

# Integrated Performance Report M08 – November 2014

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

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

# Performance – November 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 four Trust acquired C-Diff cases in November 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 November 2014, 95.7% 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.

# Performance – November 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 96% for the Emergency Department in November.

## 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 8 and on plan at £0.5m surplus year to date.

## Key Risks

- Finance – The risk to the forecast outturn is recorded as £6.3m 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 four quality risks in relation to “Right bed first time”, ED Access standards, Outbreak of viral gastroenteritis and local availability of qualified nurses.

### 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	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Trend
No of Never Events in month	0	0	0	0	0	0	0	0	1	0	0	0	0	
No of medication errors causing Severe Harm or Death	0	0	0	0	0	1	0	1	0	0	0	0	0	
Safety Thermometer - % of patients with harm free care (all harm)	90.6%	91.9%	90.4%	92.7%	94.2%	90.5%	92.8%	92.3%	90.8%	92.5%	92.0%	95.0%	93.0%	
Safety Thermometer - % of patients with harm free care (new harm)	94.9%	95.3%	94.2%	96.5%	97.7%	95.4%	97.0%	97.3%	95.3%	96.1%	94.5%	98.0%	96.0%	
Percentage of patients who have a VTE risk assessment	96%	96%	96%	96%	95%	95%	96%	95%	95%	95%	95%	95%		
WHO Checklist Usage - % Compliance	99%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		
Number of Sis	9	1	5	2	6	4	7	1	11	3	3	3	2	
Serious Incidents - No per 1000 Bed Days	0.55	0.06	0.29	0.13	0.35	0.24	0.40	0.06	0.63	0.17	0.17	0.17	0.12	
Number of overdue CAS and NPSA alerts	2	1	0	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 November 2014.
- Safety Thermometer – following the reduced performance in September, both the “All Harm” and “New Harm” measures were achieved in October and sustained in November 2014.
- VTE assessment and WHO Checklist audit results are not available at the time of writing but both are expected to maintain historic levels of performance.

# Patient Safety

- Two SIs declared were declared in November 2014. One was a fall resulting in a fractured neck of femur and one related to incorrect input of data into the Pathology system resulting in a mother not receiving antenatal anti-D prophylaxis which could affect the management and outcome of future pregnancies.
- There were no overdue CAS alerts at the end of October.


## Infection Control

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

- There were no cases of MRSA in November, and four cases of trust acquired C.diff taking the total to 15 YTD against a trajectory of 19 YTD and 22 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.
- In light of the recent outbreaks of viral gastroenteritis, the following risk has been added to the Trust's significant risk register:
  - Risk of outbreak of viral gastroenteritis - Risk of outbreak of viral gastroenteritis (outbreak of diarrhoea and vomiting). Impact on patient safety and experience – Risk score 15 (Likelihood of 5 and consequence of 3)




# Clinical Effectiveness

## Mortality and Readmissions

Indicator Description	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Trend
HSMR (56 Monitored diagnoses - 12 Months)	97.0	95.7	96.3	97.0	95.6	94.4	92.7	92.1	92.0	90.8				
Emergency readmissions within 30 days (PBR Rules)	6.4%	6.8%	7.0%	6.2%	7.4%	6.7%	6.6%	6.6%	7.2%	6.8%	6.8%	7.2%		

- Mortality – The latest HSMR data shows overall Trust mortality is lower than expected for our patient group when benchmarked against national comparators. Dr Foster have rebased their national mortality reporting and prior months have been re-stated.
- Readmissions within 30 days continues to remain at expected levels.




## Maternity

Indicator Description	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Trend
C Section Rate - Emergency	14%	13%	19%	20%	16%	18%	15%	14%	17%	14%	17%	12%	14%	
C Section Rate - Elective	9%	8%	10%	8%	11%	10%	10%	11%	10%	13%	9%	12%	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	6.5%	6.4%	5.2%	6.0%	6.2%	7.6%	6.7%	7.5%	8.5%	6.1%	8.0%	5.4%	3.8%	

- 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	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Trend
ED 95% in 4 hours	98.0%	96.9%	95.7%	94.7%	97.5%	96.8%	96.1%	96.6%	97.6%	95.9%	95.4%	94.3%	95.7%	
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 November 2014, 95.7% of patients were admitted or discharged within 4 hours with no 12 hour trolley wait breaches
- 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.
- 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	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Trend
Cancer - TWR	93.0%	93.7%	94.5%	95.9%	96.1%	93.1%	93.1%	93.6%	93.1%	93.0%	93.2%	93.8%	93.1%	
Cancer - TWR Breast Symptomatic	94.5%	92.1%	93.3%	99.2%	98.6%	93.7%	93.5%	93.7%	93.2%	94.4%	93.2%	93.3%	93.6%	
Cancer - 31 Day Second or Subsequent Treatment (SURGERY)	90.9%	95.6%	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 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	100.0%	97.6%	96.8%	99.0%	99.0%	100.0%	100.0%	98.1%	99.2%	97.1%	99.2%	100.0%	98.1%	
Cancer - 62 Day Referral to Treatment Standard	100.0%	100.0%	87.8%	85.0%	95.2%	89.7%	87.0%	86.9%	90.8%	87.9%	78.8%	87.1%	85.6%	
Cancer - 62 Day Referral to Treatment Screening	84.6%	85.0%	25.0%	50.0%	100.0%	100.0%	100.0%	100.0%	50.0%	100.0%	83.3%	83.3%	100.0%	

- All Cancer Access Standards were achieved in November 2014.



# Access and Responsiveness








## Referral to Treatment (RTT) and Diagnostics

Indicator Description	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Trend
RTT Admitted - 90% in 18 weeks	94.4%	93.8%	93.4%	92.0%	91.4%	92.9%	94.4%	94.7%	92.8%	90.4%	90.7%	88.1%	81.4%	
RTT Non Admitted - 95% in 18 weeks	97.3%	97.6%	98.1%	98.1%	97.6%	97.4%	97.2%	96.5%	95.2%	95.8%	93.2%	93.9%	92.8%	
RTT Incomplete Pathways - % under 18 weeks	96.3%	96.8%	96.2%	95.9%	96.2%	96.4%	96.0%	95.2%	94.9%	93.9%	93.8%	93.5%	93.3%	
RTT Patients over 52 weeks on incomplete pathways	0	1	1	0	0	0	0	0	0	0	0	0	0	
Percentage of patients waiting 6 weeks or more for diagnostic	0.9%	0.3%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.3%	0.1%	0.0%	0.0%	0.4%	
% of operations cancelled on the day not treated within 28 days	0.0%	0.0%	1.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.0%	1.6%	0.0%	

- In November 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 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.
- Within Diagnostics, the quality standard for waits over 6 weeks was achieved and there were no urgent operations cancelled twice.

# Patient Experience

## Patient Voice

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

## National Picture for October

- Under the revised calculation of the Friends and Family Test score the October FFT score for ED was 95%, a slight drop from the 98% of the previous month, but well above the National average of 86%. The score ranks the ED as joint 5th in the country.
- The October Inpatient FFT score is 97%, very similar to September and above the National average of 94%.
- The October maternity FFT scores are 97% for antenatal care, which is above the National average of 94%. The 90% for the postnatal ward is below the National average of 95%. Both the delivery and postnatal community scores are in line with the National average of 94%.

## November FFT Scores

- ED achieved an FFT score of 96%, very similar to October. The response rate dropped to 18%, below the target of 20%.

# Patient Experience

- At 97% the inpatient score was the same as it was for October and based on an improved response rate of 36%, above the 30% target.
- In maternity FFT scores dropped by 2% for three of the four touchpoints, to between 92% and 95%. There was also a drop in response rates across these three. Whilst the 36/40 response rate is relatively high, at 33% (down from 45%), the delivery and postnatal ward response rate has dropped to 18% (down from 29%)
- For the postnatal community touchpoint the FFT score has increased from 94% to 100%. The response rate has also improved slightly but remains very low, at 6%.
- There were no Mixed Sex Breaches in November 2014.

The midwife who delivered our baby was nothing short of fantastic. She was caring, had a great manner, listened to my partner and I and made me and my husband feel safe 100% of the time. A complete asset to your team! all the other midwives, assistants, students and carers were fab too. We had a good experience.

*Burstow Ward*

I saw 2 reception staff taking 2 elderly people into the x-ray area as they were a little confused. They treated the patients with respect and compassion. The reception staff were very polite and pleasant. The radiographer was friendly and efficient. She appeared to be training 2 young people and was explaining things to them in a very nice manner.

*X ray - ESH*

Whilst I required little staff intervention, there were other patients on the ward who needed a considerable amount of care. Every member of staff I observed treated them in a timely manner, with great compassion and care and no problem was too much trouble. These staff were always working under pressure but they did not allow these pressures to compromise the care they gave. They were a credit to their profession.








*Tandridge Ward*

I regret I did not write down several names I would like to thank. To over a dozen friends, including several NHS doubters in the USA I wrote: "I light a candle with gratitude to a largely immigrant team at East Surrey Hospital. Thanks to them I have a new stainless steel knee. The operating team was Chinese, Indian, German, English and Cornish. My carers included Scottish Doctor Mary, nurses and physical therapists from the Philippines, Poland, and six African Nations."

*Woodland Ward*

# Workforce

## Workforce

Indicator Description	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Trend
Average fill rate – registered nurses/midwives (%) - Day							97.3%	97.7%	97.5%	95.7%	95.4%	96.4%	97.1%	
Average fill rate – care staff (%) - Day							95.6%	97.3%	95.1%	97.5%	96.4%	95.3%	95.0%	
Average fill rate – registered nurses/midwives (%) - Night							97.5%	97.9%	98.2%	97.2%	98.1%	99.2%	99.4%	
Average fill rate – care staff (%) - Night							96.7%	97.5%	97.2%	97.5%	96.7%	97.4%	95.3%	
Overall Sickness Rate	3.5%	3.6%	3.9%	3.9%	3.2%	3.0%	3.3%	3.6%	3.8%	3.2%	4.0%	4.4%	4.0%	
%age of staff who have had appraisal in last 12 months	80%	79%	83%	76%	87%	80%	82%	80%	80%	75%	74%	72%	69%	
Staff Turnover rate	14.8%	15.6%	14.5%	14.8%	14.3%	14.6%	14.5%	15.0%	15.0%	15.8%	15.6%	15.3%	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 remained static at 15.3% in November 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 decreased to 4.0% in November 2014.
- Due to the on-going challenges in recruiting qualified nurses, the following risk has been added to the Trust’s significant risk register:
  - Current local availability of qualified nurses and pressures on temporary staffing is leading to increased resource time being spent on ensuring existing clinical areas are safely staffed – Risk score 16 (Likelihood of 4 and consequence of 4)

# Finance

Indicator Description	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14
Outturn £m Surplus / (Deficit) - Plan	0.0	0.0	0.0	0.0	0.0	2.3	2.3	2.3	2.3	2.3	2.3	2.3	2.3
Outturn £m Surplus / (Deficit) - Forecast	0.3	0.1	0.3	0.3	0.3	2.3	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	(0.9)	(1.7)	(2.8)	(2.1)	(1.5)	(1.3)	0.1	0.4
YTD £m Surplus / (Deficit) - Actual	0.2	0.3	0.3	0.3	0.3	(0.9)	(1.7)	(2.8)	(2.1)	(1.5)	(1.3)	0.1	0.5
Outturn UNDERLYING £m Surplus / (Deficit) - Plan	(3.5)	(3.5)	(3.5)	(3.5)	(3.5)	3.4	3.4	3.4	3.4	3.4	3.4	3.4	3.4
Outturn UNDERLYING £m Surplus / (Deficit) - Actual	(3.2)	(3.2)	(4.3)	(4.3)	(4.3)	3.4	3.4	3.4	3.4	3.4	1.0	1.0	(0.7)
YTD Savings £m - Actual	6.3	7.5	8.7	9.9	11.1	0.4	0.6	1.1	1.9	2.8	3.8	5.0	6.2
OT Risk £m Surplus / (Deficit) - Assessment	(5.5)	(5.5)	(5.5)	(4.3)	0.0	(8.5)	(8.0)	(8.0)	(8.5)	(8.5)	(8.5)	(8.5)	(6.3)
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	2.3	2.8	3.8	8.3	2.6	2.9	2.6	2.4	2.7	3.1	3.0	3.8	2.8
YTD Liquid ratio - days	(4.0)	(6.0)	(1.0)	(1.0)	(13.0)	(16.0)	(15.0)	(18.0)	(18.0)	(17.0)	(10.0)	(7.0)	(4.0)
YTD BPPC (overall) volume £m	82%	83%	84%	84%	85%	94%	94%	94%	94%	94%	94%	90%	85%
YTD BPPC (overall) value £m	84%	84%	84%	84%	85%	87%	89%	90%	87%	88%	87%	92%	78%
Outturn Capital spend Fav / (Adv) - forecast	17.3	17.3	16.4	16.4	16.4	19.3	19.3	19.3	19.3	19.4	19.4	19.4	19.4

- The Trust remains on plan at M08 with a £0.5m surplus year to date.
- As reported in previous months, 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 (4/8ths of £2.3m), 4/8th of the 1st tranche winter resilience funding (£0.78m), 4/8th of the 2nd tranche winter resilience funding (£0.79m), as well as the use of contingency from the balance sheet.
- The forecast year end position is £2.3m surplus. However, risks to this position (mainly from the impact of emergency activity) have been estimated at £6.3m, a reduction in the risk from last month reflecting the mitigations in the month 8 position.

# Finance

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- The cost improvement plan year to date target is £6.2m and at M08 this has been achieved.
- The underlying position at the end of November is £1.3m deficit, this is a worsening position due to additional non recurrent income and one-off balance sheet flexibilities supporting the position.
- The cash balance at the end of November 2014 was £2.75m, 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.