

Meeting:	Brighton and Sussex University Hospitals NHS Trust Board of Directors
Date:	29th March 2015
Board Sponsor:	Chief Operating Officer
Paper Author:	Gareth Hall, Associate Director - Business Support
Subject:	Trust Board Performance Scorecard – Month 11

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.

Specific issues for the Board to note in the month 11 report are as follows:

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 February. Month end performance for February is subject to final validation and will be reported in the next performance report. It is expected that 62 patients who have waited over 52 weeks for treatment, will be reported at month end. The overall elective waiting list 'backlog' continues to rise and is currently at 9,921 (of which 2,638 are inpatients). Our ability to deliver reductions in waiting times and improve access overall remains one of the largest operational challenges that the Trust faces.

Trust delivery of the '4 hour A&E wait' standard continues to be exceptionally difficult and performance deteriorated in February (81.6%) due in part, to the expected seasonal pressures. The year to date position is 83.4% against the 95% standard and improving performance within the main ED on the Brighton site, where the site was on 'black alert' on 6 occasions during the month remains particularly challenged. There has also been a corresponding increase in ambulance handover delays over the period.

A total of 10 patients experienced waits of over 12 hours for a ward bed in our Emergency Department from decision to admit during February.

The Trust did not achieve compliance with the '62 day wait standard for first treatment from GP referral' in January for the 1st time since October primarily because of pathway delays within the colorectal pathway.

4 cases of C. Difficile were reported in December giving the YTD total of 43 cases (end of February). This is 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 (DTOC) increased significantly to 7% which is a material rise in the numbers of beds (around 40) occupied by patients no longer needing acute care in the hospital. The numbers of bed days in February occupied by patients who are considered 'medically fit for discharge' but not a reportable DTOC continues to be very high at an average of 47 occupied beds per day since April. This represents a continued and growing operational problem for the Trust limiting flow for both Elective and Non-Elective pathways.

1 'Never Event' was reported in February involving wrong site placement of a naso-gastric feeding tube. Whilst national guidance to prevent misplaced naso-gastric tubes appears to have been fully adhered to, the incident is being reported and investigated to identify any learning which would be relevant at both local and national level.

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 £4.7m at month 11 (capped at 2.5% contract value and other national directives).</p> <p>Risk 5. Adverse impact on future Foundation Trust authorisation.</p> <p>Management actions</p> <p>Specific risk management actions will depend on the specific performance measure concerned. The dashboard is reviewed at the Finance, People and Performance Committee Measures, the Clinical Management Board and Executive Management Team and actions agreed.</p>
Resource implications	See above – risk 4
Appendices	Appendix 1 – Month 11 Trust Board Performance Report.

Action required by the Board:

The Board is asked to note month 11 performance as detailed in the scorecard and the associated narrative and to agree any further actions to address adverse variances as required.