

Integrated Performance Report M02 – May 2014

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

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Performance May 2014

Summary:

- Care Quality Commission
 - The Trust is not currently subject to any CQC warning notices or intervention action.
- Patient Safety and Clinical Effectiveness
 - 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 and no Trust acquired C-Diff cases in May.
 - Maternity indicators continue to show expected performance.
- Access and Responsiveness
 - In May 2014 96.5% of patients were admitted or discharged within 4 hours with no 12 hour trolley wait breaches.
 - All three RTT standards were achieved at aggregate Trust as well as at Specialty Level..
 - All Cancer Access Standards were achieved
- Patient Voice
 - The May Friends and Family (FFT) scores for ED decreased by one point, to 77 (the highest score to date has been January +80). The Inpatient score has decreased by two points this month to +82, the highest recorded score to date was April +84.
- 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. Fill rates are now published on the Trust's external website at ward level.

Performance May 2014

- Finance
 - The Trust is on plan at Month 2 with a (£1.7)m deficit.
 - The cost improvement plan for the year is £11.0m and in May £0.6m was achieved – this is now (£0.6)m below the Trust’s “stretch” plan (to get ahead of the profile), but marginally ahead of the TDA Plan for Month 2.
- Key Risks
 - Finance – The risk to the forecast outturn is recorded as £8m 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 one Quality risk –Access to Paediatric medical records in ED to support Safeguarding action. A Treatment plan is in place and is 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	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-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)	91.9%	90.4%	92.7%	94.2%	90.5%	92.8%	> Target is Good	92% 87%
Safety Thermometer - % of patients with harm free care (new harm)	95.3%	94.2%	96.5%	97.7%	95.4%	97.0%	> Target is Good	92% 87%
Percentage of patients who have a VTE risk assessment	96%	96%	96%	95%	95%	96%	> Target is Good	95% 90%
WHO Checklist Usage - % Compliance	100%	100%	100%	100%	100%	100%	For Information	
Serious Incidents - No per 1000 Bed Days	0.06	0.29	0.13	0.34	0.24	0.41	< Target is Good	1.23 1.35
Number of overdue CAS and NPSA alerts	1	0	0	0	0	0	< Target is Good	0 1
Mortality and Readmissions								
HSMR (56 Monitored diagnoses - 12 Months)	87.3	88.8	85.2				< Target is Good	100 Neg Alert
Emergency readmissions within 30 days (PBR Rules)	6.9%	6.9%	6.2%	7.4%	6.9%		< Target is Good	10.9% 12.0%
Infection Control								
MRSA (incidences in month)	1	0	0	0	0	0	For Information	
CDiff Incidences (in month)	0	1	0	0	3	0	< Target is Good	on plan 1 stdev
MSSA	1	0	1	0	0	0	For Information	
E-Coli	16	23	16	15	23	25	For Information	
Maternity								
C Section Rate - Emergency	13%	19%	20%	16%	18%	15%	For Information	
C Section Rate - Elective	8%	10%	8%	11%	10%	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	6.4%	5.2%	6.0%	6.2%	7.6%	6.7%	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 May
- Safety Thermometer – In May, 92.8% of patients were Harm free (including harm acquired prior to admission). The improvement from April was a result of a reduction in pressure damage and Catheter / UTIs. In relation to New Harm, the percentage of patients with Harm free care improved to 97%.
- There were no overdue CAS alerts at the end of May.

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 either MRSA or Cdiff in May.

Maternity

- Recent months have seen an increased Emergency C-Section rate, although this has reduced to 15% in May. The clinical effectiveness committee was due to review the results of the Maternity team's audit of emergency C-Sections in May. Following discussions by the consultants, they felt the focus of the audit should change to look at mobilising in labour. This has delayed the audit and is now due to come back to the Committee in July.
- Meanwhile an audit of the Birth Choices pathway, which has driven a significant reduction in the elective caesarean rate and encouraged women to opt for a normal birth after previous C-Section, is to be undertaken

Risk Management

- The risk relating to Non Invasive Ventilation was reviewed and has been down graded from 16 to 6 as appropriate controls have been put in place in order to reduce and monitor, which will be supported by revised policy guidelines.

Access & Responsiveness

Indicator Description	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Trigger Text	Trigger Points	
Emergency Department									
ED 95% in 4 hours	96.9%	95.7%	94.7%	97.5%	96.8%	96.5%	> 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	78	97	96	72	83	105		For Information	
Ambulance Turnaround - Number Over 60 mins	5	18	6	0	9	19		For Information	
18 Weeks RTT									
RTT Admitted - 90% in 18 weeks	93.8%	93.4%	92.0%	91.4%	92.9%	94.4%	> Target is Good	90%	85%
RTT Non Admitted - 95% in 18 weeks	97.6%	98.1%	98.1%	97.6%	97.4%	97.2%	> Target is Good	95%	90%
RTT Incomplete Pathways - % under 18 weeks	96.8%	96.2%	95.9%	96.2%	96.4%	96.0%	> Target is Good	92%	87%
RTT Patients over 52 weeks on incomplete pathways	1	1	0	0	0	0	< Target is Good	0	1
Percentage of patients waiting 6 weeks or more for diagnostic	0.3%	0.1%	0.0%	0.0%	0.0%	0.0%	< Target is Good	1%	5%
% of operations cancelled on the day not treated within 28 days	0.0%	1.3%	0.0%	0.0%	0.0%	0.0%	< Target is Good	0%	3.5%
Cancer Access									
Cancer - TWR	93.8%	94.5%	95.9%	96.1%	93.1%	93.0%	> Target is Good	93%	88%
Cancer - TWR Breast Symptomatic	92.1%	93.3%	99.2%	98.6%	93.7%	93.1%	> Target is Good	93%	88%
Cancer - 31 Day Second or Subsequent Treatment (SURGERY)	96.0%	100.0%	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	97.8%	96.8%	99.0%	99.0%	100.0%	99.1%	> Target is Good	96%	91%
Cancer - 62 Day Referral to Treatment Standard	87.6%	87.8%	85.0%	95.2%	85.3%	90.2%	> Target is Good	85%	80%
Cancer - 62 Day Referral to Treatment Screening	100.0%	25.0%	50.0%	100.0%	100.0%	100.0%	> Target is Good	90%	85%

Emergency Department

- Emergency activity continues to drive operational pressure in the Emergency Department and inpatient bed-stock. ED attendances are c.7% higher than prior year (16 attendances per day of which 4 are ambulances). Adult Overnight emergency admissions (where the most operational pressure is experienced) are c.13% higher than prior year (c. 7 admissions per day).
- In May 2014 96.5% of patients were admitted or discharged within 4 hours with no 12 hour trolley wait breaches.
- The number of Ambulance hand over delays have increased with 105 between 30 and 60 mins and 19 over one hour. Periods of intense ambulance activity continue to be a challenge for the department.

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Access & Responsiveness

Referral to Treatment (RTT) and Diagnostics

- In May 2014, all three RTT standards were achieved at aggregate Trust level as well as at Specialty level.
- 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.

Cancer Access

- All Cancer standards were achieved in May 2014. During Q2, the operational and clinical teams are going to re-visit some of the previous pathway re-design work to ensure it remains as patient focused and efficient as possible.

Patient Voice and Workforce

Indicator Description	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Trigger Text	Trigger Points
Patient Voice								
Inpatient FFT - Net Promoter Score	74	76	74	80	84	82		For Information
Emergency department Friends & Family (Net Promoter Score)	76	80	78	76	78	77		For Information
Maternity FFT - Antenatal Net Promoter Score		67	62	77	71	71		For Information
Maternity FFT - Delivery Net Promoter Score		79	75	76	74	71		For Information
Maternity FFT - Postnatal Ward Net Promoter Score		64	44	55	47	43		For Information
Maternity FFT - Postnatal Community Care Net Promoter Score		74	82	64	71	67		For Information
Mixed Sex Breaches	0	0	0	0	0	0	< Target is Good	0
Complaints (rate per 10,000 occupied bed days)	19	24	27	25	16	27		For Information
Workforce								
Average fill rate – registered nurses/midwives (%) - Day						97.3%		For Information
Average fill rate – care staff (%) - Day						95.6%		For Information
Average fill rate – registered nurses/midwives (%) - Night						97.5%		For Information
Average fill rate – care staff (%) - Night						96.7%		For Information
Overall Sickness Rate	3.6%	3.9%	3.9%	3.2%	3.0%	3.3%	< Target is Good	5.2%
%age of staff who have had appraisal in last 12 months	79%	81%	76%	87%	80%	82%		For Information
Staff Turnover rate	15.6%	14.5%	14.8%	14.3%	14.6%	14.5%		For Information

Patient Voice

- The May Friends and Family (FFT) scores for ED decreased by one point, to 77 (the highest score to date has been January +80). The Inpatient score has decreased by two points this month to +82, the highest recorded score to date was April +84.
- The May response rates for inpatients has decreased slightly to 35%; the ED response rate was 21% - and has been fairly stable for the last three months.
- The May maternity FFT scores range from +43 to +71. The lowest score continues to be for the postnatal ward (+43). The Friends and Family response rate for the postnatal community touchpoint remains a challenge.
- The Trust has maintained zero tolerance to mixed sex accommodation throughout the period

Patient Voice and Workforce

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. This data is now submitted to Unify and published on NHS Choices and at Ward level on the Trust's website.
- Staff Turnover remained static at 14.5%, with a 0.1% decrease in May. 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 increased slightly in May to 82%. Improvements are being introduced to manager notifications and also monthly training sessions for newly appointed managers.
- Sickness absence increased slightly to 3.3% in May 2014.

Finance

Indicator Description	Jan-14	Feb-14	Mar-14	Apr-14	May-14	YTD	Trigger Basis
	M10	M11	M12	M01	M02	RAG	
Overall Financial Position							
- Outturn £m Surplus / (Deficit) - Plan	0.0	0.0	0.0	2.3	2.3		
- Outturn £m Surplus / (Deficit) - Forecast	0.3	0.3	0.3	2.3	2.3	G	Red is a deficit < (0.1)% income
- YTD £m Surplus / (Deficit) - Plan	0.0	0.0	0.0	(0.9)	(1.7)		
- YTD £m Surplus / (Deficit) - Actual	0.3	0.3	0.3	(0.9)	(1.7)	G	Red is a variance < (0.1)%
- Outturn UNDERLYING £m Surplus / (Deficit) - Plan	(3.5)	(3.5)	(3.5)	3.4	3.4		
- Outturn UNDERLYING £m Surplus / (Deficit) - Actual	(4.3)	(4.3)	(4.3)	3.4	3.4	G	Red is a variance <£(0.5m)
- YTD Savings £m - Actual	8.7	9.9	11.1	0.4	0.6	G	Red is adverse <(1.0)%
- OT Risk £m Surplus / (Deficit) - Assessment	(5.5)	(4.3)	0.0	(8.5)	(8.0)	R	Red is a deficit <£(0.5m)
- Outturn Cash position £m Fav / (Adv) - Forecast	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	3.8	8.3	2.6	2.9	2.6	G	Red is <£(0.6)m adv to plan and <£0.6m
- YTD Liquid ratio - days	(1.0)	(1.0)	(13.0)	(16.0)	(15.0)	R	Red is <(15) days Green is >15 days
- YTD BPPC (overall) value £m	84%	84%	85%	94%	94%	A	Red is <85% Green is >95%
- YTD BPPC (overall) volume £m	84%	84%	85%	87%	89%	A	Red is <85% Green is >95%
- Outturn Capital spend Fav / (Adv) - forecast	16.4	16.4	16.4	19.3	19.3	G	Red is <£(0.5m) adv to plan

- The Trust is on plan at Month 2 with a (£1.7)m deficit.
- The Divisional positions have worsened at month 2, partly as a result of the red rated cost improvements remaining in divisional budgets at this stage, subject to a review of the cost improvement plan. However, other pressures are also impacting on the position which are subject to PMO review. ED attendances show a return to the higher levels in the winter and have been high for two months.
- The cost improvement plan for the year is £11.0m and in May £0.6m was achieved – this is now (£0.6)m below the Trust’s “stretch” plan (to get ahead of the profile), but marginally ahead of the TDA Plan for Month 2.

Finance

- The underlying position at the end of May was (£1.7)m deficit, and on plan.
- The cash balance at the end of May 2014 was £3m, marginally behind the planned position.
- The capital forecast is spend of £19.3m – an undershoot of £0.9m accepted by the TDA and previously reported in relation to the Theatres Phase 2 has been brought forward into 2014/15, however formal confirmation of the capital resource limit still has not been received.