

Integrated Performance Report M02 – May 2016

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

Putting people first
Delivering excellent, accessible healthcare 

Performance – May 2016

Patient Safety

- There were three SIs declared in May 2016 and no Never Events.
- Patient safety indicators continue to show expected levels of performance.
- The Trust had no MRSA bloodstream infections and one Trust acquired C-Diff case in May 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 achieved with performance of 95.5% in May 2016
- While the key 62 Day GP Referral Cancer standard continues to be achieved, the TWR and TWR Breast Symptomatic standards remain a challenge and were not achieved in May 2016.
- 18 Weeks RTT - The Trust continues to deliver against incomplete pathways which measures % of patients still waiting at the end of each month but referral growth from south of the Trust presents a risk.

Patient Experience

- In May 2016 the Inpatient FFT remained at 95.6%. The ED FFT decreased from 95.4% to 94.9%.

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.

Performance – May 2016

Finance

- The Trusts YTD deficit at the end of month 2 was £(2.5)m, £1.5m better than the planned £(4.0)m deficit position. This improvement is attributable to achieving more income than planned in April and underspends on staffing costs.

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, RTT Access Standards and Unplanned overnight stays in Recovery.

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

Legal:	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).
Regulation:	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.
Patient experience/ engagement:	This paper includes significant detail on both patient experience and access to services.
Risk & performance management	This is the main Board assurance report for performance against quality and financial measures and is linked to risk management through the SRR.
NHS constitution; equality & diversity; communication.	This report covers performance against access standards with the NHS Constitution.

Patient Safety

Patient Safety

Indicator Description	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Trend
No of Never Events in month	0	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)	92.0%	95.0%	92.2%	93.2%	95.4%	90.3%	92.6%	91.2%	89.1%	90.2%	91.5%	94.7%	
Safety Thermometer - % of patients with harm free care (new harm)	95.2%	97.7%	94.8%	96.7%	97.6%	95.0%	96.2%	95.1%	93.8%	94.5%	95.0%	96.5%	
Percentage of patients who have a VTE risk assessment	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	TBC	
WHO Checklist Usage - % Compliance	98%	96%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Number of Sis	6	1	1	4	6	2	7	3	6	10	7	3	
Serious Incidents - No per 1000 Bed Days	0.33	0.05	0.05	0.23	0.32	0.11	0.38	0.16	0.33	0.51	0.38	0.16	
Percentage of Patient Safety Incidents causing Severe harm or Death	0.7%	0.0%	0.6%	0.8%	0.6%	0.6%	0.8%	0.8%	0.5%	1.4%	0.7%	0.2%	
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 May 2016.
- VTE – Manual validation of the VTE initial assessment for May is underway – 95% performance is expected as in previous months. VTE assessments are now live in the Trust’s Electronic Patient Record (Cerner) with a reminder notification when staff open the patients record. The embedding of this is expected to resolve the historic data capture issues.
- Safety Thermometer – performance increased for both indicators – 96.5% for the “New Harm” indicator and 94.7% for the “All Harm” indicator.
- The percentage of patient safety incidents causing severe harm or death remained at baseline levels - 0.2% in May 2016.

Patient Safety

- Three SIs were declared in May 2016 (in all cases full investigations have been started) and details are provided below:
 - **2016/12433** - The incident is the cancellation and subsequent rebooking of an ophthalmology outpatient appointment four months later than the original clinical review period (4m). The patient was using steroid eye drops which have a known side effect of causing raised intraocular pressure. At the delayed appointment pressure was found to be raised and the optic nerve damaged with vision of hand movements. The raised pressure was treated with eye drops and reviewed 4/5/16 where the pressure was found to be controlled but there was no recovery of vision.
 - **2016/12980** - A patient requiring coronary angiography was cancelled due to bed pressures. While awaiting the rescheduled appointment the patient died.
 - **2016/14135** - The patient was sitting on an armchair over a round table eating some grapes. As one fell to the floor, the patient tried to catch it and fell in the process. A right fractured neck of femur was confirmed.
- The following risk is on the Trust's significant risk register:
 - Patients being inadequately care for post-operatively by being kept in Recovery for long periods of time when no ward beds are available. There are inadequate supporting services - e.g. physiotherapy and pharmacy and patients are not managed within the Enhanced Recovery pathway. – Risk score 15 (Likelihood of 5 and consequence of 3).

Patient Safety


Infection Control

Indicator Description	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Trend
MRSA BSI (incidences in month)	0	0	0	0	0	1	0	1	0	0	0	0	
CDiff Incidences (in month)	3	4	4	2	6	2	6	2	1	0	2	1	
MSSA	4	0	1	1	3	0	3	0	3	2	2	1	
E-Coli	20	18	34	30	29	19	23	23	20	31	17	26	

- There were no cases of MRSA in May 2016 and one case 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	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Trend
HSMR (56 Monitored diagnoses - 12 Months)	96.2	95.4	96.4	98.3	98.4	97.1	95.9	96.0	94.7				
Emergency readmissions within 30 days (PBR Rules)	7.1%	7.6%	7.4%	7.3%	6.3%	6.3%	7.1%	7.1%	6.8%	6.7%	6.4%		

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

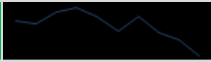



Maternity

Indicator Description	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Trend
C Section Rate - Emergency	18%	14%	17%	17%	14%	15%	16%	17%	14%	14%	14%	18%	
C Section Rate - Elective	10%	11%	13%	8%	13%	10%	9%	9%	10%	12%	11%	10%	
Admissions of full term babies to neo-natal care	4.0%	5.0%	5.1%	5.8%	7.1%	6.6%	5.9%	3.8%	6.1%	5.0%	3.9%	7.0%	

- Maternity indicators highlight increased Emergency C-Section rates and a higher than normal rate of admission to the Neo-natal unit. This will be monitored and reviewed by the Divisional Governance process as well as the Clinical Effectiveness Committee.

Access and Responsiveness

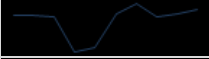
Emergency Department

Indicator Description	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Trend
ED 95% in 4 hours	94.8%	94.3%	96.1%	97.1%	95.5%	92.9%	95.5%	92.8%	91.4%	88.6%	91.3%	95.5%	
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	206	238	220	225	225	231	191	227	255	296	231	172	
Ambulance Turnaround - Number Over 60 mins	38	32	30	29	31	30	10	21	56	71	40	12	

- The ED 4hr standard was achieved in May 2016 with performance of 95.5%.
- Volumes /Acuity of emergency attendances / admissions continue to be an issue, with ED Attendances 10% higher than May 2015 and Non Elective Admissions 9% higher.
- Discharge delays are also a significant driver of performance with an average of 128 beds occupied by patients who are medically ready for discharge
- Ambulance turnaround performance has improved in May 2016 with a reduction in both 30 minute and 60 minute delays.
- 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	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Trend
Cancer - TWR	93.1%	93.1%	93.0%	89.6%	90.0%	93.2%	94.3%	93.0%	93.3%	93.7%	91.0%	90.0%	
Cancer - TWR Breast Symptomatic	90.6%	93.2%	93.3%	94.2%	93.8%	93.4%	96.2%	90.7%	84.1%	89.8%	87.1%	91.1%	
Cancer - 31 Day Second or Subsequent Treatment (SURGERY)	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	95.2%	100.0%	95.3%	95.8%	96.2%	
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	96.2%	98.3%	99.2%	99.3%	98.2%	96.6%	96.1%	96.2%	96.2%	96.0%	96.7%	96.9%	
Cancer - 62 Day Referral to Treatment Standard	86.5%	80.7%	84.2%	86.2%	85.6%	88.3%	86.0%	81.1%	87.5%	87.9%	86.3%	85.0%	
Cancer - 62 Day Referral to Treatment Screening	100.0%	87.5%	88.9%	100.0%	87.5%	90.9%	100.0%	100.0%	90.9%	100.0%	87.0%	100.0%	

- While the key 62 Day GP Referral Cancer standard continues to be achieved, the TWR and TWR Breast Symptomatic standards remain a challenge and were not achieved in May 2016.
- The Trust held a summit in relation to TWR in May 2016 and is progressing a number of actions to support improved delivery. The overall theme is moving towards treating the pathway as a “one week rule” with changes focussing on both process and capacity.
- Actions include:
 - Internal process moved online to reduce delays from paper based processing of referrals
 - Daily oversight process of pathway incorporating senior leads from all divisions.
 - Short and medium term actions to increase capacity to support a more diverse level of appointments for patients (different days of week / time of day etc)
 - Move to use of national E-Referral system for TWR – Target date of September 2016.

Access and Responsiveness






Referral to Treatment (RTT) and Diagnostics

Indicator Description	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Trend
RTT Incomplete Pathways - % waiting less than 18 weeks	92.6%	92.2%	92.0%	92.1%	92.2%	92.5%	92.1%	92.0%	92.0%	92.2%	92.6%	92.5%	
RTT Patients over 52 weeks on incomplete pathways	0	0	0	0	0	0	0	0	0	0	0	1	
RTT Admitted	92%	84%	82%	78%	79%	81%	81%	78%	77%	77%	76%	78%	
RTT Non Admitted	93%	89%	89%	89%	88%	85%	85%	85%	85%	85%	86%	87%	
Percentage of patients waiting 6 weeks or more for diagnostic	0.8%	1.0%	0.1%	0.5%	0.2%	0.2%	0.1%	0.0%	0.0%	0.0%	0.1%	0.5%	
Last Minute Elective Cancellations for non clinical reasons	45	24	25	44	41	133	65	112	133	119	25	44	
No. of operations cancelled on the day not treated within 28 days	1	0	0	0	0	0	0	7	3	13	32	9	

- At aggregate level, the trust continues to deliver against the Incomplete pathways standard. Capacity challenges remain in General Surgery, Trauma and Orthopaedics, Ophthalmology, Cardiology, Rheumatology and Neurology – outline agreement has been reached for budgets to support increased capacity (productivity work is also underway).
- Despite planned increases in capacity, referral growth is exceeding the system plan (May 2016 is 21% higher than May 2015) with significant changes in referral patterns to the south of the Trust.
- At the end of May 2016, one patient was waiting over 52 weeks on an incomplete pathway. The long wait resulted from bed pressures over winter followed by patient choice to have treatment in July (although earlier dates within 52 weeks were available). Clinical review of the patient was undertaken as part of the Trust’s processes for long waiting patients.
- 44 patients were cancelled at the “last minute” for non clinical reasons and 9 patients breached the 28 day standard day for treatment following a last minute cancellation
- 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 – Risk score 15 (Likelihood of 5 and consequence of 3)

Patient Experience

Patient Voice

Indicator Description	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Trend
Inpatient FFT - % positive responses	94.7%	95.1%	95.3%	96.1%	95.0%	95.1%	95.1%	97.4%	95.0%	96.5%	95.6%	95.6%	
Emergency Department FFT - % positive responses	93.7%	91.4%	95.8%	96.9%	95.3%	97.3%	97.5%	95.8%	96.3%	95.0%	95.4%	94.9%	
Maternity FFT - Antenatal - % positive responses	83.3%	94.1%	98.8%	94.3%	96.5%	96.1%	96.0%	97.5%	98.5%	95.3%	98.9%	95.4%	
Maternity FFT - Delivery - % positive responses	94.9%	93.8%	87.9%	95.4%	95.1%	97.6%	91.7%	95.5%	97.1%	94.7%	100.0%	98.8%	
Maternity FFT - Postnatal Ward - % positive responses	86.5%	90.0%	87.7%	87.9%	88.9%	88.8%	88.9%	88.4%	92.0%	93.3%	95.3%	97.6%	
Maternity FFT - Postnatal Community Care - % positive responses											97.7%	96.1%	
Outpatient FFT - % positive responses	93.3%	91.9%	83.3%	88.3%	87.3%	89.3%	92.8%	90.0%	89.5%	89.0%	89.6%	86.7%	
Mixed Sex Breaches	0	0	0	0	0	0	0	0	0	0	0	0	
Complaints (rate per 10,000 occupied bed days)	27	29	33	27	24	19	17	26	29	29	26	31	

- There has been no change in the Friends and Family (FFT) score for inpatients over the past month, but the response rate has increased from 34% in April to 40% in May.
- In the Emergency Department (ED) both the score and the response rate have dropped slightly since April.
- In Maternity, FFT scores have decreased slightly for three of the four touchpoints (although the delivery score is the second best that has been achieved). The exception to this is the postnatal ward, which has increased (from 95.3% in April to 97.6% in May), this is the highest score ever. For the second consecutive month the postnatal community response rate is above 15%.
- The score for outpatients has dropped by 3 percentage points. It is the lowest it has been since August 2015 and is based on a low number of responses. Local work needs to be completed within the Trust to improve staff engagement with the FFT as well as address the issues that are behind the low satisfaction with the Trust's services.

Patient Experience








- The carer's passport has been launched across all wards. There will be an on-going need to ensure that staff are aware of it and how to use it to support carers that are visiting inpatients
- Plans are being developed to change the Trust's approach to visiting hours. Greater flexibility will be introduced around when people can visit. Guidance will be put in place to encourage visitors to be more proactive in engaging with patients and their care
- Carers' Day took place on 9th June. Attendance was higher than last year and early feedback suggests that the event was considered helpful to people attending
- The first meeting of the phone etiquette task & finish group has taken place and a plan of work developed

National comparisons for April

- Nationally the ED was ranked 8th in April 2016 (FFT score of 95.4% compared to 86.1%), based on an above average response rate (25% compared to 13%). Trusts with a response rate of less than 5% have not been included in the rankings.
- The average combined national FFT score for inpatients and daycases for April 2016 was 95.8%. The combined SASH score for April was also 95.8%. The combined response rate was 25% nationally and 21% at SASH.

Workforce

Workforce

Indicator Description	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Trend
Average fill rate – registered nurses/midwives (%) - Day	96.9%	93.3%	92.5%	95.0%	95.1%	95.4%	95.1%	96.3%	95.6%	94.5%	97.3%	98.1%	
Average fill rate – care staff (%) - Day	93.5%	94.3%	94.5%	95.1%	97.2%	98.7%	97.1%	97.0%	97.3%	99.5%	98.2%	98.1%	
Average fill rate – registered nurses/midwives (%) - Night	94.1%	95.2%	94.3%	96.4%	96.9%	97.2%	97.9%	98.0%	97.6%	97.6%	98.8%	98.6%	
Average fill rate – care staff (%) - Night	94.9%	94.4%	93.8%	96.4%	96.9%	97.8%	98.2%	97.6%	97.4%	97.3%	97.2%	98.2%	
Overall Sickness Rate	4.1%	3.9%	3.7%	4.4%	4.4%	4.0%	3.8%	3.8%	4.3%	4.0%	3.6%	3.2%	
%age of staff who have had appraisal	58%	56%	57%	64%	72%	74%	74%	72%	70%	66%	0.4%	14.7%	
Staff Turnover rate	15.6%	15.6%	15.2%	15.2%	15.0%	14.4%	13.8%	13.8%	13.8%	14.1%	14.4%	14.5%	

- The Trust continues to monitor ward nursing (numbers and skill mix) on a daily basis and is assured that adequate staffing is in place.
- Sickness absence decreased to 3.2% in May 2016 and is no longer on the Trust’s significant risk register.
- Although lower than prior year, Turnover increased to 14.5% and vacancy rates increased from 8.4% in April 2016 to 10.4% in May 2016.

Finance

Indicator Description	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-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	15.2	15.2	
Outturn £m Surplus / (Deficit) - Forecast	1.6	1.6	1.6	1.6	1.6	1.6	(3.0)	(4.2)	(6.6)	(6.5)	15.2	15.2	
YTD £m Surplus / (Deficit) - Plan	(2.0)	(1.1)	(0.7)	(0.6)	(2.0)	(2.0)	(1.3)	(0.6)	0.0	1.6	(2.3)	(4.0)	
YTD £m Surplus / (Deficit) - Actual	(2.0)	(1.3)	(2.6)	(3.3)	(3.6)	(4.2)	(5.3)	(3.9)	(4.8)	(6.5)	(1.3)	(2.5)	
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	7.5	7.5	
Outturn UNDERLYING £m Surplus / (Deficit) - Actual	3.3	3.3	3.3	3.3	3.3	3.3	(6.3)	(6.3)	(7.6)	(7.2)	7.5	7.5	
YTD Savings £m - Actual	0.8	1.3	1.9	2.1	2.5	2.8	3.2	3.6	4.1	5.4	0.2	0.5	
OT Risk £m Surplus / (Deficit) - Assessment	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	(6.8)	(6.8)	
Outturn Cash position £m Fav / (Adv) - Forecast	7.6	2.6	1.2	2.4	2.4	2.4	2.5	2.5	2.5	2.5	2.3	2.1	
YTD Cash position £m Fav / (Adv) - Actual	2.6	2.5	3.0	3.9	4.8	5.0	5.7	4.5	6.8	2.5	2.7	3.0	
YTD Liquid ratio - days	(23.0)	(22.0)	(25.0)	(19.0)	(13.0)	(16.0)	(16.0)	(15.0)	(15.0)	(18.0)	(16.0)	(13.0)	
YTD BPPC (overall) volume £m	78%	78%	76%	69%	59%	60%	60%	53%	52%	47%	28%	32%	
YTD BPPC (overall) value £m	75%	75%	74%	68%	61%	63%	63%	60%	59%	55%	41%	61%	
Outturn Capital spend Fav / (Adv) - forecast	17.1	17.1	17.1	17.1	17.1	17.1	14.1	14.1	14.1	14.1	9.0	9.0	

- The Trust's 2016/17 plan has been profiled as below, reflecting the phasing of the £9.7m sustainability funding, clinical activity and cost improvements.

	Mth 1	Mth 2	Mth 3	Mth 4	Mth 5	Mth 6	Mth 7	Mth 8	Mth 9	Mth 10	Mth 11	Mth 12
	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s
In Month I & E Plan	(2,304)	(1,646)	(906)	(67)	2,816	227	3,671	4,380	(1,166)	1,810	3,246	5,139
Cumulative I & E Plan	(2,304)	(3,950)	(4,856)	(4,923)	(2,107)	(1,880)	1,791	6,171	5,005	6,815	10,061	15,200

- The Trusts YTD deficit at the end of month 2 was £(2.5)m, £1.5m better than the planned £(4.0)m deficit position. This improvement is attributable to achieving more income than planned in April and underspends on staffing costs.
- Although ahead of plan, there is no room for complacency. The agency PMO is now fully in place and the roster programme has reached its first milestone, however the reduction in agency spend is against the Mar 16 peak and not base levels of spend. A new risk is also becoming visible from a week on week increase in elective referrals from the South which is increasing the numbers on our incomplete pathway.

Finance

- There continues to be overspending in all Divisions, bar Surgery. These overspends are being reviewed within the refreshed performance management framework in the Trust and a forecast will be completed at M03.
- We have now signed contracts with all commissions bar Sussex MSK.
- The cash balance at the end of May 2016 was £3m. The trust has drawn down £4.2m of revolving working capital in May 16 and a further £1.8m in June 16.
- A capital budget of £9.0m has been agreed for 2016/17, which is £3.8m lower than the Trust's Capital Resource Limit (CRL) application at £12.8m (which include potential schemes for EPR Digitise and Pathology).