

Meeting:	Brighton and Sussex University Hospitals NHS Trust Board of Directors
Date:	30th November 2015
Board Sponsor:	Chief Operating Officer
Paper Author:	Gareth Hall, Associate Director - Business Support
Subject:	Trust Board Performance Scorecard – Month 7

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 has been refreshed further to enable a more comprehensive view of 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.

Recent Context: Board members have been regularly advised of the continuing challenges and failure to deliver the National Standards for A&E, RTT and Cancer Waiting Times (CWT). The Board has previously been informed of 'recovery plans' and associated trajectories agreed with the NHS Trust Development Authority (TDA) and our local commissioners in addition to the associated 'Contract Performance Notes' received by the Trust.

The revised trajectories are currently as follows:

- **A&E 4-hour standard** – delivery of 95% compliance by March 31st 2015 (subject to the ECIP programme) to reflect the expected impact of a number of significant planned service changes affecting clinical pathways, the *Right Care, Right Place, Each Time* programme and available capacity at both PRH and the RSCH including community beds planned for Newhaven.
- **18 week (RTT)** – The Trust has agreed revised recovery plans to comply with the new nationally reported standard associated with 'incomplete' pathways. As previously reported, we do not anticipate aggregate compliance before October 2016 due to the extensive and growing backlog of long waiters. This is subject to review pending completion of the detailed validation exercise concerning the 'unknown clock status' which is currently in progress. Waiting times for diagnostic tests subject to the 6 week standard are expected to be compliant from March 2016.
- **Cancer Access** – 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. The Trust extensive recovery plan is

designed to deliver compliance from November 2015.

Highlights from the month 7 Board report: In terms of Month 7 performance, the Trust continues to report a 'failed' position against aggregate performance for the 18 Week RTT 'incomplete' pathway and the '6 week wait for diagnostic test standard' in October which was largely due to the Echocardiogram reporting issue previously articulated to the Board.

Trust delivery of the 4 hour A&E wait standard deteriorated in October with an 82.2% performance, giving a year to date (YTD) position of 82.5% and remains below the recovery trajectory. A number of 'front door' pathway related changes were initially implemented in October and these will take some weeks to bed down before their predicted impact on performance can be expected. Performance remains particularly challenged on the Brighton site within the main ED and remains very high risk as winter approaches. A revised set of metrics to assess the impact of SAFER and other associated initiatives has recently been agreed and will be included within future Board reporting. This issue is covered elsewhere in this Board agenda.

A total of 37 patients experienced waits of over 12 hour in our Emergency Department from decision to admit during October. 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 Trust breached 4 of the national cancer standards in Q2 but although 'high risk' remains on target to achieve compliance from November via an associated recovery plan.

3 cases of C. Difficile were reported in October giving the YTD total of 30 cases (end of October) which is 3 in excess of the year-end trajectory of 46 as set by the Department of Health.

The level of reported Delayed Transfers of Care (DTC) remains very high at 4.2% 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 October occupied by patients who are considered medically fit for discharge but not a reportable DTC continue to be very high at an average of 49 occupied beds per day.

1 never event was reported in October and is currently being investigated by the Safety and Quality team.

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	Risk 1. Adverse patient experience of and impaired access to Trust services. Risk 2. Adverse impact on Trust reputation with patients, staff and external bodies. Risk 3. Non-Compliance with national standards and the potential adverse impact on national performance ratings published by the TDA and the CQC.

	<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 £4m at month 7 (subject to a cap of 2.5% contract value).</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 7 Trust Board performance Report. Appendix 2 – Urgent Care Transformation Appendix 3 – 18-week Performance

Action required by the Board:

The Board is asked to note month 7 performance as detailed in the scorecard and the associated narrative and to agree any further actions to address adverse variances as required.