

To: Board of Directors

Date of Meeting: 26th July 2017

Agenda Item: 8

Title
Month 3, 2017-18 Performance Report
Responsible Executive Director
Pete Landstrom, Chief Delivery & Strategy Officer
Prepared by
Pete Landstrom, Chief Delivery & Strategy Officer
Status
Disclosable
Summary of Proposal
The paper sets out organisational compliance against national and local key performance metrics. The report summarises both in year and projected year end performance for Brighton & Sussex University Hospitals Trust, as detailed in dedicated performance scorecards relating the NHSI Single Oversight Framework and, when relevant, other operational indicators. This paper describes performance against the key Constitutional Standards.
Implications for Quality of Care
Describes Quality Outcome KPIs
Link to Strategic Objectives/Board Assurance Framework
Compliance with National NHS Constitutional Standards
Financial Implications
Describes Operational KPIs which impact on Financial Sustainability and Efficiency
Human Resource Implications
Describes Operational KPIs which impact on Workforce
Recommendation
The Board is asked to: NOTE the Trust position against the NHS Single Oversight Framework; and the compliance against the National Constitutional Standards for 6 out of 8 Cancer metrics, and the 6 week Diagnostic waiting time metric, and non-compliance against the A&E and RTT waiting time metrics.
Communication and Consultation
Not applicable
Appendices
(1) NHSI Single Oversight Framework, (2) Operational Performance Scorecard

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From: Pete Landstrom, Chief Delivery & Strategy Officer	Agenda Item: 8
FOR INFORMATION	

PERFORMANCE REPORT: MONTH 3, 2017/18

1 INTRODUCTION

1.1 This report summarises both current in year and projected performance for Brighton & Sussex University Hospitals NHS Trust, with further detail provided in the appendices relating to:

- The NHSI Single Oversight Framework
- Operational Performance Scorecard

1.2 This paper provides the Board with an update on performance on a specific basis against the NHS National Constitutional Standards.

2 SUMMARY PERFORMANCE

2.1 Operationally June continued to see some improvements in performance and timeliness of access for elective patients, but emergency pressures and capacity to maintain flow remained challenging.

2.2 Under the Single Oversight Framework, the Trust was compliant with the National Constitutional Target in Diagnostic waiting times. A&E 4 hour, RTT 18 week, and Cancer 62 day treatment performance were below National Constitutional Targets.

2.3 Key operational indicators during June to note:

- 13,810 A&E attendances compared to 13,670 in June 2016 (representing an increase in demand of 1.0%).
- 4,553 non-elective episodes compared to 4,155 in June 2016 (representing an increase in activity of 9.6%).

- Formally reportable Delayed Transfers of Care were 6.72% for June 2017. This is a marginal decrease from 6.96% in May-16, and is the third successive month of improvement.
- Average length of stay for patients remained at 5.2 days for non-elective medicine in June 2017, which is equal to the average length of stay in June 2016.

3 KEY AREAS OF PERFORMANCE

3.1 A&E Compliance

3.1.1 The Trust was non-compliant against the National target in June, with 86.5% of patients waiting less than four hours from arrival at A&E to admission, transfer, or discharge. There were no patients who waited longer than 12 hours in the A&E department from the decision to admit.

3.1.2 The first 3 weeks of June showed continued improvements in performance in A&E, with the Royal Sussex County Site in particular showing an improvement with the Trust achieving circa 88% for that period. Similar to the National picture, the sustained heat and the challenge of being able to consistently respond to demand surges were the main reasons for not achieving a greater improvement in June overall. The last 2 weeks of the month saw increased bed occupancy and flow challenges which have continued into July.

3.1.3 The Trust A&E performance is an aggregate of the Royal Sussex County Hospital Emergency Department, the Princess Royal Hospital Emergency Department, the Children's Emergency Department at the Royal Alexandra Children's Hospital, and the Emergency Eye Department at the Sussex Eye Hospital. Within the overall 86.5% performance, there remains variation by A&E site. Performance by site in June 2017 is outlined below:

Site	Total Patient Attendances	Total Patients Waiting >4hrs	% Patients <4 hours
Royal Sussex County Hospital	7044	1572	77.7%
Princess Royal Hospital	3332	270	91.9%
Royal Alexandra Children's Hospital	2242	2	99.9%

Sussex Eye Hospital	1084	0	100%
Total Trust	13702	1844	86,54%

3.1.4 Performance at PRH deteriorated in June to 91.9% compared to 93.49% in May, showing a similar picture the RSCH main site, with particularly challenge bed flow in the latter half of the month.

3.1.5 The Royal Alex Children’s Hospital and Sussex Eye Hospital continued to exceed the National Target.

3.1.6 To support the ongoing improvement in performance at the County Hospital site, the redesign and expansion of the Urgent Care Centre (UCC) is currently underway and is on track to be completed by September 2017. Planning for the £30m redesign of the County site Emergency Department and Emergency Floor development continues, with confirmation that NHS Improvement signed off the business case in the first week of July 2017. The decant of space to enable the first stage increases in Ambulatory Care capacity are currently underway, and the new ambulatory unit is on track to be open ahead of winter 2017. The development of a primary care triage area and model at PRH is underway and is scheduled to be complete by October 2017.

3.1.7 Waiting for admission to an inpatient ward remained the highest single reason for patients waiting longer than 4 hours in A&E. Difficulties in access to beds due to formal delayed transfers of care (DTC) patients decreased further in May to 6.72% compared to April 2017 (6.96%). In real terms, this reflects an average of 58 beds occupied by patients who could be cared for in a non-acute setting.

3.1.8 Nationally and regionally A&E delivery has improved but remained below the 95% National Constitutional Target. National performance was 89.7% in May 2017 for all A&E types. Regionally, compliance for the South of England was 90.3%, with NHS England South (South East) Trusts (excluding BSUH) generating aggregate compliance of 90.4%.

3.2 Cancer

3.2.1 The Trust was compliant against 6 out of 8 metrics in May, and was below the Single Oversight Framework trajectory requirement for 62 day treatment (85.0%). Actual performance for May against this metric was 81.8%.

- 3.2.2 The position for May shows the Trust was non-compliant against the following standards:
- 62 days from screening referral to treatment (77.4% against a national standard of 90.0%)
 - 62 days from GP referral to treatment (81.8% against a national standard of 85.0%)
 - 62 days from consultant upgrade to treatment (66.7% - no national standard, but locally set as 90.0%)
- 3.2.3 Total treated patients for May was slightly lower than forecast at 107.0 against a forecast plan of 113.0.
- 3.2.4 Within the 62-day treatment pathways there were three clinical specialties which particularly impacted the achievement of the overall standard. These were:
- Lung – impacted by PET-CT booking staff shortages in April and resulting delayed discharges. These have now been resolved, as well as the previously reported pathway delays relating to Guy's and St Thomas' Hospital surgical delays.
 - Haematology – impacted by a number of complex diagnostic patients being referred and requiring multiple diagnostics.
 - Urology – several patients who experienced specialist MRI and TRUS biopsy delays for from earlier in the year were treated in May as capacity was increased using the National Diagnostic Cancer Fund.
- 3.2.5 The provisional performance for June on the reportable targets prior to final submission, show that presently BSUH are compliant against 3 of 4 main metrics, but compliance against the 62 day treatment standard is still very challenged, with a significant risk to compliance in July.
- 3.2.6 For context, the latest national performance data for May 2017 shows 81.0% of patients were treated within 62 days (target 85.0%) for urgent GP referrals, compared to BSUH performance of 81.8%, with 52.2% of Trusts in England non-compliant against this standard.

3.3 Referral to Treatment (RTT/18 Weeks)

- 3.3.1 The Trust was non-compliant against the National Constitutional Target of 92% in June with 86.9% of patients waiting less than 18 weeks. This represents a further 0.9% improvement from the published May 2017 position.
- 3.3.2 The aggregate performance comprises several clinical specialties where waiting times are below the standard. As described to Board previously, the greatest challenge in terms of backlog is within general surgery, with 996 patients waiting more than 18 weeks at the end of June. The backlog within this specialty has halved within the last 12 months but there remains a significant challenge to continue to improve capacity and therefore compliance within the specialty.
- 3.3.3 There were 96 patients waiting more than 52 weeks for treatment as of the end of June which remains a significant concern for the Trust. The majority of these cases are stoma reversal patients. The Trust is continuing to prioritise this cohort of patients, supported through additional weekend and evening sessions where possible, provision of emergency theatre lists, and increased activity at the Princess Royal Hospital to support the treatment of the longest waiting patients. A baseline review of existing resources and infrastructure within the specialty to tackle the underlying imbalance in demand and capacity is underway within General Surgery, which will inform the scale and timescale for sustainable recovery in 2017/18. Current modelling of capacity shortfalls against demand indicate a gap of between 6 and 7 theatre lists per week on a recurrent basis.
- 3.3.4 The Board will be aware that a considerable programme of work has been underway within the Trust to complete the validation and review processes for reporting the RTT waiting list. The Trust, along with NHS Improvement, and the Intensive Support Team (IST) have signed off the new PTL (Patient Treatment List) reporting and the Trust is currently running in parallel for a 3-week period from 10 July to identify any reporting or transactional issues with the rollout of the new PTL reporting. The new PTL has been widely shared with all Directorates and is a significant step forward in individual reporting at sub specialty level.
- 3.3.5 The national aggregate position for March was 89.8%, including figures for Trusts not reporting their individual performance. 34.7% of Trusts overall were non-compliant with the national standard (92%).

3.4 Diagnostic Test Waiting Times

- 3.4.1 The Trust compliance for June was 0.72% over 6 week waiters across all diagnostic modes, which is compliant against the 1% national target. This represents 54 out of a total of 7,467 patients.
- 3.4.2 BSUH performed better than peers in March (the latest comparable national data); with South of England Region aggregate compliance of 1.23% and National compliance at 1.1%.

4 **RECOMMENDATION**

- 4.1 The Board is asked to **NOTE** the Trust position against the NHS Single Oversight Framework; and the compliance against the National Constitutional Standards for 6 out of 8 Cancer metrics, and the 6 week Diagnostic waiting time metric.
- 4.2 The Board is asked to **NOTE** the Trust's non-compliance against the A&E and RTT waiting time metrics.

Pete Landstrom

Chief Delivery & Strategy Officer

July 2017