to be confirmed		
Emergency Readmission within 3 day of discharge - post Non Elect	5.0%	4.2%	3.8%	3.7%	2.7%	Trigger to be confirmed		
Emergency Readmission within 30 day of discharge - post Elective	2.2%	3.9%	3.3%	3.5%	2.9%	Trigger to be confirmed		
Emergency Readmission within 30 day of discharge - post Non Elect	12.9%	15.1%	14.7%	15.1%	14.5%	Trigger to be confirmed		
Other Safety Measures								
No of Never Events in Month	0	0	0	0	0	< Target is Good	0	1
Newly acquired Pressure Ulcers (Grade 2 and above)	13	12	10	14	11	< Target is Good	15	25
No of falls reported as clinical incidents	104	94	94	62	36	< Target is Good	70	80
No of falls resulting in fracture/head injury	3	1	1	0	1	< Target is Good	0	1
Number of medication errors resulting in an adverse event	9	2	1	0	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.

- This month saw the re-benchmarking of the Dr Foster HSMR. Each year, Dr Foster recalculates the expected values and the risk estimates which are used to produce the risk-adjusted outcomes. The reasons for this include:-
  - The inclusion of an additional year of data into the model
  - Improvements to the risk adjustment
  - A refresh of historic data

- Implications for the HSMR are that due to the natural decline in mortality, all trusts will see their most recent HSMR increase following this update. With the Trust having reduced it's HSMR to its lowest ever levels prior to this re-basing, this has meant that even with the re-basing of the figures, the Trust has a mortality rate statistically better than the national average with a current score of 95.0 (100 being the national average). This is also the first time the Trust has maintained an above average score after the annual re-basing of the national average.

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

Surrey and Sussex NHS Healthcare NHS Trust

- Work continues to understand data and clinical drivers of emergency readmissions and the data shown above shows improvements in August. In line with DH guidance, a detailed review with commissioners is being set up to fully understand the drivers of emergency readmissions in the local health economy.
- There were no never events reported in August 2012 and no grade 4 pressure damage. However there was one incidence of Grade 3 pressure damage which is being investigated. Grade 2 pressure damage remained in the Performing range reflecting the on-going work by the Nursing workforce.
- Falls and medication error data have been updated for previous months, and while full assurance cannot be taken, medication errors continue to be on a downward trend as reported in July 2012. Falls remain above expected levels with on-going actions within the Nursing workforce.
- DatixWeb which will help improve real-time reporting of incidents is now being rolled out and is expected to be operational by the end of Q3.

2. Internal Quality of Service and Workforce Measures
Infection Control

Surrey and Sussex NHS Healthcare NHS Trust

Indicator Description	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Trigger Text	Trigger Point 1	Trigger Point 2
MRSA Incidences - In Month (Trust acquired)	0	1	0	0	0	< Target is Good	On plan	1Std Dev
C Diff Incidences - In Month (Trust acquired)	6	2	0	2	1	< Target is Good	On plan	1Std Dev
MSSA (Trust Acquired)	0	0	2	1	1	For monitoring		
E Coli	8	23	25	30	22	For monitoring		
Hand Hygiene compliance	99%	98%	100%	98%	99%	> Target is Good	100%	95%

- There were no incidences of MRSA and one incidence of C-Diff during July 2012 (One MRSA and ten C Diff YTD). Using the DH rating system this places the Trust as Preforming for both measures at the end of August 2012.
- The infection control task force continue their increased focus on good antimicrobial stewardship, driven primarily by the hospital's medical staff and pharmacists and this is reflected by significant improvements in compliance with the monthly Good Antimicrobial Prescribing 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	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Trigger Text	Trigger Point 1	Trigger Point 2
ED 95% in 4 hours	92%	97%	98%	98%	99%	> Target is Good	95%	94%
Time to Treatment - Median (minutes)	42	28	30	29	26	< Target is Good	45 mins	60mins
Patients Waiting in ED for over 12 hours following DTA	0	0	0	0	0	< Target is Good	0	1
Unplanned re-attendance rate (within 7 days)	5.4%	7.3%	6.3%	5.9%	5.9%	< Target is Good	4%	5%
Rate of patients leaving without being seen	3.0%	2.6%	2.9%	2.9%	2.5%	< Target is Good	4%	5%
Ambulance Handover within 15 mins	61%	61%	58%	60%	55%	Trigger to be confirmed		
Ambulance Handover within 60 mins	97%	99%	98%	99%	99%	Trigger to be confirmed		

- **The Trust continue to deliver good performance in excess of the 95% target with performance in August of 99%**
- Median time to treatment continues to improve and is now significantly better than expectations.
- Two new consultants have been appointed and will start in the coming months, once both are in post the consultant team of seven will be complete.
- Re-attendance within seven days remains higher than expectations, despite a significant reduction in July and August 2012, The Trust is undertaking a is clinically led audit with a view to understanding the clinical pathways involved in this activity and the reasons for the re-attendances. This has been delayed while data related re-attendances are investigated and resolved.
- Ambulance Handover times and the embedding of a 'see and treat' model are the key areas of focus to improve over the next few months and we are working with external partners on resolving these issues. It should be noted that data quality / system issues are being investigated with SECAmb, the owners of the system
- The rebuild of the Emergency Department continues with the focus of work shifting to the majors area. This phase is perhaps the most challenging to manage operationally as it includes the high dependency area and the main corridor

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 services 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
Undertake review of data processes and audit of re-attendances to understand issues behind performance and ensure correct actions for resolution are identified.	Service Manager for ED / Clinical Lead for ED	September / October 2012	Divisional Performance Board
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	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Trigger Text	Trigger Point 1	Trigger Point 2
Stroke Patients Scanned within 1 hour of Hospital Arrival	40%	39%	46%	29%	49%	> Target is Good	50%	40%
Stroke Patients Scanned within 24 hour of Hospital Arrival	100%	100%	94%	100%	100%	> Target is Good	100%	90%
%age of patients admitted directly to a ASU within 4 hours of arrival	13%	21%	52%	67%	56%	> Target is Good	90%	80%
Stroke - 90% or more of time spent on stroke unit	57%	74%	75%	81%	79%	> Target is Good	80%	70%
Stroke/TIA - High risk TIA treated within 24 hours	40%	56%	73%	100%	94%	> Target is Good	60%	50%
Stroke HSMR (Rolling 12 Months)	97.4	92.9	103.5			< Target is Good	100	105
Stroke HSMR (Rolling 3 Months)	95.5	100.0	137.2			< Target is Good	100	105

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

- **The Trust continues to demonstrate improved performance on the 90% stay indicator with 79% of patients discharged in August having spent 90% of their stay on the Acute Stroke Unit compared to 57% in April.**
- With internal pathway improvements largely implemented in conjunction with the local stroke network. The trust's stroke team are now taking part in a wider system / pathway review with external partners to help inform the commissioning intentions for 2013/14 and ensure out of hospital services are designed and commissioned to better support patient care and reduce length of stay in the acute.
- Access to the stroke unit within 4 hours of arrival continued to improve from <20% in the previous 12 months to 56% in August. The stroke team continue to monitor access to the stroke unit on a daily basis along with the availability of a Fast Track bed. Delivery of this standard is monitored by the senior team on a daily basis.
- The scanning of patients within 1 hour of hospital has improved with increased front line staff education and awareness, which is on-going.
- A 7 day a week TIA service started in July to enable the Trust to deliver a consistent high performance as demonstrated by the performance in July and August which far exceeds expectations.
- Following the Dr Foster re-basing, Stroke mortality on a 12 month basis is slightly higher than expectations, driven by a significant difference to expectation during April 2012, as reflected in the 3 month mortality which is based on April, May and June deaths. This is being investigated by the stroke team.

2. Internal Quality of Service and Workforce Measures
Stroke and TIA Care

Surrey and Sussex NHS Healthcare NHS Trust

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	Ongoing	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	Ongoing	Divisional Performance Board
Ensure the Stroke Pathway and escalation processes are adhered to.	Stroke Team and Site Management Team	Ongoing	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	Ongoing	Divisional Performance Board

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

Surrey and Sussex NHS Healthcare NHS Trust

Indicator Description	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Trigger Text	Trigger Point 1	Trigger Point 2
Admission to #NOF ward within 4 hours	12%	26%	30%	60%	52%	> Target is Good	85%	80%
Operation within 36 hours	85%	87%	87%	87%	88%	> Target is Good	85%	80%
Operation within 48 hours	95%	96%	87%	95%	89%	> Target is Good	85%	80%
#NOF Mortality (rolling 12 months)	130.6	121.8	130.6			< Target is Good	100	105
#NOF Mortality (rolling 3 months)	86.2	66.7	84.4			< Target is Good	100	105

- **The Trust has achieved the expected levels of performance for operation within 36 hours and 48 hours but admission to the ward within four hours remains a challenge**
- Access to Newdigate ward within four hours remains a key focus for the clinical and operational teams as a “Pull” system is embedded with the ward team and data capture and validation is further developed.
- The significant increase in Mortality in June relates to the re-basing of the Dr Foster HSMR model as described earlier in the report.
- Mortality remains above expectations on a rolling 12 month basis, but the number of deaths has decreased significantly over the period as reflected in the rolling 3 month mortality which remains below expected levels.

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
Implement system to allow ward to see and monitor ED patients and “Pull “ patients within the four hour timeframe.	Service Manager for T&O / Divisional Chief Nurse	On-going	Divisional Performance Board
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	Patient Flow Steering Group

2. Internal Quality of Service and Workforce Measures
Maternity

Surrey and Sussex NHS Healthcare NHS Trust

Indicator Description	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Trigger Text	Trigger Point 1	Trigger Point 2
C-Section Rate	30.2%	26.2%	22.0%	29.7%	26.3%	< Target is Good	23%	28%
1 to 1 care in labour	71%	78%	79%	79%	80%	> Target is Good	100%	80%
Breastfeeding Initiation	75%	83%	81%	83%	80%	> Target is Good	85%	70%
Women seen by midwife within 12 weeks and 6 days	96%	94%	94%	92%	92%	> Target is Good	90%	80%

- **C-Section Performance decreased to 26.3% in month, the second time in the last six months that this indicator is in the internally set "Performance Under Review" range.**
- The 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. Recruitment of a VBAC lead midwife is progressing to lead on this element of the maternal pathway. The Clinical Review has produced it's interim report in draft. This has concluded that setting a target caesarean rate with financial penalties is inappropriate. This is evidenced by reports from NICE and the World Health Organisation.
- 1:1 Care in labour has improved slightly at 80%, since this is directly linked to the ratio of midwives to women delivered improvement is not expected until recruitment takes place in the coming of months of the newly approved midwife posts; most of which will start in October.
- Breastfeeding Initiation - 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 will be available by bleep to improve communication and improvement is expected on the position of 80%. The Trust is also working towards the baby Friendly initiative for which Breastfeeding is a key component.

2. Internal Quality of Service and Workforce Measures
Maternity

Surrey and Sussex NHS Healthcare NHS Trust

Action	Person Responsible	Timeline	Monitoring Body
Interim report from the Clinical Review Meeting finalised	AD WACH	September 2012	Clinical Review meeting
Interim report presented to the Trust Management Board	AD WACH	October 2012	Clinical Review meeting
Challenge to Commissioners regarding the appropriateness of a set caesarean rate with financial penalties.	DoF	October 2012	Management Board Performance
Service user involvement and information giving – Review information packs Develop other forms of information e.g. posters in GPs surgeries Training and support for GPs Training/support for community midwives Review of Parenting classes, specific for VBAC Engage service users via the MSLC. Direct liaison/information exchange routes with CCGs Posters printed and placed in surgeries	HOM, Community matron, Trust communication department	September 2012	Clinical Review meeting
Improve 1 -1 in established labour - Midwifery audit Real time user reports. Promote use of Birthing Unit	Head of Maternity and Child Health, Director of nursing and Clinical 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

Surrey and Sussex NHS Healthcare NHS Trust

Indicator Description	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Trigger Text	Trigger Point 1	Trigger Point 2
% of audit programme started			43%	43%	53%	> Target is Good	8% Per Mon	5% Per Mon
% of completed audits with agreed action plans			78%	72%	65%	> Target is Good	90%	75%
No of NICE guidelines without a statement of compliance	21	24	24	15	5	> Target is Good	0	1
% of non or partially compliant NICE guidelines	16%	16%	16%	16%	16%	For monitoring		

- 53% of the audit programme had commenced at the end of August putting the trust ahead of plan.
- Only 65% of audits which have been completed have agreed action plans which represents a deterioration on July performance and further work is required to ensure that all completed audits have actions plans.
- The number of NICE guidelines without a statement of compliance has reduced significantly again as the Divisions complete all relevant paperwork. Final completion of statements of compliance is being progressed through divisional quality and risk boards for completion in September.
- The overall percentage of non or partially compliant NICE guidelines remains static at 16%.

Action	Person Responsible	Timeline	Monitoring Body
Complete all overdue NICE statements of compliance and ensure robust divisional processes in place	Divisional Chiefs of Service	July / August 2012	Quality & Risk Divisional Boards
Each Division to incorporate monthly reports on NICE for their Divisional Governance Meetings (including nominated divisional lead and individual statement tracking / reporting)	Divisional Service Managers	Ongoing	Management Board, Quality & Risk

2. Internal Quality of Service and Workforce Measures
Research and Development

Surrey and Sussex NHS Healthcare NHS Trust

Indicator Description	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Trigger Text	Trigger Point 1	Trigger Point 2
Number of Studies recruiting - all			29	29	30	For monitoring		
Number of studies recruiting - commercial only			3	3	4	For monitoring		
Recruitment target (National Research Portfolio) - Interventional			48	70	85	> Target is Good	206 (FY)	195(FY)
Recruitment target (National Research Portfolio) - Non - Interventional			172	229	257	> 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 recruiting studies, four of which are commercial. Five new studies have commenced this financial year (12-13), two of which are commercial. Four studies are currently in set up; one of these, an interventional study within Reproductive Health will start in September 2012.
- Both of the new commercial studies have met and exceeded the national target for study set up and recruitment. The studies in dermatology and rheumatology recruited their first patients within a week of opening (national target for recruiting first patient is 30 days).
- New diabetes research nurse started August 2012. A second diabetes study is in set up.
- Recruitment to studies is on target. Non Interventional has recruited 80% of the annual target due to a high recruiting study which was open to recruitment for a few months only and is about to close.

2. Internal Quality of Service and Workforce Measures
Workforce

Indicator Description	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Trigger Text	Trigger Point 1	Trigger Point 2
Total Establishment**	3,337	3,342	3,371	3,382	3,382	Closer to Target is Good	3177	3313
Total In post	2,896	2,962	2,971	2,972	2,993	Closer to Target is Good	2973	3020
Vacancy Rate	13.2%	11.4%	11.9%	12.1%	11.5%	Closer to Target is Good	6.4%	8.8%
Total WTE bank staff	300.7	300.0	310.8	277.3	278.5	Closer to Target is Good	144	169
Total WTE agency staff	118.2	109.7	86.1	82.5	62.8	< Target is Good	44	108
WTE Worked - Locum	15.4	14.1	14.0	19.2	15.9	< Target is Good	16	16
Staff Turnover Rate	14.4%	14.3%	14.8%	14.7%	14.9%	Closer to Target is Good	12%	14%
Sickness absence rate	4.1%	4.3%	3.5%	3.8%	3.9%	< Target is Good	3.5%	4.5%
% of staff who have completed mandatory training in last 12 months			76.5%	76.8%	80.5%	> Target is Good	80%	70%
% of staff who have been appraised in last 12 months			62.1%	63.3%	58.2%	> Target is Good	90%	80%
% of staff who have completed mandatory training YTD			22.4%	30.3%	35.5%	> Target is Good	80% (FY)	70% (FY)
% of staff who have been appraised YTD			6.6%	13.6%	19.4%	> Target is Good	90% (FY)	80% (FY)

Trigger Point 1 reflects the planned year end position for Establishment, in post and temporary staff usage, trigger point 2 reflects the M01 plan.

**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).

- The total number of staff is above plan with the vacancy rate reducing to 11.5%, this is due to recruitment to vacancies on the wards.
- The total use of contingent workforce (bank, Agency and locum) has reduced with an encouraging significant reduction in the agency and locum use.
- Staff turnover continues to be higher than the target. This is being discussed as part of divisional performance reviews and a review of the past three months leavers is to be undertaken as part of Recruitment and Retention group. Longer term strategies also link to wider staff engagement work underway.
- Sickness absence increased again this month to 3.9% however this is still lower than the same period last year when it was 4.6%. Surgery was the main reason for absence this month.

2. Internal Quality of Service and Workforce Measures
Workforce

- 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	2nd quarter	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

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3. Action and Risk Log
Risk Log

Surrey and Sussex NHS Healthcare NHS Trust

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

Surrey and Sussex NHS Healthcare NHS Trust

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

Surrey and Sussex NHS Healthcare NHS Trust

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**	**3**	**0**	**0**	**3**	**0**	**0**	**0**	**0**	**2**	**0**	**1**	**0**	**0**	**0**	**4**	**0**	**14**
Patient non-cooperation (e.g. DNAs)	0	0	0	1	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)	0	0	1	2	0	0	3	0	0	0	0	2	0	1	0	0	0	4	0	**13**
Not in the patients best clinical interest	**0**	**0**	**1**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**1**	**2**
Capacity	**2**	**0**	**3**	**10**	**0**	**0**	**26**	**0**	**1**	**0**	**0**	**13**	**9**	**22**	**0**	**0**	**0**	**13**	**5**	**104**
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	2	0	0	0	0	0	2	0	1	0	0	4	0	11	0	0	0	2	0	**22**
Capacity - follow up	0	0	0	0	0	0	5	0	0	0	0	0	0	0	0	0	0	2	0	**7**
Capacity - preassessment	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	**1**
Capacity – Theatre	0	0	3	10	0	0	19	0	0	0	0	8	9	11	0	0	0	9	5	**74**
Hospital cancellation	**0**	**0**	**0**	**1**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**2**	**3**
Hospital cancellation of Clinic	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**
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	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	**2**
Hospital cancellation - staff absence	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	**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**	**1**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**1**
Paper process delay	0	0	0	0	0	0	1	0	0	0	0	0	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	**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	1	0	**1**
Other	2	0	0	3	2	0	0	0	0	0	0	0	0	1	0	0	0	6	1	**15**
Total	**4**	**0**	**5**	**17**	**2**	**0**	**30**	**0**	**1**	**0**	**0**	**15**	**9**	**24**	**0**	**0**	**0**	**24**	**9**	**140**

4. Appendices
18 Week Waits

Surrey and Sussex NHS Healthcare NHS Trust

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	**4**	**0**	**5**	**4**	**2**	**0**	**0**	**1**	**0**	**0**	**0**	**16**	**0**	**7**	**0**	**4**	**0**	**3**	**0**	**46**
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)	4	0	5	4	2	0	0	1	0	0	0	16	0	7	0	4	0	3	0	**46**
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	**12**	**0**	**4**	**7**	**0**	**0**	**8**	**0**	**0**	**2**	**0**	**16**	**0**	**0**	**0**	**0**	**0**	**3**	**0**	**52**
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	12	0	2	3	0	0	1	0	0	1	0	16	0	0	0	0	0	1	0	**36**
Capacity - follow up	0	0	2	4	0	0	7	0	0	1	0	0	0	0	0	0	0	2	0	**16**
Hospital cancellation	**5**	**0**	**0**	**3**	**0**	**0**	**0**	**0**	**0**	**1**	**0**	**5**	**0**	**6**	**0**	**0**	**0**	**0**	**0**	**20**
Hospital cancellation of Clinic	5	0	0	3	0	0	0	0	0	1	0	4	0	4	0	0	0	0	0	**17**
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	2	0	0	0	0	0	**3**
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	1	0	1	0	0	0	1	0	0	0	0	1	0	0	0	0	0	1	0	**5**
Total	**22**	**0**	**10**	**14**	**2**	**0**	**9**	**1**	**0**	**3**	**0**	**38**	**0**	**13**	**0**	**4**	**0**	**7**	**0**	**123**