

<b>Meeting:</b>	<b>Brighton and Sussex University Hospitals NHS Trust Board of Directors</b>
<b>Date:</b>	<b>21<sup>st</sup> December 2015</b>
<b>Board Sponsor:</b>	<b>Chief Operating Officer</b>
<b>Paper Author:</b>	<b>Gareth Hall, Associate Director - Business Support</b>
<b>Subject:</b>	<b>Trust Board Performance Scorecard – Month 8</b>

#### **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.

This report highlights performance against key metrics in Month 8. The Board is asked to note that as the December Board report falls early in the calendar month, this is, by necessity, a summary report.

However detailed reports concerning urgent care and Referral to Treatment (RTT) are appended to this summary report.

#### **Highlights from the month 8 Board report:**

Trust delivery of the 4 hour Accident and Emergency (A&E) wait standard improved significantly in November (88.6%) with the impact of *Right Care, Right Place, Each Time*, the new front door pathways and the Newhaven Community beds having come on stream.

A revised set of metrics to assess the impact of *Right Care, Right Place, Each Time* and other associated initiatives including 'time to initial assessment' will be included within future Board reporting. This issue is covered in the appended report on urgent care. The Board will also receive a presentation and discussion from the Hospital Rapid Discharge Team (HDRT) at the Board meeting, and from the Emergency Care Improvement Programme (ECIP) at the January Board meeting.

2 patients experienced waits of over 12 hour in our Emergency Department from decision to admit during November which is a significant reduction from October. Such lengthy waits are as a result of major challenges regarding patient flow and largely due to a significant mismatch between discharges and admissions. All breaches are reviewed and lessons learned to help prevent recurrence. The Board has received a report on the investigation into the 12 hour breaches in October and the lessons learned.

The Trust will continue to report a 'failed' position against aggregate performance for the 18 Week Referral to Treatment (RTT) 'incomplete' pathway and the '6 week wait for diagnostic test standard' in November which was largely due to the Echocardiogram reporting issue previously reported to the Board. Month end performance for November is subject to final validation and will be reported in January's performance report. 48 over 52 week waiters were reported at month end. Progress in relation to RTT is reported in detail in the appended report.

The Trust breached 3 of the national cancer standards in October and although 'high risk', remains on target to achieve compliance from November via the associated recovery plan.

3 cases of C. Difficile were reported in November giving the YTD total of 33 cases (end of November) which is 3 in excess of the year-end trajectory of 46 as set by the Department of Health.

The level of reported Delayed Transfers of Care (DTOC) remains very high at 4.2% and continues to represent a significant and unresolved problem in terms of limiting Trust capacity for acutely ill patients thereby compounding patient flow problems within the hospital. The numbers of bed days in November occupied by patients who are considered medically fit for discharge but not a reportable DTOC continue to be very high at an average of 49 occupied beds per day.

<b>Links to Corporate objectives</b>	The report monitors progress against the objectives of <b><i>excellent outcomes; great experience; empowered skilled staff; high productivity</i></b>
<b>Identified risks and risk management actions</b>	<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 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&amp;E and Ambulance Handover is estimated to be approximately £4.6m at month 8 (subject to a cap of 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><b>Management actions</b> 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>
<b>Resource implications</b>	See above – risk 4
<b>Appendix</b>	<ol style="list-style-type: none"> <li>1. Urgent care transformation</li> <li>2. Referral to Treatment</li> </ol>

**Action required by the Board:**

The Board is asked to note month 8 performance in relation to the key metrics above and associated reports.