

# Integrated Performance Report M03 – June 2015

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

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

# Performance – June 2015

## Patient Safety

- There were no Never Events in June 2015 and five SIs.
- Patient safety indicators continue to show expected levels of performance.
- The Trust had no MRSA bloodstream infections and three Trust acquired C-Diff cases in June 2015.

## 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.

## Access and Responsiveness

- In June 2015, 94.8% of patients were admitted or discharged within the ED standard of 4 hours with no 12 hour trolley wait breaches.
- All Cancer Access Standards were achieved except the TWW Breast Symptomatic Standard.
- In June 2015 the national bodies revised the performance management of RTT measures, focusing on the “Incompletes Standard”. The Trust continues to achieve this standard and is working to reduce long waiters.

## Patient Experience

- Both the ED and Inpatient FFT reduced in June, ED FFT from 95.3% to 93.7% and Inpatient FFT from 95.1% to 94.7%

## 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

# Performance – June 2015

## Finance

- The Trust is on plan at month 3 with a (£2)m deficit.

## Key Risks

- The Significant Risk Register for the Trust includes six quality risks in relation to “Right bed first time”, ED Access standards, Outbreak of viral gastroenteritis, Increasing sickness absence levels and Cancelled and / or delayed elective operations.

### 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

## Patient Safety





Indicator Description	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Trend
No of Never Events in month	0	1	0	0	0	0	0	0	0	1	1	0	0	
No of medication errors causing Severe Harm or Death	1	0	0	0	0	0	0	0	0	0	0	0	0	
Safety Thermometer - % of patients with harm free care (all harm)	92.3%	90.8%	92.5%	92.0%	95.0%	93.0%	93.0%	93.0%	92.0%	92.0%	91.3%	93.5%	92.0%	
Safety Thermometer - % of patients with harm free care (new harm)	97.3%	95.3%	96.1%	94.5%	98.0%	96.0%	97.0%	96.0%	95.0%	96.0%	95.9%	97.3%	95.2%	
Percentage of patients who have a VTE risk assessment	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	TBC	
WHO Checklist Usage - % Compliance	100%	100%	100%	100%	100%	98%	100%	96%	96%	100%	98%	100%	98%	
Number of Sis	1	11	3	3	3	2	2	5	6	5	3	3	5	
Serious Incidents - No per 1000 Bed Days	0.06	0.63	0.17	0.17	0.17	0.12	0.11	0.26	0.35	0.26	0.16	0.16	0.27	
Percentage of Patient Safety Incidents causing Severe harm or Death	0.4%	1.6%	0.6%	1.1%	0.7%	0.2%	0.2%	0.6%	0.7%	0.6%	0.2%	0.6%	0.5%	
Number of overdue CAS and NPSA alerts	0	0	0	0	0	1	0	1	1	0	0	0	0	

- Patient safety indicators continue to show expected levels of performance.
- There were no Never Events in June 2015 and no medication errors causing severe harm or death in June 2015.
- Safety Thermometer – performance continued at expected levels in June 2015.
- Five SIs were declared in June 2015.
  - Two patient falls sustaining a fractured neck of femur.
  - A delayed diagnosis of lung cancer. Earlier diagnosis may not have prolonged life but would have improved quality of life.

# Patient Safety

- Missed Torsion of testicle. A patient presented to ED with hemiscrotal pain. The presentation was unusual and was thought to be an infection. This was discussed with a senior Urology registrar before the patient was discharged to reutn for an USS the next day. The USS revealed a testicle with no vascularity and an orchidectomy was performed on that day.
- Management of deteriorating patient - A patient was admitted with a presenting problem of faecal impaction. Initial treatment interventions were ineffective and despite fluid resuscitation, the medical review at 19:30 found the patient to be hypoxic and severely hypotensive. The patient's condition was handed over to the night team but the patient was not medically reviewed again despite being assessed as unwell and with a documented EWS of 6 at 05:10 and again at 07:05, there is no evidence of this being escalated. The patient died at 08:40.
- Delayed Diagnosis. A patient was discharged from ED without a documented review of chest x-ray. The patient was re-admitted several months later following a deterioration in her health and metastatic lung cancer was diagnosed. A review of the chest x-ray taken in November showed obvious shadowing.

## Infection Control

Indicator Description	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Trend
MRSA BSI (incidences in month)	0	0	0	0	0	0	0	0	1	0	0	0	0	
CDiff Incidences (in month)	2	2	3	0	1	4	0	2	6	1	1	3	3	
MSSA	2	2	2	3	0	1	1	0	2	1	1	0	1	
E-Coli	23	18	17	22	18	15	16	14	18	12	11	23	20	

- There were no cases of MRSA in June 2015, and three cases of trust acquired C.diff.
- In light of the risk of outbreaks of viral gastroenteritis, the following risk is on 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)

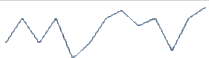


# Clinical Effectiveness

## Mortality and Readmissions

Indicator Description	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Trend
HSMR (56 Monitored diagnoses - 12 Months)	93.4	93.7	93.2	92.7	91.6	93.0	94.4	93.5	93.0	93.5				/
Emergency readmissions within 30 days (PBR Rules)	6.6%	7.2%	6.7%	6.9%	7.3%	7.1%	6.9%	6.6%	6.6%	6.4%				

- Mortality – The latest HSMR data shows overall Trust mortality is lower than expected for our patient group when benchmarked against national comparators. HSMR is now stated using a quarterly national benchmark to allow alignment with CQC.
- Readmissions within 30 days continues to remain at expected levels.



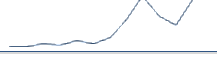
## Maternity

Indicator Description	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Trend
C Section Rate - Emergency	14%	17%	14%	17%	12%	14%	17%	18%	16%	17%	13%	17%	18%	
C Section Rate - Elective	11%	10%	13%	9%	12%	13%	11%	7%	11%	8%	11%	9%	10%	
Maternal Deaths	0	0	0	0	0	0	0	0	0	0	0	0	0	
Admissions of full term babies to neo-natal care	7.5%	8.5%	6.1%	8.0%	5.4%	3.8%	6.3%	6.0%	6.0%	6.0%	7.0%	6.2%	4.0%	

- Maternity continues to show positive performance overall and quality measures remain under monitoring at the Clinical Effectiveness committee.

# Access and Responsiveness


## Emergency Department

Indicator Description	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Trend
ED 95% in 4 hours	96.6%	97.6%	95.9%	95.4%	94.3%	95.7%	93.3%	92.0%	91.3%	95.0%	96.8%	96.0%	94.8%	
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	77	41	72	97	151	183	344	163	259	247	227	192	251	
Ambulance Turnaround - Number Over 60 mins	0	0	3	2	6	4	10	26	51	31	21	48	49	

- In June 2015, 94.8% of patients were admitted or discharged within 4 hours with no 12 hour trolley wait breaches.
- The Trust remains under significant operational pressure, partly driven by a 9% increase in the number of Overnight Non Elective admissions when compared to last year.
- Processes for external validation of Ambulance handover data is yet to be agreed. Internally validated data for Q1 is shown above and highlights the operational pressures being faced by the hospital.
- In light of the on-going operational pressures in the Trust, the following three 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)
  - Cancelled and / or delayed elective operations - Due to on-going operational pressures and increasing demand for emergency inpatient beds, elective inpatient surgery is being cancelled and / or postponed. Longer waiting times result in poor patient experience and increase the number of formal and informal complaints. (effectiveness, experience and safety) – Risk score 15(Likelihood of 5 and consequence of 3)

# Access and Responsiveness

## Cancer





Indicator Description	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Trend
Cancer - TWR	93.6%	93.1%	93.0%	93.2%	93.8%	93.1%	93.1%	93.1%	93.1%	93.1%	93.3%	94.2%	93.1%	
Cancer - TWR Breast Symptomatic	93.7%	93.2%	94.4%	93.2%	93.3%	93.6%	93.5%	93.4%	96.3%	93.8%	93.8%	93.8%	90.6%	
Cancer - 31 Day Second or Subsequent Treatment (SURGERY)	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 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	98.1%	99.2%	97.1%	99.2%	100.0%	99.1%	98.4%	97.1%	100.0%	100.0%	98.2%	97.0%	96.2%	
Cancer - 62 Day Referral to Treatment Standard	86.9%	90.8%	87.9%	78.8%	87.1%	86.3%	86.1%	85.4%	88.0%	83.7%	86.4%	83.9%	86.5%	
Cancer - 62 Day Referral to Treatment Screening	100.0%	50.0%	100.0%	83.3%	83.3%	100.0%	100.0%	92.3%	100.0%	92.3%	84.6%	92.3%	100.0%	

- All Cancer Access Standards were achieved in June 2015 except for the TWR Breast Symptomatic Standard.
- Cancer performance remains a national challenge and a national improvement programme is being put in place. The Trust has already begun some of the priorities within this programme to support improved cancer care. This includes
  - Demand and capacity review, several locum / substantive consultant appointments are in progress as a result
  - Review of data and PTL processes
  - Pathway reviews to incorporate the new NICE guidance



# Access and Responsiveness








## Referral to Treatment (RTT) and Diagnostics

Indicator Description	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Trend
RTT Incomplete Pathways - % under 18 weeks	95.2%	94.9%	93.9%	93.8%	93.5%	93.3%	92.2%	92.1%	94.0%	93.7%	93.6%	93.5%	92.6%	
RTT Patients over 52 weeks on incomplete pathways	0	0	0	0	0	0	0	0	0	0	0	0	0	
RTT Admitted - 90% in 18 weeks	94.7%	92.8%	90.4%	90.7%	88.1%	81.4%	91.1%	90.2%	82.1%	88.4%	91.6%	90.1%	92.0%	
RTT Non Admitted - 95% in 18 weeks	96.5%	95.2%	95.8%	93.2%	93.9%	92.8%	95.0%	91.7%	91.0%	93.5%	93.6%	95.3%	93.4%	
Percentage of patients waiting 6 weeks or more for diagnostic	0.0%	0.3%	0.1%	0.0%	0.0%	0.4%	0.1%	0.9%	0.7%	1.4%	1.0%	0.2%	0.8%	
% of operations cancelled on the day not treated within 28 days	0.0%	0.0%	0.0%	1.0%	1.6%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2.2%	

- In June 2015, the national oversight bodies of the NHS changed the focus of RTT measurement to be on the Incompletes standard (ie those currently waiting over 18 weeks for their treatment)
- While the Trust is achieving this standard at aggregate level, due to the volume of elective referrals and the need to find more capacity to reduce outpatient waits, full speciality compliance is a challenge. The clinical divisions are currently working on trajectories and the additional capacity required in each speciality to deliver full compliance from end of October.
- Within Diagnostics, the quality standard for waits over 6 weeks was achieved in June 2015.
- One patient was treated in June who had previously been cancelled on the day but was unable to be treated within 28 days

# Patient Experience








## Patient Voice

Indicator Description	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Trend
Inpatient FFT - % positive responses		98.0%	98.0%	96.0%	97.0%	97.0%	95.0%	95.7%	96.9%	94.2%	94.4%	95.1%	94.7%	
Emergency Department FFT - % positive responses		99.0%	98.0%	98.0%	95.0%	96.0%	93.0%	95.8%	97.1%	94.7%	95.4%	95.3%	93.7%	
Maternity FFT - Antenatal - % positive responses		97.0%	99.0%	96.0%	97.0%	95.0%	90.0%	97.6%	97.1%	97.0%	96.3%	100.0%	83.3%	
Maternity FFT - Delivery - % positive responses		100.0%	98.0%	95.0%	95.0%	93.0%	100.0%	95.5%	97.2%	100.0%	94.7%	97.0%	94.9%	
Maternity FFT - Postnatal Ward - % positive responses		92.0%	93.0%	93.0%	90.0%	92.0%	96.0%	85.9%	91.0%	97.3%	86.7%	91.0%	86.5%	
Maternity FFT - Postnatal Community Care - % positive responses		93.0%	100.0%	100.0%	94.0%	100.0%	85.0%	100.0%	100.0%	100.0%	100.0%	77.8%	100.0%	
Mixed Sex Breaches	0	0	0	0	0	0	0	0	0	0	0	0	0	
Complaints (rate per 10,000 occupied bed days)	23	20	28	17	30	24	20	18	26	22	25	22	27	

- The June Friends and Family Test (FFT) score for inpatients remains similar to the last four months, at 94.7%. The inpatient response rate for June increased to 38%, the highest since March 2015. There has been a drop in the June ED FFT, down to 93.7% from 96.2% in May. The ED response rate for FFT remains at 11%, well below the 20% target.
- FFT scores for the first three touchpoints for maternity have all dropped this month, whilst response rates for the three have remained similar. Most notable is the 36/40 touchpoint where the score has dropped to 83.3, the lowest score for many months.
- National FFT data for May was released in early July. The combined adult and paediatric ED Friends and Family Test score for May was 96.1%. SaSH continues to perform well above the national average (88.3% in May) and was ranked 13<sup>th</sup> best in the country. National ED results ranged from 98.2% to 66.3% positive.
- Our May inpatient FFT score was 95.1%, just below the National average of 95.4%. National results ranged from 100% to 78% positive. The drop in response rate to 20% is because the national figures now include day case patients as well as inpatients.

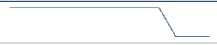













# Workforce

## Workforce

Indicator Description	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Trend
Average fill rate – registered nurses/midwives (%) - Day	97.7%	97.5%	95.7%	95.4%	96.4%	97.1%	95.1%	94.8%	95.9%	96.5%	96.8%	95.7%	96.9%	
Average fill rate – care staff (%) - Day	97.3%	95.1%	97.5%	96.4%	95.3%	95.0%	93.1%	92.6%	93.8%	94.5%	96.1%	93.8%	93.5%	
Average fill rate – registered nurses/midwives (%) - Night	97.9%	98.2%	97.2%	98.1%	99.2%	99.4%	97.3%	97.2%	97.7%	96.7%	96.5%	97.1%	94.1%	
Average fill rate – care staff (%) - Night	97.5%	97.2%	97.5%	96.7%	97.4%	95.3%	93.7%	93.3%	94.9%	94.9%	95.2%	95.9%	94.9%	
Overall Sickness Rate	3.6%	3.8%	3.2%	4.0%	4.4%	4.0%	4.5%	4.3%	4.4%	4.2%	4.2%	4.3%	4.1%	
%age of staff who have had appraisal in last 12 months	80%	80%	75%	74%	72%	69%	72%	67%	68%	73%	71%	68%	58%	
Staff Turnover rate	15.0%	15.0%	15.8%	15.6%	15.3%	15.3%	15.6%	15.7%	15.7%	15.2%	15.5%	15.9%	15.6%	

- The Trust continues to monitor ward nursing (numbers and skill mix) on a daily basis and is assured that adequate staffing is in place.
- Staff Turnover decreased to 15.6% in June 2015. There remains a significant focus on Nursing recruitment and a new “Leavers Pathway” was rolled out in May 2015. This includes an online questionnaire with a link given to all leavers when they resign.
- Sickness absence decreased to 4.1% in June 2015.
- The following workforce related risks sit on the Trust’s significant risk register:
  - Increasing Sickness Absence Levels with impact on day to day management and expenditure – Risk score 15 (Likelihood of 5 and consequence of 3)

# Finance

Indicator Description	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Trend
Outturn £m Surplus / (Deficit) - Plan	2.3	2.3	2.3	2.3	2.3	2.3	2.3	2.3	2.3	2.3	1.6	1.6	1.6	
Outturn £m Surplus / (Deficit) - Forecast	2.3	2.3	2.3	2.3	2.3	2.3	2.3	2.3	(2.5)	(2.4)	1.6	1.6	1.6	
YTD £m Surplus / (Deficit) - Plan	(2.8)	(2.1)	(1.5)	(1.3)	0.1	0.4	1.0	1.9	1.4	2.3	(0.8)	(1.2)	(2.0)	
YTD £m Surplus / (Deficit) - Actual	(2.8)	(2.1)	(1.5)	(1.3)	0.1	0.5	1.0	1.9	(2.9)	(2.4)	(0.8)	(1.1)	(2.0)	
Outturn UNDERLYING £m Surplus / (Deficit) - Plan	3.4	3.4	3.4	3.4	3.4	3.4	3.4	3.4	3.4	3.4	3.8	3.8	3.8	
Outturn UNDERLYING £m Surplus / (Deficit) - Actual	3.4	3.4	3.4	1.0	1.0	(0.7)	(5.2)	(5.2)	(5.2)	(5.2)	3.8	3.3	3.3	
YTD Savings £m - Actual	1.1	1.9	2.8	3.8	5.0	6.2	7.4	8.6	9.8	11.0	0.3	0.5	0.8	
OT Risk £m Surplus / (Deficit) - Assessment	(8.0)	(8.5)	(8.5)	(8.5)	(8.5)	(6.3)	(6.3)	(5.5)	(0.7)	0.0	0.0	(1.0)	TBC	
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	7.6	7.6	7.6	
YTD Cash position £m Fav / (Adv) - Actual	2.4	2.7	3.1	3.0	3.8	2.8	4.8	3.8	3.8	2.6	3.2	2.9	2.6	
YTD Liquid ratio - days	(18.0)	(18.0)	(17.0)	(10.0)	(7.0)	(4.0)	(8.0)	(8.0)	(18.0)	(21.0)	(20.0)	(21.0)	(23.0)	
YTD BPPC (overall) volume £m	94%	94%	94%	94%	90%	85%	88%	87%	86%	82%	62%	75%	78%	
YTD BPPC (overall) value £m	90%	87%	88%	87%	92%	78%	84%	83%	83%	81%	65%	73%	75%	
Outturn Capital spend Fav / (Adv) - forecast	19.3	19.3	19.4	19.4	19.4	19.4	19.3	19.3	19.3	19.3	17.1	17.1	17.1	

- The Trust is on plan at month 3 with a (£2)m deficit.
- Contract income is adverse to plan at the end of quarter 1 due to phasing of additional capacity and the impact of emergency activity
- The cost improvement schemes are on plan at month 3 with £0.8m delivered, including contingency from new schemes identified last month.
- The underlying position at the end of June is £(2.2)m deficit, reflecting the non recurrent contingency savings.
- The outturn forecast is a £1.6m surplus, however the Board will be reviewing the Q1 forecast and associated risks. Those risks are significant, as discussed in past reports.

# Finance

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- Risks to the 2015/16 financial plan to be agreed.
- The cash balance at the end of June 2015 was £2.6m and remains slightly above plan. The cash forecast will be reviewed with the forecast.
- The capital forecast this year is spend of £17.1m.