

# Integrated Performance Report M11 – February 2014

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

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

# Performance Feb 2014

## Summary:

- “ Care Quality Commission
  - “ The Trust is not currently subject to any CQC warning notices or intervention action
- “ Access Metrics
  - “ Performance against the 4 hour standard reduced in February to 94.7%, marginally below the 95% standard
  - “ 18 weeks referral to treatment delivery remains favourable to expected standards at aggregate level but admitted performance was not achieved in T&O and General Surgery.
  - “ Cancer access: All Cancer standards except the %62 Day Urgent referral+and the %62 Day Referral to Treatment from Screening+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 no MRSA bloodstream infection cases in February. With no cases in February, C-Diff is 5 cases below trajectory with 23 cases YTD
  - “ Maternity indicators continue to show positive performance.
- “ Quality Governance Metrics
  - “ The Friends and Family Test score in February 2013 for Inpatients is +74 and for the Emergency department is +78
  - “ The Trust continues to monitor ward nursing (numbers and skill mix) on a daily basis and is assured that adequate staffing is in place. Nursing agency temporary staff remains higher than desired and significant recruitment is now delivering visible results.

# Performance Feb 2014

- “ Finance
  - “ At month 11 the Trust continues to report a £0.3m surplus year-to-date, and a £0.3m surplus forecast outturn. Savings are slightly ahead of plan with £9.9m achieved year to date.
- “ Key Risks
  - “ Quality - 18 weeks specialty compliance and impact of elective cancellations due to winter pressures.
  - “ Finance: The key risks continue to be around income and CCG payment and increased spending in March to cope with operational pressures.

## 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	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Trigger Text	Trigger Points
<b>Emergency Department</b>								
ED 95% in 4 hours	96.3%	96.2%	98.0%	96.9%	95.7%	94.7%	> 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	36	32	44	78	97	TBC		For Information
Ambulance Turnaround - Number Over 60 mins	0	3	0	5	18	TBC		For Information
<b>18 Weeks RTT</b>								
RTT Admitted - 90% in 18 weeks	96.6%	94.6%	94.4%	93.8%	93.4%	92.0%	> Target is Good	90% 85%
RTT Non Admitted - 95% in 18 weeks	96.5%	97.5%	97.3%	97.6%	98.1%	98.1%	> Target is Good	95% 90%
RTT Incomplete Pathways - % under 18 weeks	97.6%	96.6%	96.3%	96.8%	96.2%	95.9%	> Target is Good	92% 87%
RTT Patients over 52 weeks on incomplete pathways	0	0	0	1	1	0	< Target is Good	0 1
Percentage of patients waiting 6 weeks or more for diagnostic	0.1%	0.0%	0.9%	0.3%	0.1%	0.0%	< Target is Good	1% 5%
% of operations cancelled on the day not treated within 28 days	0.0%	0.0%	0.0%	0.0%	1.3%	0.0%	< Target is Good	0% 3.5%
<b>Cancer Access</b>								
Cancer - TWR	93.0%	93.8%	93.0%	93.7%	94.4%	95.9%	> Target is Good	93% 88%
Cancer - TWR Breast Symptomatic	86.2%	97.3%	94.5%	92.1%	93.3%	99.2%	> Target is Good	93% 88%
Cancer - 31 Day Second or Subsequent Treatment (SURGERY)	96.0%	94.7%	90.9%	95.6%	100.0%	100.0%	> Target is Good	94% 89%
Cancer - 31 Day Second or Subsequent Treatment (DRUG)	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	> Target is Good	98% 93%
Cancer - 31 Day Diagnosis to Treatment	97.5%	96.6%	100.0%	97.6%	97.5%	99.0%	> Target is Good	96% 91%
Cancer - 62 Day Referral to Treatment from Screening	88.8%	80.0%	100.0%	100.0%	25.0%	66.7%	> Target is Good	90% 85%
Cancer - 62 Day Urgent Referral	85.0%	88.4%	84.6%	85.0%	86.0%	83.3%	> Target is Good	85% 80%

## Emergency Department

- Performance against the 4 hour standard reduced in February to 94.7%, marginally below the 95% standard. This was driven by the growth in admissions, most notably patients aged over 75, which has placed more operational pressure on the Trust driving a reduction in the ED performance. The Trust continues to put in place all available measures to support delivery of the quality standards.
- Ambulance handover delays are awaiting final validation with SECamb so are not yet available.

## Access Metrics

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### Referral to Treatment (RTT) and Diagnostics

- “ In February 2013, all three RTT standards were achieved at aggregate Trust level with non-compliance for the admitted standard in T&O and General Surgery.
- “ The non-compliance in T&O and General Surgery is driven by theatre capacity issues as well as bed availability resulting from the growth in emergency activity during the winter. Plans are being put in place to address these issues and achievement of the standard in these specialties is expected in May.
- “ Within Diagnostics the quality standard for waits over 6 weeks was achieved.

### Cancer Access

- “ In February 2013, all Cancer standards except the %62 Day Urgent referral+and the %62 Day Referral to Treatment from Screening+were achieved.
- “ For the %62 Day Referral to Treatment+standard, 10 out of the 60 patients treated in February breached the standard. Reasons for the breaches included fitness for treatment, delays due to complexity of pathways as well as capacity issues at tertiary centres.
- “ For the %62 Day Referral to Treatment from Screening+standard, 1 accountable patients out of 1.5 total treatments achieved the standard. The breach was due to the timing of the referral from the Colorectal screening service.

# Outcome Metrics

Indicator Description	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Trigger Text	Trigger Points
<b>Patient Safety</b>								
No of Never Events in month	0	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)	91.4%	89.5%	90.6%	91.9%	90.4%	92.7%	> Target is Good	92% 87%
Safety Thermometer - % of patients with harm free care (new harm)	95.8%	94.7%	94.9%	95.3%	94.2%	96.5%	> Target is Good	92% 87%
Percentage of patients who have a VTE risk assessment	96%	96%	96%	96%	96%	96%	> Target is Good	95% 90%
WHO Checklist Usage - % Compliance	100%	99%	99%	100%	100%	100%		For Information
Serious Incidents - No per 1000 Bed Days	0.26	0.24	0.56	0.06	0.22	0.12	< Target is Good	1.23 1.35
Number of overdue CAS and NPSA alerts	0	1	2	1	0	0	< Target is Good	0 1
<b>Mortality and Readmissions</b>								
HSMR (56 Monitored diagnoses - 12 Months)	90.9	91.2	90.2	86.5			< Target is Good	100 Neg Alert
SHMI	96.0						< Target is Good	100 Neg Alert
Emergency readmissions within 30 days (PBR Rules)	7.07%	6.22%	6.63%	7.10%	7.18%		< Target is Good	10.9% 12.0%
<b>Infection Control</b>								
MRSA (incidences in month)	0	0	1	1	0	0		For Information
CDiff Incidences (incidences YTD)	4	3	3	0	1	0	< Target is Good	on plan 1 stdev
MSSA	2	1	0	1	0	1		For Information
E-Coli	18	31	17	16	23	16		For Information
<b>Maternity</b>								
C Section Rate - Emergency	19.0%	17.3%	16.7%	15.7%	23.2%	23.2%		For Information
C Section Rate - Elective	7.1%	7.1%	6.6%	5.4%	6.7%	7.0%		For Information
Maternal Deaths	0	0	0	0	0	0	< Target is Good	0 1
Admissions of full term babies to neo-natal care	7.5%	8.0%	6.5%	6.4%	5.2%	6.0%		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 February.

## Outcome Metrics

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- “ The Safety thermometer for all harm (Trust and community acquired) achieved the 92% standard (performance of 92.7%) When measuring new harm while the patients were under the care of SaSH, the Trust achieved a performance of 96.5%. The improvements in both these indicators were driven by a reduction in New VTEs being treated.
- “ VTE performance and Serious incidents per 1,000 bed days continued to deliver the expected standards.
- “ There were no overdue CAS alerts at the end of February.

### 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. Data quality work regarding re-admissions is on-going and prior months are re-stated as this takes effect.

### Infection Control

- “ There were no cases of MRSA in February.
- “ There were no cases of C-Diff in February taking the YTD total to twenty three, five cases below the YTD trajectory.

### Maternity

- “ Maternity indicators continue to show positive performance with no service concerns raised although the increase in the emergency C-Section rate is being examined.

## Quality Governance Metrics

Indicator Description	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Trigger Text	Trigger Points
<b>Patient Voice</b>								
Inpatient FFT - Net Promoter Score	76	72	75	74	76	74		For Information
Emergency department Friends & Family (Net Promoter Score)	69	64	70	76	80	78		For Information
Maternity FFT - Antenatal Net Promoter Score					67	62		For Information
Maternity FFT - Delivery Net Promoter Score					79	75		For Information
Maternity FFT - Postnatal Ward Net Promoter Score					64	44		For Information
Maternity FFT - Postnatal Community Care Net Promoter Score					74	82		For Information
Mixed Sex Breaches	0	0	0	0	0	0	< Target is Good	0
Complaints (rate per 10,000 occupied bed days)	27	24	18	19	23	25		For Information
<b>Workforce</b>								
Overall Sickness Rate	3.5%	3.8%	3.5%	3.6%	3.9%	3.9%	< Target is Good	5.2%
%age of staff who have had appraisal in last 12 months	84%	83%	80%	79%	81%	76%		For Information
Staff Turnover rate	14.5%	14.8%	14.8%	15.6%	14.5%	14.8%		For Information

### Patient Voice

- “ National Friends and Family Test (FFT) data for January was released in early March. The +80 January FFT score for the Emergency Department (ED) placed it 5<sup>th</sup> best in the country. The January inpatient score of +76 meant that the Trust score was above the national average of +73.
- “ In February FFT score for both dropped by 2 points, to +78 for the Emergency Department and +74 for inpatient wards
- “ Both areas have shown a marked improvement in response rates, to the highest levels so far - 19% in ED and 36% for inpatient wards
- “ Maternity FFT is now included above and three of the four maternity touchpoints have achieved a response rate of 22% or higher. The exception is the postnatal community touchpoint where the response rate remains low, at 6%
- “ The maternity FFT scores are varied, from +75 for the delivery touchpoint, to +44 for the postnatal ward touchpoint
- “ The Trust has maintained zero tolerance to mixed sex accommodation throughout the period



## Quality Governance Metrics

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- “ The number of complaints per 10,000 occupied bed days remained in the normal range in February and the Trust continues to drive improvement in the quality of complaint responses and ensure learning from complaints is shared across the trust.

### Workforce

- “ Staff Turnover remained static in February and HR Business Partners within the divisions continue to support improvements in recruitment and retentions.
- “ The percentage of staff having had an appraisal within the last 12 months deteriorated in February and remains below expected levels. This is being discussed with divisional HR Business Partners.
- “ Sickness absence remained at 3.9% in February 2014.

# Finance

Indicator Description	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	YTD	Trigger Basis
	M01	M02	M03	M04	M05	M06	M07	M08	M09	M10	M11	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	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	0.3	0.3	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	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	0.3	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)	(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)	(4.3)	(4.3)	A	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	8.7	9.9	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)	(5.5)	(4.3)	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	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	3.8	8.3	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)	(4.0)	(6.0)	(1.0)	(1.0)	A	Red is <(15) days Green is >15 days
- YTD BPPC (overall) value £m	84%	87%	88%	89%	87%	81%	80%	82%	83%	84%	84%	R	Red is <85% Green is >95%
- YTD BPPC (overall) volume £m	93%	90%	90%	90%	90%	84%	82%	84%	84%	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	16.4	16.4	R	Red is <£(0.5m) adv to plan

- At month 11 the Trust continues to report a £0.3m surplus year-to-date, and a £0.3m surplus forecast outturn. Savings are slightly ahead of plan with £9.9m achieved year to date.
- The on-going operational pressures within the hospital impacted on budgets this month, with all clinical Divisions except WaCH overspending. The overall Trust position was maintained through underspends on reserves and central budgets.
- Key risks: The key risks continue to be around income and CCG payment and increased spending in March to cope with operational pressures.
- The cash balance at the end of February was a very healthy £8.3m, £3.6m above the plan mainly as a result of the receipt of the temporary PDC in advance of the non recurrent support payment. The year end cash position is being closely managed to ensure we hit the year end target. CCG payments remain intermittent.
- The dispute over the readmission audit is still waiting for mediation by NHS England and the TDA.
- The overall risk level reported has been reduced, noting some greater certainty, but remains high at this point in the year.