

Integrated Performance Report M1 – April 2017

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

Putting people first
Delivering excellent, accessible healthcare 

Performance – April 2017

Patient Safety

- The Trust declared 1 SI in April 2017
- Patient safety indicators continue to show expected levels of performance.
- There were no MRSA bloodstream infections and 3 Trust acquired C-Diff case in April 2017.

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 92.9% in April 2017.
- All cancer standards except the Two week rule and Cancer 62 day referral to treatment screening standard were achieved in April 2017.
- 18 Weeks RTT - The Trust did not achieve the RTT Incomplete pathways standard with performance of 88.7%. Recovery actions are in place.

Patient Experience

- The FFT for Inpatients was 96.6% in April 2017; the ED FFT decreased slightly to 96.3%. The Trust continues to rank amongst the top Trusts for ED FFT.

Workforce

- On-going local and overseas recruitment continues in order to reduce agency usage across the Trust
- 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 – April 2017

Finance

- The Trust achieved a £1.0m [adjusted] deficit at the end of April, £0.6m favourable to the month 1 planned £1.6m deficit, due to continued restrictions on discretionary spend, and limited use of contingency reserves. The position includes £0.4m STP funding.

Key Risks







- The Significant Risk Register for the Trust includes two quality risks in relation to ED Access standards and RTT Access standards.

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	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	Trend
No of Never Events in month	0	0	1	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	0	
Safety Thermometer - % of patients with harm free care (all harm)	91.5%	94.7%	93.8%	92.3%	89.0%	90.7%	89.0%	89.9%	92.2%	89.9%	93.9%	93.1%	91.1%	
Safety Thermometer - % of patients with harm free care (new harm)	95.0%	96.5%	97.6%	96.2%	92.6%	96.2%	94.8%	94.4%	96.8%	94.2%	97.9%	98.7%	98.9%	
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%	98%	100%	100%	100%	100%	100%	100%	100%		100%	
Number of Sis	7	3	1	6	6	8	4	0	1	4	2	2	1	
Serious Incidents - No per 1000 Bed Days	0.38	0.16	0.11	0.31	0.32	0.45	0.16	0.00	0.05	0.21	0.11	0.05	0.05	
Percentage of Patient Safety Incidents causing Severe harm or Death	0.7%	0.4%	0.4%	0.5%	0.8%	0.9%	0.5%	0.0%	0.5%	0.2%	0.0%	0.0%	0.2%	
Number of overdue CAS and NPSA alerts	0	0	0	0	0	0	0	0	0	0	0	0	0	

- The Trust declared one serious incident in April 2017.
 - **2017/10931** Failure of inter-provider metastatic spinal cord compression pathway resulting in paralysis
- Safety thermometer performance continued to improve for the “New Harm” measure from 98.7% in March to 98.9% in April. Performance for “All Harm” reduced to 91.1% in April. The main driver was community acquired pressure damage.
- The percentage of patient safety incidents causing severe harm or death was 0.2% in April 2017, within the expected range.

Patient Safety

Infection Control

Indicator Description	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	Trend
MRSA BSI (incidences in month)	0	0	1	1	0	1	0	0	0	1	0	1	0	
CDiff Incidences (in month)	2	1	3	1	4	5	0	1	2	1	5	5	3	
MSSA	3	2	4	0	2	2	1	1	6	3	2	6	8	
E-Coli	17	26	23	25	23	25	32	25	26	24	16	29	26	

- There were no cases of MRSA in April 2017 and 3 cases of Trust acquired C.diff.




Clinical Effectiveness

Mortality and Readmissions

Indicator Description	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	Trend
HSMR (56 Monitored diagnoses - 12 Months)	95.8	94.4	93.7	94.8	93.7	92.1	92.9	92.7	94.3	91.1				
Emergency readmissions within 30 days (PBR Rules)	6.5%	6.6%	6.8%	7.3%	7.0%	6.3%	6.5%	6.4%	7.5%	6.6%	6.5%	7.0%		

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


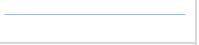


Maternity

Indicator Description	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	Trend
C Section Rate - Emergency	14%	18%	18%	18%	14%	12%	15%	16%	17%	13%	18%	17%	20%	
C Section Rate - Elective	11%	10%	10%	11%	14%	11%	11%	12%	13%	11%	10%	14%	11%	
Admissions of full term babies to neo-natal care	3.9%	7.0%	2.7%	4.7%	4.5%	5.0%	7.0%	4.9%	7.6%	5.9%	4.5%	5.7%	7.8%	

- Maternity indicators continue to be monitored and reviewed by the Divisional Governance process as well as the Clinical Effectiveness Committee.

Access and Responsiveness








Emergency Department

Indicator Description	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	Trend
ED 95% in 4 hours	91.3%	95.5%	96.4%	95.3%	96.0%	96.4%	95.4%	95.1%	89.8%	87.0%	90.9%	95.1%	92.9%	
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	231	172	168	191	145	145	189	224	336	253	194	249	188	
Ambulance Turnaround - Number Over 60 mins	40	12	7	22	6	5	11	22	80	66	34	19	27	

- The ED 4hr standard was not achieved in April 2017 with performance of 92.9%.
- April was a challenging month for emergency care with ED attendances 6% higher than the same period in the prior year and admissions 8% higher. Most notable was the increase in admissions for patients aged 75 and over which was 15% higher than in 2016/17.
- Ambulance turnaround performance declined in April 2017 with 27 breaches of the 1hr standard (c.1% of attendances).
- The Trust is aligned with the national plans for Ambulance Handover improvement and is part way through an action plan with partners and further improvement is expected in Q1 of 2017/18.
- In light of the on-going operational pressures in the Trust, the following risk is 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)

Access and Responsiveness








Cancer

Indicator Description	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	Trend
Cancer - TWR	91.0%	90.3%	91.7%	95.4%	93.0%	95.3%	94.8%	94.3%	94.5%	94.7%	94.4%	95.0%	92.1%	
Cancer - TWR Breast Symptomatic	87.1%	91.1%	82.0%	93.9%	97.2%	95.7%	99.0%	95.8%	94.7%	95.4%	93.0%	95.7%	93.0%	
Cancer - 31 Day Second or Subsequent Treatment (SURGERY)	95.8%	100.0%	96.0%	98.1%	95.8%	100.0%	100.0%	94.0%	100.0%	100.0%	100.0%	96.2%	100.0%	
Cancer - 31 Day Second or Subsequent Treatment (DRUG)	100.0%	100.0%	100.0%	100.0%	98.1%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
Cancer - 31 Day Diagnosis to Treatment	96.7%	98.5%	98.6%	98.8%	97.0%	96.0%	96.0%	96.0%	100.0%	97.7%	97.2%	96.8%	99.1%	
Cancer - 62 Day Referral to Treatment Standard	86.3%	86.0%	90.0%	86.7%	85.4%	85.6%	89.8%	89.7%	86.6%	87.9%	85.0%	85.0%	89.0%	
Cancer - 62 Day Referral to Treatment Screening	87.5%	100.0%	83.3%	100.0%	93.3%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	50.0%	

- The Two week rule and Cancer 62 day referral to treatment screening standard were not achieved in April 2017. The 62 Day GP and 31 day treatment standards were achieved.
- Internal capacity, high referral volumes and patient deferral were a challenge in April resulting in amber performance for TWR target, clinical conversations with patients in relation to the urgency of appointment will happen throughout May & June to support patient care.
- Cancer 62 day referral to treatment screening – a total of 4 screening referrals were received in April. Two colorectal patients breached the 62 day target. Both patients were received late on in their pathways due to patient deferrals at the screening centre. Patient 1’s referral was received at SASH day on 40 and was treated on day 67. Patient 2’s referral was received at SASH on day 37 and was treated on day 64.
- Ring fencing of capacity for Cancer continues to see a knock on effect on RTT and Diagnostics.

Access and Responsiveness







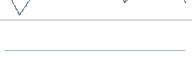

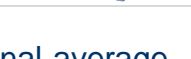
Referral to Treatment (RTT) and Diagnostics

Indicator Description	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	Trend
RTT Incomplete Pathways - % waiting less than 18 weeks	92.6%	92.5%	92.7%	92.6%	92.1%	92.4%	92.1%	92.5%	90.9%	90.5%	90.0%	90.1%	88.7%	
RTT Patients over 52 weeks on incomplete pathways	0	1	4	2	3	3	3	4	5	13	15	19	19	
RTT Admitted	76%	78%	79%	79%	76%	77%	77%	74%	77%	75%	71%	77%	78%	
RTT Non Admitted	86%	87%	87%	84%	82%	83%	82%	79%	79%	77%	81%	86%	86%	
Percentage of patients waiting 6 weeks or more for diagnostic	0.1%	0.5%	0.3%	0.4%	7.7%	10.9%	9.5%	8.3%	4.7%	0.4%	0.3%	0.2%	0.4%	
Last Minute Elective Cancellations for non clinical reasons	25	44	28	66	47	27	48	104	70	57	55	42	56	
No. of operations cancelled on the day not treated within 28 days	32	9	12	2	10	19	7	5	2	7	3	9	7	

- The Trust did not achieve the 92% RTT Incomplete pathway standard with performance of 88.7% in April 2017.
- With significant growth in referrals and activity patterns changing to the South of the Trust, capacity challenges remain in a number of specialties and plans continue to be put in place to mitigate.
- At the end of April 2017, 19 patients were waiting over 52 weeks for treatment. Delay reasons include patient choice, capacity and complex pathways.
- The 6 week diagnostic standard was achieved in April 2017 with performance of 0.4%
- The following risks are 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

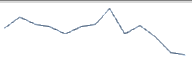



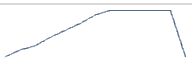





Patient Voice

Indicator Description	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	Trend
Emergency Department FFT - % positive responses	95.4%	94.9%	95.9%	94.9%	96.1%	95.3%	96.1%	96.8%	96.0%	96.3%	96.6%	96.9%	96.3%	
Inpatient FFT - % positive responses	95.6%	95.6%	96.0%	94.7%	95.8%	93.8%	95.4%	94.8%	95.5%	96.7%	96.2%	95.8%	96.6%	
Maternity FFT - Antenatal - % positive responses	98.9%	95.4%	93.2%	100.0%	93.6%	97.6%	98.6%	95.6%	93.9%	98.5%	95.2%	95.9%	100.0%	
Maternity FFT - Delivery - % positive responses	100.0%	98.8%	99.0%	97.7%	98.7%	95.6%	97.1%	96.9%	98.7%	97.8%	97.3%	98.8%	96.7%	
Maternity FFT - Postnatal Ward - % positive responses	95.3%	97.6%	94.0%	94.0%	91.8%	94.3%	92.8%	86.6%	96.2%	92.3%	89.0%	92.1%	95.8%	
Maternity FFT - Postnatal Community Care - % positive responses	97.7%	96.1%	97.1%	98.9%	98.3%	97.5%	96.4%	98.3%	92.5%	100.0%	92.0%	100.0%	97.7%	
Outpatient FFT - % positive responses	89.6%	86.7%	89.1%	88.9%	91.7%	90.2%	91.1%	91.2%	88.0%	89.7%	90.7%	90.6%	88.0%	
Mixed Sex Breaches	0	0	0	0	0	0	0	0	0	0	0	0	0	
Complaints (rate per 10,000 occupied bed days)	26	31	31	31	32	28	26	20	19	28	24	29	22	

- **ED FFT** – The FFT score has decreased slightly to 96.3% in April (from 96.9% in March), it remains well above the national average. The response rate has dropped slightly, but remains high (23% in April compare to 26% in March),
- **Inpatient FFT** - The FFT score for inpatients has increased to 96.6% (95.8% in March). The response rate has dropped slightly to 31% (from 37% in March).
- **Maternity FFT** – The FFT for touchpoint 3 (postnatal ward) has increased to 95.8% (from 92.1% in March). Touchpoint 2 (delivery) has dropped slightly to 96.7% (from 98.8%). Both these scores are based on a 25% response rate. The response rate for touchpoint 1 (antenatal) has dropped to 5% and the postnatal community response rate is 10%, similar to March but lower than expected. The FFT score for these two touchpoints are therefore based on a small number of returns.
- **Outpatient FFT** – The number of responses continues to increase and is the highest to date, at 1086 (compared to 839 in March). The April FFT score has dropped slightly to 88.0% from 90.6% in March.















Workforce

Workforce

Indicator Description	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	Trend
Average fill rate – registered nurses/midwives (%) - Day	97.3%	98.1%	97.6%	97.4%	96.9%	97.4%	97.6%	98.7%	96.9%	97.5%	96.7%	95.6%	95.4%	
Average fill rate – care staff (%) - Day	98.2%	98.1%	98.2%	93.5%	95.0%	93.4%	91.1%	88.7%	92.4%	91.9%	96.4%	93.0%	96.5%	
Average fill rate – registered nurses/midwives (%) - Night	98.8%	98.6%	98.9%	98.3%	97.1%	97.8%	98.3%	97.7%	97.0%	97.3%	97.9%	97.4%	96.7%	
Average fill rate – care staff (%) - Night	97.2%	98.2%	98.0%	95.7%	95.8%	95.2%	93.9%	92.8%	92.3%	95.4%	95.0%	94.9%	96.1%	
Overall Sickness Rate	3.6%	3.2%	3.5%	3.4%	3.5%	3.3%	3.9%	4.2%	4.3%	4.1%	3.7%	3.5%	2.8%	
%age of staff who have had appraisal	0.4%	14.7%	23.8%	41.6%	54.9%	71.0%	86.4%	95.2%	96.4%	97.0%	97.2%	97.6%	1.3%	
Staff Turnover rate	14.4%	14.5%	14.5%	15.3%	15.4%	14.9%	15.6%	15.5%	16.4%	16.4%	16.1%	15.8%	16.0%	
Total Establishment (WTE)	3733	3813		3820	3837	3876	3891	3937	3944	3952	3925	3932	3929	
Vacancy Rate (All Staff)	8.4%	10.4%		12.8%	10.8%	11.3%	11.2%	11.5%	11.8%	11.0%	9.8%	9.4%	9.5%	
%age of staff who have completed MAST training in the last 12 months	62.0%	64.7%	65.8%	79.7%	80.8%	80.9%	80.3%	79.9%	80.0%	80.3%	76.8%	78.0%	13.0%	

- Vacancy Rates across all staff groups has increased by 0.1% to 9.5% and has also increased in Nursing by 0.2% to 15.9%.
- Turnover has increased by 0.2% to 16.0% for all staff groups, but has remained at 16.1% in Nursing.
- Sickness has reduced by 0.7% to 2.8%.
- MAST figures were recorded as 77% which is Amber on the Trust RAG rating.
- Achievement Review completion rates have been reset for the 2017 cycle and completion rates at the end of April were 1.32%.
- There is still on-going high usage of Bank & Agency staff, and PMOs are reviewing usage on a weekly basis.

Finance

Indicator Description	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	Trend
Outturn £m Surplus / (Deficit) - Plan	15.2	15.2	15.2	15.2	15.2	15.2	15.2	15.2	15.2	15.2	15.2	15.2	21.3	
Outturn £m Surplus / (Deficit) - Forecast	15.2	15.2	15.2	15.2	15.2	15.2	15.2	15.2	0.3	5.0	5.0	5.0	21.3	
YTD £m Surplus / (Deficit) - Plan	(2.3)	(4.0)	(4.9)	(4.9)	(2.1)	(1.9)	1.8	6.2	5.0	6.8	10.1	15.2	(1.6)	
YTD £m Surplus / (Deficit) - Actual	(1.3)	(2.5)	(2.5)	(3.0)	(1.8)	(1.8)	0.1	2.8	2.0	3.6	2.0	3.5	(1.0)	
Outturn UNDERLYING £m Surplus / (Deficit) - Plan	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	12.5	
Outturn UNDERLYING £m Surplus / (Deficit) - Actual	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	(4.6)	(2.8)	(2.8)	(4.3)	1.4	
YTD Savings £m - Actual	0.2	0.5	1.0	1.6	1.9	2.3	3.1	4.4	5.6	6.8	8.0	9.2	0.3	
OT Risk £m Surplus / (Deficit) - Assessment	(6.8)	(6.8)	(6.8)	(7.2)	(7.2)	(14.9)	(14.9)	(14.9)	(4.0)	(2.5)	(2.5)	0.0	0.3	
Outturn Cash position £m Fav / (Adv) - Forecast	2.3	2.1	2.1	2.1	2.1	2.1	2.1	6.3	2.5	2.5	2.5	5.6	2.7	
YTD Cash position £m Fav / (Adv) - Actual	2.7	3.0	3.7	4.9	5.8	4.5	4.8	7.2	5.3	4.4	2.9	5.6	3.8	
YTD Liquid ratio - days	(16.0)	(13.0)	(18.0)	(17.0)	(19.0)	(19.0)	(16.0)	(10.0)	(9.0)	(7.0)	(11.0)	(12.0)	(14.0)	
YTD BPPC (overall) volume £m	28%	32%	53%	62%	70%	73%	77%	79%	80%	82%	83%	83%	94%	
YTD BPPC (overall) value £m	41%	51%	58%	64%	71%	74%	77%	79%	80%	80%	82%	82%	97%	
Outturn Capital spend Fav / (Adv) - forecast	9.0	9.0	13.1	15.9	15.9	15.9	15.9	12.6	12.4	11.3	11.4	11.4	17.9	

- The Trust's 2017/18 plan has been profiled as below, reflecting the phasing of the £8.8m 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
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's
In Month I&E Plan	(1,636)	1,287	1,436	1,611	264	1,365	2,798	2,460	95	6,488	1,392	3,747
Cummulative I&E Plan	(1,636)	(349)	1,087	2,698	2,962	4,327	7,125	9,585	9,680	16,168	17,560	21,307
STP Funding (incl above) in mth	439	439	440	586	586	586	879	879	879	1,025	1,025	1,026

- The Trust achieved a £1.0m [adjusted] deficit at the end of April, £0.6m favourable to the month 1 planned £1.6m deficit, due to continued restrictions on discretionary spend, and limited use of contingency reserves. The position includes £0.4m STP funding.

Finance

- Agency spend in April was £1.2m which was £0.2m lower than the plan but offset by increased bank spend.
- The cash balance at the end of April 2017 was £3.8m. The Trust repaid £3.5m working capital facility (RWCF) in April 2017 leaving an outstanding balance of £12.5m. This cash has supported on-going improvement in BPPC performance which is 94% by volume, 97% by value for April 2017.
- The planned Capital Resource Limit (CRL) for 2017/18 is £17.9m including £1.1m CRL deferred from 2016/17. In addition to this the Trust secured additional funding of £0.9m in respect of A&E Primary Care Streaming. The capital programme will be funded by £9.8m from depreciation, £7m capital investment loans and other internally generated funds; the Trust will repay £1.3m of existing capital investment loans. Major projects in the 2017/18 capital programme include, Ambulatory Care Unit £2.9m, Pathology Joint Venture £2.7m, EPR Digitise £2.0m, Day Surgery Unit £1.7m , Ophthalmology Day Unit £1.5m and Estates Fixed Allocation £1.5m.