

Integrated Performance Report M01 – April 2014

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

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Performance April 2014

Summary:

- Care Quality Commission
 - The Trust is not currently subject to any CQC warning notices or intervention action.
- Access Metrics
 - In April 2014 96.8% of patients were admitted or discharged within 4 hours with no 12 hour trolley wait breaches.
 - In April 2014, all three RTT standards were achieved at aggregate Trust level with non-compliance for the admitted standard in T&O.
 - All Cancer Access Standards 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 however, there were 3 episodes of C-Diff cases in April.
 - Maternity indicators continue to show positive performance.
- Quality Governance Metrics
 - The April FFT scores for ED increased by two points again, to +78 (the highest score to date has been January +80). The Inpatient score has again increased by +4 points this month to +84, the highest recorded score to date; comparative data is not yet available.
 - The Trust continues to monitor ward nursing (numbers and skill mix) on a daily basis and is assured that adequate staffing is in place.

Performance April 2014

- Finance
 - The planned position is a deficit each month for the first quarter, to reflect the profile of the cost improvement schemes.
 - The Trust is on plan at Month 1 with a (£0.9)m deficit.
- Key Risks
 - Finance – The risk to the forecast outturn is recorded as £8.5m potential adverse change. That risk is from non-payment for activity through contractual measures, non delivery of savings and divisional overspending.
 - Quality – The Significant Risk Register for the Trust includes two Quality risks – The Non Invasive Ventilation pathway and Access to Paediatric medical records in ED to support Safeguarding action. Both risks have treatment plans which are being progressed

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.

Patient Safety

Indicator Description	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14		Trigger Text	Trigger Points
Patient Safety								
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)	90.6%	91.9%	90.4%	92.7%	94.2%	90.5%	> Target is Good	92% 87%
Safety Thermometer - % of patients with harm free care (new harm)	94.9%	95.3%	94.2%	96.5%	97.7%	95.4%	> Target is Good	92% 87%
Percentage of patients who have a VTE risk assessment	96%	96%	96%	96%	95%	95%	> Target is Good	95% 90%
WHO Checklist Usage - % Compliance	99%	100%	100%	100%	100%	100%	For Information	
Serious Incidents - No per 1000 Bed Days	0.55	0.06	0.29	0.13	0.34	0.24	< Target is Good	1.23 1.35
Number of overdue CAS and NPSA alerts	2	1	0	0	0	0	< Target is Good	0 1
Mortality and Readmissions								
HSMR (56 Monitored diagnoses - 12 Months)	92.1	87.3	88.8	85.2			< Target is Good	100 Neg Alert
Emergency readmissions within 30 days (PBR Rules)	6.05%	6.50%	6.48%	5.76%	6.85%		< Target is Good	10.9% 12.0%
Infection Control								
MRSA (incidences in month)	1	1	0	0	0	0	For Information	
CDiff Incidences (in month)	3	0	1	0	0	3	< Target is Good	on plan 1 stdev
MSSA	0	1	0	1	0	0	For Information	
E-Coli	17	16	23	16	15	23	For Information	
Maternity								
C Section Rate - Emergency	14%	13%	19%	20%	16%	18%	For Information	
C Section Rate - Elective	9%	8%	10%	8%	11%	10%	For Information	
Maternal Deaths	0	0	0	0	0	0	< Target is Good	0 1
Admissions of full term babies to neo-natal care	6.5%	6.4%	5.2%	6.0%	6.2%	7.6%	For Information	

Patient Safety

- Patient safety indicators continue to show expected levels of performance.
- There were no never events or medication errors causing severe harm or death in April
- Safety Thermometer – TDA standard of 92% for harm free care was not met in April with a Trust position of 90.5%. Community acquired pressure damage continues to be the key driver and work is underway to support community providers in pressure damage avoidance. The Trust did achieve 95.4% relating to New Harm acquired post admission.
- There were no overdue CAS alerts at the end of April.

Clinical Effectiveness

Mortality and Readmissions

- The latest HSMR data and SHMI data both show overall trust mortality is lower than expected, with no concerns at Trust level. The Trust wide Mortality Group is now re-constituted to ensure coverage of all specialties, improve consistency of reporting and to coordinate learning opportunities.
- 30 day readmissions continue to be below expected levels and historic data quality issues are now being resolved.

Infection Control

- There were no cases of MRSA in April, However, there were 3 cases of C. diff, in line with the trajectory for the year.

Maternity

- Recent months have seen an increased Emergency C-Section rate. The clinical effectiveness committee is reviewing results of the Maternity team's audit of emergency C-Sections in May. The committee asked for further assurance once a full audit has been completed, with a view on other connected quality indicators (notably the number of induced births). The output will be reported next month.

Access & Responsiveness

Indicator Description	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	Trigger Text	Trigger Points
Emergency Department								
ED 95% in 4 hours	98.0%	96.9%	95.7%	94.7%	97.5%	96.8%	> 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	44	78	97	96	72	83	For Information	
Ambulance Turnaround - Number Over 60 mins	0	5	18	6	0	9	For Information	
18 Weeks RTT								
RTT Admitted - 90% in 18 weeks	94.4%	93.8%	93.4%	92.0%	91.4%	92.9%	> Target is Good	90% 85%
RTT Non Admitted - 95% in 18 weeks	97.3%	97.6%	98.1%	98.1%	97.6%	97.4%	> Target is Good	95% 90%
RTT Incomplete Pathways - % under 18 weeks	96.3%	96.8%	96.2%	95.9%	96.2%	96.4%	> Target is Good	92% 87%
RTT Patients over 52 weeks on incomplete pathways	0	1	1	0	0	0	< Target is Good	0 1
Percentage of patients waiting 6 weeks or more for diagnostic	0.9%	0.3%	0.1%	0.0%	0.0%	0.0%	< Target is Good	1% 5%
% of operations cancelled on the day not treated within 28 days	0.0%	0.0%	1.3%	0.0%	0.0%	0.0%	< Target is Good	0% 3.5%
Cancer Access								
Cancer - TWR	93.1%	93.8%	94.5%	95.9%	96.1%	93.1%	> Target is Good	93% 88%
Cancer - TWR Breast Symptomatic	94.5%	92.1%	93.3%	99.2%	98.6%	93.7%	> Target is Good	93% 88%
Cancer - 31 Day Second or Subsequent Treatment (SURGERY)	90.9%	96.0%	100.0%	100.0%	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	100.0%	97.8%	96.8%	99.0%	99.0%	100.0%	> Target is Good	96% 91%
Cancer - 62 Day Referral to Treatment Standard	84.7%	87.6%	87.8%	85.0%	95.2%	85.3%	> Target is Good	90% 85%
Cancer - 62 Day Referral to Treatment Screening	100.0%	100.0%	25.0%	50.0%	100.0%	100.0%	> Target is Good	85% 80%

Emergency Department

- In April 2014 96.8% of patients were admitted or discharged within 4 hours with no 12 hour trolley wait breaches.
- Despite the improved performance, the number of Ambulance hand over delays increased with 83 between 30 and 60 mins and 9 over one hour. This is limited to a number of particularly busy days with high volumes of ambulances concentrated in a very short time period.

Access & Responsiveness

Referral to Treatment (RTT) and Diagnostics

- In April 2014, all three RTT standards were achieved at aggregate Trust level with non-compliance for the admitted standard in T&O.
- The non-compliance in T&O is driven by theatre capacity issues as well as bed availability resulting from the growth in emergency activity during the winter. Plans are 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.
- There were no Urgent operations Cancelled twice or Breaches of the 28 day guarantee in April 2014 and on the day cancellations also reduced to 0.8% of all elective admissions.

Cancer Access

- All Cancer standards were achieved in April 2014.

Patient Voice and Workforce

Indicator Description	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	Trigger Text	Trigger Points
Patient Voice								
Inpatient FFT - Net Promoter Score	75	74	76	74	80	84		For Information
Emergency department Friends & Family (Net Promoter Score)	70	76	80	78	76	78		For Information
Maternity FFT - Antenatal Net Promoter Score			67	62	77	71		For Information
Maternity FFT - Delivery Net Promoter Score			79	75	76	74		For Information
Maternity FFT - Postnatal Ward Net Promoter Score			64	44	55	47		For Information
Maternity FFT - Postnatal Community Care Net Promoter Score			74	82	64	71		For Information
Mixed Sex Breaches	0	0	0	0	0	0	< Target is Good	0
Complaints (rate per 10,000 occupied bed days)	18	19	24	25	25	16		1
Workforce								
Overall Sickness Rate	3.5%	3.6%	3.9%	3.9%	3.2%	3.0%	< Target is Good	5.2%
%age of staff who have had appraisal in last 12 months	80%	79%	81%	76%	87%	80%		5.7%
Staff Turnover rate	14.8%	15.6%	14.5%	14.8%	14.3%	14.6%		

Patient Voice

- The April Friends and Family (FFT) scores for ED increased by two points again, to +78 (the highest score to date has been January +80). The Inpatient score has again increased by +4 points this month to +84, the highest recorded score to date; comparative data is not yet available.
- The April response rates for inpatients was the highest so far at 40%; the ED response rate was 19% - and has been fairly stable for the last three months.
- The April maternity FFT scores range from +71 to +74 (+71 for antenatal care and postnatal community care; +74 for delivery). The lowest score continues to be for the postnatal ward (+47).
- The response rate for the postnatal community touch-point remains stubbornly low, at 5%. The Friends and Family response rate for the postnatal community touchpoint remains a challenge.
- 52 reception staff have now received Customer Care Training and the final two sessions in the pilot for an additional 34 staff will take place in early June. Staff from the Emergency Department, Outpatient Department, Main reception, Diagnostic Imaging and GAU/EPU, Dental have been included.

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Patient Voice and Workforce

- The Trust has maintained zero tolerance to mixed sex accommodation throughout the period

Workforce

- Staff Turnover remained static, with a 0.3% increase in April. HR Business Partners within the divisions continue to support improvements in recruitment and retention.
- The percentage of staff having had an appraisal within the last 12 months has decreased slightly in April to 80%, which is also a reduction in the same period last year. Improvements are being introduced to manager notifications and also monthly training sessions for newly appointed managers.
- Sickness absence decreased to 3.0% in April 2014.

Indicator Description	Jan-14	Feb-14	Mar-14	Apr-14	YTD	Trigger Basis
	M10	M11	M12	M01	RAG	
Priority 1 - Live within our means both in year and sustainably into the future						
Overall Financial Position						
- Outturn £m Surplus / (Deficit) - Plan	0.0	0.0	0.0	2.3		
- Outturn £m Surplus / (Deficit) - Forecast	0.3	0.3	0.3	2.3	G	Red is a deficit < (0.1)% income
- YTD £m Surplus / (Deficit) - Plan	0.0	0.0	0.0	(0.9)		
- YTD £m Surplus / (Deficit) - Actual	0.3	0.3	0.3	(0.9)	G	Red is a variance < (0.1)%
- Outturn UNDERLYING £m Surplus / (Deficit) - Plan	(3.5)	(3.5)	(3.5)	(3.4)		
- Outturn UNDERLYING £m Surplus / (Deficit) - Actual	(4.3)	(4.3)	(4.3)	(3.4)	G	Red is a variance <£(0.5m)
- YTD Savings £m - Actual	8.7	9.9	11.1	0.4	G	Red is adverse <(1.0)%
- OT Risk £m Surplus / (Deficit) - Assessment	(5.5)	(4.3)	0.0	(8.5)	R	Red is a deficit <£(0.5m)
- Outturn Cash position £m Fav / (Adv) - Forecast	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	3.8	8.3	2.6	2.9	G	Red is <£(0.6)m adv to plan and <£0.6m)
- YTD Liquid ratio - days	(1.0)	(1.0)	(13.0)	(16.0)	R	Red is <(15) days Green is >15 days
- YTD BPPC (overall) value £m	84%	84%	85%	94%	A	Red is <85% Green is >95%
- YTD BPPC (overall) volume £m	84%	84%	85%	87%	A	Red is <85% Green is >95%
- Outturn Capital spend Fav / (Adv) - forecast	16.4	16.4	16.4	19.3	G	Red is <£(0.5m) adv to plan

- The planned position is a deficit each month for the first quarter, to reflect the profile of the cost improvement schemes.
- The Trust is on plan at Month 1 with a (£0.9)m deficit.
- At Month 1 red rated cost improvements remain in divisional budgets – changes will be made once the review of the cost improvement plan has been completed. This accounts for part of the adverse variance seen in divisions, however there are other pressures visible which are subject to PMO review. CSS have put a red rated risk on the significant risk register, although remedial action is advanced.
- The cost improvement plan for the year is £11.0m and in April £0.4m was achieved – this is below the Trust’s “stretch” plan (to get ahead of the profile), but ahead of the TDA Plan for Month 1.

Finance

- The Trust is not planning for non-recurrent support this year and therefore the underlying position is mainly affected by redundancy costs (which affects the underlying, but not the normalised position). The underlying position at the end of April was (£0.9)m deficit, and on plan.
- The cash balance at the end of March 2014 was £2.9m, marginally ahead of the planned position.
- The capital forecast is spend of £19.6m – an undershoot of £0.9m accepted by the TDA and previously reported in relation to the Theatres Phase 2 has been carried forward into 2014/15, however formal confirmation of the capital resource limit has not yet been received.