

# Integrated Performance Report M10 – January 2016

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

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

# Performance – January 2016

## Patient Safety

- There were three SIs declared in January 2016 and no Never Events.
- Patient safety indicators continue to show expected levels of performance.
- The Trust had no MRSA bloodstream infections and two Trust acquired C-Diff cases in January 2016.

## Clinical Effectiveness

- Mortality is lower than expected for our patient group when benchmarked against national comparators.
- Maternity indicators continue to show expected performance.

## Access and Responsiveness

- The 4hr ED standard was not achieved with performance of 92.8% in January 2016 (YTD Performance is 95%)
- All Cancer Access Standards except the TWR Breast Symptomatic and the 62 Data Referral to treatment standards were achieved in January 2016
- 18 Weeks RTT - The Trust continues to deliver against incomplete pathways which measures % of patients still waiting at the end of each month.

## Patient Experience

- In December 2016 the Inpatient FFT increased to 97.4%. The ED FFT decreased to 95.8%

## Workforce

- The Trust is actively reviewing initiatives to improve recruitment and retention, such as reducing time to recruit and ongoing local and overseas recruitment.
- The Trust continues to monitor ward nursing (numbers and skill mix) on a daily basis and is assured that adequate staffing is in place. Agency usage reduced in January, but the Trust is adverse to its agency trajectory.

# Performance – January 2016

## Finance

- The Trust forecast has worsened to a £(4.2)m deficit (after donated asset technical adjustments), as the anticipated reimbursement from the TDA in respect of lost income resulting from the Junior Doctors industrial action has not materialised. This position also includes £3.0m non-recurrent income from the TDA (capital to revenue transfer). The YTD variance to the forecast is £0.4m adverse.

## Key Risks







- The Significant Risk Register for the Trust includes five quality risks in relation to “Right bed first time”, ED Access standards, Outbreak of viral gastroenteritis, Increasing sickness absence levels and RTT Access Standards.

**Action: The Board are asked to note and accept this report**

<b>Legal:</b>	All aspects of care provision is covered by the Health and Social care Act, this paper provides assurance on safe high quality care (Including mortality).
<b>Regulation:</b>	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.
<b>Patient experience/ engagement:</b>	This paper includes significant detail on both patient experience and access to services.
<b>Risk &amp; performance management</b>	This is the main Board assurance report for performance against quality and financial measures and is linked to risk management through the SRR.
<b>NHS constitution; equality &amp; diversity; communication.</b>	This report covers performance against access standards with the NHS Constitution.

# Patient Safety

## Patient Safety

Indicator Description	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Trend
No of Never Events in month	0	0	1	1	0	0	0	0	0	0	0	0	0	
No of medication errors causing Severe Harm or Death	0	0	0	0	0	0	0	0	0	0	0	0	0	
Safety Thermometer - % of patients with harm free care (all harm)	93.0%	92.0%	92.0%	91.3%	93.5%	92.0%	95.0%	92.2%	93.2%	95.4%	90.3%	92.6%	91.2%	
Safety Thermometer - % of patients with harm free care (new harm)	96.0%	95.0%	96.0%	95.9%	97.3%	95.2%	97.7%	94.8%	96.7%	97.6%	95.0%	96.2%	95.1%	
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	96%	96%	100%	98%	100%	98%	96%	100%	100%	100%	100%	100%	100%	
Number of Sis	5	6	5	3	3	6	1	1	4	6	2	7	3	
Serious Incidents - No per 1000 Bed Days	0.26	0.35	0.26	0.16	0.16	0.33	0.05	0.05	0.23	0.32	0.11	0.38	0.16	
Percentage of Patient Safety Incidents causing Severe harm or Death	0.6%	0.7%	0.6%	0.2%	0.6%	0.5%	0.0%	0.2%	0.8%	0.6%	0.4%	0.8%	0.8%	
Number of overdue CAS and NPSA alerts	1	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 reported in January 2016.
- VTE risk assessment performance for January 2016 is undergoing validation - performance of 95% is expected. A dedicated session of the Executive Committee for Quality and Risk will focus on VTE including the systems for recording assessment completion
- Safety Thermometer (all Harm) – performance decreased to 91.2% driven by an increase in patients with Catheters / UTIs (3.1% / 19 patients compared to 2% in December 2015)

# Patient Safety

Three SIs were declared in January 2016 (in all cases full investigations have been started):

- **2016/559 Fall (Newdigate)**  
Patient had an unwitnessed fall which resulted in a fractured neck of femur.
- **2016/618 Diagnostic Incident – delay**  
Patient with a diagnosis of bowel cancer was admitted for an elective laparoscopic right hemi colectomy on 26th March 2015; patient was transferred post operatively to ICU and died on 30th March 2015. Post mortem found cause of death to be sepsis.
- **2016/1212 Fall (ED)**  
The patient was found on the toilet floor having sustained an unwitnessed fall, the patient later reported that he had slipped. An x-ray confirmed fracture to the left hip, shoulder and hand.

## Infection Control

Indicator Description	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Trend
MRSA BSI (incidences in month)	0	1	0	0	0	0	0	0	0	0	1	0	0	
CDiff Incidences (in month)	2	6	1	1	3	3	4	3	2	6	2	6	2	
MSSA	0	2	1	1	0	1	0	0	0	3	0	0	0	
E-Coli	14	18	12	11	23	20	18	34	27	29	18	23	22	

- There were no cases of MRSA in January 2016 and two cases of Trust acquired C.diff.
- There was no outbreak in January, but 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	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Trend
HSMR (56 Monitored diagnoses - 12 Months)	92.8	92.6	93.4	93.0	95.0	95.1	93.8	943.0	95.7	95.3				
Emergency readmissions within 30 days (PBR Rules)	6.9%	6.7%	6.6%	6.4%	7.0%	7.2%	7.7%	7.4%	7.3%	6.3%	6.3%	6.9%		

- Latest HSMR data for the Trust shows mortality remains lower than expected for our patient group when benchmarked against national comparators.




## Maternity

Indicator Description	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Trend
C Section Rate - Emergency	18%	16%	17%	13%	17%	18%	14%	17%	17%	14%	15%	16%	17%	
C Section Rate - Elective	7%	11%	8%	11%	9%	10%	11%	13%	8%	13%	10%	9%	9%	
Admissions of full term babies to neo-natal care	6.0%	6.0%	6.0%	7.0%	6.2%	4.0%	5.0%	5.1%	5.8%	7.1%	6.6%	5.9%	3.8%	

- Maternity indicators continue to show expected performance.

# Access and Responsiveness



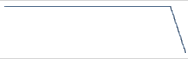
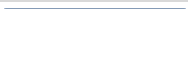



## Emergency Department

Indicator Description	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Trend
ED 95% in 4 hours	92.0%	91.3%	95.0%	96.8%	96.0%	94.8%	94.3%	96.1%	97.1%	95.5%	92.9%	95.5%	92.8%	
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	163	259	247	199	170	206	238	220	225	225	231	191	227	
Ambulance Turnaround - Number Over 60 mins	26	51	31	19	34	38	32	30	29	31	30	10	21	

- The ED 4hr standard was not achieved in January 2016 with performance of 92.8%.
- Volumes /Acuity of emergency attendances / admissions continue to be an issue and with overnight non-elective admissions up 7% (3% for East Surrey CCG and 16% for Crawley CCG) compared to last year.
- Discharge delays are also a significant driver of performance with an average of 114 beds occupied by patients who are medically ready for discharge
- Despite the positive work taken on the Ambulance handover process, Ambulance turnaround performance showed an adverse movement in January 2016 driven by volumes of Ambulance attendances.
- In light of the on-going operational pressures in the Trust, the following 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 – 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	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Trend
Cancer - TWR	93.1%	93.1%	93.1%	93.3%	94.2%	93.1%	93.1%	93.0%	89.6%	89.9%	93.2%	94.3%	93.0%	
Cancer - TWR Breast Symptomatic	93.4%	96.3%	93.8%	93.8%	93.8%	90.6%	93.2%	93.3%	94.2%	93.8%	93.4%	96.2%	90.7%	
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%	95.0%	
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	97.1%	100.0%	100.0%	98.2%	97.0%	96.2%	98.3%	99.2%	99.3%	98.2%	96.6%	92.4%	97.6%	
Cancer - 62 Day Referral to Treatment Standard	85.4%	88.0%	83.7%	86.4%	83.9%	86.5%	80.7%	84.2%	86.2%	85.6%	88.3%	85.8%	80.4%	
Cancer - 62 Day Referral to Treatment Screening	92.3%	100.0%	92.3%	84.6%	92.3%	100.0%	87.5%	88.9%	100.0%	87.5%	90.9%	100.0%	100.0%	

- In January 2016, all Cancer Access Standard except the TWR Breast Symptomatic and the 62 Data Referral to treatment standards.
- On the Breast Symptomatic pathway, 10 patients breached the standard. This was driven by patient deferrals in December resulting in attendance over two weeks in January.
- 18 patients (14.5 breaches) breached the 62 Day Referral to Treatment Standard across a range of pathways (Urology – 4 breaches, Skin – 3 breaches). Root cause analysis is being undertaken of all breaches to ensure pathway improvements are made and any capacity issues / internal delays are resolved.



# Access and Responsiveness







## Referral to Treatment (RTT) and Diagnostics

Indicator Description	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Trend
RTT Incomplete Pathways - % waiting less than 18 weeks	92.1%	94.0%	93.7%	93.6%	93.5%	92.6%	92.2%	92.0%	92.1%	92.2%	92.5%	92.1%	92.0%	
RTT Patients over 52 weeks on incomplete pathways	0	0	0	0	0	0	0	0	0	0	0	0	0	
RTT Admitted - 90% treated within 18 weeks	90.2%	82.1%	88.4%	91.6%	90.1%	92.0%	84.0%	81.5%	77.9%	78.5%	80.7%	81.1%	78.1%	
RTT Non Admitted - 95% treated within 18 weeks	91.7%	91.0%	93.5%	93.6%	95.3%	93.4%	89.4%	89.1%	88.7%	87.9%	85.2%	85.4%	85.2%	
Percentage of patients waiting 6 weeks or more for diagnostic	0.9%	0.7%	1.4%	1.0%	0.2%	0.8%	1.0%	0.1%	0.5%	0.2%	0.2%	0.1%	0.0%	
Last Minute Elective Cancellations for non clinical reasons	18	26	45	11	37	45	24	25	44	41	133	54	90	
% of operations cancelled on the day not treated within 28 days	0.0%	0.0%	0.0%	0.0%	0.0%	2.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	

- At aggregate level, the trust continues to deliver against the incomplete pathways standard which measures % of patients waiting less than 18 weeks at the end of each month.
- Challenges remain in General Surgery, Trauma and Orthopaedics and Cardiology. A number of newly recruited consultants will increase capacity and support reduction in patients over 18 weeks with performance expected to improve over the coming months.
- The diagnostic standard continues to be achieved
- 90 patients were cancelled at the “last minute” for non clinical reasons, the increase on December being due to bed pressures
- The following risk is on the significant risk register:
  - RTT Access Standards - Due to on-going operational pressures and increasing demand for elective services, the Trust cannot offer all services within the 18 weeks standards set out in the NHS Constitution. 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)

# Patient Experience

## Patient Voice

Indicator Description	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Trend
Inpatient FFT - % positive responses	95.7%	96.9%	94.2%	94.4%	95.1%	94.7%	95.1%	95.3%	96.1%	95.0%	95.1%	95.1%	97.4%	
Emergency Department FFT - % positive responses	95.8%	97.1%	94.7%	95.4%	95.3%	93.7%	91.4%	95.8%	96.9%	95.3%	97.3%	97.5%	95.8%	
Maternity FFT - Antenatal - % positive responses	97.6%	97.1%	97.0%	96.3%	100.0%	83.3%	94.1%	98.8%	94.3%	96.5%	96.1%	96.0%	97.5%	
Maternity FFT - Delivery - % positive responses	95.5%	97.2%	100.0%	94.7%	97.0%	94.9%	93.8%	87.9%	95.4%	95.1%	97.6%	91.7%	95.5%	
Maternity FFT - Postnatal Ward - % positive responses	85.9%	91.0%	97.3%	86.7%	91.0%	86.5%	90.0%	87.7%	87.9%	88.9%	88.8%	88.9%	88.4%	
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	26	22	25	22	27	29	33	27	24	19	17	27	








- Inpatients – The January Friends and Family Test (FFT) score for inpatient wards has increased slightly to 97.4%, based on a slightly increased response rate of 34% (compared to 30% in December).
- Emergency Department – The January FFT score has dropped slightly to 95.8%. The response rate remains stable at 20%.
- Maternity – FFT scores for both the antenatal and birth touchpoints have increased to 97.5% and 95.5% respectively. The antenatal score is based on a marked improvement in the response rate, up to 23% compared to 13% in December. This brings the response rate in line with that achieved for touchpoints two and three. The FFT score for the touchpoint three has remained very similar for the last four months

## National comparisons for December

- Inpatients/daycases – The Trust was ranked average (95.4% against a national average of 95.3%). The combined response rate was below average (18.0% compared to 22.6%).
- Emergency Department – Of those trusts with a response rate of greater than 2% SASH is ranked second, based on an above average response rate (19% compared to a national average of 13%).
- Maternity – The Trust score for touchpoint one is in line with the national average. For touchpoints two and three the Trust's score is below average.















# Workforce

## Workforce

Indicator Description	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Trend
Average fill rate – registered nurses/midwives (%) - Day	94.8%	95.9%	96.5%	96.8%	95.7%	96.9%	93.3%	92.5%	95.0%	95.1%	95.4%	95.1%	96.3%	
Average fill rate – care staff (%) - Day	92.6%	93.8%	94.5%	96.1%	93.8%	93.5%	94.3%	94.5%	95.1%	97.2%	98.7%	97.1%	97.0%	
Average fill rate – registered nurses/midwives (%) - Night	97.2%	97.7%	96.7%	96.5%	97.1%	94.1%	95.2%	94.3%	96.4%	96.9%	97.2%	97.9%	98.0%	
Average fill rate – care staff (%) - Night	93.3%	94.9%	94.9%	95.2%	95.9%	94.9%	94.4%	93.8%	96.4%	96.9%	97.8%	98.2%	97.6%	
Overall Sickness Rate	4.3%	4.4%	4.2%	4.2%	4.3%	4.1%	3.9%	3.7%	4.4%	4.4%	4.0%	3.8%	3.8%	
%age of staff who have had appraisal in last 12 months	67%	68%	73%	71%	68%	58%	56%	57%	64%	72%	74%	74%	72%	
Staff Turnover rate	15.7%	15.7%	15.2%	15.5%	15.9%	15.6%	15.6%	15.2%	15.2%	15.0%	14.4%	13.8%	13.8%	

- Sickness absence remained at 3.8% in January 2016, 0.5% less than the prior year.
- The increasing trend on sickness absence levels which impacts on day to day management and expenditure remains on the Trust's significant risk register – Risk score 15 (Likelihood of 5 and consequence of 3)
- Streamlined nursing recruitment with a new recruitment tracker with ward dashboard to highlight blockages is now in place and is discussed on a weekly basis. Activity around international recruitment continues.
- Agency usage reduced in January, with a favourable impact from new bank arrangements in theatres, but the Trust is adverse to its agency trajectory.
- Staff Turnover fell remained at 13.8% in January 2016 as initiatives to improve retention and staff experience take effect.
- The Trust continues to monitor ward nursing (numbers and skill mix) on a daily basis and is assured that adequate staffing is in place.

# Finance

Indicator Description	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Trend
Outturn £m Surplus / (Deficit) - Plan	2.3	2.3	2.3	1.6	1.6	1.6	1.6	1.6	1.6	1.6	1.6	1.6	1.6	
Outturn £m Surplus / (Deficit) - Forecast	2.3	(2.5)	(2.4)	1.6	1.6	1.6	1.6	1.6	1.6	1.6	1.6	(3.0)	(4.2)	
YTD £m Surplus / (Deficit) - Plan	1.9	1.4	2.3	(0.8)	(1.2)	(2.0)	(1.1)	(0.7)	(0.6)	(2.0)	(2.0)	(1.3)	(0.6)	
YTD £m Surplus / (Deficit) - Actual	1.9	(2.9)	(2.4)	(0.8)	(1.1)	(2.0)	(1.3)	(2.6)	(3.3)	(3.6)	(4.2)	(5.3)	(3.9)	
Outturn UNDERLYING £m Surplus / (Deficit) - Plan	3.4	3.4	3.4	3.8	3.8	3.8	3.8	3.8	3.8	3.8	3.8	3.8	3.8	
Outturn UNDERLYING £m Surplus / (Deficit) - Actual	(5.2)	(5.2)	(5.2)	3.8	3.3	3.3	3.3	3.3	3.3	3.3	3.3	(6.3)	(6.3)	
YTD Savings £m - Actual	8.6	9.8	11.0	0.3	0.5	0.8	1.3	1.9	2.1	2.5	2.8	3.2	3.6	
OT Risk £m Surplus / (Deficit) - Assessment	(5.5)	(0.7)	0.0	0.0	(1.0)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
Outturn Cash position £m Fav / (Adv) - Forecast	2.6	2.6	2.6	7.6	7.6	7.6	2.6	1.2	2.4	2.4	2.4	2.5	2.5	
YTD Cash position £m Fav / (Adv) - Actual	3.8	3.8	2.6	3.2	2.9	2.6	2.5	3.0	3.9	4.8	5.0	5.7	4.5	
YTD Liquid ratio - days	(8.0)	(18.0)	(21.0)	(20.0)	(21.0)	(23.0)	(22.0)	(25.0)	(19.0)	(13.0)	(16.0)	(16.0)	(15.0)	
YTD BPPC (overall) volume £m	87%	86%	82%	62%	75%	78%	78%	76%	69%	59%	60%	60%	53%	
YTD BPPC (overall) value £m	83%	83%	81%	65%	73%	75%	75%	74%	68%	61%	63%	63%	60%	
Outturn Capital spend Fav / (Adv) - forecast	19.3	19.3	19.3	17.1	17.1	17.1	17.1	17.1	17.1	17.1	17.1	14.1	14.1	

- The Trust is reporting against the revised plan submitted to the TDA in September 2015 and the forecast notified to the TDA in December.
- The Trust forecast has worsened to a £(4.2)m deficit (after donated asset technical adjustments), as the anticipated reimbursement from the TDA in respect of lost income resulting from the Junior Doctors industrial action has not materialised. This position also includes £3.0m non-recurrent income from the TDA (capital to revenue transfer). The YTD variance to the forecast is £0.4m adverse.
- At the end of month 10 the Trust has a YTD I&E deficit (after donated asset technical adjustments) of £(3.9)m which is £(3.3)m adverse to the revised TDA plan. A £1.5m improvement from last month due to the inclusion of £3m TDA healthcare support income, partially offset by a reduction in elective income due to industrial action. Elective activity has been impacted by emergency activity (as in past months).
- The underlying position at the end of January is a £(4.5)m deficit.

# Finance

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- The Trust has achieved £3.6m of savings to date (a £2.6m shortfall measured against the TDA plan). The forecast CIP position is £3.5m adverse to the full year plan and this has been factored into the overall Trust forecast.
- The Trust's cash balance at the end of January was £4.5m, with a forecast year end cash balance of £2.5m. Backlog creditors decreased by £2.0m to £11.3m. The TDA have advised that the Trust's loan/PDC application will be replaced to an increase to our existing working capital facility.
- The capital spend forecast this year has reduced by £3.0m, from £17.1m to £14.1m following an application to TDA for Capital to Revenue transfer which has been approved.
- Further risk to the I&E position has been provided by the interpretation applied by CCG's to a letter issued nationally on 19th January which discusses the suspension of fines. CCG's appear to wish to continue to levy the fines to improve the CCG position.