

Meeting:	Brighton and Sussex University Hospitals NHS Trust Board of Directors
Date:	28th September 2015
Board Sponsor:	Chief Operating Officer
Paper Author:	Gareth Hall, Associate Director - Business Support
Subject:	Trust Board Performance Scorecard – Month 5

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.

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

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 aware of the continuing challenges and failure to deliver the National Standards for A&E, RTT and Cancer Waiting Times (CWT). The Board was informed of the need to develop and agree ‘recovery plans’ and associated trajectories with the NHS Trust Development Authority (TDA) and our local commissioners by August 31st. This requested was formalised via a ‘Contract Performance Note’ received in July. The recovery plans and trajectories have since been agreed and can be summarised as follows:

- **A&E 4-hour standard** – the revised trajectory delivers 95% compliance by March 31st 2015 and reflects the expected impact of a number of significant planned service changes affecting clinical pathways and available capacity at both PRH and the RSCH which are expected to be implemented before the end of the year. This work and the associated detailed project plans are being coordinated by the reconfigured Urgent Care Transformation Board in conjunction with CCG colleagues.

As previously reported, performance improvements are focused on reconfiguration of level 5, implementation of *Right Care, Right Place, Each Time* across the organisation and pathway changes internally. This is in collaboration with other external partners across the local health system and this multi-agency delivery plan is overseen by the Local Health Economy (LHE) ‘System Resilience

Group’.

- **18 week (RTT)** – The Trust has agreed revised recovery plans to comply with the new nationally reported standard associated with incomplete pathways. Due to the extensive and growing backlog of long waiters we do not anticipate aggregate compliance before October 2016 with 2 specialties, General surgery and Spinal Surgery taking much longer. The extensive specialty level plans are propagated on a re-alignment of capacity and demand, forensic pathway and waiting list management and improvements in operational data quality. Feedback on this trajectory is still awaited.
- **Cancer Access** – As previously reported, The Trusts performance in relation to the key cancer waiting times has been consistent with a deteriorating national picture 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 involved establishing sub-speciality trajectories by tumour group and a recovery plan to deliver cancer compliance from November 2015.

Highlights from the month 5 Board report: In terms of Month 5 performance, the Trust continues to report a ‘failed’ position against aggregate performance for the 18 Week RTT ‘incomplete’ pathway standards with an 83.41% performance against the 92% standard. Unfortunately, 4 patients waited longer than 52 weeks for their operation. The Trust continued to breach the ‘6 week wait for diagnostic test standard’ in August as 214 patients breached the 6 week target across a range of modalities including; MRI, CT, Ultrasound, Endoscopy & Neurophysiology – further detail is in section 1 of the paper.

Trust delivery of the 4 hour A&E wait standard improved significantly in August with an 86.5% performance, which is a 3.2% improvement in comparison to the previous month. The YTD position at the end of July was 82.3% and is consistent with the recovery trajectory. Although performance has improved significantly it continues to be particularly challenged on the Brighton site and remains very high risk as winter approaches. This issue is covered elsewhere in this Board agenda.

Regrettably, a total of 10 patients experienced waits of over 12 hour in our Emergency Department from decision to admit during August. 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.

2 never events associated with ‘wrong site’ surgery were reported in August. 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 2 of the national cancer standards in July – performance is reported 1 month in arrears and is evaluated quarterly. The associated recovery plan is referenced in the narrative above and is explored in more detail elsewhere in this report.

1 cases of C. Difficile were reported in July giving the YTD total of 22 cases (end of August) which is 3 in excess of the trajectory to achieve the year end threshold of 46 set by the Department of Health.

The level of reported Delayed Transfers of Care (DTC) remains very high at 4.7%

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 August occupied by patients who are considered medically fit for discharge but not a reportable DTOC 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 £2.7m at month 5.</p> <p>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 5 Trust Board performance Report.

Action required by the Board:

The Board is asked to note month 5 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 September 2015
Trust Board Performance Report - Month 5.**

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):

The Trust has submitted revised recovery plans to comply with the new nationally reported standard associated with ‘incomplete’ pathways which is now the sole measure of the constitutional right of patients to start treatment within 18 weeks. The mandated national breach penalty associated with non-compliance has increased to £300 per patient. Due to the extensive and growing backlog of long waiters we do not anticipate aggregate compliance before October 2016 with 2 specialties, General surgery and Spinal Surgery taking much longer. The extensive specialty level plans are propagated on a re-alignment of capacity and demand, forensic pathway and waiting list management and improvements in operational data quality

Each Directorate has re-worked the capacity/demand assumptions and their associated trajectories that were agreed earlier in the year. The Trust is urgently seeking to secure funding from commissioners to meet the expected level of activity required to achieve compliance over and above the contracted levels and/or subcontract with the Independent Sector.

Delivery of the recovery programme remains high risk and is highly susceptible 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.

August performance is as follows:

	National Standard	Actual Performance*
Incomplete backlog	92%	83.41%

*Subject to final validation

The Trust remains with continuing challenges in relation to waits for diagnostic tests and we are returning a 4% performance against the 1% standard for August with breach numbers as follows:

13 MRI - These are MRI examinations under general anaesthetic. Additional sessions have been delivered in September & a business case is due to be submitted to establish an additional session.

57 CT - These are predominantly in Cardiac CT. Performance has improved on previous month and we forecast recovery in December 15. Additional sessions have been implemented and recruitment is underway for a specialist cardiac radiographer.

18 NOUS - These are MSK ultrasound examinations which have breached due to increased demand. Additional lists have been delivered in September and we forecast recovery within month.

40 Neurophysiology - We currently have 40 EMG patients breaching 6 weeks, an

increase of 31 on the previous month. Additional EMG clinics continue to be organised with an additional 308 patient slots above substantive capacity being scheduled for September and a sustainable capacity plan is being defined at the time of writing.

28 Colonoscopy - There are continuing pressures on this service. The intention is to make best use of IS through the national programme but at present the funding arrangements are unclear and we are not in a position to sign up to a programme ahead of funding being confirmed.

27 Gastroscopy - As above

24 Urodynamics - These breaches were not being correctly reported previously and the service is now catching up.

The position in relation to sleep studies has now improved, from 57 in June, 21 in July to 4 breaches reported this month.

We will see a further deterioration overall as we start to report echocardiograms in September. Numbers are being confirmed at the time of writing. This is because although we used to capture direct access referrals for echocardiogram, consultant requests were not being included on this return. However the work we have completed with the IST means that we can now be confident about data accuracy going forward and the new PTL meetings for diagnostics are helping us to keep track each week.

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 5 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 along with the proposed remedies and recovery plans which can be summarised as; the reconfiguration of level 5, implementation of SAFER (Senior Review, Assessment, Flow, Exit, Regular Review) across the organisation and internal pathway changes internally.

Trust delivery of the 4 hour A&E wait standard improved significantly in August with an 86.5% performance, which is a 3.2% improvement in comparison to the previous month. The YTD position at the end of July was 82.3% and is consistent with the recovery trajectory. Although performance has improved significantly it continues to be particularly challenged on the Brighton site and remains very high risk as winter approaches. This issue is covered elsewhere in this Board agenda.

Regrettably, a total of 10 patients have experienced waits of over 12 hour in our Emergency Department from decision to admit during August. 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.

The RSCH was in the highest level of escalation (level 4) for 8 days and PRH at level 4 for 1 day during August.

At month 5, the ratio of admissions to attendances was 24.5% slightly higher than the previous month. A&E attendances across the Trust overall were 1.6% (-1,087) lower

than 14/15 levels to month 5, with Non-Elective admissions 3.2% (- 709) 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 etc.

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 and have agreed a recovery plan with the CCGs.

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 waiting times has been consistent with a deteriorating national picture 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 involved establishing sub-speciality trajectories by tumour group and a recovery plan to deliver cancer wait compliance by November 2015.

The Trust breached 2 of the national cancer standards in July across the following pathways:

- 62 day wait for first treatment from urgent GP referral
- 31 day wait for second or subsequent treatment - surgery

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 August the trust 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.

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

1 case of C.Difficile were reported in July giving the YTD total of 22 cases (end of August) which is 3 in excess of the trajectory to achieve the year end threshold of 46 set by the Department of Health. There were zero cases of MRSA in August with the YTD total remaining on 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):

2 never events associated with 'wrong site' surgery were reported in August. The patients have been informed of the error and an internal investigation is underway and any recommendations arising from it will be reviewed at the Trust Safety and Quality Committee.

The number of 'new Serious Incidents' reported in month was 5 in July (August 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 reported in KPI 38 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 as does the volume which could not be re-booked within 28 days. 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 16 patients (out Of 17) spent 90% of their IP stay on a dedicated stroke unit achieving 94% performance against target of 80%. The 1 patient that did not spend the majority of their time on the unit was admitted to AMU and transferred to the stroke unit the following day and left hospital soon after.

Direct Admissions - 14 patients were admitted directly to a stroke ward achieving 82% performance against the target of 90%.

Of the 3 patients that did not achieve direct admission according to the standard; 1 was admitted directly to the stroke unit following admission from A&E however they were not admitted within 4 hours and are therefore considered a breach in accordance with the definition. The other 2 patients were admitted to AMU and transferred to the stroke unit the following morning.

Scan Band in 1 Hour - 10 patients were scanned within 1 hour achieving 62% performance against target of 50%

Scan Band in 24 Hours - 16 patients were scanned in 24 hours – 93% performance against target of 100%. The 1 patient who had a delayed scan was already an inpatient but required a specialty cardiac review prior to the scan and was the cause of the delay.

High Risk TIA – 11 patients were all seen within 24 hours giving 100% performance against the standard.

Low Risk TIA – 29 patients were seen within 7 days ensuring 100% performance against the standard.

Note: the reported volume of 17 stroke patients is low as a result of a large number of stroke discharges in early September that have not yet been coded and will therefore not be included in the report until it is re-run YTD in October.

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

The Trust continues to report 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 4.7% in August. 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, Outpatient and A&E satisfaction rates continue to improve with maternity remaining higher than the national benchmark. IP satisfaction rates have dropped a little and response rates remain below the national average. The Trust is in the process of securing a new partner to assist in the management of the 'Friends and Family' process across all mandated areas and expects to see increases in response rates once this initiative becomes live before the end of the year.

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

KPI 82 - Overall safe staffing fill rate has varied by 1-2% each month in recent months – August performance is 95.1%

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 further to 64.6%. The 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 85 – The **Trust vacancy rate** remains above at the 8% Trust target.

KPI 86 - **Staff Turnover** of 13% remains slightly higher than the national average of 11.5% and increased marginally from the previous month.

Gareth Hall
Associate Director - Business Support
September 2015