

# Integrated Performance Report M06 – September 2014

Presented by: **Paul Bostock** (Chief Operating Officer) **Des Holden** (Medical Director) **Fiona Allsop** (Chief Nurse) **Paul Simpson** (Chief Financial Officer)

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

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

# Performance – September 2014

## Care Quality Commission

- The Trust is not subject to any CQC enforcement action and continues to progress the improvement plans which followed the CQC Inspection in May 2014.

## Patient Safety

- Patient safety indicators continued to show expected levels of performance.
- The Trust had no MRSA bloodstream infections and no Trust acquired C-Diff cases in September.
- Adult Bed occupancy remains higher than plan due to increased activity and is one of the items covered within the collaborative CQC action plan.

## Clinical Effectiveness

- The latest HSMR data shows overall Trust mortality is lower than expected for our patient group.
- Maternity indicators continue to show expected performance. The Clinical Effectiveness committee is monitoring these indicators, reflecting some of the underlying trends in the data.

## Access and Responsiveness

- In September 2014 95.4% of patients were admitted or discharged within the ED standard of 4 hours with no 12 hour trolley wait breaches.
- The Admitted and Incompletes RTT standards were achieved at aggregate Trust level, while the Non-Admitted standard was not achieved. There were a number of speciality failures as work is undertaken to reduce the number of patients waiting over 18 weeks for treatment.
- All Cancer Access Standards were achieved except for the 62 Day referral to treatment (GP) and 62 Day referral to treatment from screening services standards.

# Performance – September 2014

## Patient Experience

- The September FFT score for ED was +78 and the Inpatient score was +77.

## Workforce

- The Trust continues to monitor ward nursing (numbers and skill mix) on a daily basis and is assured that adequate staffing is in place. Ward staffing levels are now published on the Trust’s external website at ward level. The Trust is also continuing to monitor temporary staffing usage on a weekly basis.

## Finance

- The Trust continues on plan at Month 6 with a (£1.3)m deficit year to date; a £0.2m surplus in month.

## Key Risks

- Finance – The risk to the forecast outturn is recorded as £8.5m potential adverse change. That risk is from income (emergency activity over plan / reduced elective) and divisional overspending.
- Quality – The Significant Risk Register for the Trust includes two quality risks in relation to “Right bed first time” and ED Access standards.

### 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

## Patient Safety





Indicator Description	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Trend
No of Never Events in month	0	0	0	0	0	0	0	0	0	0	1	0	0	
No of medication errors causing Severe Harm or Death	0	0	0	0	0	0	0	1	0	1	0	0	0	
Safety Thermometer - % of patients with harm free care (all harm)	91.4%	89.5%	90.6%	91.9%	90.4%	92.7%	94.2%	90.5%	92.8%	92.3%	90.8%	92.5%	92.0%	
Safety Thermometer - % of patients with harm free care (new harm)	95.8%	94.7%	94.9%	95.3%	94.2%	96.5%	97.7%	95.4%	97.0%	97.3%	95.3%	96.1%	94.5%	
Percentage of patients who have a VTE risk assessment	96%	96%	96%	96%	96%	96%	95%	95%	96%	95%	95%	95%	95%	
WHO Checklist Usage - % Compliance	100%	99%	99%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Number of Sis	4	4	9	1	5	2	6	4	7	1	11	3	3	
Serious Incidents - No per 1000 Bed Days	0.25	0.24	0.55	0.06	0.29	0.13	0.35	0.24	0.40	0.06	0.65	0.18	0.17	
Number of overdue CAS and NPSA alerts	0	1	2	1	0	0	0	0	0	0	0	0	0	

- Patient safety indicators continue to show expected levels of performance.
- Safety Thermometer – While the “All Harm” standard was achieved in September, the “New Harm” standard reduced to 94.5%. The key driver of the reduced performance was the number of patients who had experienced a fall within the previous 72 hours (either while an inpatient or had fallen at home prior to admission but were an inpatient at the time of data collection). Noting that these would not all have occurred while under Trust care, reduction in falls remains a key area of focus for the Trust.
- VTE performance at the time of writing and is still subject to final validation for areas where the primary VTE assessment system is not used. Final performance is expected to be over 95%.

# Patient Safety

- 3 SIs declared were declared in September 2014, all categorised as major harm. Two related to the delayed/missed diagnosis of a patient and one was a fall resulting in a fractured wrist.
- There were no overdue CAS alerts at the end of September.



## Infection Control

Indicator Description	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Trend
MRSA (incidences in month)	0	0	1	1	0	0	0	0	0	0	0	0	0	
CDiff Incidences (in month)	4	3	3	0	1	0	0	3	0	2	2	3	0	
MSSA	2	1	0	1	0	1	0	0	0	2	2	2	3	
E-Coli	18	31	17	16	23	16	15	23	25	23	18	17	22	

- There were no cases of MRSA in September, and no cases of trust acquired C.diff taking the total to 10 YTD against a trajectory of 14 YTD and 16 cases for the same period last year. The trust continues to enforce good antimicrobial practice with on-going audit and reporting of results to clinical teams.




# Clinical Effectiveness

## Mortality and Readmissions

Indicator Description	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Trend
HSMR (56 Monitored diagnoses - 12 Months)	91.3	91.6	92.4	87.7	89.1	88.8	85.0	85.2	84.0	80.4				
Emergency readmissions within 30 days (PBR Rules)	6.7%	6.0%	6.4%	6.8%	7.0%	6.2%	7.4%	6.7%	6.6%	6.5%	7.3%	7.0%		

- Mortality – The latest HSMR data shows overall Trust mortality is lower than expected for our patient group when benchmarked against national comparators.
- Readmissions within 30 days continues to remain at expected levels.



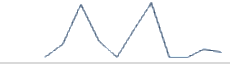
## Maternity

Indicator Description	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Trend
C Section Rate - Emergency	17%	16%	14%	13%	19%	20%	16%	18%	15%	14%	17%	15%	15%	
C Section Rate - Elective	9%	7%	9%	8%	10%	8%	11%	10%	10%	11%	10%	13%	10%	
Maternal Deaths	0	0	0	0	0	0	0	0	0	0	0	0	0	
Admissions of full term babies to neo-natal care	7.5%	8.0%	6.5%	6.4%	5.2%	6.0%	6.2%	7.6%	6.7%	7.5%	8.5%	6.1%	8.0%	

- Maternity continues to show positive performance overall. The Clinical Effectiveness Committee has recently reviewed C-section rates and other indicators and is satisfied that variation compares with national averages.

# Access and Responsiveness








## Emergency Department

Indicator Description	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Trend
ED 95% in 4 hours	96.3%	96.2%	98.0%	96.9%	95.7%	94.7%	97.5%	96.8%	96.1%	96.6%	97.6%	95.9%	95.4%	
Patients Waiting in ED for over 12 hours following DTA	0	0	0	0	0	0	0	0	0	0	0	0	0	
Ambulance Turnaround - Number Over 30 mins			44	78	97	96	72	83	105	77	41	72	97	
Ambulance Turnaround - Number Over 60 mins			0	5	18	6	0	9	19	0	0	3	2	

- In September 2014 95.4% of patients were admitted or discharged within 4 hours with no 12 hour trolley wait breaches.
- The reduced performance against the ED standard, as well as the increased Ambulance Turnaround delays compared to the summer period, is driven by adult bed occupancy which continues to be higher than planned.
- The high occupancy rates have also impacted Elective Access with 55 patients cancelled on the day due to unavailability of beds and a further 54 were cancelled the day before.
- The Trust and CCG's are working to understand this high level of emergency activity and mitigate risk as we move into winter to ensure the Trust can remain resilient through those months. Work is also underway to implement a "Discharge to Assess" model of care to aid flow out of the hospital.
- In light of the on-going operational pressures in the Trust, the following two risks have been escalated to the significant risk register:
  - ED Access Standard - Failure to maintain the emergency department standard due to lack of capacity in the health system to manage winter pressures – Risk score 16 (Likelihood of 4 and consequence of 4)
  - Patient admitted to the right bed first time – If the trust does not maintain and improve the ability to allocate the right bed first time, there is an increased risk of reduced quality of care (effectiveness, experience and safety) – Risk score 15(Likelihood of 5 and consequence of 3)

# Access and Responsiveness

## Cancer





Indicator Description	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Trend
Cancer - TWR	93.0%	93.8%	93.0%	93.7%	94.5%	95.9%	96.1%	93.1%	93.1%	93.6%	93.1%	93.0%	93.2%	
Cancer - TWR Breast Symptomatic	86.2%	97.3%	94.5%	92.1%	93.3%	99.2%	98.6%	93.7%	93.5%	93.7%	93.2%	94.4%	93.2%	
Cancer - 31 Day Second or Subsequent Treatment (SURGERY)	96.0%	94.7%	90.9%	95.6%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
Cancer - 31 Day Second or Subsequent Treatment (DRUG)	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
Cancer - 31 Day Diagnosis to Treatment	97.5%	96.6%	100.0%	97.6%	96.8%	99.0%	99.0%	100.0%	100.0%	98.1%	99.2%	97.1%	99.3%	
Cancer - 62 Day Referral to Treatment Standard	88.8%	80.0%	100.0%	100.0%	87.8%	85.0%	95.2%	89.7%	87.0%	86.9%	90.8%	87.9%	78.5%	
Cancer - 62 Day Referral to Treatment Screening	85.0%	88.4%	84.6%	85.0%	25.0%	50.0%	100.0%	100.0%	100.0%	100.0%	50.0%	100.0%	80.0%	

- All Cancer Access Standards were achieved except for the 62 Day referral to treatment (GP) and 62 Day referral to treatment from screening services.



# Access and Responsiveness

## Referral to Treatment (RTT) and Diagnostics

Indicator Description	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Trend
RTT Admitted - 90% in 18 weeks	96.6%	94.6%	94.4%	93.8%	93.4%	92.0%	91.4%	92.9%	94.4%	94.7%	92.8%	90.4%	90.7%	
RTT Non Admitted - 95% in 18 weeks	96.5%	97.5%	97.3%	97.6%	98.1%	98.1%	97.6%	97.4%	97.2%	96.5%	95.2%	95.8%	93.2%	
RTT Incomplete Pathways - % under 18 weeks	97.6%	96.6%	96.3%	96.8%	96.2%	95.9%	96.2%	96.4%	96.0%	95.2%	94.9%	93.9%	93.8%	
RTT Patients over 52 weeks on incomplete pathways	0	0	0	1	1	0	0	0	0	0	0	0	0	
Percentage of patients waiting 6 weeks or more for diagnostic	0.1%	0.0%	0.9%	0.3%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.3%	0.1%	0.0%	
% of operations cancelled on the day not treated within 28 days	0.0%	0.0%	0.0%	0.0%	1.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.0%	

- In September 2014, The Admitted and Incompletes RTT standards were achieved at aggregate Trust level, while the Non-Admitted standard was not achieved. There were a number of speciality failures as work is undertaken to reduce the number of patients waiting over 18 weeks for treatment. Having breached the Incomplete standard for 2 months, Ophthalmology returned to compliance in September (full specialty compliance achieved for Incompletes standard)
- The Trust is working in line with the national drive to reduce the number of patients on incomplete pathways over 18 weeks (the “Backlog”). However, this indicator continues to show a downward trend over the last 12 months. The drivers behind this position are multifactorial (increased referrals, capacity shortfalls as well as process issues) and the Trust is taking a number of actions to try and reverse this trend and reduce the number of patients waiting over 18 weeks.
- The Admitted Backlog increased from 195 at the end of August to 282 at the end of September. The Non-admitted backlog decreased from 964 to 912 over the same period.
- Within Diagnostics, the quality standard for waits over 6 weeks was achieved and there were no urgent operations cancelled twice, or breaches of the 28 day target. One patient who was cancelled in August was not able to be treated within 28 days and was treated in September.

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# Patient Experience

## Patient Voice

Indicator Description	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Trend
Inpatient Department FFT - Net Promoter Score	76	72	75	74	76	74	80	84	82	80	82	84	77	
Emergency Department FFT - Net Promoter Score	69	64	70	76	80	78	76	78	77	75	80	81	78	
Maternity FFT - Antenatal Net Promoter Score					67	62	77	71	71	68	79	69	62	
Maternity FFT - Delivery Net Promoter Score					79	75	76	74	71	76	68	79	68	
Maternity FFT - Postnatal Ward Net Promoter Score					64	44	55	47	43	51	58	61	63	
Maternity FFT - Postnatal Community Care Net Promoter Score					74	82	64	71	67	75	52	60	58	
Mixed Sex Breaches					0	0	0	0	0	0	0	0	0	0
Complaints (rate per 10,000 occupied bed days)	26	24	18	19	24	27	25	17	27	22	20	24	18	

- The September FFT score for ED was +78, a slight drop from the +81 the previous month. Since December 2013, the ED FFT score has been between +75 and +81.
- The Inpatient score has also dropped this month, from +84 in August to +77 in September. This is the lowest it has been since February 2014.
- The September response rates for inpatients has also dropped slightly, from 28% in August to 26% in September. There has also been a drop in the ED response rate - from 20% in August to 13% in September.
- The September maternity FFT scores are +62 for antenatal care, a drop from +69 in August; +68 for delivery, an decrease from +79 in August; +63 in the postnatal ward, a slight increase from +61 in August. The postnatal community score has also dropped slightly from +60 in August to +58 in September.

# Patient Experience

- Response rates in maternity also show a decline compared to August's achievements. The August 44% for antenatal community touchpoint was the highest to date but has dropped to 34% in September. Both the delivery and postnatal ward have also dropped - from at 27% in August to 22% in September. The postnatal community response rate remains at its lowest since December 2013, at 3%.
- National Friends and Family Test (FFT) data for August was released in early October. The +81 August score for the Emergency Department (ED) again placed it as 3<sup>rd</sup> best in the country, for the second month running. The August inpatient score of +84 meant that the Trust was placed in the top 20% and some way above the national average of +74.
- In maternity our August FFT scores are again above the national average for antenatal and delivery (+69 and +79 against a national average of +66). Both the postnatal ward score and the postnatal community score were below the national average of +66 (+61 and +60 respectively).
- There were no Mixed Sex Breaches in September 2014

The nurses doctors did everything from tests to what has happened to what will be the next step WONDERFUL  
*Emergency Department*

All staff were excellent in performing their duties and a most professional atmosphere, helpful and kind was in abundance, nothing was too much trouble for them, well done to all.  
*Chemotherapy Unit -ESH*

Dr Hanadi Asalieh went the extra mile and figured out the best medication for me with startling results in that I could feel the difference in my eyes within 30 minutes. Dr Asalieh kept an eye on me throughout and arranged for me to come in after my discharge to make sure I was still ok. Dr Asalieh is a gem.  
*AMU Chairs*

I do not remember any names but every member of the staff from the cleaning staff up to the consultants were excellent in every way. I would also like to include all members of the theatre staff and the surgical admissions staff.  
*Woodland Ward*

# Workforce

## Workforce

Indicator Description	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Trend
Average fill rate – registered nurses/midwives (%) - Day									97.3%	97.7%	97.5%	95.7%	95.4%	
Average fill rate – care staff (%) - Day									95.6%	97.3%	95.1%	97.5%	96.4%	
Average fill rate – registered nurses/midwives (%) - Night									97.5%	97.9%	98.2%	97.2%	98.1%	
Average fill rate – care staff (%) - Night									96.7%	97.5%	97.2%	97.5%	96.7%	
Overall Sickness Rate	3.5%	3.8%	3.5%	3.6%	3.9%	3.9%	3.2%	3.0%	3.3%	3.6%	3.8%	3.2%	4.0%	
%age of staff who have had appraisal in last 12 months	84%	83%	80%	79%	83%	76%	87%	80%	82%	80%	80%	75%	74%	
Staff Turnover rate	14.5%	14.8%	14.8%	15.6%	14.5%	14.8%	14.3%	14.6%	14.5%	15.0%	15.0%	15.8%	15.6%	

- The Trust continues to monitor ward nursing (numbers and skill mix) on a daily basis and is assured that adequate staffing is in place. This data is submitted to Unify and published on NHS Choices and at ward level on the Trust’s website.
- Staff Turnover decreased marginally to 15.6% in September 2014. HR Business Partners within the divisions continue to support actions to improve recruitment and retention with a significant focus on nursing.
- A new appraisal system, developed in conjunction with GE Healthcare, is being piloted with 65 senior staff over the coming months. The new system enables assessment against the behavioural anchors.
- Sickness absence increased to 4.0% in September 2014, the highest level in the past 12 months.

# Finance

Indicator Description	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14
Outturn £m Surplus / (Deficit) - Plan	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2.3	2.3	2.3	2.3	2.3	2.3
Outturn £m Surplus / (Deficit) - Forecast	0.3	0.3	0.3	0.1	0.3	0.3	0.3	2.3	2.3	2.3	2.3	2.3	2.3
YTD £m Surplus / (Deficit) - Plan	0.0	0.0	0.0	0.0	0.0	0.0	0.0	(0.9)	(1.7)	(2.8)	(2.1)	(1.5)	(1.3)
YTD £m Surplus / (Deficit) - Actual	0.2	0.2	0.2	0.3	0.3	0.3	0.3	(0.9)	(1.7)	(2.8)	(2.1)	(1.5)	(1.3)
Outturn UNDERLYING £m Surplus / (Deficit) - Plan	(3.5)	(3.5)	(3.5)	(3.5)	(3.5)	(3.5)	(3.5)	3.4	3.4	3.4	3.4	3.4	3.4
Outturn UNDERLYING £m Surplus / (Deficit) - Actual	(3.2)	(3.2)	(3.2)	(3.2)	(4.3)	(4.3)	(4.3)	3.4	3.4	3.4	3.4	3.4	1.0
YTD Savings £m - Actual	4.0	5.1	6.3	7.5	8.7	9.9	11.1	0.4	0.6	1.1	1.9	2.8	3.8
OT Risk £m Surplus / (Deficit) - Assessment	(6.5)	(5.5)	(5.5)	(5.5)	(5.5)	(4.3)	0.0	(8.5)	(8.0)	(8.0)	(8.5)	(8.5)	(8.5)
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	2.6	2.6
YTD Cash position £m Fav / (Adv) - Actual	1.7	1.1	2.3	2.8	3.8	8.3	2.6	2.9	2.6	2.4	2.7	3.1	3.0
YTD Liquid ratio - days	(11.0)	(10.0)	(4.0)	(6.0)	(1.0)	(1.0)	(13.0)	(16.0)	(15.0)	(18.0)	(18.0)	(17.0)	(10.0)
YTD BPPC (overall) volume £m	81%	80%	82%	83%	84%	84%	85%	94%	94%	94%	94%	94%	94%
YTD BPPC (overall) value £m	84%	82%	84%	84%	84%	84%	85%	87%	89%	90%	87%	88%	87%
Outturn Capital spend Fav / (Adv) - forecast	17.3	17.3	17.3	17.3	16.4	16.4	16.4	19.3	19.3	19.3	19.3	19.4	19.4

- The Trust continues on plan at Month 6 with a (£1.3)m deficit year to date; a £0.2m surplus in month.
- The M06 year to date position includes non recurrent balance sheet flexibility and a prudent accrual in respect of challenge to CCGs over the level of emergency activity and the withheld marginal rate budget.
- Emergency activity levels continue to be high and this is having an adverse impact on Divisions, and on income, with elective income in month at the lowest level all year.
- The Trust forecast remains at £2.3m surplus. However, risks to this position (mainly from the impact of emergency activity) are significant and have been estimated at £8.5m.
- The cost improvement plan year to date is £3.8m (35% of the full year target) and at M06 £3.8m has been achieved. The plan submitted to the TDA has now all but caught up with the Trust's "stretch" target.
- The underlying position at the end of September was (£1.3)m deficit, as per the year to date position. The forecast underlying position has been amended to reflect increased non recurrent action.
- The cash balance at the end of September 2014 was £3.0m, remaining ahead of the planned position, although cash will become more critical as the spend continues adverse to plan with uncertainty around additional income.
- The capital forecast spend is £19.4m, reflecting the additional funding for chemo prescribing.