

# Integrated Performance Report M12 – March 2016

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

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

# Performance – March 2016

## Patient Safety

- There were ten SIs declared in March 2016 and no Never Events.
- Patient safety indicators continue to show expected levels of performance.
- The Trust had no MRSA bloodstream infections and no Trust acquired C-Diff cases in March 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 88.6% in March 2016
- All Cancer Access Standards except the TWR Breast Symptomatic were achieved in March 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 March 2016 the Inpatient FFT increased to 96.5%. The ED FFT decreased to 95.0%.

## 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 increased in March and the Trust is adverse to its agency trajectory.

# Performance – March 2016

## Finance

- The Trust has improved slightly on its forecast year end position reported last month with a £(6.5)m deficit (after technical adjustments for donated asset and impairment). All figures remain provisional until the external audit is concluded.

## 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	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Trend
No of Never Events in month	1	0	0	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	
Safety Thermometer - % of patients with harm free care (all harm)	91.3%	93.5%	92.0%	95.0%	92.2%	93.2%	95.4%	90.3%	92.6%	91.2%	89.1%	90.2%	
Safety Thermometer - % of patients with harm free care (new harm)	95.9%	97.3%	95.2%	97.7%	94.8%	96.7%	97.6%	95.0%	96.2%	95.1%	93.8%	94.5%	
Percentage of patients who have a VTE risk assessment	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	
WHO Checklist Usage - % Compliance	98%	100%	98%	96%	100%	100%	100%	100%	100%	100%	100%	100%	
Number of SIs	3	3	6	1	1	4	6	2	7	3	6	10	
Serious Incidents - No per 1000 Bed Days	0.16	0.16	0.33	0.05	0.05	0.23	0.32	0.11	0.38	0.16	0.33	0.51	
Percentage of Patient Safety Incidents causing Severe harm or Death	0.2%	0.6%	0.5%	0.0%	0.2%	0.8%	0.6%	0.4%	0.8%	0.8%	0.5%	1.3%	
Number of overdue CAS and NPSA alerts	0	0	0	0	0	0	0	0	0	0	0	0	

- There were no Never Events reported in March 2016.
- Safety Thermometer – performance increased to 90.2% for the “All Harm” indicator and 94.5% for the “New Harm” indicator. Improvements were seen in both number of patients having had a fall with harm and in New VTEs. However the improvements were offset by increases in pressure ulcers and Catheters/UTIs.
- The percentage of patient safety incidents causing severe harm or death increased to 1.3% in March 2016. Details of the SIs that caused this increase are detailed overleaf.

# Patient Safety





Ten SIs were declared in March 2016 (in all cases full investigations have been started):

- **2016/6239** - The patient is a 71 year old male who was an in-patient on the Angio suite. He sustained a mechanical fall in the toilet.
- **2016/6719** - The patient was admitted to East Surrey Hospital, on 20/2/16, with a 6 day history of abdominal pain. He went to theatre for a laparoscopic appendectomy which converted to open due to gangrenous appendix. The patient underwent a number of subsequent surgical interventions but died on 7/3/16.
- **2016/6728** - The patient suffered a cardiac arrest, she was not resuscitated as she had an active DNAR and both doctors and her next of kin agreed that resuscitation would be futile. A review of care was unable to evidence patient observations or whether escalation of her deterioration had been timely.
- **2016/7113** - The patient is a sixteen month old girl admitted to ED on 20th February 2016. Following a deterioration in her condition she was admitted to ITU because she required high levels of intensive support. She was subsequently transferred to St Georges. The patient had attended ED the day before admission. The scope of the investigation will cover both attendances to ensure that all clinical care was appropriate and that there were no missed opportunities for earlier escalation.
- **2016/7195** - The patient was admitted to East Surrey Hospital direct from Gatwick Airport with complex medical problems. The patient underwent extensive surgery but remained unwell. Following deranged blood results a BMS screened the blood for malaria which was positive. The investigation will assess whether there was a missed opportunity to make a diagnosis of malaria (ultimately the cause of death) earlier in the patient's admission.
- **2016/7739** - The patient attended ED on 13/3/16 presenting with abdominal cramps and wheezing. Patient was prescribed with antibiotics for a chest infection and laxatives as it was considered that constipation was the cause of the cramps. Patient was advised to visit his GP the following day. Following examination the GP re-referred the patient back to ED with a suspected hernia. The patient was admitted for surgery.
- **2016/7912** - The patient was walking to the toilet when he sustained a fall in the early hours of the morning of March 14th 2016. He reported that he had tripped. A clinical assessment revealed no concerns; the patient had a full range of movement and could lift his own leg off the bed. On March 15th the patient complained of pain in his knee, an x-ray was done which did not show a fracture. On March 18th 2016 a pelvic x-ray was requested due to oedema in the lower legs; the x-ray showed an "intertrochanteric fractured neck of femur".

# Patient Safety

- **2016/7877** - The patient got out of bed with the intention of going to the toilet. She fell onto her left side at the bedside. The patient reported that she had lost her balance. The patient was assessed and following an x-ray a fractured neck of femur was confirmed.
- **2016/8315** - The patient, a 56 year old lady, slipped off the operating table whilst it was in the lateral tilt position during an emergency laparoscopic cholecystectomy. The patient was put back on the table and operation was completed. A CT body scan was taken and the patient transferred to ICU as a precaution.
- **2016/8719** - The patient became unwell and a calculated EWS of 9 was documented at 16:00. No escalation or action was taken in reference to this. Next observations were taken at 20:55 and EWS found to be 13, a MET call was put out but the patient died at 21:30, on 24<sup>th</sup> March 2016.
- **2016/8757** - On 29<sup>th</sup> March 2016, a patient on the Frail Elderly Unit sustained a fracture following an unwitnessed fall.


## Infection Control

Indicator Description	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Trend
MRSA BSI (incidences in month)	0	0	0	0	0	0	0	1	0	1	0	0	
CDiff Incidences (in month)	1	3	3	4	4	2	6	2	6	2	1	0	
MSSA	1	0	4	0	1	1	3	0	3	0	3	2	
E-Coli	15	23	20	18	34	30	29	19	23	23	20	31	

- There were no cases of MRSA in March 2016 and no cases of Trust acquired C.diff.
- In light of the on-going 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	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Trend
HSMR (56 Monitored diagnoses - 12 Months)	93.7	95.8	95.8	94.8	95.6	97.4	97.3	95.4	94.0				
Emergency readmissions within 30 days (PBR Rules)	7.0%	7.1%	7.1%	7.6%	7.4%	7.3%	6.3%	6.3%	7.1%	7.1%	6.8%		

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

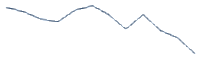



## Maternity

Indicator Description	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Trend
C Section Rate - Emergency	13%	17%	18%	14%	17%	17%	14%	15%	16%	17%	14%	14%	
C Section Rate - Elective	11%	9%	10%	11%	13%	8%	13%	10%	9%	9%	10%	12%	
Admissions of full term babies to neo-natal care	7.0%	6.2%	4.0%	5.0%	5.1%	5.8%	7.1%	6.6%	5.9%	3.8%	6.1%	5.0%	

- Maternity indicators continue to show expected performance.

# Access and Responsiveness

## Emergency Department








Indicator Description	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Trend
ED 95% in 4 hours	96.8%	96.0%	94.8%	94.3%	96.1%	97.1%	95.5%	92.9%	95.5%	92.8%	91.4%	88.6%	
Patients Waiting in ED for over 12 hours following DTA	0	0	0	0	0	0	0	0	0	0	0	0	
Ambulance Turnaround - Number Over 30 mins	199	170	206	238	220	225	225	231	191	227	255	296	
Ambulance Turnaround - Number Over 60 mins	19	34	38	32	30	29	31	30	10	21	56	71	

- The ED 4hr standard was not achieved in March 2016 with performance of 88.6%.
- Volumes /Acuity of emergency attendances / admissions continue to be an issue, and discharge delays also being a significant driver of performance.
- Ambulance turnaround performance has deteriorated alongside the 4hr Standard with an increase in handover delays over 30 and 60 minutes.
- National performance for “Type” 1 ED departments in February 2016 was 81.6%. SaSH continues to be one of the highest performing Trusts and was ranked 22nd out of 139 “Type 1” Departments. Only two “Type 1” Departments in England achieved 95%.
- 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







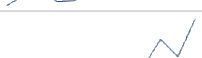
## Cancer

Indicator Description	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Trend
Cancer - TWR	93.3%	94.2%	93.1%	93.1%	93.0%	89.6%	90.0%	93.2%	94.3%	93.0%	93.3%	93.2%	
Cancer - TWR Breast Symptomatic	93.8%	93.8%	90.6%	93.2%	93.3%	94.2%	93.8%	93.4%	96.2%	90.7%	84.1%	90.2%	
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%	95.0%	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%	
Cancer - 31 Day Diagnosis to Treatment	98.2%	97.0%	96.2%	98.3%	99.2%	99.3%	98.2%	96.6%	96.1%	96.2%	96.0%	96.5%	
Cancer - 62 Day Referral to Treatment Standard	86.4%	83.9%	86.5%	80.7%	84.2%	86.2%	85.6%	88.3%	86.0%	81.1%	87.5%	86.1%	
Cancer - 62 Day Referral to Treatment Screening	84.6%	92.3%	100.0%	87.5%	88.9%	100.0%	87.5%	90.9%	100.0%	100.0%	90.9%	100.0%	

- In March 2016, all Cancer Access Standard except the TWR Breast Symptomatic were achieved.
- On the Breast Symptomatic pathway, 12 patients breached the standard. This was primarily driven by patient deferrals / cancellations.

# Access and Responsiveness

## Referral to Treatment (RTT) and Diagnostics

Indicator Description	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Trend
RTT Incomplete Pathways - % waiting less than 18 weeks	93.6%	93.5%	92.6%	92.2%	92.0%	92.1%	92.2%	92.5%	92.1%	92.0%	92.0%	92.2%	
RTT Patients over 52 weeks on incomplete pathways	0	0	0	0	0	0	0	0	0	0	0	0	
RTT Admitted - 90% treated within 18 weeks	91.6%	90.1%	92.0%	84.0%	81.5%	77.9%	78.5%	80.7%	81.1%	78.1%	77.1%	76.7%	
RTT Non Admitted - 95% treated within 18 weeks	93.6%	95.3%	93.4%	89.4%	89.1%	88.7%	87.9%	85.2%	85.4%	85.2%	84.9%	84.9%	
Percentage of patients waiting 6 weeks or more for diagnostic	1.0%	0.2%	0.8%	1.0%	0.1%	0.5%	0.2%	0.2%	0.1%	0.0%	0.0%	0.0%	
Last Minute Elective Cancellations for non clinical reasons	11	37	45	24	25	44	41	133	65	112	133	119	
% of operations cancelled on the day not treated within 28 days	0.0%	0.0%	2.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	6.3%	2.3%	10.9%	

- 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, Ophthalmology 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.
- 119 patients were cancelled at the “last minute” for non clinical reasons. A significant factor is the bed pressures that result from the high volumes of Emergency admissions. This has also meant that the Trust has not been able to offer patients their treatment within 28 days following a last minute cancellation with 13 breaches of the 28 day standard March 2016.
- The following risk remains 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	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Trend
Inpatient FFT - % positive responses	94.4%	95.1%	94.7%	95.1%	95.3%	96.1%	95.0%	95.1%	95.1%	97.4%	95.0%	96.5%	
Emergency Department FFT - % positive responses	95.4%	95.3%	93.7%	91.4%	95.8%	96.9%	95.3%	97.3%	97.5%	95.8%	96.3%	95.0%	
Maternity FFT - Antenatal - % positive responses	96.3%	100.0%	83.3%	94.1%	98.8%	94.3%	96.5%	96.1%	96.0%	97.5%	98.5%	95.3%	
Maternity FFT - Delivery - % positive responses	94.7%	97.0%	94.9%	93.8%	87.9%	95.4%	95.1%	97.6%	91.7%	95.5%	97.1%	94.7%	
Maternity FFT - Postnatal Ward - % positive responses	86.7%	91.0%	86.5%	90.0%	87.7%	87.9%	88.9%	88.8%	88.9%	88.4%	92.0%	93.3%	
Mixed Sex Breaches	0	0	0	0	0	0	0	0	0	0	0	0	
Complaints (rate per 10,000 occupied bed days)	25	22	27	29	33	27	24	19	17	26	29	29	

- Inpatients – The March Friends and Family Test (FFT) score for inpatient wards has increased slightly to 96.5%.
- Emergency Department – The March FFT score has decreased from 96.3% to 95.0%, this is the lowest it has been for a number of months. The response rate has dropped to 24% but remains well above the national average that is typically around 13%.
- Maternity – Scores for both the antenatal community and delivery touchpoints have dropped this month. Scores for the postnatal ward and postnatal community touchpoints show small improvements. The response rates for the community parts of the service (touchpoints 1 and 4) have increased.
- A number of measures to support patient experience are being put in place including:
  - Ongoing rollout of the ‘One team one way’ initiative to embed our standards of behaviour across the Trust
  - A trial to extend visiting hours (9.30-20.00) has started on three wards and will run for the month of April.
  - The carer’s passport will be rolled out across all inpatient wards over the next two weeks, reinforced by raising awareness of carers and training in the Surrey carers prescription
  - Planning is underway for a carers’ day to take place as part of national carers’ week

# Patient Experience








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## National comparisons for February

- Nationally, the combined FFT score for inpatients and daycases for February 2016 was 95.6%. The combined SASH score for February was 95.4%. The combined response rate was 25% nationally and 19% at SASH).
- Nationally the ED was ranked 11<sup>th</sup> in January 2016 ( FFT score of 96.3% compared to 84.8%), based on an above average response rate (28% compared to 13%).















# Workforce

## Workforce

Indicator Description	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Feb-16	Trend
Average fill rate – registered nurses/midwives (%) - Day	96.8%	95.7%	96.9%	93.3%	92.5%	95.0%	95.1%	95.4%	95.1%	96.3%	95.6%	94.5%	
Average fill rate – care staff (%) - Day	96.1%	93.8%	93.5%	94.3%	94.5%	95.1%	97.2%	98.7%	97.1%	97.0%	97.3%	99.5%	
Average fill rate – registered nurses/midwives (%) - Night	96.5%	97.1%	94.1%	95.2%	94.3%	96.4%	96.9%	97.2%	97.9%	98.0%	97.6%	97.6%	
Average fill rate – care staff (%) - Night	95.2%	95.9%	94.9%	94.4%	93.8%	96.4%	96.9%	97.8%	98.2%	97.6%	97.4%	97.3%	
Overall Sickness Rate	4.2%	4.3%	4.1%	3.9%	3.7%	4.4%	4.4%	4.0%	3.8%	3.8%	4.3%	4.0%	
%age of staff who have had appraisal in last 12 months	71%	68%	58%	56%	57%	64%	72%	74%	74%	72%	70%	66%	
Staff Turnover rate	15.5%	15.9%	15.6%	15.6%	15.2%	15.2%	15.0%	14.4%	13.8%	13.8%	13.8%	14.1%	

- 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 increased in March to its highest level of the year and the Trust remains adverse to its agency trajectory.
- Sickness absence decreased to 4.0% in March 2016
- 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)
- The Trust continues to make good progress in maintaining its vacancy rate below 10%. Although on a downward trend, Turnover increased to 14.1% with vacancy levels being kept low low by committing significant resources into recruiting to vacancies.

# Finance

Indicator Description	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Trend
Outturn £m Surplus / (Deficit) - Plan	1.6	1.6	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	1.6	1.6	1.6	1.6	1.6	1.6	1.6	1.6	(3.0)	(4.2)	(6.6)	(6.5)	
YTD £m Surplus / (Deficit) - Plan	(0.8)	(1.2)	(2.0)	(1.1)	(0.7)	(0.6)	(2.0)	(2.0)	(1.3)	(0.6)	0.0	1.6	
YTD £m Surplus / (Deficit) - Actual	(0.8)	(1.1)	(2.0)	(1.3)	(2.6)	(3.3)	(3.6)	(4.2)	(5.3)	(3.9)	(4.8)	(6.5)	
Outturn UNDERLYING £m Surplus / (Deficit) - Plan	3.8	3.8	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	3.8	3.3	3.3	3.3	3.3	3.3	3.3	3.3	(6.3)	(6.3)	(7.6)	(7.2)	
YTD Savings £m - Actual	0.3	0.5	0.8	1.3	1.9	2.1	2.5	2.8	3.2	3.6	4.1	5.4	
OT Risk £m Surplus / (Deficit) - Assessment	0.0	(1.0)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
Outturn Cash position £m Fav / (Adv) - Forecast	7.6	7.6	7.6	2.6	1.2	2.4	2.4	2.4	2.5	2.5	2.5	2.5	
YTD Cash position £m Fav / (Adv) - Actual	3.2	2.9	2.6	2.5	3.0	3.9	4.8	5.0	5.7	4.5	6.8	2.5	
YTD Liquid ratio - days	(20.0)	(21.0)	(23.0)	(22.0)	(25.0)	(19.0)	(13.0)	(16.0)	(16.0)	(15.0)	(15.0)	(18.0)	
YTD BPPC (overall) volume £m	62%	75%	78%	78%	76%	69%	59%	60%	60%	53%	52%	47%	
YTD BPPC (overall) value £m	65%	73%	75%	75%	74%	68%	61%	63%	63%	60%	59%	55%	
Outturn Capital spend Fav / (Adv) - forecast	17.1	17.1	17.1	17.1	17.1	17.1	17.1	17.1	14.1	14.1	14.1	14.1	

- The Trust has improved slightly on its forecast year end position reported last month with a £(6.5)m deficit (after technical adjustments for donated asset and impairment). All figures remain provisional until the external audit is concluded.
- Memorandum of Understanding's (MoU's) have not yet been agreed this year with the Trust's contracted Commissioners and therefore there is an element of uncertainty around contract income in the year end position. However, the income included is a robust figure based on income reconciliations carried out so far with Commissioner's.
- The Trust delivered £5.4m (66%) of its planned £8.2m savings in 2015/16. The shortfall was due mainly to the un-achievement of agency reductions as a result of external influences and activity pressures within the Trust.
- The underlying position at the end of March is a £(7.2)m deficit, reflecting the non-recurrent elements in the year to date position.
- The cash balance at the end of March 2016 was £2.5m, on plan and in accordance with our External Financing Limit.
- The capital spend in 2015/16 was £14.06m (excluding £3.7m donated), meeting the Capital Resource Limit.