

# Integrated Performance Report M09 – December 2013

Presented by: **Paul Bostock (Chief Operating Officer)** **Des Holden (Medical Director)** **Yvonne Parker (Director of HR)**  
**Paul Simpson (Chief Financial Officer)**

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

*Putting people first*  
*Delivering excellent, accessible healthcare*



# Performance Dec 2013

## Summary:

- Care Quality Commission
  - The Trust is not currently subject of any CQC warning notices or intervention action
- Access Metrics
  - ED Performance against the 4 hour target was maintained in December at 97%
  - 18 weeks delivery remains in excess of expected standards at aggregate level but admitted performance was not achieved in T&O
  - Cancer access: With the exception of Breast Symptomatic, all Cancer indicators were achieved in December. For Q3 as a whole, all measures were achieved.
- Outcome Metrics
  - Patient safety indicators continued to show expected levels of performance.
  - The latest HSMR data and SHMI data both show overall trust mortality is lower than expected for our patient group.
  - The Trust had one MRSA bloodstream infection cases in December. C-Diff is 1 case below trajectory with 22 cases YTD
  - Maternity indicators continue to show positive performance .
- Quality Governance Metrics
  - The Friends and Family Test score for December 2013 for Inpatients is +74 and for the Emergency department is +76.
  - The Trust continues to monitor ward nursing (numbers and skill mix) on a daily basis and is assured that adequate staffing is in place. Agency temporary staff remains higher than desired and significant recruitment is underway and yielding results.

# Performance Dec 2013

- Finance
  - The overall Trust position at month 9 is a £0.3m surplus (after rounding) – with a very slight improvement on the position from previous months. The forecast remains a £0.3m surplus, while savings are above plan with £7.5m (68%) achieved to date.
- Key Risks
  - Quality - 18 weeks specialty compliance
  - Finance: Income and CCG payment is the main risk, and the Trust remains in contractual dispute over the outcome of the readmission audit. That provides c£2.0m of risk to the Trust’s financial forecast (and presumably CCG positions – which is why we are in dispute). The final clinical review was completed in December, the next stage is escalation to Chief Officers.

## Action: The Board are asked to note and accept this report

**Legal:** What are the legal considerations & implications linked to this item? Please name relevant Act

Patient safety: Legal actions from unintentional harm to patients would normally be covered by negligence, an area of English tort (civil) law, providing the remedy of compensation. Case law is extensive. Criminal action could be pursued if investigation judged intentional harm and remedies will vary according to severity.

Staff safety: The Health and Safety at Work Act etc 1974 may apply in respect of employee health and safety or non clinical risk to patients (usually reported under the Reporting of Injuries Diseases and Dangerous Occurrences Regulations (RIDDOR) 1995)

**Regulation:** What aspect of regulation applies and what are the outcome implications? This applies to any regulatory body.

The Care Quality Commission (CQC) regulates patient safety and quality of care and the CQC register and therefore license care services under the Health and Social Care Act 2009 and associated regulations. The health and safety executive regulates compliance with health and safety law. A raft of other regulators deal with safety of medicines, medical devices and other aspects.

## Access Metrics

Indicator Description	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Trigger Text	Trigger Points
<b>Emergency Department</b>								
ED 95% in 4 hours	98.5%	95.4%	96.3%	96.2%	98.0%	96.9%	> Target is Good	95% 94%
Patients Waiting in ED for over 12 hours following DTA	0	0	0	0	0	0	< Target is Good	0 1
Ambulance Turnaround - Number Over 30 mins	57	48	36	32	44	78	For Information	
Ambulance Turnaround - Number Over 60 mins	0	2	0	3	0	5	For Information	
<b>18 Weeks RTT</b>								
RTT Admitted - 90% in 18 weeks	95.9%	97.0%	96.6%	94.6%	94.4%	93.8%	> Target is Good	90% 85%
RTT Non Admitted - 95% in 18 weeks	97.6%	97.4%	96.5%	97.5%	97.3%	97.6%	> Target is Good	95% 90%
RTT Incomplete Pathways - % under 18 weeks	96.6%	97.8%	97.6%	96.6%	96.3%	96.8%	> Target is Good	92% 87%
RTT Patients over 52 weeks on incomplete pathways	0	0	0	0	0	1	< Target is Good	0 1
Percentage of patients waiting 6 weeks or more for diagnostic	0.9%	0.9%	0.1%	0.0%	0.9%	0.3%	< Target is Good	1% 5%
% of operations cancelled on the day not treated within 28 days	0%	0%	0%	0%	0%	0%	< Target is Good	0% 3.5%
<b>Cancer Access</b>								
Cancer - TWR	94.0%	93.0%	93.0%	93.8%	93.0%	93.7%	> Target is Good	93% 88%
Cancer - TWR Breast Symptomatic	89.0%	84.9%	86.2%	97.3%	94.5%	92.1%	> Target is Good	93% 88%
Cancer - 31 Day Second or Subsequent Treatment (SURGERY)	94.0%	94.4%	96.0%	94.7%	90.9%	95.6%	> 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	99.0%	97.8%	97.5%	96.6%	100.0%	97.6%	> Target is Good	96% 91%
Cancer - 62 Day Referral to Treatment from Screening	83.0%	88.9%	88.8%	80.0%	100.0%	100.0%	> Target is Good	90% 85%
Cancer - 62 Day Urgent Referral	86.0%	86.1%	85.0%	88.4%	84.6%	85.0%	> Target is Good	85% 80%

### Emergency Department

- Performance against the 4 hour target was maintained in December for the 8<sup>th</sup> month in a row
- There was an increase in the number of ambulance handover delays over 30 minutes and there were 5 delays over one hour
- As activity and acuity levels change in the winter, the system plans for additional community capacity are being implemented alongside Trust actions, most notably changes to consultant presence at weekends, that are supporting the Trust's delivery of ED performance.

An Associated University Hospital of  
Brighton and Sussex Medical School

## Access Metrics

---

### RTT and Diagnostics

- In December 2013, all three RTT targets were achieved at aggregate Trust level with non-compliance for the admitted target in T&O.
- One 52+ week waiter occurred during December and treatment plans have been put in place to provide treatment at the earliest time convenient to the patient.
- There no breaches of the 28 day guarantee in month.
- Diagnostics performance saw an improvement in month to 0.3% of patients as MRI capacity was increased.

### Cancer Access

- In December 2013, all Cancer indicators except the Breast Symptomatic target were achieved. For Q3 as a whole, all measures were achieved.
- For the Breast Symptomatic pathway, eight patients breached the 14 day NHS constitution target with the longest waiter being seen on day 19. Six of the breaches were due to patients choosing not to accept appointments that were offered. The remaining two followed a cancelled clinic due to staff illness. Both patients were offered alternative appointments within the 14 days but chose to wait and reschedule

# Outcome Metrics

Indicator Description	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Trigger Text	Trigger Points
<b>Patient Safety</b>								
No of Never Events in month	1	0	0	0	0	0	< Target is Good	0 1
No of medication errors causing Severe Harm or Death	0	0	0	0	0	0	< Target is Good	0 1
Safety Thermometer - % of patients with harm free care (all harm)	94.0%	91.4%	91.4%	89.5%	90.6%	91.9%	> Target is Good	92% 87%
Safety Thermometer - % of patients with harm free care (new harm)	96.8%	95.7%	95.8%	94.7%	94.9%	95.3%	> Target is Good	92% 87%
Percentage of patients who have a VTE risk assessment	95%	96%	96%	96%	96%	96%	> Target is Good	95% 90%
WHO Checklist Usage - % Compliance	100%	99%	100%	99%	99%	100%	For Information	
Serious Incidents - No per 1000 Bed Days	0.37	0.25	0.26	0.24	0.75	0.06	< Target is Good	1.23 1.35
Number of overdue CAS and NPSA alerts		29	0	1	2	1	< Target is Good	0 1
<b>Mortality and Readmissions</b>								
HSMR (56 Monitored diagnoses - 12 Months)	92.2	91.9	90.6	90.3			< Target is Good	100 105
SHMI	95.7	95.7	95.7	95.7			< Target is Good	100 105
Emergency readmissions within 30 days	7.19%	6.94%	7.02%	6.20%	6.62%		< Target is Good	10.9% 10.9%
<b>Infection Control</b>								
MRSA (incidences in month)	0	1	0	0	1	1	For Information	
CDiff Incidences (incidences YTD)	4	2	4	3	3	0	< Target is Good	on plan 1 stdev
MSSA	0	0	2	1	0	1	For Information	
E-Coli	36	27	18	31	17	16	For Information	
<b>Maternity</b>								
C Section Rate - Emergency	18.5%	20.6%	19.0%	17.3%	16.7%	15.7%	For Information	
C Section Rate - Elective	7.5%	6.1%	7.1%	7.1%	6.6%	5.4%	For Information	
Maternal Deaths	0	0	0	0	0	0	< Target is Good	0 1
Admissions of full term babies to neo-natal care	6.0%	5.8%	7.5%	8.0%	6.5%	6.4%	For Information	

## Patient Safety

- Patient safety indicators continued to show expected levels of performance.
- There were no never events or medication errors causing severe harm or death in December.

## Outcome Metrics

---

- The Trust narrowly missed the TDA standard of 92% for harm free care (Trust performance of 91.9%). The key driver behind this remained as in previous months, patients being admitted with existing pressure damage. The Trust is working to record where patients have been admitted from with existing pressure damage to facilitate quality governance across the local health community. When measuring new harm while the patients were under the care of SaSH, the Trust achieved a performance of 95.3%.
- VTE performance and Serious incidents per 1,000 bed days continued to deliver the expected standards.
- There was 1 overdue CAS alert at the end of December, which has since been closed.

### Mortality and Readmissions

- The latest HSMR data and SHMI data both show overall trust mortality is lower than expected.
- 30 day readmission rates remained below trigger levels (readmission calculations have been reviewed and prior months re-stated) Data quality work regarding re-admissions is on-going.

### Infection Control

- There was one case of MRSA in December.
- There were no C-Diff incidences in December taking the YTD total to twenty two. The Trust has implemented a revision (change in drug) to the antibiotic prescribing policy and reviewed processes around stool sampling, which appears to have had a positive effect.

### Maternity

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

## Quality Governance Metrics

Indicator Description	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Trigger Text	Trigger Points
<b>Patient Voice</b>								
Inpatients Friends & Family (Net Promoter Score)	64	59	76	72	75	74		For Information
Emergency department Friends & Family (Net Promoter Score)	43	45	69	64	70	76		For Information
Mixed Sex Breaches	0	0	0	0	0	0	< Target is Good	0
Complaints (rate per 10,000 occupied bed days)	35	22	31	23	18	18		For Information
<b>Workforce</b>								
Overall Sickness Rate	3.48%	3.32%	3.53%	3.83%	3.53%	3.63%	< Target is Good	5.2%
%age of staff who have had appraisal in last 12 months **	90.0%	91.6%	84.5%	83.1%	79.6%	79.3%		For Information
Staff Turnover rate	15.1%	15.1%	14.5%	14.8%	14.8%	15.6%		For Information

### Patient Voice

- The friends and family test, the Net promoter score for Inpatients was +74 and for ED was +76.
- The Trust has maintained zero tolerance to mixed sex accommodation throughout the period
- The number of complaints per 10,000 occupied bed days remained static in December and the Trust continues to drive improvement in the quality of compliant responses and ensure learning from complaints is shared across the trust

### Workforce

- Staff Turnover increased in December to 15.6% and HR Business Partners are undertaking a review to ensure any learning from a recruitment and retention basis is taken on board.
- The percentage of staff having had an appraisal within the last 12 months remained static in December and is being discussed with divisional HR Business Partners.
- Sickness absence increased marginally in December to 3.6%. The top 3 reasons for absence are - Surgery followed by Gastrointestinal problems and then Anxiety/stress/depression/other psychiatric illnesses.



# Finance

Indicator Description	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	YTD	Trigger Basis
	M01	M02	M03	M04	M05	M06	M07	M08	M09	RAG	
<b>Overall Financial Position</b>											
- Outturn £m Surplus / (Deficit) - Plan	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0		
- Outturn £m Surplus / (Deficit) - Forecast	0.0	0.0	0.0	0.0	0.3	0.3	0.3	0.3	0.1	G	Red is a deficit < (0.1)% income
- YTD £m Surplus / (Deficit) - Plan	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0		
- YTD £m Surplus / (Deficit) - Actual	0.0	0.0	0.1	0.2	0.2	0.2	0.2	0.2	0.3	G	Red is a deficit < (0.1)% income
- Outturn UNDERLYING £m Surplus / (Deficit) - Plan	(3.5)	(3.5)	(3.5)	(3.5)	(3.5)	(3.5)	(3.5)	(3.5)	(3.5)		
- Outturn UNDERLYING £m Surplus / (Deficit) - Actual	(3.5)	(3.5)	(3.5)	(3.5)	(3.5)	(3.2)	(3.2)	(3.2)	(3.2)	G	Red is a variance <£(0.5m)
- YTD Savings £m - Actual	0.3	0.7	1.1	1.8	2.9	4.0	5.1	6.3	7.5	G	Red is adverse <(1.0)%
- OT Risk £m Surplus / (Deficit) - Assessment	(5.5)	(6.5)	(6.5)	(6.5)	(6.5)	(6.5)	(5.5)	(5.5)	(5.5)	R	Red is a deficit <£(0.5m)
- Outturn Cash position £m Fav / (Adv) - Forecast	2.6	2.6	2.6	2.6	2.6	2.6	2.6	2.6	2.6	G	Red is <£(0.6)m adv to plan and <£0.6m
- YTD Cash position £m Fav / (Adv) - Actual	4.6	2.2	3.4	3.7	2.9	1.7	1.1	2.3	2.8	G	Red is <£(0.6)m adv to plan and <£0.6m
- YTD Liquid ratio - days	(9.0)	(9.0)	(9.0)	(10.0)	(13.0)	(11.0)	(10.0)	(13.0)	(15.0)	R	Red is <(15) days Green is >15 days
- YTD BPPC (overall) value £m	84%	87%	88%	89%	87%	81%	80%	82%	83%	R	Red is <85% Green is >95%
- YTD BPPC (overall) volume £m	93%	90%	90%	90%	90%	84%	82%	84%	84%	R	Red is <85% Green is >95%
- Outturn Capital spend Fav / (Adv) - forecast	17.3	17.3	17.3	17.3	17.3	17.3	17.3	17.3	17.3	G	Red is <£(0.5m) adv to plan

- The overall Trust position at month 9 is a £0.3m surplus (after rounding) – with a very slight improvement on the position from previous months. The forecast remains a £0.3m surplus, while savings are above plan with £7.5m (68%) achieved to date.
- The Divisional positions are a mixed bag with improvements in some areas and worsening overspends in others, but reasons for overspending are generally understood and overall the position is in line with the control totals agreed. As in previous months, the position remains on plan through the use of reserves and central underspends.
- On income, Month 5 & 6 over performance invoices have now been raised to the CCGs, however, the contractual process remains difficult and payment for over performance activity is very slow to be received.
- Noting receipt of temporary borrowing, the cash balance is at a relatively healthy £2.9m, and is above plan, but beneath this “true” cash flow is disrupted with the issues regarding delays to CCG payments and finalisation of capital funding.
- The latter point has now been resolved and confirmation of both the approval of the second phase theatres scheme and allocation of public dividend capital of £11.0m (which includes 2014/15 funding) has now been received.

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