

Integrated Performance Report M12 – March 2015

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

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Performance – March 2015

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

- There was one Never Event in March 2015 and a further Never Event in April 2015.
- Other 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 March 2015.
- 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.

Access and Responsiveness

- In March 2015, 95% of patients were admitted or discharged within the ED standard of 4 hours with no 12 hour trolley wait breaches.
- In March 2015, the incomplete pathways RTT standard was achieved at aggregate level while the admitted and non-admitted standards were not achieved.
- All Cancer Access Standards were achieved except 62 Day Referral to Treatment. All standards were achieved for Q4 as a whole.

Patient Experience

- The March ED FFT score of 94.7% is lower than the February score (97.1%). The inpatient score also decreased to 94.2% (from 96.9% in February).

Performance – March 2015

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 has improved slightly on its forecast year position reported last month with a £2.4m year end deficit (subject to audit review). All figures remain provisional until the external audit review is concluded.

Key Risks

- Quality – 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, Local availability of qualified nurses and 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	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Trend
No of Never Events in month	0	0	0	0	1	0	0	0	0	0	0	0	1	
No of medication errors causing Severe Harm or Death	0	1	0	1	0	0	0	0	0	0	0	0	0	
Safety Thermometer - % of patients with harm free care (all harm)	94.2%	90.5%	92.8%	92.3%	90.8%	92.5%	92.0%	95.0%	93.0%	93.0%	93.0%	92.0%	92.0%	
Safety Thermometer - % of patients with harm free care (new harm)	97.7%	95.4%	97.0%	97.3%	95.3%	96.1%	94.5%	98.0%	96.0%	97.0%	96.0%	95.0%	96.0%	
Percentage of patients who have a VTE risk assessment	95%	95%	96%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	
WHO Checklist Usage - % Compliance	100%	100%	100%	100%	100%	100%	100%	100%	98%	100%	96%	96%	100%	
Number of Sis	6	4	7	1	11	3	3	3	2	2	5	6	5	
Serious Incidents - No per 1000 Bed Days	0.35	0.24	0.40	0.06	0.63	0.17	0.17	0.17	0.12	0.11	0.28	0.38	0.32	
Number of overdue CAS and NPSA alerts	0	0	0	0	0	0	0	0	1	0	1	1	0	

- Patient safety indicators continue to show expected levels of performance.
- There was one Never Event in March 2015 and a second Never Event in April.
- There were no medication errors causing severe harm or death in March 2015.
- Safety Thermometer – achievement of both the “All Harm” and “New Harm” measures was sustained in March 2015.
- VTE assessment performance was achieved in March 2015.
- Six SIs were declared in March 2015.
 - Patient with severe endometriosis consented for hysterectomy and removal of left ovary. During surgery both ovaries were removed. The error was identified during the operation. This is a “never event”.

Patient Safety

- A patient was admitted to ED following a fall at home. A fractured pubis rami was confirmed. The patient was given analgesia and OT/physio support before being discharged home with family support. On 8th February she was readmitted with increased shortness of breath and subsequently died. The cause of death has been given as fracture pubis rami, DVT and pulmonary embolism.
- Unwitnessed fall beside her bed resulting in a fractured neck of femur.
- Cdiff cross infection.
- Patient was referred to an outpatient clinic for an ultrasound examination when she should have been referred immediately to an ocular oncology centre. Delay in referral and treatment may mean that the lesion size is now too large for treatment except removal of the eye.
- Medico-legal reports suggestive of a missed opportunity to diagnose and treat a patient's cancer at an earlier stage. The Trust undertook a review of the patient's care in 2011/12 and were confident that there had been no clinical mismanagement. In view of the medico-legal reports a further review has taken place which has found that there was a missed opportunity to treat the patient earlier.

Infection Control

Indicator Description	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Trend
MRSA (incidences in month)	0	0	0	0	0	0	0	0	0	0	0	0	0	
CDiff Incidences (in month)	0	3	0	2	2	3	0	1	4	0	2	6	1	
MSSA	0	0	0	2	2	2	3	0	1	1	0	2	1	
E-Coli	15	23	25	23	18	17	22	18	15	16	14	18	12	

- There were no cases of MRSA in March 2015, and one case of trust acquired C.diff taking the total to 24 for the year.

Clinical Effectiveness




- 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)

Mortality and Readmissions

Indicator Description	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Trend
HSMR (56 Monitored diagnoses - 12 Months)	94.9	95.3	94.0	90.1	89.0	90.1	92.5	90.1	88.9	88.2				
Emergency readmissions within 30 days (PBR Rules)	7.4%	6.7%	6.6%	6.6%	7.2%	6.8%	6.8%	7.1%	7.0%	7.0%	6.5%	6.8%		

- 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	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Trend
C Section Rate - Emergency	16%	18%	15%	14%	17%	14%	17%	12%	14%	17%	18%	16%	17%	
C Section Rate - Elective	11%	10%	10%	11%	10%	13%	9%	12%	13%	11%	7%	11%	8%	
Maternal Deaths	0	0	0	0	0	0	0	0	0	0	0	0	0	
Admissions of full term babies to neo-natal care	6.2%	7.6%	6.7%	7.5%	8.5%	6.1%	8.0%	5.4%	3.8%	6.3%	6.0%	6.0%	6.0%	

- 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	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Trend
ED 95% in 4 hours	97.5%	96.8%	96.1%	96.6%	97.6%	95.9%	95.4%	94.3%	95.7%	93.3%	92.0%	91.3%	95.0%	
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	72	83	105	77	41	72	97	151	183	344	163	259	247	
Ambulance Turnaround - Number Over 60 mins	0	9	19	0	0	3	2	6	4	10	26	51	31	

- In March 2015, 95% of patients were admitted or discharged within 4 hours with no 12 hour trolley wait breaches
- The delivery of the ED 4hr standard remains a challenge across the country and SaSH remains one of the best performing Trusts in the country.
- 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

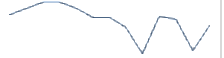



Cancer

Indicator Description	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Trend
Cancer - TWR	96.1%	93.1%	93.1%	93.6%	93.1%	93.0%	93.2%	93.8%	93.1%	93.1%	93.1%	93.1%	93.1%	
Cancer - TWR Breast Symptomatic	98.6%	93.7%	93.5%	93.7%	93.2%	94.4%	93.2%	93.3%	93.6%	93.5%	93.4%	96.3%	93.8%	
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	99.0%	100.0%	100.0%	98.1%	99.2%	97.1%	99.2%	100.0%	99.1%	98.4%	97.1%	100.0%	98.1%	
Cancer - 62 Day Referral to Treatment Standard	95.2%	89.7%	87.0%	86.9%	90.8%	87.9%	78.8%	87.1%	86.3%	86.1%	85.4%	88.0%	82.2%	
Cancer - 62 Day Referral to Treatment Screening	100.0%	100.0%	100.0%	100.0%	50.0%	100.0%	83.3%	83.3%	100.0%	100.0%	92.3%	100.0%	90.9%	

- All Cancer Access Standards were achieved in March 2015 except for the 62 Day referral to treatment standard.
- All standards were achieved for Q4.

Access and Responsiveness








Referral to Treatment (RTT) and Diagnostics

Indicator Description	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Trend
RTT Admitted - 90% in 18 weeks	91.4%	92.9%	94.4%	94.7%	92.8%	90.4%	90.7%	88.1%	81.4%	91.1%	90.2%	82.1%	88.4%	
RTT Non Admitted - 95% in 18 weeks	97.6%	97.4%	97.2%	96.5%	95.2%	95.8%	93.2%	93.9%	92.8%	95.0%	91.7%	91.0%	93.5%	
RTT Incomplete Pathways - % under 18 weeks	96.2%	96.4%	96.0%	95.2%	94.9%	93.9%	93.8%	93.5%	93.3%	92.2%	92.1%	94.0%	93.7%	
RTT Patients over 52 weeks on incomplete pathways	0	0	0	0	0	0	0	0	0	0	0	0	0	
Percentage of patients waiting 6 weeks or more for diagnostic	0.0%	0.0%	0.0%	0.0%	0.3%	0.1%	0.0%	0.0%	0.4%	0.1%	0.9%	0.7%	1.4%	
% of operations cancelled on the day not treated within 28 days	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.0%	1.6%	0.0%	0.0%	0.0%	0.0%	0.0%	

- In March 2015, the incomplete pathways RTT standard was achieved at aggregate level while the admitted and non-admitted standards were not achieved.
- The non-achievement of the standards was part of the national drive to reduce long waiters.
- There were a number of speciality failures of the admitted and non-admitted standards as work is undertaken to reduce the number of patients waiting over 18 weeks for treatment. Several specialities also failed the incompletes standard.
- Within Diagnostics, the quality standard for waits over 6 weeks was not achieved in March 2015. This related to Endoscopy activity which was impacted by the winter activity pressures.

Patient Experience








Patient Voice

Indicator Description	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Trend
Inpatient FFT - % positive responses					98.0%	98.0%	96.0%	97.0%	97.0%	95.0%	95.7%	96.9%	94.2%	
Emergency Department FFT - % positive responses					99.0%	98.0%	98.0%	95.0%	96.0%	93.0%	95.8%	97.1%	94.7%	
Maternity FFT - Antenatal - % positive responses					97.0%	99.0%	96.0%	97.0%	95.0%	90.0%	97.6%	97.1%	97.0%	
Maternity FFT - Delivery - % positive responses					100.0%	98.0%	95.0%	95.0%	93.0%	100.0%	95.5%	97.2%	100.0%	
Maternity FFT - Postnatal Ward - % positive responses					92.0%	93.0%	93.0%	90.0%	92.0%	96.0%	85.9%	91.0%	97.3%	
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%	
Mixed Sex Breaches	0	0	0	0	0	0	0	0	0	0	0	0	0	
Complaints (rate per 10,000 occupied bed days)	25	23	23	23	20	28	17	30	25	21	20	29	22	

- The March ED FFT score of 94.7% is lower than the February score (97.1%). The inpatient score also decreased to 94.2% (from 96.9% in February).
- In maternity the FFT score has remained stable for the last three months for the antenatal 36/40 touchpoint at 97.0%. Both delivery and the postnatal ward scores increased, from 97.1% to 100% for delivery and from 91.0% to 97.3% for the postnatal ward.
- National FFT data for February was released in early April. The ED Friends and Family Test score for February was 97.1%, an improvement on the January score (95.8%) and well above the National average of 87.9%. The ED was ranked 6th best for the FFT score nationally. National ED results ranged from 98.4% to 52.9% positive.
- The February Inpatient FFT score was 96.9%, an increase on the January score (95.7%) and above the National average of 94.5%. National results ranged from 100% to 70.5% positive.
- There were no Mixed Sex Breaches in March 2015.

Workforce

Workforce

Indicator Description	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Trend
Average fill rate – registered nurses/midwives (%) - Day			97.3%	97.7%	97.5%	95.7%	95.4%	96.4%	97.1%	95.1%	94.8%	95.9%	96.5%	
Average fill rate – care staff (%) - Day			95.6%	97.3%	95.1%	97.5%	96.4%	95.3%	95.0%	93.1%	92.6%	93.8%	94.5%	
Average fill rate – registered nurses/midwives (%) - Night			97.5%	97.9%	98.2%	97.2%	98.1%	99.2%	99.4%	97.3%	97.2%	97.7%	96.7%	
Average fill rate – care staff (%) - Night			96.7%	97.5%	97.2%	97.5%	96.7%	97.4%	95.3%	93.7%	93.3%	94.9%	94.9%	
Overall Sickness Rate	3.2%	3.0%	3.3%	3.6%	3.8%	3.2%	4.0%	4.4%	4.0%	4.5%	4.3%	4.4%	4.2%	
%age of staff who have had appraisal in last 12 months	87%	80%	82%	80%	80%	75%	74%	72%	69%	72%	67%	68%		
Staff Turnover rate	14.3%	14.6%	14.5%	15.0%	15.0%	15.8%	15.6%	15.3%	15.3%	15.6%	15.7%	15.7%	15.2%	

- 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 remained reduced to 15.2% in March 2015. HR Business Partners within the divisions continue to support actions to improve recruitment and retention with a significant focus on nursing.
- Sickness absence decrease marginally to 4.2% in March 2015.
- The following workforce related risks sit on 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)
 - 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	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Outturn £m Surplus / (Deficit) - Plan	0.0	2.3	2.3	2.3	2.3	2.3	2.3	2.3	2.3	2.3	2.3	2.3	23.3
Outturn £m Surplus / (Deficit) - Forecast	0.3	2.3	2.3	2.3	2.3	2.3	2.3	2.3	2.3	2.3	2.3	(2.5)	(2.4)
YTD £m Surplus / (Deficit) - Plan	0.0	(0.9)	(1.7)	(2.8)	(2.1)	(1.5)	(1.3)	0.1	0.4	1.0	1.9	1.4	2.3
YTD £m Surplus / (Deficit) - Actual	0.3	(0.9)	(1.7)	(2.8)	(2.1)	(1.5)	(1.3)	0.1	0.5	1.0	1.9	(2.9)	(2.4)
Outturn UNDERLYING £m Surplus / (Deficit) - Plan	(3.5)	3.4	3.4	3.4	3.4	3.4	3.4	3.4	3.4	3.4	3.4	3.4	3.4
Outturn UNDERLYING £m Surplus / (Deficit) - Actual	(4.3)	3.4	3.4	3.4	3.4	3.4	1.0	1.0	(0.7)	(5.2)	(5.2)	(5.2)	(5.2)
YTD Savings £m - Actual	11.1	0.4	0.6	1.1	1.9	2.8	3.8	5.0	6.2	7.4	8.6	9.8	11.0
OT Risk £m Surplus / (Deficit) - Assessment	0.0	(8.5)	(8.0)	(8.0)	(8.5)	(8.5)	(8.5)	(8.5)	(6.3)	(6.3)	(5.5)	(0.7)	0.0
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	2.6	2.9	2.6	2.4	2.7	3.1	3.0	3.8	2.8	4.8	3.8	3.8	2.6
YTD Liquid ratio - days	(13.0)	(16.0)	(15.0)	(18.0)	(18.0)	(17.0)	(10.0)	(7.0)	(4.0)	(8.0)	(8.0)	(18.0)	(21.0)
YTD BPPC (overall) volume £m	85%	94%	94%	94%	94%	94%	94%	90%	85%	88%	87%	86%	52%
YTD BPPC (overall) value £m	85%	87%	89%	90%	87%	88%	87%	92%	78%	84%	83%	83%	51%
Outturn Capital spend Fav / (Adv) - forecast	16.4	19.3	19.3	19.3	19.3	19.4	19.4	19.4	19.4	19.3	19.3	19.3	19.3

- The Trust has improved slightly on its forecast year position reported last month with a £2.4m year end deficit (subject to audit review). All figures remain provisional until the external audit review is concluded.
- Memoranda of Understanding (MoU's) have been agreed with all the Trust's contracted Commissioner's – removing the element of uncertainty around contract income in the year end position.
- The Trust delivered the planned £11m of savings in 2014/15, mitigation was used to offset some schemes that did not deliver to plan.
- The underlying position at the end of March is £5.2m deficit, reflecting the non-recurrent elements in the year to date position.
- The cash balance at the end of March 2015 was £2.6m, on plan.

Finance

- The capital spend in 2014/15 was £19.3m, meeting the Capital Resource Limit.
- The Trust ends the year with M12 recording the 2nd highest number of ED attendances all year, a marginal rate emergency tariff deduction of £7.2m and elective income £2.4m below plan. In month there is increased overspending in Divisions, most marked in Medicine, and additional costs funded by the 3rd tranche of RTT resilience funding. Elective day cases, however, showed a marked increase in month.