

# Integrated Performance Report M12 – March 2014

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

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

# Performance March 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 recovered in March to 97.5%, and for Q3 the Trust was the best performing local Trust.
  - 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 were achieved in March 2014.
- 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 or C-Diff cases in March. C-Diff ended the year with 23 cases, 8 cases below trajectory.
  - Maternity indicators continue to show positive performance.
- Quality Governance Metrics
  - The Friends and Family Test score in March 2014 for Inpatients is +80 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. Nursing agency use remains higher than desired and significant recruitment is now delivering visible results.

# Performance March 2014

- Finance
  - The Trust has slightly improved on its financial plan (breakeven) for 2013/14 (subject to audit review). All figures remain provisional until the external audit review is concluded.
  - The Trust has delivered a small £0.3m surplus – there is a minor technical surplus £40k relating to donated assets.
- Key Risks
  - Quality - 18 weeks specialty compliance and impact of elective cancellations due to winter pressures – expected to be resolved in May 2014.

## 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	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-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)	89.5%	90.6%	91.9%	90.4%	92.7%	94.2%	> Target is Good	92% 87%
Safety Thermometer - % of patients with harm free care (new harm)	94.7%	94.9%	95.3%	94.2%	96.5%	97.7%	> Target is Good	92% 87%
Percentage of patients who have a VTE risk assessment	96%	96%	96%	96%	96%	95%	> Target is Good	95% 90%
WHO Checklist Usage - % Compliance	99%	99%	100%	100%	100%	100%	For Information	
Serious Incidents - No per 1000 Bed Days	0.24	0.55	0.06	0.23	0.12	0.34	< Target is Good	1.23 1.35
Number of overdue CAS and NPSA alerts	1	2	1	0	0	0	< Target is Good	0 1
<b>Mortality and Readmissions</b>								
HSMR (56 Monitored diagnoses - 12 Months)	91.4	90.4	88.2	86.2			< Target is Good	100 Neg Alert
Emergency readmissions within 30 days (PBR Rules)	6.20%	6.66%	7.13%	7.12%	6.30%		< Target is Good	10.9% 12.0%
<b>Infection Control</b>								
MRSA (incidences in month)	0	1	1	0	0	0	For Information	
CDiff Incidences (incidences YTD)	3	3	0	1	0	0	< Target is Good	on plan 1 stdev
MSSA	1	0	1	0	1	0	For Information	
E-Coli	31	17	16	23	16	15	For Information	
<b>Maternity</b>								
C Section Rate - Emergency	17.3%	16.7%	15.7%	23.2%	23.2%	19.2%	For Information	
C Section Rate - Elective	7.1%	6.6%	5.4%	6.7%	7.0%	7.9%	For Information	
Maternal Deaths	0	0	0	0	0	0	< Target is Good	0 1
Admissions of full term babies to neo-natal care	8.0%	6.5%	6.4%	5.2%	6.0%	6.2%	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 March.
- The Safety thermometer for all harm (Trust and community acquired) exceeded the 92% standard (performance of 94.2%) When measuring new harm while the patients were under the care of SaSH, the Trust achieved a performance of 97.7%.
- There were no overdue CAS alerts at the end of March.

# Clinical Effectiveness

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## 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 or C-Diff in March. C-Diff ended the financial year with 23 cases , 8 cases below the full year trajectory.

## Maternity

- The last 3 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.

## Access & Responsiveness

Indicator Description	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Trigger Text	Trigger Points
<b>Emergency Department</b>								
ED 95% in 4 hours	96.2%	98.0%	96.9%	95.7%	94.7%	97.5%	> 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	32	44	78	97	96	72		For Information
Ambulance Turnaround - Number Over 60 mins	3	0	5	18	6	0		For Information
<b>18 Weeks RTT</b>								
RTT Admitted - 90% in 18 weeks	94.6%	94.4%	93.8%	93.4%	92.0%	91.4%	> Target is Good	90% 85%
RTT Non Admitted - 95% in 18 weeks	97.5%	97.3%	97.6%	98.1%	98.1%	97.6%	> Target is Good	95% 90%
RTT Incomplete Pathways - % under 18 weeks	96.6%	96.3%	96.8%	96.2%	95.9%	96.2%	> Target is Good	92% 87%
RTT Patients over 52 weeks on incomplete pathways	0	0	1	1	0	0	< Target is Good	0 1
Percentage of patients waiting 6 weeks or more for diagnostic	0.0%	0.9%	0.3%	0.1%	0.0%	0.0%	< Target is Good	1% 5%
% of operations cancelled on the day not treated within 28 days	0.0%	0.0%	0.0%	1.3%	0.0%	0.0%	< Target is Good	0% 3.5%
<b>Cancer Access</b>								
Cancer - TWR	93.7%	93.1%	93.8%	94.4%	95.9%	96.1%	> Target is Good	93% 88%
Cancer - TWR Breast Symptomatic	95.7%	94.5%	92.1%	93.3%	99.2%	98.6%	> Target is Good	93% 88%
Cancer - 31 Day Second or Subsequent Treatment (SURGERY)	94.7%	90.9%	95.6%	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	96.5%	100.0%	97.8%	96.8%	99.0%	99.0%	> Target is Good	96% 91%
Cancer - 62 Day Referral to Treatment from Screening	80.0%	100.0%	100.0%	25.0%	50.0%	100.0%	> Target is Good	90% 85%
Cancer - 62 Day Urgent Referral	87.9%	84.7%	87.6%	87.8%	85.0%	90.2%	> Target is Good	85% 80%

### Emergency Department

- Following marginal under-performance against the Emergency Department 4 hour standard in February, in March 2014 97.5% of patients were admitted or discharged within 4 hours. Combined with the previous two months, the Trust achieved performance of 96% for Q4 which was best regional performance for Type 1 Emergency Departments.
- March also saw a reduction in Ambulance handover delays with no delays over one hour.

## Access & Responsiveness

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### Referral to Treatment (RTT) and Diagnostics

- In March 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 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 March 2013, all Cancer standards were achieved. For Quarter 4 as a whole, all Cancer Standards except the 62 Day Screening standard were achieved with 2.5 patient breaches out of a total of 5 treatments.

## Patient Voice and Workforce

Indicator Description	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Trigger Text	Trigger Points
<b>Patient Voice</b>								
Inpatient FFT - Net Promoter Score	72	75	74	76	74	80		For Information
Emergency department Friends & Family (Net Promoter Score)	64	70	76	80	78	76		For Information
Maternity FFT - Antenatal Net Promoter Score				67	62	77		For Information
Maternity FFT - Delivery Net Promoter Score				79	75	76		For Information
Maternity FFT - Postnatal Ward Net Promoter Score				64	44	55		For Information
Maternity FFT - Postnatal Community Care Net Promoter Score				74	82	64		For Information
Mixed Sex Breaches	0	0	0	0	0	0	< Target is Good	0
Complaints (rate per 10,000 occupied bed days)	24	18	19	24	25	25		For Information
<b>Workforce</b>								
Overall Sickness Rate	3.8%	3.5%	3.6%	3.9%	3.9%	3.2%	< Target is Good	5.2%
%age of staff who have had appraisal in last 12 months	83%	80%	79%	81%	76%	TBC		For Information
Staff Turnover rate	14.8%	14.8%	15.6%	14.5%	14.8%	14.3%		For Information

### Patient Voice

- National Friends and Family Test (FFT) data for February was released in early April. The +78 February score for the Emergency Department (ED) placed it 12th best in the country. The February inpatient score of +76 meant that the Trust score was above the national average of +73 (the same position as January).
- The March FFT scores for ED dropped by two points again, to +76 (from the January peak of +80). The Inpatient score has increased by +4 points this month to +80, the highest recorded score to date; comparative data is not yet available.
- The response rates for both areas continue to improve and have again achieved highest levels to date; 20% in ED and 39% for inpatient wards. The Q4 combined response rate for ED and Inpatients is 23%. The CQUIN target of 20% has been achieved.
- The March maternity FFT scores range from +77 and +76 for antenatal care and delivery respectively, to +64 for postnatal community care and +55 for the postnatal ward.
- The response rate for the postnatal community touch-point remains low, at 6%.



## Patient Voice and Workforce

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- Comparative maternity FFT scores are available for February and show the same pattern as for January: Both the delivery and postnatal community touch-points were above the national average; the antenatal community touch-point was a little below the national average, but the postnatal ward score was somewhat below the national average +44 compared to the average of +67).
- The Trust has maintained zero tolerance to mixed sex accommodation throughout the period

### Workforce

- Staff Turnover remained static in March and 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 is being reviewed and finalised so is not available at the time of reporting. In line with previous years, a significant number of appraisals are undertaken in March so performance is expected to be better than the 76% reported in February.
- Sickness absence decreased to 3.2% in March 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	Mar-14	YTD	Trigger Basis
	M01	M02	M03	M04	M05	M06	M07	M08	M09	M10	M11	M12	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	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	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	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	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)	(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)	(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	11.1	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)	0.0	G	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	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	2.6	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)	(13.0)	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%	85%	R	Red is <85% Green is >95%
- YTD BPPC (overall) volume £m	93%	90%	90%	90%	90%	84%	82%	84%	84%	84%	84%	85%	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	16.4	R	Red is <£(0.5m) adv to plan

- The Trust has slightly improved on its financial plan (breakeven) for 2013/14 (subject to audit review). All figures remain provisional until the external audit review is concluded.
- The Trust has delivered a small £0.3m surplus – there is a minor technical surplus £40k relating to donated assets.
- The contracting timetable runs 3 months behind the financial year end. The financial position therefore includes the Trust view for contract income from East Surrey CCG (which was not subject to a Memorandum of Understanding this year), and for the smaller contracts and NCA's. There is, based on month 9, a dispute with East Surrey CCG.
- The Trust was £0.8m favourable to its contract income budget, noting that the marginal rate for emergency activity deduction totalled £6.8m.
- The Trust delivered the planned £11m of savings in 2013/14, mitigation was used to offset some schemes that did not deliver to plan.
- The non-recurrent income being used to support the Trust in 2013/14 was £3.5m (a significant reduction from the £13.4m required the previous year). The underlying position at the end of 2013/14 was a £4.3m deficit.

## Finance

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- The cash balance at the end of March 2014 was £2.6m (£2m of which related to funding for capital projects). This means the Trust achieved its cash balance target.
- Capital spend for the year was £16.4m – an undershoot of £0.9m accepted by the TDA and previously reported in relation to the Theatres Phase 2 carry forward into 14/15.