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| <b>Meeting:</b>       | <b>Brighton and Sussex University Hospitals NHS Trust<br/>Board of Directors</b> |
| <b>Date:</b>          | <b>23rd February 2017</b>  |
| <b>Board Sponsor:</b> | <b>Rab McEwan, Chief Operating Officer</b>                                       |
| <b>Paper Author:</b>  | <b>Rab McEwan, Chief Operating Officer</b>                                       |
| <b>Subject:</b>       | <b>Integrated Performance Report – Month 10</b>                                  |

### **Executive summary**

The Integrated Performance Report is organised into five domains:

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

The report describes monthly and quarterly performance against national and local key performance indicators including local trajectories where agreed and a forecast position against standards for the year end. Exception reports have been included for the following areas of underperformance to outline the issues, and trajectories or actions to recover performance:

- Referral to Treatment (RTT)
- Performance against the Emergency Access Standard
- Cancer 62 day performance, and
- Statutory and mandatory training

There was mixed progress across the balanced scorecard. There was deterioration on several emergency care related indicators, notably the 4hr emergency access standard and ambulance handover times. These were driven by high bed occupancy at RSCH and Delayed Transfers of Care to other settings in January. RTT performance remained poor, but we continue to improve in line with our trajectory. There will be a delay in recovering performance on the 62 day cancer treatment standard; we are not expecting to deliver this standard consistently until April 2017. We achieved the diagnostic standard in January for only the second time this year.

In the *Safety* domain, we had four cases of C difficile in January, taking the total to 46 (the same as our target for the year) with two months of the year to go. In the *Effectiveness* domain, stroke performance continues to be very good, and there were no indicators in our mortality monitoring for concern or further investigation. In the *Caring* domain, the number of complaints without an adequate timely response increased in January, and we continued to incur mixed sex breaches. In the *Well led* domain, Statutory and Mandatory training (STAM) and appraisal rates both improved in January and February to a current rate of 70% for STAM and 79% 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

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