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Meeting:	Brighton and Sussex University Hospitals NHS Trust Board of Directors Meeting
Date:	30th March 2017
Board Sponsor:	Rab McEwan, Chief Operating Officer
Paper Author:	Rab McEwan, Chief Operating Officer
Subject:	Integrated Performance Report – Month 11

Executive summary

The Integrated Performance Report (IPR) is organised into five domains:

- 1) Responsive
- 2) Safe
- 3) Effectiveness
- 4) Caring
- 5) Well led

Key Performance Indicators in the IPR have been reviewed ahead of the new financial year, and the attached revised format of the IPR has been discussed and agreed at the March Quality and Performance Committee. Exception reports are included for the following areas of underperformance to outline the issues and actions to recover performance:

- Referral to Treatment (RTT)
- Performance against the Emergency Access Standard
- Cancer 62 day performance
- Workforce: training and turnover
- Infection prevention and control

We failed the Emergency Access Standard of 95% patients seen or treated in 4hrs, but there was a 3% improvement in performance in February (80.1% for the month), which continued into March. Ambulance handover times also improved (a 44% reduction in over 60 minute delays). There were no breaches of the 12hr standard in February. The overall improvement in emergency performance was underpinned by very good performance at PRH, the children's hospital and the Eye hospital. RTT performance remained below the national standard, the Trust was ranked 136th out of 154 in February, achieving 82.1%. Performance improved in February in line with our trajectory however. The Cancer 62 day standard was not delivered in January, but performance improved by some 11.1% between December and January to 77.8%. We have now achieved the diagnostic standard for two months in a row.

In the *Safe* domain, we had four cases of C Difficile in February, taking the total to 50, and one MRSA Bacteraemia. Hand hygiene compliance was at 62%. In the *Effectiveness* domain, stroke performance continues to be very

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good. In the year to date, 67.3% of patients were admitted directly to the stroke unit within 4hrs compared to the national average of 58.5%. The outpatient DNA rate improved by 0.5% in response to changes in booking arrangements. In the *Caring* domain, the number of complaints without an adequate timely response increased to 35 in February, and we continued to incur mixed sex breaches (92 compared to 61 in January). In the *Well led* domain, turnover increased to its highest level this year (14.3%) and was 2% higher than February 2016. Statutory and Mandatory training (STAM) and appraisal rates both improved in February to a current rate of 71% for STAM and 81% for appraisals.

Action required by the Board

The Board is asked to discuss the Integrated Performance Report; the areas of under-performance; and the adequacy of the actions to address under-performance

Links to corporate objectives	The paper supports the Trust's corporate objectives: <i>excellent outcomes; great experience; empowered skilled staff; high productivity; clinical strategy</i>
Identified risks and risk management actions	Exception reports detail the risks to performance, patient safety and experience and plans to address these.
Resource implications	None applicable to this report
Report history	None
Appendices	Integrated Performance Report