

Integrated Performance Report M07 – October 2014

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Performance – October 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 one Trust acquired C-Diff case in October 2014.
- 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 October 2014 94.3% of patients were admitted or discharged within the ED standard of 4 hours with no 12 hour trolley wait breaches.
- The Incompletes RTT standard continued to be achieved at aggregate Trust level, while the Admitted and Non-Admitted standards were 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 Screening” standard.

Performance – October 2014

Patient Experience

- The National FFT methodology changed in October from a “Net Promoter Score” to a “Percentage Positive” measure, with a score of 97% for inpatients and 95% for the Emergency Department

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 is in surplus at Month 7 and on plan at £0.1m surplus year to date.

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.

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Patient Safety

Patient Safety





Indicator Description	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Trend
No of Never Events in month	0	0	0	0	0	0	0	0	0	1	0	0	0	
No of medication errors causing Severe Harm or Death	0	0	0	0	0	0	1	0	1	0	0	0	0	
Safety Thermometer - % of patients with harm free care (all harm)	89.5%	90.6%	91.9%	90.4%	92.7%	94.2%	90.5%	92.8%	92.3%	90.8%	92.5%	92.0%	95.0%	
Safety Thermometer - % of patients with harm free care (new harm)	94.7%	94.9%	95.3%	94.2%	96.5%	97.7%	95.4%	97.0%	97.3%	95.3%	96.1%	94.5%	98.0%	
Percentage of patients who have a VTE risk assessment	96%	96%	96%	96%	96%	95%	95%	96%	95%	95%	95%	95%	95%	
WHO Checklist Usage - % Compliance	99%	99%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Number of Sis	4	9	1	5	2	6	4	7	1	11	3	3	3	
Serious Incidents - No per 1000 Bed Days	0.24	0.55	0.06	0.29	0.13	0.35	0.24	0.40	0.06	0.63	0.17	0.17	0.17	
Number of overdue CAS and NPSA alerts	1	2	1	0	0	0	0	0	0	0	0	0	0	

- Patient safety indicators continue to show expected levels of performance.
- There were no Never Events or medication errors causing severe harm or death in October 2014.
- Safety Thermometer – following the reduced performance in September, both the “All Harm” and “New Harm” measures were achieved in October 2014
- VTE assessment performance was achieved in October 2014 and final validation of the September position also reflected achievement of the 95% standard.

Patient Safety

- Three SIs declared were declared in October 2014. Two were falls resulting in fractured neck of femurs (both major harm) and one was the delayed diagnosis of a breach delivery resulting an unexpected admission to NICU.
- There were no overdue CAS alerts at the end of October.



Infection Control

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

- There were no cases of MRSA in October, and one case of trust acquired C.diff taking the total to 11 YTD against a trajectory of 17 YTD and 19 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.

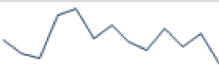


Clinical Effectiveness

Mortality and Readmissions

Indicator Description	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Trend
HSMR (56 Monitored diagnoses - 12 Months)	91.9	91.0	89.0	88.7	88.4	86.3	85.3	83.8	83.3	83.2				
Emergency readmissions within 30 days (PBR Rules)	6.0%	6.4%	6.8%	7.0%	6.2%	7.4%	6.7%	6.6%	6.6%	7.2%	6.8%	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	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Trend
C Section Rate - Emergency	16%	14%	13%	19%	20%	16%	18%	15%	14%	17%	14%	17%	12%	
C Section Rate - Elective	7%	9%	8%	10%	8%	11%	10%	10%	11%	10%	13%	9%	12%	
Maternal Deaths	0	0	0	0	0	0	0	0	0	0	0	0	0	
Admissions of full term babies to neo-natal care	8.0%	6.5%	6.4%	5.2%	6.0%	6.2%	7.6%	6.7%	7.5%	8.5%	6.1%	8.0%	5.4%	

- 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	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Trend
ED 95% in 4 hours	96.2%	98.0%	96.9%	95.7%	94.7%	97.5%	96.8%	96.1%	96.6%	97.6%	95.9%	95.4%	94.3%	
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 October 2014 94.3% of patients were admitted or discharged within 4 hours with no 12 hour trolley wait breaches. This was the first time the Trust has missed the 4 hour standard on a monthly basis since February 2014.
- The reduced performance against the ED standard, is driven by adult bed occupancy which continues to be higher than planned. This resulted in two extremely challenging weeks at the start of October before the standard was achieved for the final two weeks.
- The high occupancy rates have also impacted Elective Access with 41 patients cancelled on the day due to unavailability of beds and a further 69 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.
- As a result of actions taken, the Trust remains on track to deliver the quarterly standard for Q3. This will be supported by additional capacity coming into place in December 2014.
- In light of the on-going operational pressures in the Trust, the following two risks are on 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	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Trend
Cancer - TWR	93.8%	93.0%	93.7%	94.5%	95.9%	96.1%	93.1%	93.1%	93.6%	93.1%	93.0%	93.2%	93.8%	
Cancer - TWR Breast Symptomatic	97.3%	94.5%	92.1%	93.3%	99.2%	98.6%	93.7%	93.5%	93.7%	93.2%	94.4%	93.2%	93.3%	
Cancer - 31 Day Second or Subsequent Treatment (SURGERY)	94.7%	90.9%	95.6%	100.0%	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	96.6%	100.0%	97.6%	96.8%	99.0%	99.0%	100.0%	100.0%	98.1%	99.2%	97.1%	99.2%	100.0%	
Cancer - 62 Day Referral to Treatment Standard	80.0%	100.0%	100.0%	87.8%	85.0%	95.2%	89.7%	87.0%	86.9%	90.8%	87.9%	78.8%	87.1%	
Cancer - 62 Day Referral to Treatment Screening	88.4%	84.6%	85.0%	25.0%	50.0%	100.0%	100.0%	100.0%	100.0%	50.0%	100.0%	83.3%	83.3%	

- All Cancer Access Standards except for the “62 Day Referral to Treatment Screening” standard were achieved in October 2014.
- The standard was not achieved due to 0.5 breaches out of 3 treatments in the month.

Access and Responsiveness








Referral to Treatment (RTT) and Diagnostics

Indicator Description	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Trend
RTT Admitted - 90% in 18 weeks	94.6%	94.4%	93.8%	93.4%	92.0%	91.4%	92.9%	94.4%	94.7%	92.8%	90.4%	90.7%	88.1%	
RTT Non Admitted - 95% in 18 weeks	97.5%	97.3%	97.6%	98.1%	98.1%	97.6%	97.4%	97.2%	96.5%	95.2%	95.8%	93.2%	93.9%	
RTT Incomplete Pathways - % under 18 weeks	96.6%	96.3%	96.8%	96.2%	95.9%	96.2%	96.4%	96.0%	95.2%	94.9%	93.9%	93.8%	93.5%	
RTT Patients over 52 weeks on incomplete pathways	0	0	1	1	0	0	0	0	0	0	0	0	0	
Percentage of patients waiting 6 weeks or more for diagnostic	0.0%	0.9%	0.3%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.3%	0.1%	0.0%	0.0%	
% of operations cancelled on the day not treated within 28 days	0.0%	0.0%	0.0%	1.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.0%	1.6%	

- In October 2014, The Incompletes RTT standard was achieved at aggregate Trust level, while the Admitted and Non-Admitted standards were 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.
- The Trust is working in line with the national drive to reduce the number of patients on incomplete pathways over 18 weeks (the “Backlog”). Incomplete performance showed a downward trend earlier in the year but has now stabilised. 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 282 at the end of September to 402 at the end of October. The Non-admitted backlog decreased from 912 to 907 over the same period.
- Within Diagnostics, the quality standard for waits over 6 weeks was achieved and there were no urgent operations cancelled twice. One patient who was previously cancelled and was not able to be treated within 28 days was treated in October 2014, breaching the 28 day standard.

Patient Experience

Patient Voice

Indicator Description	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Trend	
Inpatient FFT - % positive responses											98%	98%	96%	98%	
Emergency Department FFT - % positive responses											99%	98%	98%	95%	
Maternity FFT - Antenatal - % positive responses											97%	99%	96%	97%	
Maternity FFT - Delivery - % positive responses											100%	98%	95%	95%	
Maternity FFT - Postnatal Ward - % positive responses											92%	93%	93%	90%	
Maternity FFT - Postnatal Community Care - % positive responses											93%	100%	100%	94%	
Mixed Sex Breaches											0	0	0	0	0
Complaints (rate per 10,000 occupied bed days)	24	18	19	24	27	25	17	27	22	19	23	18	31		

- NHS England changed the way the Friends and Family Test (FFT) score is calculated for the September reporting. The score is now the proportion that indicate that they would be ‘extremely likely’ or ‘likely’ to recommend, rather than the Net Promoter Score used previously.
- Under the revised calculation the October FFT score for ED was 95%, a slight drop from the 98% of the previous month.
- The Inpatient result is 98%, 2% higher than September.
- The October maternity FFT scores are 97% for antenatal care, similar to September; and 95% for delivery, again similar to September. The 90% for the postnatal ward is a drop from the 93% in September and the postnatal community score has also dropped from 100% in September to 94% in October. These last figures are based on a poor response rate of just 4%.
- National FFT data for September was released in early November. The 98% positive in September for the Emergency Department (ED) placed it joint second in the country, along with Dartford & Gravesham and Weston Area Health. National results range from 65% positive to 98% positive.

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Patient Experience

- The September inpatient score of 96% positive meant that the Trust was above the National average of 94% positive. The range of results for inpatients nationally is from 75% positive (Medway) to 100% positive. Excluding Medway the range is 83% positive to 100%.
- In maternity our September FFT scores are slightly above the National average for antenatal , delivery and postnatal community (96% positive , 94% positive and 100% positive against a national average of 74%). But the postnatal ward result was just below the national average (93% compared to 95%).
- There were no Mixed Sex Breaches in October 2014.

I was very impressed with all the staff, the nurses in the recovery ward were excellent at looking after myself & another patient. We were monitored all of the time even though they had other duties for example cleaning the beds & writing up notes etc, nothing was too much trouble for them.
Endoscopy - ESH

Helen, theatre sister, chatted with me throughout the procedure on topics of interest to us both. Day Unit staff seen to be treating everyone as individuals, from the lass who was a first time patient and clearly very nervous, to me as an old hand having had the same simple procedure 5 times before.
Crawley Day Surgery








Neetha was very easy to talk to, she explained what she was going to do and how it was going to be done. She explained at all times what she was looking at and why she was looking at it. She was very chatty and made myself and my husband feel very welcome and we didn't feel rushed at all. It was a lovely experience and I'm looking forward to her scanning is again in the future.
Pregnancy Ultrasound - ESH

On the night after the operation, the night nurse came quickly, each time I pressed the call button, and provided a bedpan in a considerate and smiling way. I hope she will be told of my gratitude if possible. In the discharge lounge staff were very helpful allowing me to use their desk phone when my phone when my mobile ran out of cash and I had not got visa card on me. Also volunteers were wonderful getting food and hot drinks while we waited for paperwork to be completed. Porter who took me to discharge lounge cheerful and pleasant.
Brockham Ward

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Workforce

Workforce

Indicator Description	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Trend
Average fill rate – registered nurses/midwives (%) - Day								97.3%	97.7%	97.5%	95.7%	95.4%	96.4%	
Average fill rate – care staff (%) - Day								95.6%	97.3%	95.1%	97.5%	96.4%	95.3%	
Average fill rate – registered nurses/midwives (%) - Night								97.5%	97.9%	98.2%	97.2%	98.1%	99.2%	
Average fill rate – care staff (%) - Night								96.7%	97.5%	97.2%	97.5%	96.7%	97.4%	
Overall Sickness Rate	3.8%	3.5%	3.6%	3.9%	3.9%	3.2%	3.0%	3.3%	3.6%	3.8%	3.2%	4.0%	4.4%	
%age of staff who have had appraisal in last 12 months	83%	80%	79%	83%	76%	87%	80%	82%	80%	80%	75%	74%	72%	
Staff Turnover rate	14.8%	14.8%	15.6%	14.5%	14.8%	14.3%	14.6%	14.5%	15.0%	15.0%	15.8%	15.6%	15.3%	

- 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 15.3% in October 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 4.4% in October 2014, the highest level in the past 12 months.

Finance

Indicator Description	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14
Outturn £m Surplus / (Deficit) - Plan	0.0	0.0	0.0	0.0	0.0	0.0	2.3	2.3	2.3	2.3	2.3	2.3	2.3
Outturn £m Surplus / (Deficit) - Forecast	0.3	0.3	0.1	0.3	0.3	0.3	2.3	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	(0.9)	(1.7)	(2.8)	(2.1)	(1.5)	(1.3)	0.1
YTD £m Surplus / (Deficit) - Actual	0.2	0.2	0.3	0.3	0.3	0.3	(0.9)	(1.7)	(2.8)	(2.1)	(1.5)	(1.3)	0.1
Outturn UNDERLYING £m Surplus / (Deficit) - Plan	(3.5)	(3.5)	(3.5)	(3.5)	(3.5)	(3.5)	3.4	3.4	3.4	3.4	3.4	3.4	3.4
Outturn UNDERLYING £m Surplus / (Deficit) - Actual	(3.2)	(3.2)	(3.2)	(4.3)	(4.3)	(4.3)	3.4	3.4	3.4	3.4	3.4	1.0	1.0
YTD Savings £m - Actual	5.1	6.3	7.5	8.7	9.9	11.1	0.4	0.6	1.1	1.9	2.8	3.8	5.0
OT Risk £m Surplus / (Deficit) - Assessment	(5.5)	(5.5)	(5.5)	(5.5)	(4.3)	0.0	(8.5)	(8.0)	(8.0)	(8.5)	(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	1.1	2.3	2.8	3.8	8.3	2.6	2.9	2.6	2.4	2.7	3.1	3.0	3.8
YTD Liquid ratio - days	(10.0)	(4.0)	(6.0)	(1.0)	(1.0)	(13.0)	(16.0)	(15.0)	(18.0)	(18.0)	(17.0)	(10.0)	(7.0)
YTD BPPC (overall) volume £m	80%	82%	83%	84%	84%	85%	94%	94%	94%	94%	94%	94%	90%
YTD BPPC (overall) value £m	82%	84%	84%	84%	84%	85%	87%	89%	90%	87%	88%	87%	92%
Outturn Capital spend Fav / (Adv) - forecast	17.3	17.3	17.3	16.4	16.4	16.4	19.3	19.3	19.3	19.3	19.4	19.4	19.4

- The Trust is in surplus at Month 7 and on plan at £0.1m surplus year to date.
- The year to date position includes an accrual in respect of challenge to CCGs over the level of emergency activity and the withheld marginal rate budget (3/8ths of £2.3m). Also included is 3/8th of the 1st tranche winter resilience funding (£0.56m) and M07, as in previous months, includes the use of contingency from the balance sheet.
- 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.

Finance

- The daily level of emergency activity has increased to the highest level all year, and has further increased the forecast penalty from the marginal rate budget withheld by CCGs. Agency costs have been impacted because of actions in the hospital to manage this activity, and elective inpatient activity reduced again in the month.
- The cost improvement plan year to date target is £5.0m and at M07 this has been achieved.
- The underlying position at the end of October is £0.4m deficit, reflecting the non recurrent funding (winter resilience money) in the YTD position.
- The cash balance at the end of October 2014 was £3.84m, a little below the planned position due to the delay in receiving contract over performance money from CCGs. The cash position will become more challenging as expenditure continues adverse to plan with delays to payments possible from commissioners.
- The capital forecast spend is £19.4m, reflecting the additional funding for chemo prescribing.