

Integrated Performance Report M05 – August 2014

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Brighton and Sussex Medical School**

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Performance – August 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 three Trust acquired C-Diff cases in August.
- 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 August 2014 95.9% of patients were admitted or discharged within the ED standard of 4 hours with no 12 hour trolley wait breaches.
- All three RTT standards were achieved at aggregate Trust level with 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.

Patient Experience

- The August FFT score for ED was +81 and the Inpatient score was +84, both in line with recent trends.

Performance – August 2014

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 5 with a (£1.5)m deficit year to date; a £0.6m surplus in month.

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 one quality risk in relation to inpatient Falls which has a treatment plan in place monitored by the patient safety committee.

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	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Trend
No of Never Events in month	0	0	0	0	0	0	0	0	0	0	0	1	0	
No of medication errors causing Severe Harm or Death	0	0	0	0	0	0	0	0	1	0	1	0	0	
Safety Thermometer - % of patients with harm free care (all harm)	91.4%	91.4%	89.5%	90.6%	91.9%	90.4%	92.7%	94.2%	90.5%	92.8%	92.3%	90.8%	92.5%	
Safety Thermometer - % of patients with harm free care (new harm)	95.7%	95.8%	94.7%	94.9%	95.3%	94.2%	96.5%	97.7%	95.4%	97.0%	97.3%	95.3%	96.1%	
Percentage of patients who have a VTE risk assessment	96%	96%	96%	96%	96%	96%	96%	95%	95%	96%	95%	95%	93%	
WHO Checklist Usage - % Compliance	99%	100%	99%	99%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Number of Sis	4	4	4	9	1	5	2	6	4	7	1	11	3	
Serious Incidents - No per 1000 Bed Days	0.24	0.25	0.24	0.55	0.06	0.29	0.13	0.35	0.24	0.40	0.06	0.65	0.12	
Number of overdue CAS and NPSA alerts	29	0	1	2	1	0	0	0	0	0	0	0	0	

- Patient safety indicators continue to show expected levels of performance.
- Safety Thermometer – Both safety thermometer standards were achieved in August and the system continues to form part of ward quality oversight structure.
- 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

- SIs per 1000 bed days reduced significantly in August 2014 with 3 SIs declared, these included 2 falls and 1 delayed diagnosis. All are undergoing comprehensive investigation.
- There were no overdue CAS alerts at the end of August.



Infection Control

Indicator Description	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Trend
MRSA (incidences in month)	1	0	0	1	1	0	0	0	0	0	0	0	0	
CDiff Incidences (in month)	2	4	3	3	0	1	0	0	3	0	2	2	3	
MSSA	0	2	1	0	1	0	1	0	0	0	2	2	2	
E-Coli	27	18	31	17	16	23	16	15	23	25	23	18	17	

- There were no cases of MRSA in August, however, there were 3 cases of trust acquired C.diff taking the total to 10 YTD against a trajectory of 12 YTD and 12 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	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Trend
HSMR (56 Monitored diagnoses - 12 Months)	93.4	91.3	91.6	92.4	87.7	89.1	88.8	85.0	85.2	83.8				
Emergency readmissions within 30 days (PBR Rules)	6.7%	6.7%	6.0%	6.4%	6.8%	7.0%	6.2%	7.4%	6.8%	6.7%	6.5%	7.5%		

- 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	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Trend
C Section Rate - Emergency	18%	17%	16%	14%	13%	19%	20%	16%	18%	15%	14%	17%	15%	
C Section Rate - Elective	7%	9%	7%	9%	8%	10%	8%	11%	10%	10%	11%	10%	13%	
Maternal Deaths	0	0	0	0	0	0	0	0	0	0	0	0	0	
Admissions of full term babies to neo-natal care	5.8%	7.5%	8.0%	6.5%	6.4%	5.2%	6.0%	6.2%	7.6%	6.7%	7.5%	8.5%	6.1%	

- 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

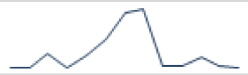
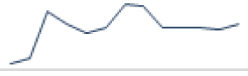





Emergency Department

Indicator Description	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Trend
ED 95% in 4 hours	95.4%	96.3%	96.2%	98.0%	96.9%	95.7%	94.7%	97.5%	96.8%	96.1%	96.6%	97.6%	95.9%	
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	
Ambulance Turnaround - Number Over 60 mins				0	5	18	6	0	9	19	0	0	3	

- In August 2014 95.9% of patients were admitted or discharged within 4 hours with no 12 hour trolley wait breaches. When benchmarked against local and national peers, the Trust continued to be one of the highest performing organisations on the ED 4hr standard throughout August. The number of ambulance hand over delays increased in August, with 72 between 30 and 60 mins and 3 over one hour.
- The reduced performance against the ED standard, as well as the increased Ambulance Turnaround delays, is driven by adult bed occupancy which continues to be higher than planned. This is driven by increased activity partly off-set by length of stay improvements. While Delayed Transfers of Care remained low in August (2.3%), this has increased significantly in the first few weeks of September, highlighting the pressure on patient flow out of the hospital.
- The high occupancy rates have also impacted Elective Access with 36 patients cancelled on the day due to unavailability of beds and a further 9 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.

Access and Responsiveness




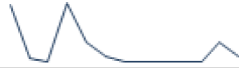
Cancer

Indicator Description	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Trend
Cancer - TWR	93.0%	93.0%	93.8%	93.0%	93.7%	94.5%	95.9%	96.1%	93.1%	93.1%	93.6%	93.1%	93.1%	
Cancer - TWR Breast Symptomatic	84.9%	86.2%	97.3%	94.5%	92.1%	93.3%	99.2%	98.6%	93.7%	93.5%	93.7%	93.2%	94.4%	
Cancer - 31 Day Second or Subsequent Treatment (SURGERY)	94.4%	96.0%	94.7%	90.9%	95.6%	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	97.8%	97.5%	96.6%	100.0%	97.6%	96.8%	99.0%	99.0%	100.0%	100.0%	98.1%	99.2%	97.3%	
Cancer - 62 Day Referral to Treatment Standard	88.9%	88.8%	80.0%	100.0%	100.0%	87.8%	85.0%	95.2%	89.7%	87.0%	86.9%	90.8%	87.5%	
Cancer - 62 Day Referral to Treatment Screening	86.1%	85.0%	88.4%	84.6%	85.0%	25.0%	50.0%	100.0%	100.0%	100.0%	100.0%	50.0%	100.0%	

- All Cancer access standards were achieved in August 2014. Compared to the prior year, the TWR Breast Symptomatic and the 62 Day Referral to Treatment standards have seen dramatic improvements in compliance, reflecting the pathway work undertaken.
- The ongoing cycle of pathway improvement continues with a particular focus on the Colorectal and Lung pathway to try and further improve the speed of access to first appointment.

Access and Responsiveness

Referral to Treatment (RTT) and Diagnostics








Indicator Description	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Trend
RTT Admitted - 90% in 18 weeks	97.0%	96.6%	94.6%	94.4%	93.8%	93.4%	92.0%	91.4%	92.9%	94.4%	94.7%	92.8%	90.4%	
RTT Non Admitted - 95% in 18 weeks	97.4%	96.5%	97.5%	97.3%	97.6%	98.1%	98.1%	97.6%	97.4%	97.2%	96.5%	95.2%	95.8%	
RTT Incomplete Pathways - % under 18 weeks	97.8%	97.6%	96.6%	96.3%	96.8%	96.2%	95.9%	96.2%	96.4%	96.0%	95.2%	94.9%	93.9%	
RTT Patients over 52 weeks on incomplete pathways	0	0	0	0	1	1	0	0	0	0	0	0	0	
Percentage of patients waiting 6 weeks or more for diagnostic	0.9%	0.1%	0.0%	0.9%	0.3%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.3%	0.1%	
% of operations cancelled on the day not treated within 28 days	0.0%	0.0%	0.0%	0.0%	0.0%	1.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	

- In August 2014, all three RTT standards were achieved at aggregate Trust level with a number of specialty failures:
 - Admitted – General Surgery, T&O, Ophthalmology
 - Non Admitted – Ophthalmology, Cardiology, Neurology, Rheumatology and Gynaecology
 - Incompletes - Ophthalmology
- 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 decreased from 200 at the end of July to 195 (despite the cancellations described earlier). However, the Non-admitted backlog increased from 766 to 964 over the same period. A significant element of the increase is in Ophthalmology which is undergoing significant recruitment and process change.
- 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 is booked for September when the breach will be reported.

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Patient Experience

Patient Voice

Indicator Description	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Trend
Inpatient Department FFT - Net Promoter Score	59	76	72	75	74	76	74	80	84	82	80	82	84	
Emergency Department FFT - Net Promoter Score	45	69	64	70	76	80	78	76	78	77	75	80	81	
Maternity FFT - Antenatal Net Promoter Score						67	62	77	71	71	68	79	69	
Maternity FFT - Delivery Net Promoter Score						79	75	76	74	71	76	68	79	
Maternity FFT - Postnatal Ward Net Promoter Score						64	44	55	47	43	51	58	61	
Maternity FFT - Postnatal Community Care Net Promoter Score						74	82	64	71	67	75	52	60	
Mixed Sex Breaches	0	0	0	0	0	0	0	0	0	0	0	0	0	
Complaints (rate per 10,000 occupied bed days)	22	26	24	18	19	24	27	25	17	27	22	20	24	

- The August FFT score for ED was +81, the highest score to date. Since December 2013, the ED FFT score has been between +75 and +81, well above the National average.
- The Inpatient score has risen by 2 points this month to +84, the inpatient FFT scores have been between +80 and +84 since March 2014.
- The August response rate for inpatients has dropped again from 36% in July to 28% in August; the ED response rate has improved from 11% in July to 20% in August.
- The August maternity FFT scores are +71 for antenatal care, a drop from +80 in July; +79 for delivery, an increase from +68 in July; +62 in the postnatal ward, a slight increase from +58 in July. The postnatal community FFT score has increased to +70.

Patient Experience

- Response rates for the different touchpoints in the maternity pathway are varied. The antenatal response rate for August was the highest to date, at 44%. Delivery and postnatal ward response rates are similar to July at 27%, but at 4% the August postnatal community response rate is at its lowest this year.
- National Friends and Family Test (FFT) data for July was released in early August. The +80 July score for the Emergency Department (ED) placed it 3rd best in the country. The July inpatient score of +82 meant that the Trust score was above the national average of +74.
- In maternity our July FFT scores are above the national average for antenatal and delivery (+80 and +68 against a national average of +62). The postnatal ward score remains lower at +59 and in July the postnatal community score was +52, both of which are below the national average of +62.
- There were no Mixed Sex Breaches in August 2014

Mr Kandiah has an excellent manor when dealing with people. Made the experience fun explained everything fully and always asked my daughter if it was ok before putting on the mask Viv his assistant was also good putting her at ease making a nice caring environment. Mr Kandiah was happy to take things at my daughter's speed, an excellent team.
Dental Outpatients

Always supportive, spending extra time to explain things to us and keep me from being less anxious and worried.
Delivery & Postnatal

They all went above the norm, from when I arrived in the A&E ward, through to the Leigh ward. I left impressed with the way they all worked so well together as a team, almost like a football team (not England - better than that). What came out mostly was the true care expressed by the staff for the patient. Please thank them all, including the A&E team.
Leigh Ward

I was pleasantly surprised by the staff at reception who did not treat anybody like a number despite a very busy environment but took the time to talk to people with patience and respect.
Emergency Department

Sandy (Woodland Ward Manager /Sister). I don't think I have ever met anybody that is so passionate and caring with regards to both running the ward but also caring for her patients. Her positive attitude and dedication is second to none and I feel that because of this "aura" she portrays, it naturally extends to the rest of the ward staff.
Woodland Ward

Everyone was extremely pleasant and I think it would be unfair to nominate a particular person. I will say though that Dr Slater was the most likable doctor I have ever met.
Crawley Day Surgery

Workforce

Workforce

Indicator Description	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Trend	
Average fill rate – registered nurses/midwives (%) - Day											97.3%	97.7%	97.5%	95.7%	
Average fill rate – care staff (%) - Day											95.6%	97.3%	95.1%	97.5%	
Average fill rate – registered nurses/midwives (%) - Night											97.5%	97.9%	98.2%	97.2%	
Average fill rate – care staff (%) - Night											96.7%	97.5%	97.2%	97.5%	
Overall Sickness Rate	3.3%	3.5%	3.8%	3.5%	3.6%	3.9%	3.9%	3.2%	3.0%	3.3%	3.6%	3.8%	3.2%		
%age of staff who have had appraisal in last 12 months	91.6%	84%	83%	80%	79%	83%	76%	87%	80%	82%	80%	80%	75%		
Staff Turnover rate	15.1%	14.5%	14.8%	14.8%	15.6%	14.5%	14.8%	14.3%	14.6%	14.5%	15.0%	15.0%	15.8%		

- 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 increased to 15.8% in August 2014, the highest level in the last 12 months. HR Business Partners within the divisions continue to support actions to improve in 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 decreased to 3.2% in August 2014, similar level to the same time last year.

Finance

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

- The Trust continues on plan at Month 5 with a (£1.5)m deficit year to date; a £0.6m surplus in month.
- The impact of the increased emergency activity during the year is most clearly manifested in unseasoned escalation spend, and an increase in the outsourcing of elective activity. In month, however, emergency activity (and income) reduced with electives delivered at plan, while spend trends increased.
- In the main the Divisional variances continue to be adverse, despite budget changes to remove red rated savings schemes and other budget adjustments in CSS. The overall Trust position is maintained by additional income and central budgets.
- The Trust continues to forecast delivery of its planned £2.3m surplus. Risks have been reviewed and are £8.5m. There remains significant risk from the impact of emergency activity which provides a threat to the planned surplus..
- The cost improvement plan for the year is £11.0m and year to date £2.8m has been achieved. This is (£0.2)m below the Trust's "stretch" plan (to get ahead of the profile), but remains ahead of the TDA Plan for Month 5.
- The underlying position at the end of August was (£1.4)m deficit, and on plan.
- The cash balance at the end of August 2014 was £3.1m, ahead of the planned position, although cash is under continual review.
- The capital forecast spend is £19.4m, reflecting the additional funding for chemo prescribing.