

Meeting:	Brighton and Sussex University Hospitals NHS Trust Board of Directors
Date:	25th January 2015
Board Sponsor:	Chief Operating Officer
Paper Author:	Gareth Hall, Associate Director - Business Support
Subject:	Trust Board Performance Scorecard – Month 9

Executive Summary – Introduction:

The aim of this paper is to report monthly performance to the Board against the set of measures aligned to the Trust’s annual objectives and the composite metrics and national standards used by the TDA and Monitor to measure our operational performance.

Board members should note that where validated data is unavailable for the period, indicative numbers may be used and that the reporting of some indicators is subject to a time lag and may be reported some months in arrears. This is highlighted where necessary in the report itself.

Recent Context: Board members have been regularly advised of the continuing challenges and failure to deliver the National Standards for; A&E, RTT and Cancer Waiting Times (CWT). The Board has previously been informed of ‘recovery plans’ and associated trajectories agreed (subject to revision) with the NHS Trust Development Authority (TDA) and our local commissioners.

The current trajectories are as follows:

- **A&E 4-hour standard** – delivery of 95% compliance by March 31st 2016 (subject to the ECIP programme).
- **Ambulance Handover delays** - delivery of a significant reduction in 30 and 60min ambulance handover delays by March 31st 2016.
- **18 week (RTT)** – The Trust has further revised specialty level trajectories to deliver the nationally reported standard associated with ‘incomplete’ pathways and is projecting compliance by December 2017.
- **Cancer Access** –The Trust extensive recovery plan is designed to deliver compliance from November 2015 for the 62 day standard for 1st treatment following GP referral.

Highlights from the month 9 Board report: The Trust will continue to report a ‘non-compliant’ position against aggregate performance for the 18 Week RTT ‘incomplete’ pathway and the ‘6 week wait for diagnostic test standard’ in December. Month end performance for December is subject to final validation and will be reported in the next performance report. It is expected that 29 patients, who have waited over 52 weeks for treatment, will be reported at month end.

Trust delivery of the ‘4 hour A&E wait’ standard dropped slightly in December (88.0%) due in part, to expected seasonal pressures. The year to date (YTD)

position is 83.7% and performance remains particularly challenged within the main ED on the Brighton site. A new ambulance handover protocol was successfully introduced in early December and has contributed to a significant reduction in such delays within the EDs on both sites. It should be noted that ambulance conveyance rates peaked to an average per day of 147 in December in comparison to the previous YTD average of 138 per day.

Regrettably, 2 patients experienced waits of over 12 hours in our Emergency Department from decision to admit during December. All breaches are reviewed and lessons learned to help prevent recurrence. There were no episodes of 'black' escalation status during December.

The Trust is currently reviewing the data quality of 2 additional unscheduled care measures which we intend to include in subsequent performance reports. These are; 'Time to Assessment' and 'Time to Treatment' within our emergency departments and are referenced within the Chief Operating Officers review of unscheduled care at this Board meeting.

The Trust achieved successful compliance with the '62 day wait standard for first treatment from GP referral' in November for the first time since December 2014. Three other the national cancer standards were breached in November with a comparatively small number of patients (8) unable to be managed within the access targets. There is continued and forensic scrutiny of all patients on cancer pathways via the MDT coordinators and performance remains susceptible to short notice reductions in available capacity.

4 cases of C. Difficile were reported in December giving the YTD total of 37 cases (end of December). This is 2.5 cases in excess of the trajectory to achieve the year-end target of a maximum of 46 cases as set by the Department of Health.

The level of reported Delayed Transfers of Care (DTC) reduced to 3.3% as a result of the predicted seasonal impact but is expected to rise in January and continues to represent a significant and unresolved issue compounding patient flow problems within the hospital. The numbers of bed days in December occupied by patients who are considered 'medically fit for discharge' but not a reportable DTC continues to be very high at an average of 44 occupied beds per day since April.

Board members will note that reporting against KPI 87 (Statutory/Mandatory Training compliance) of the main performance dashboard has not been possible since June. This subject will be covered in detail at the Finance, People and Performance Committee in February

<p>Links to Corporate objectives</p>	<p>The report monitors progress against the objectives of <i>excellent outcomes; great experience; empowered skilled staff; high productivity</i></p>
<p>Identified risks and risk management actions</p>	<p>Risk 1. Adverse patient experience of and impaired access to Trust services.</p> <p>Risk 2. Adverse impact on Trust reputation with patients, staff and external bodies.</p> <p>Risk 3. Non-Compliance with national standards and the potential adverse impact on national performance ratings published by the TDA and the CQC.</p> <p>Risk 4. Adverse financial consequences associated with</p>

	<p>contractual fines, penalties and associated financial adjustments for performance below agreed standards. The value of performance related contractual fines (subject to re-investment) such as those associated with RTT, A&E and Ambulance Handover is estimated to be approximately £3.9m at month 9 (capped at 2.5% contract value).</p> <p>The expectation is that most will be re-invested in the Trust by our commissioners.</p> <p>Risk 5. Adverse impact on future Foundation Trust authorisation.</p> <p>Management actions Specific risk management actions will depend on the specific KPI and performance measure concerned. Measures are reviewed regularly at the relevant Board sub-committee or the Hospital Management Board and associated actions are agreed and monitored by exception.</p>
Resource implications	See above – risk 4
Appendices	Appendix 1 – Month 9 Trust Board performance Report.

Action required by the Board:

The Board is asked to note month 9 performance as detailed in the scorecard and the associated narrative and to agree any further actions to address adverse variances as required.