

# Integrated Performance Report M09 – December 2015

Presented by: **Angela Stevenson** (Chief Operating Officer) **Des Holden** (Medical Director) **Fiona Allsop** (Chief Nurse) **Paul Simpson** (Chief Financial Officer)

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

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

# Performance – December 2015

## Patient Safety

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

## Clinical Effectiveness

- The Clinical Effectiveness Committee continues to monitor the latest HSMR data for the Trust and 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 December 2015.
- The Two Week and 62 Day Cancer standards were achieved in December 2015.
- The Trust continues to deliver against incomplete pathways which measures % of patients still waiting at the end of each month.

## Patient Experience

- In December 2015 the Inpatient FFT remained at 95.1%. The ED FFT decreased to 97.5%

## 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 and is reviewing recent Department of Health proposals for the management of temporary staffing spend, particularly for nursing.

# Performance – December 2015

## Finance

- At the end of Month 9 the Trust has a YTD I&E deficit (after donated asset technical adjustments) of £(5.3)m which is £(4.0)m adverse to the revised TDA plan.

## Key Risks



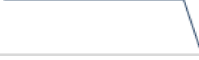



- The Significant Risk Register for the Trust includes six quality risks in relation to “Right bed first time”, ED Access standards, Outbreak of viral gastroenteritis, Increasing sickness absence levels and RTT Access Standards.

### 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	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Trend
No of Never Events in month	0	0	0	1	1	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%	93.0%	92.0%	92.0%	91.3%	93.5%	92.0%	95.0%	92.2%	93.2%	95.4%	90.3%	92.6%	
Safety Thermometer - % of patients with harm free care (new harm)	97.0%	96.0%	95.0%	96.0%	95.9%	97.3%	95.2%	97.7%	94.8%	96.7%	97.6%	95.0%	96.2%	
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%	96%	96%	100%	98%	100%	98%	96%	100%	100%	100%	100%	100%	
Number of Sis	2	5	6	5	3	3	6	1	1	4	6	2	7	
Serious Incidents - No per 1000 Bed Days	0.11	0.26	0.35	0.26	0.16	0.16	0.33	0.05	0.05	0.23	0.32	0.11	0.38	
Percentage of Patient Safety Incidents causing Severe harm or Death	0.2%	0.6%	0.7%	0.6%	0.2%	0.6%	0.5%	0.0%	0.2%	0.8%	0.6%	0.4%	0.8%	
Number of overdue CAS and NPSA alerts	0	1	1	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 December 2015.
- VTE risk assessment performance for December 2015 is undergoing validation following changes in system usage within the Surgical Division. Performance of 95% is expected.





# Patient Safety

Seven SIs were declared in December 2015 (in all cases full investigations have been started):

- **2015/37455 Fall.** The patient, a 78 year old male, was admitted to ED following a fall at home on 27th August 2015 which resulted in a subdural haematoma. The patient was transferred to Cophorne ward where he was to be treated conservatively and was given a catheter due to urine retention. In the early hours of 28th August the patient fell over his catheter and a CT head scan showed that the subdural haematoma had increased. The patient died on 5th September 2015.
- **2015/37463 Sub-optimal care of deteriorating patient.** The patient, a 78 year old male, was admitted to CDU from ED following a fall downstairs on 13th June 2015. Although his imaging was clear he was having difficulty mobilising due to leg and knee pain. He was known to have bowel cancer with metastasis. He was referred to the physicians for further assessment and admitted to SAU on 14th June. The clinical documentation states that although he was slightly hypotensive he was considered to be well, with no evidence of shock or tachycardia. At approximately 01:00 on 15th June the patient suffered a sudden deterioration and died the following morning.
- **2015/37802 Fall.** The patient stood up from her chair and fell forward, landing on the floor on her left side. Imaging confirmed fractured neck of femur.
- **2015/38654 Fall.** Patient had an unwitnessed fall. No immediate action was taken at the time except for neuro observations which showed a GCS of 15/15. The patient reported to staff that she had not hit her head so the fall was not escalated to the doctors or the site team. The following day the patient's condition deteriorated and a CT scan showed a subdural haematoma and widespread malignancy. GCS deteriorated to 5/15, advice was obtained from St Georges. The patient has since died.
- **2015/38769 Fall.** Patient had an unwitnessed fall which resulted in a fractured neck of femur.
- **2015/38771 Fall.** Patient stood up from the bed and fell resulting in a fractured neck of femur.
- **2015/37473 Sub-optimal care of deteriorating patient.** The patient was admitted on 25th January 2014 with abdominal pain and urine retention. His past medical history of renal colic was noted and bloods taken. The blood results were abnormal, high creatinine and CRP were noted but no further action was taken until the patient arrested on the evening of 26th January 2014. The patient was transferred to ICU but died on 27th January, the post mortem result stated the cause of death as complications of sepsis.

# Patient Safety

## Infection Control

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

- There were no cases of MRSA in December 2015 and six 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	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Trend
HSMR (56 Monitored diagnoses - 12 Months)	93.3	92.8	92.6	93.4	93.0	95.0	95.0	93.5	94.0	95.2				
Emergency readmissions within 30 days (PBR Rules)	7.1%	6.9%	6.7%	6.6%	6.4%	7.0%	7.2%	7.7%	7.4%	7.3%	6.3%	6.3%		

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





## Maternity

Indicator Description	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Trend
C Section Rate - Emergency	17%	18%	16%	17%	13%	17%	18%	14%	17%	17%	14%	15%	16%	
C Section Rate - Elective	11%	7%	11%	8%	11%	9%	10%	11%	13%	8%	13%	10%	9%	
Admissions of full term babies to neo-natal care	6.3%	6.0%	6.0%	6.0%	7.0%	6.2%	4.0%	5.0%	5.1%	5.8%	7.1%	6.6%	5.9%	

- Maternity indicators continue to show expected performance.

# Access and Responsiveness

## Emergency Department








Indicator Description	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Trend
ED 95% in 4 hours	93.3%	92.0%	91.3%	95.0%	96.8%	96.0%	94.8%	94.3%	96.1%	97.1%	95.5%	92.9%	95.5%	
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	344	163	259	247	199	170	206	238	220	225	225	231	191	
Ambulance Turnaround - Number Over 60 mins	10	26	51	31	19	34	38	32	30	29	31	30	10	

- Despite continuation of pressure on the emergency department with high levels of emergency admissions, the ED 4hr standard was achieved in December 2015 with performance of 95.5%
- Over the third quarter of the year, overnight non-elective admissions are up 7% (3% for East Surrey CCG and 16% for Crawley CCG) compared to last year.
- Ambulance turnaround performance showed improvement in December and had the lowest number of delays over one hour since the previous December. The recent work on processes has been reviewed positively by CCGs and SECamb have commended the Trust's resilience over the recent period.
- 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







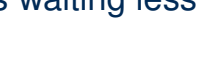
## Cancer

Indicator Description	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Trend
Cancer - TWR	93.1%	93.1%	93.1%	93.1%	93.3%	94.2%	93.1%	93.1%	93.0%	89.6%	89.9%	93.2%	94.3%	
Cancer - TWR Breast Symptomatic	93.5%	93.4%	96.3%	93.8%	93.8%	93.8%	90.6%	93.2%	93.3%	94.2%	93.8%	93.4%	96.2%	
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%	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	98.4%	97.1%	100.0%	100.0%	98.2%	97.0%	96.2%	98.3%	99.2%	99.3%	98.2%	96.6%	92.4%	
Cancer - 62 Day Referral to Treatment Standard	86.1%	85.4%	88.0%	83.7%	86.4%	83.9%	86.5%	80.7%	84.2%	86.2%	85.6%	88.3%	85.8%	
Cancer - 62 Day Referral to Treatment Screening	100.0%	92.3%	100.0%	92.3%	84.6%	92.3%	100.0%	87.5%	88.9%	100.0%	87.5%	90.9%	100.0%	

- In December 2015, all Cancer Access Standard except the 31 Day Diagnosis to Treatment standard were achieved.
- On the 31 Day Diagnosis to Treatment pathway, 8 patients breached the standard as a result of capacity issues for Dermatology minor operations. Action has been taken to address this issue.

# Access and Responsiveness







## Referral to Treatment (RTT) and Diagnostics

Indicator Description	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Trend
RTT Incomplete Pathways - % waiting less than 18 weeks	92.2%	92.1%	94.0%	93.7%	93.6%	93.5%	92.6%	92.2%	92.0%	92.1%	92.2%	92.5%	92.1%	
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	91.1%	90.2%	82.1%	88.4%	91.6%	90.1%	92.0%	84.0%	81.5%	77.9%	78.5%	80.7%	81.1%	
RTT Non Admitted - 95% treated within 18 weeks	95.0%	91.7%	91.0%	93.5%	93.6%	95.3%	93.4%	89.4%	89.1%	88.7%	87.9%	85.2%	85.4%	
Percentage of patients waiting 6 weeks or more for diagnostic	0.1%	0.9%	0.7%	1.4%	1.0%	0.2%	0.8%	1.0%	0.1%	0.5%	0.2%	0.2%	0.1%	
Last Minute Elective Cancellations for non clinical reasons	50	18	26	45	11	37	45	24	25	44	41	133	54	
% of operations cancelled on the day not treated within 28 days	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2.2%	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.
- The diagnostic standard continues to be achieved and capacity across all areas is subject to review in order to plan for expected growth over the coming 18 months as a result of the National Cancer Strategy.
- 54 patients were cancelled at the “last minute” for non clinical reasons.
- 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	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Trend
Inpatient FFT - % positive responses	95.0%	95.7%	96.9%	94.2%	94.4%	95.1%	94.7%	95.1%	95.3%	96.1%	95.0%	95.1%	95.1%	
Emergency Department FFT - % positive responses	93.0%	95.8%	97.1%	94.7%	95.4%	95.3%	93.7%	91.4%	95.8%	96.9%	95.3%	97.3%	97.5%	
Maternity FFT - Antenatal - % positive responses	90.0%	97.6%	97.1%	97.0%	96.3%	100.0%	83.3%	94.1%	98.8%	94.3%	96.5%	96.1%	96.0%	
Maternity FFT - Delivery - % positive responses	100.0%	95.5%	97.2%	100.0%	94.7%	97.0%	94.9%	93.8%	87.9%	95.4%	95.1%	97.6%	91.7%	
Maternity FFT - Postnatal Ward - % positive responses	96.0%	85.9%	91.0%	97.3%	86.7%	91.0%	86.5%	90.0%	87.7%	87.9%	88.9%	88.8%	88.9%	
Mixed Sex Breaches	0	0	0	0	0	0	0	0	0	0	0	0	0	
Complaints (rate per 10,000 occupied bed days)	20	18	26	22	25	22	27	29	33	27	24	19	17	







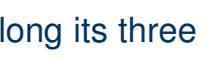
- Inpatients – The December Friends and Family Test (FFT) score for inpatient wards remains stable at 95.1%, based on a 30% response rate. The response rate dropped from the 40% that has been achieved over the last four months.
- Emergency Department – The December FFT score has increased slightly to 97.5%, based on a response rate of 19%, a very slight drop from 20% in November.
- Maternity – FFT scores for both the antenatal the postnatal delivery touchpoints have remained stable at 96.0% and 88.9% respectively. There has been a drop in the FFT score for delivery (91.7% compared to 97.6% in November). The response rate for touchpoints two and three remain at 22%, the response rate for touchpoint one has dropped to 13% (down from 17% in November). Following an improvement in the response rate for touchpoint four in November, it has dropped back to 1% in December.

## National comparisons for November

- Inpatients/daycases – The Trust was ranked below average (94.9% against a national average of 95.4%). The combined response rate was also just below average (23% compared to 24%).
- Emergency Department – the department was ranked 3rd best in the country, based on an above average response rate















# Workforce

## Workforce

Indicator Description	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Trend
Average fill rate – registered nurses/midwives (%) - Day	95.1%	94.8%	95.9%	96.5%	96.8%	95.7%	96.9%	93.3%	92.5%	95.0%	95.1%	95.4%	95.1%	
Average fill rate – care staff (%) - Day	93.1%	92.6%	93.8%	94.5%	96.1%	93.8%	93.5%	94.3%	94.5%	95.1%	97.2%	98.7%	97.1%	
Average fill rate – registered nurses/midwives (%) - Night	97.3%	97.2%	97.7%	96.7%	96.5%	97.1%	94.1%	95.2%	94.3%	96.4%	96.9%	97.2%	97.9%	
Average fill rate – care staff (%) - Night	93.7%	93.3%	94.9%	94.9%	95.2%	95.9%	94.9%	94.4%	93.8%	96.4%	96.9%	97.8%	98.2%	
Overall Sickness Rate	4.5%	4.3%	4.4%	4.2%	4.2%	4.3%	4.1%	3.9%	3.7%	4.4%	4.4%	4.0%	3.8%	
%age of staff who have had appraisal in last 12 months	72%	67%	68%	73%	71%	68%	58%	56%	57%	64%	72%	74%	74%	
Staff Turnover rate	15.6%	15.7%	15.7%	15.2%	15.5%	15.9%	15.6%	15.6%	15.2%	15.2%	15.0%	14.4%	13.8%	

- Compliance rate with the new Achievement Review (Appraisal) process is starting to improve as the organisation moves along its three year implementation plan.
- Sickness absence reduced to 3.8% in December 2015, 0.7% 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. New staff are in post but do not all have their PINs which means there are short term double running costs.
- Staff Turnover fell for the second month in a row to 13.8% in December 2015 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	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Trend
Outturn £m Surplus / (Deficit) - Plan	2.3	2.3	2.3	2.3	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	2.3	(2.5)	(2.4)	1.6	1.6	1.6	1.6	1.6	1.6	1.6	1.6	(3.0)	
YTD £m Surplus / (Deficit) - Plan	1.0	1.9	1.4	2.3	(0.8)	(1.2)	(2.0)	(1.1)	(0.7)	(0.6)	(2.0)	(2.0)	(1.3)	
YTD £m Surplus / (Deficit) - Actual	1.0	1.9	(2.9)	(2.4)	(0.8)	(1.1)	(2.0)	(1.3)	(2.6)	(3.3)	(3.6)	(4.2)	(5.3)	
Outturn UNDERLYING £m Surplus / (Deficit) - Plan	3.4	3.4	3.4	3.4	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)	(5.2)	3.8	3.3	3.3	3.3	3.3	3.3	3.3	3.3	(6.3)	
YTD Savings £m - Actual	7.4	8.6	9.8	11.0	0.3	0.5	0.8	1.3	1.9	2.1	2.5	2.8	3.2	
OT Risk £m Surplus / (Deficit) - Assessment	(6.3)	(5.5)	(0.7)	0.0	0.0	(1.0)	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	2.6	7.6	7.6	7.6	2.6	1.2	2.4	2.4	2.4	2.5	
YTD Cash position £m Fav / (Adv) - Actual	4.8	3.8	3.8	2.6	3.2	2.9	2.6	2.5	3.0	3.9	4.8	5.0	5.7	
YTD Liquid ratio - days	(8.0)	(8.0)	(18.0)	(21.0)	(20.0)	(21.0)	(23.0)	(22.0)	(25.0)	(19.0)	(13.0)	(16.0)	(16.0)	
YTD BPPC (overall) volume £m	88%	87%	86%	82%	62%	75%	78%	78%	76%	69%	59%	60%	60%	
YTD BPPC (overall) value £m	84%	83%	83%	81%	65%	73%	75%	75%	74%	68%	61%	63%	63%	
Outturn Capital spend Fav / (Adv) - forecast	19.3	19.3	19.3	19.3	17.1	17.1	17.1	17.1	17.1	17.1	17.1	17.1	14.1	

- The Trust is reporting against the revised plan submitted to the TDA in September 2015.
- At the end of Month 9 the Trust has a YTD I&E deficit (after donated asset technical adjustments) of £(5.3)m which is £(4.0)m adverse to the revised TDA plan.
- Month 9 includes a £0.4m income accrual in respect of anticipated reimbursement from the TDA in respect of lost income resulting from the Junior Doctors industrial action in December.
- The underlying position at the end of December is a £(5.9)m deficit, reflecting the non recurrent use of the Trust's balance sheet provisions. The Trust forecast is now a £(3.0)m deficit (after donated asset technical adjustments). This position includes £3.0m non-recurrent income from the TDA.
- The Trust has achieved £3.2m of savings to date (a £2.1m 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.

# Finance

---

- The Trust's cash balance at the end of December was £5.7m, with a forecast year end cash balance of £2.5m. Backlog creditors increased by a further £2.2m in month.
- 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 provisionally approved.