

BSUH INTEGRATED PERFORMANCE REPORT

- 1) Responsive Domain
- 2) Safe Domain
- 3) Effective Domain
- 4) Caring Domain
- 5) Well Led Domain

RESPONSIVE DOMAIN														
Metric	Defined by	Standard	Apr-16	May-16	Jun-16	16/17 Q1	Jul-16	Aug-16	Sep-16	16/17 Q2	Oct	Nov	Dec	Qtr. 3
Referral to Treatment - Admitted	NHSI	90%	69.11%	63.41%	65.33%	65.89%	64.00%	63.75%	64.53%					
Referral to Treatment - Non Admitted	NHSI	95%	76.06%	77.71%	74.97%	76.20%	75.88%	73.59%	76.24%					
Referral to Treatment - Incomplete	NHSI	92% (local 82.7%)	73.51%	74.77%	75.26%	75.26%	75.32%	75.10%	76.83%	76.83%				
Incompletes 52+ week waiters	NHSI	0	100	87	92	92	211	226	184	184				
Diagnostic Waiting Times	NHSI	1%	6.57%	2.57%	1.65%	1.65%	2.13%	2.84%	0.99%	0.99%				
A&E: 4 hour waits (all types)	NHSI	95% (local 89%)	83.94%	86.25%	85.05%	85.12%	84.11%	81.16%	83.75%	83.03%				
A&E: Total 12 hour waits from arrival (incl non DTA pts)	L	0	361	254	266	881	263	404	389	1056				
A&E: ambulance handover delays > 60 mins	L	0	51	77	56	184	97	139	96	332				
A&E: 12 hour trolley waits	NHSI	0	11	4	2	17	0	1	1	2				
Cancer Two Week Wait Standard	NHSI	93%	88.60%	93.80%	95.10%	92.60%	94.74%	94.08%	NYA	94.39%				
Breast Symptom Two Week Wait	NHSI	93%	97.80%	94.80%	98.80%	97.30%	98.43%	96.57%	NYA	97.28%				
31 Day Standard	NHSI	96%	100.00%	97.30%	99.10%	98.90%	98.40%	98.57%	NYA	98.48%				
31 Day Subsequent Drug Standard	NHSI	98%	97.90%	97.60%	99.00%	98.30%	100.00%	100.00%	NYA	100.00%				
31 Day Subsequent Surgery	NHSI	94%	95.70%	95.50%	100.00%	96.60%	91.30%	97.80%	NYA	95.70%				
62 Day Standard	NHSI	85%	78.10%	77.20%	81.10%	78.80%	74.50%	74.70%	NYA	74.60%				
62 Day Screening Standard	NHSI	90%	75.00%	66.00%	62.00%	67.90%	73.00%	87.50%	NYA	79.70%				
Cancer 104 day waits	NHSI	0	8.5	7.0	5.5	21.0	11.0	10.5	NYA	21.5				
Cancelled operations (last minute non clinical reason)	NHSI	0	28	27	41	96	35	47	34	116				
Number of patients not treated within 28 days of last minute	NHSI	0	7	2	3	12	2	8	2	12				
Delayed Transfers of Care	NHSI	<3.5%	5.9%	6.7%	6.9%	6.5%	7.0%	7.7%	10.0%	8.2%				

Lead : Chief Operating Officer - where forecast in red , significant risk of hitting year end standard and senior intervention involved (please see exception report for action)

Target description and Actual**Description**

National standard = 92%

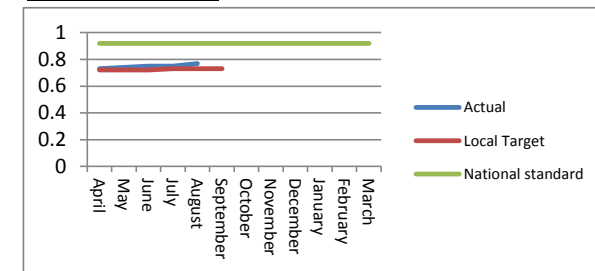
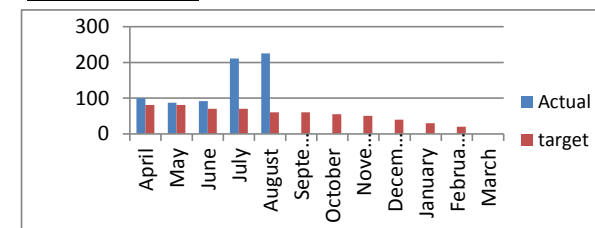
Local Trajectory or local standard = 82.7%

Actual performance = 75.32%

In additional to the 18-week standard the Trust has a target of 0 x 52-week waiters by March 17

Root Cause - key issues

- 1) The total volume of patients waiting over 52W as of the 11 October is 223, this has doubled following the previous validation process whilst March 2017 compliance remains the same.
- 2) Theatre 3 at PRH reopened on the 4 October reprovinding DD with 10 operating sessions per week.
- 3) DD on call cover at PRH requires job plan sign-off and a planned start date to enable higher acuity surgical activity to be undertaken at PRH.
- 4) Revised RTT trajectories (version 2) submitted to CCGs and NHSI on the 6 October.

Trend Graph actual V target**18 weeks standard****52 Week waiters**

Action	Description	SRO	By when
RTT daily tracking report updating on progress against over 52-week activity approx. 90% of all of this patient cohort is DD	Clinical review completed on the DD current 52-week waiters, patients identified for appropriate treatment on the appropriate sites (RSCH, PRH and Nuffield).	SC	Work up and running on 1 October
DD consultant on-call rota to cover PRH site (start date November)	DD Consultants to sign off current job plans to enable overnight senior cover at PRH. LoS for both non-urgent and urgent surgical activity across DD being reviewed to ensure compliance against national benchmarking.	SC	Job plans - 18 Oct LoS - 13 Oct
Revised RRT trajectories by Directorate	Work now completed by directorate with revised trajectories indicating an improved position from the previous submission in April 2016. Internal efficiencies described and demand management plan from CCGs not included as minimal impact on overall position.	SC	05-Oct

Target description and Actual

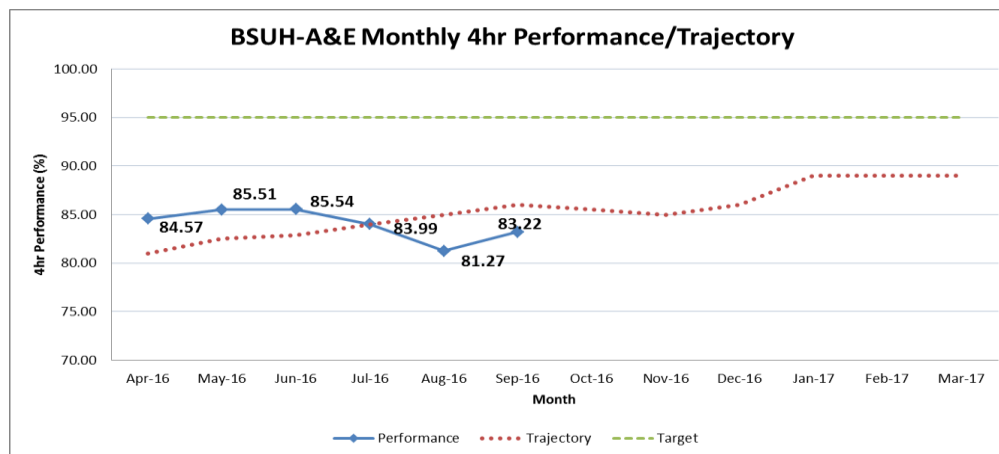
Description

National standard = 95%
 Local Trajectory or local standard = 85%
 Actual performance = 83%

Root Cause - key issues

1. Timing of flow through hospital mismatched to patient presentation through A&E
2. Deterioration of PRH performance , however improvement from w/c 12th Sept.
3. Assessment areas occupied by longer stay patients
4. Deterioration in % Delayed Transfers of Care limiting bed turnover
5. High numbers of 'stranded' patients in beds
6. Weak escalation and response systems and processes (internal and external)

Trend Graph actual V target



Action	Description	SRO	By when
SAFER implementation	Strengthening of Right Care, Right Place, Eact Time Project	MS	End September 2016
Multi-Disciplinary Accelerated Discharge Event (MADE)	Multi Agency/Multi-Dsciplinary review of every adult inpatients in acute G&A beds	MS	3rd and 4th October and monthly thereafter.
System Surge and Escalation Plan	System escalation plan to be agreed by A&E Delviery Board	MS	October 16
Support PRH A&E medical capacity	Increase twilight medical staffing in A&E at PRH	MS	Implemented 12 September 2016
Increase capacity for discharge	Hospital at Home	MS	October to November 2016
Capacity and Reconfiguration	Detailed plan to address bed capacity shortfall being developed	MS	November to March 2017
Review of long stay patients	Weekly MDT Stranded Patients (7 Days + LOS) review and action session	MS	In place 24 August 2016

Target description and Actual

Description

National standard = 3.5%

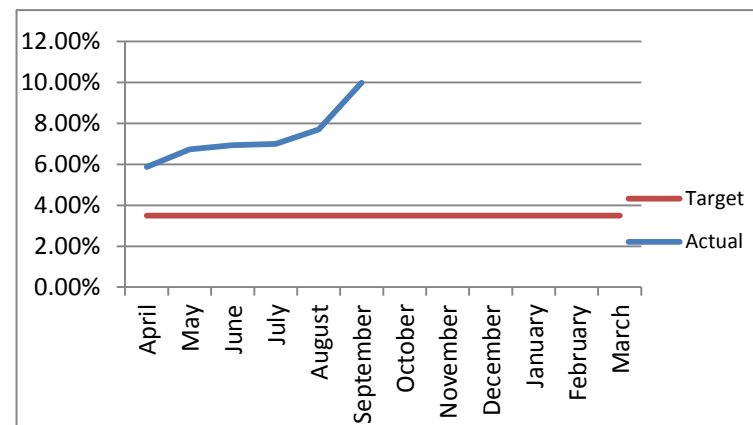
Local Trajectory or local standard = 3.5%

Actual performance = See dashboard.

Root Cause - key issues

- 1) Insufficient care capacity
- 2) Assessment processes for community care are complex
- 3) Lack of flexibility of community admission criteria
- 4) Reduction in social care capacity
- 5) BSUH not assessing in timely manner

Monthly Trend Graph actual V target



Action	Description	SRO	By when
Assure greater care capacity	CCG proposals for market management and joint working	SRG	Nov-16
Reduce delays in assessment	SRG proposals for 'Trusted Assessor'	SRG	
Flexing admission criteria	Agreement for flex when BSUH in 'Black' escalation	CCG	In place late August 2016
Increasing Hands on Care provision capacity	Increase to Block Contract capacity (pump prime) and recruitment campaign by East and West Sussex	CCG	TBC
Roll out of Discharge Improvement Project	Pilots on new model on Jowers and Valances to be rolled out to targeted wards	MS	To commence Oct 16

SAFE DOMAIN															
Metric	Defined by	Standard	Apr-16	May-16	Jun-16	16/17 Q1	Jul-16	Aug-16	Sep-16	16/17 Q2	Oct	Nov	Dec	Qtr. 3	
C Difficile - number of cases	NHSI	46	4	2	2	8	7	3	9	19					
MRSA Bacteraemia -	NHSI	0	0	0	0	0	0	0	0	0					
Never Events - number of	NHSI	0	0	0	0	0	0	0	2	2					
Serious Incidents - number declared	L	Trajectory to be set	8	3	4	15	5	6	5	16					
Patient Safety Incidents that are harmful	NHSI	Trajectory to be set	0.24%	0.12%	0.10%	0.15%	0.10%	0.10%	0.48%	0.21%					
Medication Errors - causing serious harm per 1000 bed days	NHSI	0	0	0	0	0	0	0	0	0					
Medication Errors - number causing serious harm	L	0	0	0	0	0	0	0	0	0					
Patient Falls - total number	L	Trajectory to be set	93	83	89	265	83	110	100	293					
Patient falls - Sis	L	Trajectory to be set	3	1	1	5	5	3	2	10					
Fire Risk assessments completed	L	100%		69%	73%	73%	100%	100%	100%	100%					
CAS Alerts - overdue alerts	NHSI	0	0	0	0	0	11	20	11	11					
Hand Hygiene compliance	L	98%	93.00%	77.00%	71.00%	80.00%	80.00%	85.00%							
Mean wait of patients in corridor area A&E (mins)	L	TBC					49	55	69						
Max wait of a patient in corridor A&E (mins)	L	TBC					371	405	438						
Avoidable Pressure Ulcers (category 3 & 4)	L	0	0	1	0	1	1	1	1	3					
Histology reporting turnaround (% within 7 days)		80%	30%	26%	19%	25%	18%	33%							
Emergency C section rate	NHSI	<12%	15.09%	12.11%	12.03%	13.06%	12.50%	12.90%	13.60%	13.00%					
VTE Risk Assessment	NHSI	95%	84.52%	85.46%	82.99%	84.32%	NYA	NYA	NYA	NYA					
% Harm Free Care	NHSI	95%	94.81%	94.90%	95.10%	94.94%	95.46%	95.80%	95.31%	95.50%					

Lead : Medical Director and Chief Nurse

EFFECTIVENESS DOMAIN

EFFECTIVENESS DOMAIN

Metric	Defined by	Standard	Apr-16	May-16	Jun-16	16/17 Q1	Jul-16	Aug-16	Sep-16	16/17 Q2	Oct	Nov	Dec	Qtr. 3
HSMR (All)	NHSI	<100	89.17	88.42	89.98	89.98	90.34	NYA	NYA	90.34				
HSMR (Weekends)	NHSI	<100	91.51	92.05	95.89	95.89	98.68	NYA	NYA	98.68				
SHMI	NHSI	<100	95.18	93.63	93.62	93.62	NYA	NYA	NYA	NYA				
Crude mortality (non elective pts)	NHSI	monitor	3.32%	3.37%	2.81%	3.16%	2.85%	2.72%	2.63%	2.74%				
Emergency readmissions 30 days	L	10.50%	13.30%	13.70%	NYA	13.50%	NYA	NYA	NYA	NYA				
A&E % patients who began treatment within 60 minutes (SCH)	L	95.00%				49%	50%	49%	51%					
Discharges before 10.00 AM (SCH)	L	100% (1 per ward)				9%	10%	7%	11%					
Avg LoS Variance from Acute Teaching Hospital	L	Var = 0	0.45	0.41	NYA	0.43	NYA	NYA	NYA	NYA				
DNA rate	L	<6%	8.22%	8.72%	8.80%	8.59%	8.80%	8.53%	8.83%	8.72%				
Theatres Utilisation	L	85%	84.41%	84.89%	84.22%	84.50%	85.61%	83.67%	81.49%	83.59%				
% of emergency # neck of femur receiving surgery within 48 hours	L	TBC	85.71%	87.50%	85.45%	86.20%	NYA	NYA	NYA	NYA				
Stroke patients > 90% on a stroke ward	NHSI/ CQC	80%	82.98%	82.46%	86.96%	84.00%	87.10%	86.67%	NYA	86.92%				
Stroke % admitted directly to a stoke ward	NHSI/ CQC	90%	74.47%	64.91%	58.33%	65.79%	69.35%	80.00%	NYA	73.83%				
Stroke patients scanned within 24 hours	NHSI/ CQC	50%	100.00%	100.00%	95.12%	98.32%	97.96%	100.00%	NYA	98.82%				
Stroke % of high risk TIA treated in 24 hours	NHSI/ CQC	60%	100.00%	87.50%	78.95%	87.50%	92.31%	100.00%	77.78%	85.42%				
Stroke % of low risk TIA treated within 7 days	NHSI/ CQC	100%	100.00%	92.00%	100.00%	98.06%	100.00%	96.30%	100.00%	98.75%				

Lead Chief Nurse and Medical
Director and COO

CARING DOMAIN

Metric	CIU Notes (Hide Me)	Defined by	Standard	Apr-16	May-16	Jun-16	16/17 Q1	Jul-16	Aug-16	Sep-16	16/17 Q2	Oct	Nov	Dec	Qtr. 3
FFT - Staff - % recommended as place to receive care		NHSI	95%				67.0%	Updated Quarterly - Q2 NYA							
FFT - Inpatient - % positive	IP	NHSI	95%	95.9%	97.6%	94.8%	96.1%	96.0%	95.4%	95.9%	95.8%				
FFT - A&E/WiC/MIIU - % positive	AE	NHSI	95%	87.7%	87.0%	89.9%	88.2%	87.5%	86.6%	86.8%	87.1%				
FFT - Maternity - % positive	Maternity	NHSI	95%	90.6%	94.9%	94.7%	93.3%	96.8%	97.1%	91.3%	94.9%				
Complaints responded to < 40 days		NHSI	90%	63.8%	74.4%	67.0%	68.1%	51.90%	NYA	NYA	51.90%				
Number of complaints received		L	monitor	105	90	106	301	104	133	128	365				
Outstanding complaints over 6 months		L	0						28	28	28				
Re-opened complaints		L	<10%	11.4%	18.9%	10.4%	13.3%	11.5%	13.5%	6.3%	10.4%				
Mixed Sex Accommodation breaches		NHSI	0	57	69	76	202	77	113	80	270				

Comments
Lead : Chief Nurse

WELL LED DOMAIN

Metric	CIU Notes (Hide Me)	Defined by	Standard	Apr-16	May-16	Jun-16	16/17 Q1	Jul-16	Aug-16	Sep-16	16/17 Q2	Oct	Nov	Dec	Qtr. 3
Temporary staffing spend as a % of paybill		NHSI	<10%	7.18%	7.37%	6.27%	6.94%	6.01%	5.78%	7.01%	6.37%				
Staff sickness		NHSI	<3%	4.27%	4.27%	4.28%		4.25%	4.24%	NYA					
Staff turnover		NHSI	<12%	12.81%	12.81%	13.17%		13.58%	12.90%	13.30%					
FFT - Inpatient - Response rate	IP	NHSI	>35%	15.4%	15.4%	13.5%	14.8%	12.7%	11.3%	12.3%	12.0%				
FFT - Staff - % recommended as place to work		NHSI	95%				48.00%	Updated Quarterly - Q2 NYA							
% of STAM training		L	>75%		49.00%	55.00%	55.00%	71%	61%	60%					
% of IG training			95%			50.00%	50.00%	68%	67%	82%					
% of Appraisals		L	100%	69.80%	70.60%	70.20%		70.40%	66.90%	71.90%					
6 week notice rosters				<i>automated Reporting system to be established</i>											
Safe staffing fill		NHSI	95%	96.84%	98.35%	98.23%	97.81%	96.20%	96.10%	94.77%	95.70%				
% of bank staff		CQC	<15%	14.66%	14.88%	14.97%	14.84%	14.32%	14.83%	15.04%	14.73%				
Pay actual £'000 - (Surplus) / Deficit			334279.132 (July target 27,924)	28,968	28,625	29,027		28,369	28,444						
Non Pay actual £'000 - (Surplus) / Deficit			197197.338 (July target 16,651)	17,389	18,997	17,098		17,764	18,704						
Income actual £'000 - (Surplus) / Deficit			-549636.28 (July target - 45,810)	(44,229)	(44,058)	(51,275)		(43,738)	(46,117)						
I&E Position £'000 - (Surplus) / Deficit			15570.191 (July target 1,608)	4,703	6,386	(2,350)		5,281	4,087						
CIP's			25104 (July target 1,692)	737	645	466		516	699						
% Temporary Staff			TBC	7.40%	7.37%	6.84%	7.20%	6.01%	6.11%						
% of agency Nurse			<1%	2.64%	2.21%	1.65%	2.10%	1.45%	1.99%						
% of Nurse bank			TBC	7.82%	7.31%	8.12%	7.70%	6.50%	3.94%						

Target description and Actual**Description**

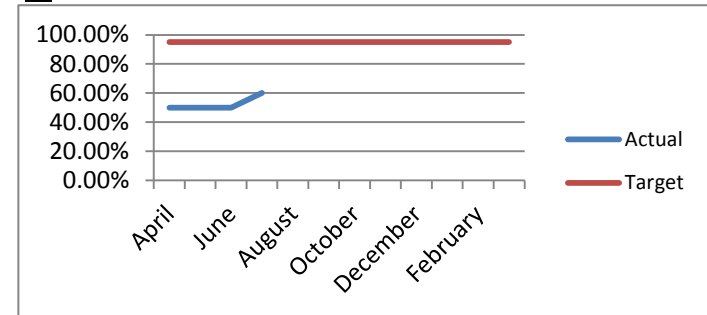
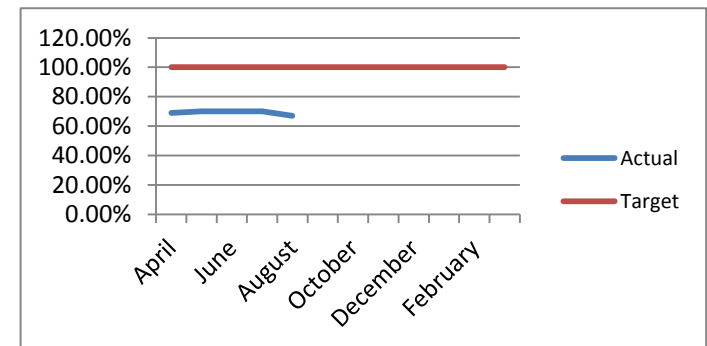
National standard = 98% IG and 100% Appraisals

Local Trajectory or local standard =

Actual performance = Appraisals = 67%

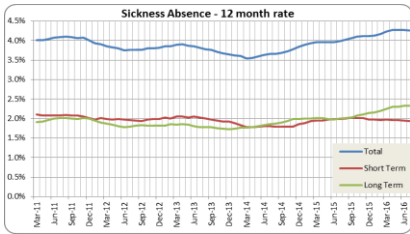
Root Cause - key issues

- 1) Data requiring cleansing
- 2) Ring fencing time especially when site under pressure
- 3) Expectation of roles and accountability
- 4) Access to Systems for some staff

Trend Graph actual V target**IG****Appraisals**

Action	Description	SRO	By when
Data	Large data cleansing exercise underway during August /Sept	HW	September
Time ring fenced	Staff all given ring fenced time for training and appraisals	ALL	On going
Accountability	Reports at department level issued so clear who has not done training or undertaken appraisals. Performance management of this	All	On going
System	Staff to provide HR business partners any systems issues so these can be manually updated	ALL	On going

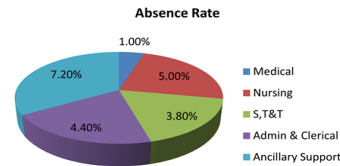
SICKNESS AND ABSENCE REPORTING



The Trust absence data is collected through the Payroll salary return submission and recorded 6 weeks after the first day of absence. The Trust 12 month sickness absence rate currently stands at 4.26%, historically the Trust has sat slightly lower than the NHS England average (currently 4.2%).

The current short term sickness rate is 1.93%, the long term rate 2.33% against a five year average of 1.94%.

Over the past 12 months, 5,963 staff took some form of sickness absence (74%). On average staff have 2.5 episodes per annum, 3.4 WTE days each in length. Breaking down sickness absence by staff group shows the following:



Ancillary support staff typically has higher absence rates and the In-sourcing of 600 Soft FM staff in September 2015 has contributed towards the increase in sickness figures.

Medical Staff sickness absence appears to be low, we believe due to under reporting, as doctors often text their peers rather than their Consultant or Lead. The Junior Doctors Contract states that all sickness is to be reported to the Medical HR Team and their Consultant, this is also reiterated at induction. The Medical HR Team have worked with the Women's and Speciality Directorate's to review reporting and administration arrangements. Local sickness reporting procedures have been drafted for Juniors Doctors in those specialities, this will also prompt Consultants/Leads to conduct return to work interviews. The local procedure template is to be adapted and implemented by the remaining Directorates.

Sickness Absence Management

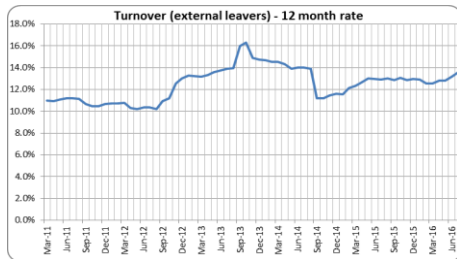
All staff are supported and managed through the Trust's Managing Sickness Absence policy, 122 staff are currently recorded as absent owing to long term sickness (over four weeks), 22 absent for more than 6 months, and 5 for more than 12 months. Reasons for sickness are predominantly due to mental health with no apparent direct correlation in terms of Department, work area or reason for sickness. A further reason for staff absence over 6 months is Cancer, staff are not formally managed through the Absence Policy but are supported by line managers.

Managers receive monthly reports highlighting which staff members have triggered under the Trust's Policy, this should act as a prompt for managers to conduct return to work interviews and commence informal and formal management of sickness absence. Whilst some areas use RosterPro as an aid to managing staff attendance, there isn't the assurance that all managers are consistently and robustly applying the Policy. Whilst Managers are supported by the Employee Relations Team, HR are not required to attend meetings. In 2013 owing to the number of cases and the capacity of the HR team, it was agreed that managers would conduct meetings on a one to one basis with their staff.

The current policy is under review and will be written to support the Trust's well-being strategy.

TURNOVER

The Trust 12 month turnover rate currently stands at 12.9%, this is slightly lower than the position 12 months ago (13.0%), but higher than the average for the past five years of 12.5%. Historically, turnover rates at BSUH have always been higher than both the NHS England average (8.7%) and the South East region average (9.4%).



Analysis of leavers' length of service identifies 23% leaving within the first 12 months, and another 48% leaving between years one and five. A further 13% of staff leave within years six to ten, with the remaining 16% leaving after 11 years or more.

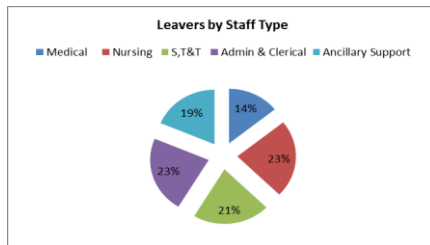
Unlike absence, the introduction of Sodexo / Soft FM staff has had minimal impact on the turnover rate, if this staff group is removed from calculations then a rate of 12.9% is still returned.

Over the past five years, an average of 76 staff (excluding training doctors) leave the Trust each month. The five highest stated reasons for leaving are Relocation (23%), Work Life Balance (13%), Retirement (11%), Voluntary – Other (9%) and Promotion (8%).

Exit Questionnaires offer supplementary qualitative data – staffing issues are a recurrent theme, as is lack of flexibility, lack of recognition / support both from manager and 'the Trust'. Many have cited that they do not feel valued or listened to in a meaningful way. A mechanism to proactively capture leavers' feedback is underway.

The top five destinations of staff leaving the Trust: No Employment (37%), Another NHS Organisation (25%), Unknown (7%), Other Private Sector (7%) and Education / Training (6%).

Reviewing the turnover rate in terms of staff numbers equates to between 900 and 1,000 staff leaving the Trust each year. Leavers by staff type (data excludes training grade Medical staff due to the rotational nature of their contracts):



At a Directorate level, the highest turnover rates are being seen within Human Resource (22%), Finance (19%), Abdominal Surgery & Medicine (19%), Corporate Services (18%) and Speciality Medicine (16%).

At a Care Centre (Specialty) level, the highest turnover rates are currently within Occupational Therapy (24%), Human Resources - Core (23%), Diabetes (23%), Financial Management (21%), Childcare (20%), Digestive Diseases (20%), HIV/ GUM (20%), Neuroservices (20%), and Unscheduled Care (20%). In all of these areas, one in every five members of staff has left in the past 12 months.

Reducing Absence and Turnover Rates

The recent introduction of the HR Business Partner role will ensure that directorates are further supported and directed to review and drill down into their respective workforce KPI's and ensure consistent and effective management and support to reduce the sickness rate and coach managers to better support and develop their teams and staff with a view to improving retention and reducing turnover.