

Meeting:	Brighton and Sussex University Hospitals NHS Trust Board of Directors
Date:	24th August 2015
Board Sponsor:	Chief Executive, Chief Financial Officer, Director of Strategy and Change / Deputy CEO and Chief Operating Officer
Paper Author:	Gareth Hall, Associate Director - Business Support
Subject:	Trust Board Performance Scorecard – Month 4

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.

Following an extensive refresh the Performance report is now composed of the following:

- The ‘Full Performance Scorecard’ – summary report outlining performance against the full range of national and local indicators
- The ‘Dashboard’ – detailed reports focusing on a subset of key indicators and include comparators such as national benchmarks and previous year’s performance.
- ‘National standards’ – a subset of indicators from the overall scorecard which make up the mandated ‘National Standards’ and contractual obligations
- ‘Plain English Guide’ – a description of the indicators both reports

Further additions this month include the following:

- VTE Performance
- Fractured neck of femur KPI

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 will be fully cognisant of the continuing challenge and failure to deliver the National Standards for A&E, RTT and Cancer Waiting Times (CWT).

This has been recognised by the NHS Trust Development Authority (TDA) and our local commissioners. We are working with both bodies on ‘Remedial Action Plans’ detailing actions and associated recovery trajectories to be completed and agreed by August 31st The recovery trajectories are currently being finalised in conjunction with our main stakeholders. The current position is as follows:

- **A&E 4-hour standard** – the revised trajectory to deliver compliance is currently being finalised. Delivering the required step change in performance is underpinned by the implementation of detailed project plans which are being

coordinated by the reconfigured Urgent Care Transformation Board in conjunction with CCG colleagues. Performance improvements are focused on reconfiguration of level 5, implementation of SAFER (Senior Review, Assessment, Flow, Exit, Regular Review) across the organisation and pathway changes internally. Also collaboration with other external partners to implement alternative pathways across the local health system. Delivery is overseen by the Local Health Economy (LHE) 'System Resilience Group'.

- **18 week (RTT)** – Delivery of revised aggregate and specialty level standards continues to assume a continued period of non-compliance and it is estimated that full recovery will take a further 9-12 months. Progress will occur beforehand but is reliant on the delivery of detailed specialty level trajectories and action plans overseen by the Trusts RTT Performance Group. The current plans are being refreshed in line with our requirements to deliver new trajectories at the end of August with backlogs costed accordingly.
- **Cancer Access** – As previously reported, The Trusts performance in relation to the key cancer related access standards has been 'high risk' for many months. There is a deteriorating national picture for Cancer waiting times and we are one of a number of Acute Trusts who have been requested to identify progress, against the 8 high impact changes for Cancer. This includes establishing sub-speciality trajectories that reflect the current position by tumour group and a recovery plan to deliver the cancer compliance by November 2015. We have submitted our return confirming our plans to achieve this.

Highlights from the month 4 Board report: In terms of Month 4 performance, the Trust continues to report a 'failed' position against aggregate performance for the 18 Week RTT 'incomplete' pathway standards. 1 Orthopaedic patient waited longer than 52 weeks for their operation. The Trust breached the '6 week wait for diagnostic test standard' in July as 246 (subject to final validation) patients across a range of modalities; Ultrasound, Echocardiogram, Endoscopy & Neurophysiology breached the 6 week target.

Trust delivery of the 4 hour A&E wait standard remains extremely challenged but continues to improve marginally with an 83.3% performance in July, which is a 2.4% improvement in comparison to the previous month. The YTD position at the end of July was 80.1%. Performance continues to be particularly difficult on the Brighton site and the reasons for this are covered elsewhere in this Board agenda.

A total of 3 patients have experienced waits of over 12 hour in our Emergency Department from decision to admit during July. 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.

1 never event was reported in July associated with 'wrong site' surgery and the patient has made a full recovery. The patient has been informed of the error and an internal investigation has been commenced which, along with any actions arising, will be reviewed at the Directorate Safety and Quality Committee.

The Trust breached 3 of the national cancer standards in Q1 – performance is reported 1 month in arrears and is evaluated quarterly. The associated recovery plan is referenced in the narrative above and this is explored in more detail elsewhere in this report.

4 cases of C. Difficile were reported in July giving a YTD total of 21 cases which is 6 in excess of the trajectory to achieve the year end threshold of 46 set by the Department of Health. There was 1 case of MRSA in July giving a YTD total of 1.

The level of reported Delayed Transfers of Care (DTC) remains very high at 4.9% 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 July occupied by patients who are considered medically fit for discharge but not a reportable DTC continue to be very high at an average of 40 occupied beds per day.

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 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 £1.8m at month 3.</p> <p>See Appendix 1 for detail regarding the impact of mandated contractual performance penalties and sanctions. 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 4 Trust Board performance Report.

Action required by the Board:
The Board is asked to note month 4 performance as detailed in the scorecard and the associated narrative and to agree any further actions to address adverse variances as required.

Report to the Board of Directors 24th August 2015 Trust Board Performance Report - Month 4.

Particular themes or areas of concern for the Board to note are described below:

1. Patient Access – Waiting Times/Referral to Treatment /RTT (KPIs 1 - 5):

Board members are cognisant of the on-going challenges with regard to improving RTT performance. In addition, the Board was previously advised that the 'incomplete' standard will become the sole measure of the constitutional right of patients to start treatment within 18 weeks.

The current level of risk regarding this standard is such that we anticipate that it will be a further 9-12 months before the Trust is in a position to report full aggregate compliance and compliance by speciality. Each Directorate is re-working the capacity assumptions and their trajectories that were made earlier in the year within the context of a worsening position and on-going capacity constraints.

Delivery of the recovery plan is underpinned by:

- Strengthened and re-energised governance / performance management;
- Full implementation of the new Patient Access Policy
- Close scrutiny of high risk specialties to ensure capacity and demand are in balance.
- An improvement in data quality and better recording of 'outcomes'
- Maximising the use of internal capacity
- Securing capacity in the independent sector where appropriate and available

Delivery of the recovery programme remains high risk and is highly vulnerable to escalating unscheduled care demand which impacts on available theatre and bed capacity for planned care on a daily basis.

Digestive Diseases (surgical), Oral Surgery, Orthopaedic and Neurosciences (including Spinal) continue to make up over half of the total number of patients waiting longer than 18 weeks.

July performance is as follows:

	National Standard	Actual Performance*
Admitted Care	90%	72.3%
Non-admitted Care	95%	85.2%
Incomplete backlog	92%	84.89%

*Subject to final validation

The Trust breached the '6 week wait for diagnostic test standard' in July as 246 (subject to final validation) patients across a range of modalities; Ultrasound, Echocardiogram, Endoscopy & Neurophysiology breached the 6 week target

With the support of the ISTC in June, It became apparent that a number of diagnostic modalities (echocardiograms, sleep studies and uro-dynamics) were inadvertently applying incorrect RTT 'rules' and therefore inappropriately reporting their waiting times. This has resulted in a period where there will be a significant worsening of the reported position over the next 3-4 months. The NHS IMAS Intensive Support Team

(IST) continues to work with us and is currently working with our clinical teams to assure the quality of our data capture.

This issue is referred to in detail in a separate report at this Board meeting.

2. Patient Access – Emergency Care (KPI 6 – 12):

At month 4 the Trust continues to face significant operational challenges on a day to day basis particularly at the Royal Sussex County Hospital (RSCH) but also on occasion at Princess Royal Hospital (PRH). The reasons for this have previously been reported extensively to the Board.

The RSCH was in the highest level of escalation (level 4) for 2 days and PRH at level 4 for 0 days during July. Trust performance with regard to the 4 hour A&E wait standard remains extremely challenged with an 83.3% performance in July against the 95% standard giving the YTD performance of 80.1%. Regrettably, a total of 7 patients have experienced waits of over 12 hour breaches during June and July. A full review of each case is in hand so that lessons for the whole system can be identified and actioned.

At month 4, the ratio of admissions to attendances reduced slightly to 24%. A&E attendances across the Trust were 3% (-1,217) lower than 14/15 levels to month 3, with Non-Elective admissions 4.1% (- 474) lower than the comparator for the same time period. Such reported activity reductions need to be considered within the context of pathway and currency changes such as those connected with RACOP and SAU.

Ambulance handover delays monitor the time it takes for clinical handover between Trust and SECAMB for patients brought into the emergency department by ambulance. The standard is a 15 minute handover. Year to date data continues to require validation with the ambulance Trust but remains a major operational challenge with significant delays reported during periods of high pressure. We continue to work with SECAMB on this as a priority.

This issue is referred to in detail in a separate report at this Board meeting.

3. Patient Access – Cancer: (KPI 13 – 21):

Cancer access targets are evaluated quarterly and are reported 1 month in arrears.

As previously reported, The Trusts performance in relation to the key cancer related access standards has been 'high risk' for many months. We remain with a significant challenge around the timely booking of slots for surgery (62 day wait from urgent GP referral to starting first treatment). Our improvement plans for cancer standards are aligned with the 8 High Impact Changes for Cancer and will deliver aggregate compliance from November 2015.

The Trust breached 3 of the national cancer standards across the following pathways in Q1:

- 62 day wait for first treatment from urgent GP referral
- 31 day wait for second or subsequent treatment - surgery
- 62 day wait for first treatment from referral from a NHS cancer screening service

This represents a total of 37 patients exceeding the % tolerance across the 3 pathways for the quarter.

The continued high level of cancellations, for surgery, resulting from the ongoing emergency flow related pressures is having a significant impact on the current trajectories and pathway compliance are likely to reflect the current level of cancellation when refreshed next week.

At the end of July we changed the structure of the MDT team and will have instigated prospective reporting rather than retrospective which will enable the cancer team to apply a more forensic approach to pathway management. We are also working closely with IMAS, to explore working practices in other organisations and we will be visiting Guys and St Mary's as they set the standard of delivery on the 62 day pathway for Urology.

This issue is referred to in detail in a separate report at this Board meeting.

4. Clinical Quality – Infection Control and Prevention (KPI 22 – 23):

4 cases of C. Difficile were reported in July giving the YTD total of 21 cases which is 6 in excess of the trajectory to achieve the year end threshold of 46 set by the Department of Health. There was 1 case of MRSA in July giving the YTD total of 1.

5. Clinical Quality - Mortality (KPI 24 – 27):

This suite of indicators reflects a number of indicators that the CQC and the TDA use to monitor Trust performance in addition to the HSMR and SHMI previously reported. The indicators are reported internally using HED data (data is several months in arrears) and report performance against risk adjusted thresholds. Reported data now shows a rolling 12 month figure rather than performance in month as this is considered to be a more representative measure.

A threshold of below 100 is considered to be acceptable. Variation between months is not unexpected because of the relatively small numbers of patients associated with the measure and variances between weekend and Monday-Saturday rates are broadly in keeping with the national norm. Overall mortality continues to be lower than expected. Crude mortality (non-risk adjusted) for Non- Elective admissions has been added to this suite of indicators at the request of the TDA to enable a more up to date trend/early warning prompt prior to publication of the risk adjusted data. May data is largely unchanged from previous months.

6. Clinical Quality – Patient Safety (KPI 29 - 42):

1 never event was reported in July associated with 'wrong site' surgery and thankfully the patient has made a full recovery. The patient has been informed of the error and an internal investigation has been commenced which, along with any actions arising, will be reviewed at the Directorate Safety and Quality Committee.

The number of 'new Serious Incidents' reported in month was **5 in June (July figures are TBC)**. New incidents are those reported in the month although this may not be the month in which the incident actually occurred and are subject to a detailed investigation.

The reduction in VTE assessment performance reflects a change in counting methodology which now includes a broader cohort of patients across the Trust. Performance management is now being taken forward by the Trusts Thrombosis Committee.

7. Operational Efficiency - Cancelled Operations (KPI 43 – 47):

Capacity issues arising from the demand on unscheduled care services continue to impact on elective care and regrettably, the number of elective operations being

'cancelled on the day continues to be problematic. All cancellations are assessed clinically and re-scheduled as quickly as possible.

8. Operational Efficiency – Stroke and Revascularisation (KPI 48 – 53):

Time on stroke unit -In total 24 patients (out of 28) spent 90% of their IP stay on a dedicated stroke unit achieving 86% performance against target of 80% during June. Of the 4 patients that did not spend the majority of their time on the unit, 1 patient was transferred off the ward, 1 patient was transferred in via another ward and 2 patients were not admitted to the stroke unit.

Direct Admissions -16 patients were admitted directly to a stroke ward achieving 57% performance against upper decile target of 90% - the majority of the 12 patients that did not achieve this target did go directly to the stroke unit following admission from A&E however, they were not admitted to the stroke ward within 4 hours and therefore cannot be included in the numbers reported as a for direct admission.

Scan Band in 1 Hour -11 patients were scanned within 1 hour achieving 55% performance against target of 50%.

Scan Band in 24 Hours - 28 patients were scanned in 24 hours – 100% performance.

High Risk TIA – 23 patients were seen and 21 of these were seen within 24 hours - 91% performance achieved. 2 patients that were not seen – 1 weekend referral and another patient could not be contacted.

Low Risk TIA – 25 patients were seen and all of these were seen within 7 days - 100% performance

We continue to carry out a regular monthly review on any data mismatches for stroke with an aim to amending coding were necessary. These changes will be reflected when the data is re-run year to date each month.

9. Length of Stay/Demand (KPI 54 – 68):

The Trust continues to report material under activity compared to plan, although higher than activity levels last year, across multiple 'Points of Delivery' (EL, NEL, New OP) and Directorates across various commissioning groups (see dashboard for details). Although the margin of underperformance is reducing, it represents a significant risk to securing the level of income required to deliver the Trusts financial obligations.

The level of reported Delayed Transfers of Care (DTC) increased to 4.9% in July. As previously reported, this represents an unresolved problem in terms of Trust bed capacity being used for non-acute cases and therefore compounding the problems associated with unscheduled care and RTT related access.

The numbers of bed days occupied by patients who are considered 'medically fit for discharge' but not a reportable DTC continue to be very high with an average of 46 beds in July. (Average of 44 over the whole previous year) which is a significant increase in comparison with the previous year.

N.B. Patients who are considered as medically fit for discharge, are those considered clinical suitable for discharge but are, for example, awaiting a formal care package

assessment. Patients categorised as a 'delayed transfer' are patients who have been assessed but are waiting for that care package to be put in place i.e. transfer to a nursing home etc.

10. Patient Experience – Friends and Family Test (KPI 69 – 79):

In summary, Maternity satisfaction rates continue to remain higher than those nationally; 98.9% would recommend the service compared to 95% nationally and inpatient's satisfaction is broadly comparable with the national picture, 94.1% would recommend compared to 94% nationally. Response rates across IP remain significantly below the national average but has improved significantly in A&E as new process have been implemented.

Outpatient (FFT) data is now being reported and we will compare performance to the national picture in the coming months.

11. Workforce -Training and Safety (KPI 80 - 86):

KPI 82 - Overall safe staffing fill rate has steadily improved in recent months – July data is TBC

KPI 83 – The % of **Registered Nurses** is largely unchanged but is expected to improve with the recent national and international recruitment campaigns

KPI 84 – The % of completed for **Staff Appraisals** increased to 62%. The initial organisational target is 75%. The recently introduced Leadership Standard clearly articulates the expectations of all leaders within the organisation including the explicit objective that managers must appraise their staff annually.

KPI 82 – The **Trust vacancy rate** remains above the 8% Trust target.

KPI 86 - **Staff Turnover** of 12.9% remains slightly higher than the national average of 11.5% and increased marginally from the previous month.

Gareth Hall
Associate Director - Business Support
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