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Meeting:	Brighton and Sussex University Hospitals NHS Trust Board of Directors
Date:	31st May 2016
Board Sponsor:	Chief Operating Officer
Paper Author:	Gareth Hall, Associate Director - Business Support
Subject:	Trust Board Performance Scorecard – Month 1

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 external bodies to measure our operational performance.

The scorecard has been refreshed in a number of areas to enable greater transparency and more appropriate benchmarking across a range of indicators. This remains a work in progress and further enhancements will be made over the coming months to ensure that the range of reported measures improves Board assurance.

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 for example, risk adjusted mortality and re-admission KPIs is subject to a time lag and may be reported some months in arrears. This is highlighted where necessary in the report itself.

Consistent with the national programme to access the Sustainability and Transformation Fund (STF) the Trust has recently been required to submit revised 2016/17 performance trajectories to 'NHS Improvement' for the following:

- 4 Hour Accident and Emergency (A&E) performance – this now has a revised performance trajectory modelled to achieve, steady monthly improvements in comparison with the previous year and a very challenging 89% for quarter 4.
- Referral To Treatment (RTT) – the performance trajectory is designed to deliver a 4.2% improvement in incomplete performance overall and a reduction of around 2,000 patients waiting over 18 weeks by March 2017.
- 6 week wait for Diagnostics - the aim is to achieve and sustain delivery of compliance with the 6 week standard for access to diagnostic tests by September 2016.
- 62 day Cancer referral to treatment – the aim is to achieve and sustain delivery of compliance with the 62 day national standard from September 2016

The revised trajectories described above, have been modelled in accordance with 'NHS Improvements' uplifted national performance requirements and have been agreed and profiled with our host commissioner Brighton and Hove CCG. The trajectories are considered to be 'whole system' performance measures with commissioner and local partner engagement and action critical to their delivery.

Specific issues for the Board to note in the month 1 report are as follows:

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Improving Trust delivery of the '4 hour A&E wait' standard continues to be exceptionally challenging and it is encouraging to note that performance improved in April and exceeded the revised recovery trajectory as 84.2% of patients were managed within 4 hours of arrival. It should be noted that there has also been a corresponding improvement in ambulance handover delays over the period which is also consistent with a small decrease in ambulance conveyances to the hospital.

A total of 12 patients (subject to final confirmation) experienced waits of over 12 hours for a ward bed in our Emergency Department from decision to admit during April.

The Trust was on 'black' escalation level 4 on 5 occasions during the month across both sites.

As indicated above, 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 April. Regrettably, 100 patients who waited over 52 weeks for treatment were reported at month end. The overall elective waiting list 'backlog' has reduced by 160 from 9,340 in March and to 9,180 at the end of April. Our ability to deliver reductions in waiting times for specific services and improve access for our patients overall, remains one of the largest operational challenges that the Trust faces.

The Trust achieved the remodelled '6 week diagnostic' recovery trajectory although access to sufficient Ultrasound and Endoscopy capacity remains one of the key risks to achieving compliance in September.

Early indications are that the Trust will achieve the April agreed improvement trajectory for the Cancer access standard of '62 day wait standard for first treatment from GP referral'. Key risks remain around pathway delays for, the colorectal, urology and lung pathways.

4 cases of C. Difficile were reported in April and the Trust has a year-end target set by the Department of Health of a maximum of 46 cases. There were no cases of MRSA reported in month.

The Care Quality Commission (CQC) has recently redefined the description of what constitutes a breach of the 'single sex' accommodation standard and this will mean that there is likely to be significant numbers of breachers reported in year. In total 57 breaches were reported during the month.

The level of reported Delayed Transfers of Care (DTC) remains consistently high at just under 6% and this equates to around 40+ beds being occupied by patients no longer needing acute care in the hospital. Although the volume of beds occupied by patients who are considered 'medically fit for discharge' but not a reportable DTC for April is currently not available, it is estimated that they will be consistent with the previous average of around 58 occupied beds per day. This represents a continued and unresolved operational problem for the Trust limiting flow for both Elective and Non-Elective pathways and will have a significant impact on our ability to deliver the revised performance trajectories described above.

The Trust achieved the national Stroke standards in April with one exception; 'Percentage admitted directly to stroke unit', where 67% (10 patients) achieved the 90% target. Regrettably, 4 patients were delayed over the 4 hours in A&E but were subsequently admitted to the stroke unit. Emergency stroke presentations continue to

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be diverted to the RSCH from PRH.

Patient Satisfaction (friends and family) rates for the Maternity, In-patient and A&E services continues to vary between months and it should be noted that number of responders suggesting that they were 'unlikely to recommend the A&E service to others' increased in April in comparison to previous months. This will be monitored over the coming months to see if there is an emerging pattern which may require remedial action.

Links to Corporate objectives	The report monitors progress against the objectives of <i>excellent outcomes; great experience; empowered skilled staff; high productivity</i>
Identified risks and risk management actions	<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 access to the STF, contractual fines, and penalties and associated financial adjustments for performance below agreed standards.</p> <p>Risk 5. Adverse impact on future Foundation Trust authorisation.</p> <p>Management actions Specific risk management actions will depend on the specific 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 1 Trust Board Performance Report.

Action required by the Board: The Board is asked to note month 1 performance as detailed in the scorecard and the associated narrative and to agree any further actions to address adverse variances as required.