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<b>Meeting:</b>	<b>Brighton and Sussex University Hospitals NHS Trust Board of Directors</b>
<b>Date:</b>	<b>27<sup>th</sup> October 2016</b>
<b>Board Sponsor:</b>	<b>Chief Operating Officer</b>
<b>Paper Author:</b>	<b>Director of Performance</b>
<b>Subject:</b>	<b>Month 6 Integrated Performance report (including RTT reporting script overview and briefing)</b>

### **Executive summary**

The Integrated Performance Report for the Trust is split into the CQC five domains:

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

Showing monthly and quarterly performance against key national and local key performance indicators including local trajectories where agreed and a forecast position against standard for year end.

Exception reports have been included for some key responsive indicators forecasting red, to outline the key issues, recovery trajectories and key actions to mitigate.

In addition to this report this month alongside is a briefing paper on the RTT reporting script reviews that was undertaken during October 2016.

<b>Links to corporate objectives</b>	supports the Trust corporate objectives: excellent outcomes; great experience; empowered skilled staff; high productivity; deliver the clinical strategy
<b>Identified risks and risk management actions</b>	List the major risks identified and mitigating actions. If appropriate include the risk of not adopting the recommendation
<b>Resource implications</b>	None relevant to this report
<b>Report history</b>	Quality and Performance Committee, 20 <sup>th</sup> October 2016

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<b>Appendices</b>	RTT 18 Week reporting script review – briefing paper Oct 2016
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<b>Action required by the Board</b>
The Board is asked to discuss and note the Month 6 Integrated Performance Report and the actions to address areas of under-performance

## **Brighton and Sussex University Hospital Trust RTT data mapping, script revision & validation process – Briefing Paper to board October 2016.**

Brighton and Sussex University Hospital Trust participated in the Very Intensive Support Programme between February and May 2016/17. The programme concluded in a wash up meeting on 3<sup>rd</sup> June 2016, prior to which a report was shared with stakeholders including NHSE, NHSI, local CCGs and the Trust.

Recommendation 54 of the report suggested that the Trust documented an account of the logic and/ or process for deriving data in line with national rules from the Trust's PAS into the PTL. The newly appointed interim Director of Performance arranged of an initial review of the trust's data mapping to be carried out by an independent provider during September. This exercise highlighted a number of exclusions and other risks within the script that are likely to be affecting the visibility and reporting of patient pathways.

The process to identify the level of risk and to correct the data flows involves a number of stages.

- 1) Removal of all scripted exclusions to let data flow directly from PAS to ensure visibility of all pathways.
- 2) Development of a new script to apply national rules and exclusions to the data, which should then be applied, tested and documented to enable appropriate sign off. Any local exclusions or rules included in the script should have senior clinical sign off.
- 3) Identification of pathways previously not included in the trust PTL. These pathways should be cohorted into common themes/pathway types depending on pathway or data issues identified. They then need to be sample validated to check correct data flow, pathway construction and calculation, including correct identification of RTT and non-RTT pathways. Examples may include patients treated but not discharged, DNA first appointment not rebooked or discharged, patients sent for diagnostics but no further contact, patient cancellations not rebooked.
- 4) Redesign of the trust's PTL and other elective care management reports based on the new script, to support operational pathway management, patient booking, data quality management, performance monitoring, and trend analysis. Separate reports for non-RTT and post-clock stop pathways should also be developed.

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- As a result of the initial data mapping review, the trust information team have been able to identify pathways that have been excluded through the current script in advance of the full script re-write, which it is anticipated will be completed at the end of December 2016
- This allows some initial cohort identification and validation to be carried out in order to give an early view of the level of risk of pathways that had been excluded, and whether there is likely to be a significant impact on the trust's reported position.
- These cohorts include active RTT pathways and non-RTT pathways, including post clock-stop pathways.
- Validation of these cohorts is being carried out while the script is being re-written. It should be noted that this does not replace the testing and validation process that will be needed following the script re-write, which is likely to be significant.

### **Sample validation process**

- 10% of each cohort should be validated to check whether pathways are being correctly assigned, with a 95% 'pass' rate as set out in the IST Information Sheet G-24 'Managing patients with uncertain RTT status' [http://www.nhsimas.nhs.uk/fileadmin/site\\_setup/contentUploads/presentations/NHS IMAS IST Managing RTT Pathways With an Uncertain Status\\_Final\\_G-24\\_v2.00.pdf](http://www.nhsimas.nhs.uk/fileadmin/site_setup/contentUploads/presentations/NHS_IMAS_IST_Managing_RTT_Pathways_With_an_Uncertain_Status_Final_G-24_v2.00.pdf)
- If a sample fails to pass, the reasons for failure need to be understood to identify whether the cohort is valid, or whether there are particular issues affecting either a subset or the whole cohort. It may be possible to re-cohort on this basis – but if not then 100% validation would be required to identify all active pathways requiring further management.
- Where cohorts are small (<250 pathways) a minimum 25 pathways should be validated. It is usually suggested that a larger proportion of pathways are validated to ensure that there are no anomalies within smaller cohorts. This has an added benefit of clearing some smaller issues.

### **Validation resource and timescales for completion:**

- The team of validators will need to be enhanced to carry out the sampling and validation work and will complete over the next 2 months
- The trust should also look to review and develop a new PTL and suite of reports based on the new script and data flows, which should also support on-going data quality checks of known data issues, and operational management of RTT and non-RTT pathways at all stages of the pathway. This will provide greater visibility and therefore enable 'business as usual'

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checks on pathway data and management. This will require information expertise and resource.

- It should be noted that the trust is at an early stage in this process, with exact timelines to be confirmed. There are no shortcuts to the testing and validation process, and estimates of the time needed for validation will necessarily depend on the complexity of the pathways and whether cohort samples pass the required level for assurance. Testing and validation processes are intended to expose issues and risks, so by their nature they are likely to result in the need for further work in order to assure the data flow and reporting processes.

### **NHIS/ IST support**

The IST will support the trust in this work through providing:

- Advice and guidance
- Weekly calls to check on progress in relation to the validation process in conjunction with the sub-regional team
- Support on cohort identification
- Review of validation outcomes,
- Advice on application of national rules in the script re-write, and
- Provide good practice examples to support the redesign of the trust's PTL and operational management reports