

To: Board of Directors

Date of Meeting: 31st May

Agenda Item: 8

Title
Month 1, 2017-18 Performance Report
Responsible Executive Director
Pete Landstrom, Executive Director of Delivery and Strategy
Prepared by
Pete Landstrom, Executive Director of Delivery and Strategy
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; NOTE the year to date compliance against the delivery trajectories as part of the improvement trajectories for the Trust within the Sustainability and Transformation Fund (STF) for RTT and A&E, and the non-compliant position for Cancer; and NOTE that the trajectories for A&E, RTT, and Cancer will be reconfirmed or rebased at the end of Quarter 1 following the completion of the RTT reporting sign off, and the demand, capacity and improvement work in all areas.
Communication and Consultation
Not applicable
Appendices
(1) Single Oversight Framework Scorecard, (2) Operational Performance Scorecard, (3) STF Trajectory Monitoring

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From: Pete Landstrom, Executive Director of Delivery and Strategy	Agenda Item: 8
FOR INFORMATION	

PERFORMANCE REPORT: MONTH 1, 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
- Sustainability and Transformation Fund (STF) Performance Monitoring

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

1.3 The Trust has submitted STF required trajectories for improvement against the key areas of A&E, Referral to Treatment waiting times, and 62 day Cancer treatment as part of the 2017/18 draft plan. The detailed tracking of the Trust's performance against these trajectories is included as an Appendix of this report, and performance against the requirements is summarised for each relevant performance areas. The Board should also note that the trajectories for the Trust will be rebased and refreshed at the end of Quarter 1 2017/18 as agreed with NHS Improvement.

2. SUMMARY PERFORMANCE

2.1 Operationally April continued to see some improvements in performance and timeliness of access for patients, although emergency pressures continued to be very variable during the month. In particular the Trust maintained good emergency performance over

the Easter weekend. The reduced number of working days as a result of Easter impacted the total numbers of elective patients seen and treated, although there was still an improvement in the total numbers of patients waiting longer than 18 weeks.

2.2 Under the Single Oversight Framework, the Trust was compliant with the National Constitutional Target in Diagnostic waiting times. A&E and RTT performance were below National Constitutional Targets but notably both were ahead of the STF Performance Trajectories for April-17. Cancer 62 day treatment performance was below National Constitutional Target and the agreed STF Trajectory for April at the time of reporting.

2.3 Key operational indicators during April to note:

- 13,189 A&E attendances compared to 13,160 in April 2016 (representing a similar level of demand +0.2% as the same time last year).
- 4,673 non-elective admissions compared to 4,429 in April 2016 (a 5.2% increase)
- Formally reportable Delayed Transfers of Care were 7.6% for April 2017. This is a significant increase from 5.86% in April-16, but represents a continued reduction against the very high rates of previous months and the March 2017 rate of 9.89%.
- Average length of stay for patients reduced to 5.4 days for non-elective medicine in April 2017, a significant decrease relative to the average 5.9 days in March 2017.

3. KEY AREAS OF PERFORMANCE

3.1 A&E Compliance

3.1.1 The Trust was non-compliant against the National target in April, with 85.3% 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 April compliance is ahead of the current agreed delivery trajectory of the Sustainability and Transformation Fund (STF) for BSUH of 85.01, and the Trust has delivered improvements against A&E compliance for 4 consecutive months.

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 85.3% performance, there remains variation by A&E site. Performance by site in April 2017 is outlined below;

Site	Total Patient Attendance	Total Patients Waiting >4hrs	% Patients <4 hours
Royal Sussex County Hospital	6852	1769	74.18%
Princess Royal Hospital	3058	168	94.51%
Royal Alexandra Children's Hospital	2218	2	99.91%
Sussex Eye Hospital	1061	2	99.81%
Total Trust	13189	1941	85.28%

- 3.1.4 The improvements in performance at both Princess Royal, and the Royal Sussex County Hospitals have continued in April, although the County site continues to be extremely challenged. The Royal Alex Children's Hospital and Sussex Eye Hospital continued to exceed the National Target.
- 3.1.5 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 will provide an improved patient experience, increased capacity, and improved resilience for those patients with minor illnesses or injuries. The works on the UCC will be complete by September 2017. Planning for the £30m redesign of the County site Emergency Department and Emergency Floor development is underway, with the first stage increases in Ambulatory Care capacity aiming to be open ahead of winter 2017.
- 3.1.6 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 April to 7.6% compared to March 2017 (9.89%). In real terms, this reflects approximately 82 beds on average occupied by patients who should be cared for in a non-acute setting, but an improvement of 18 beds since March.
- 3.1.6 Nationally and regionally A&E delivery has improved but remained below the 95% National Constitutional Target. National performance was 89.3% in March 2017.

Regionally, compliance for the South of England was 88.0%, with NHS England South (South East) Trusts (excluding BSUH) generating aggregate compliance of 88.0%.

3.2 Cancer

3.2.1 Provisionally the Trust was compliant against 6 out of 8 metrics in April, and was below the Single Oversight Framework trajectory requirement for 62 day treatment (85.22%). Provisional performance for April was 83.6% at the time of this report, and is based on the daily tracking of known patients with confirmed cancer. The Board should note however that the Cancer performance will change until the reporting point in early June, as the outcome and upload of treatments is reported retrospectively.

3.2.2 The provisional position for April shows the Trust was non-compliant against the following standards:

- 62 day from screening referral to treatment (86.8% against a national standard of 90.0%)
- 62 day from GP referral to treatment (83.6% against a national standard of 85.0%)

3.2.3 Within the 62-day treatment pathways there were two clinical specialties in April which particularly impacted the achievement of the overall standard. These were:

- Haematology – being particularly impacted by a number of complex diagnostic patients being referred and requiring multiple diagnostics
- Head and Neck – with a number of tertiary patients referred to the service from other providers late in the pathways
- More generally, with the impact of the Easter break, a number of patients elected to delay diagnostics.

3.2.1 For context, the latest national performance data for March 2017, shows 83.0% of patients were treated within 62 days (target 85.0%), compared to BSUH performance of 76.6%, with 46% of Trusts in England were 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 April with 85.2% of patients waiting less than 18 weeks. This represents a further 1% improvement from the published March 2017 position.
- 3.3.2 This performance is ahead of the agreed STF improvement trajectory for RTT (85.14%), and has improved consistently over the last 4 reported months.
- 3.3.3 The aggregate performance comprises several clinical specialties where waiting times are below the required standard. As described to Board in March 2016, the greatest challenge in terms of backlog is within general surgery, with 1204 patients waiting more than 18 weeks at the end of April. The backlog within this specialty has halved within the last 12 months but there remains a significant programme of work to continue to improve capacity and therefore compliance within the specialty.
- 3.3.4 There were 94 patients waiting more than 52 weeks for treatment as of the end of April which remains a significant concern for the Trust. The vast 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, 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 which will inform the scale and timescale for sustainable recovery in 2017/18.
- 3.3.5 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 agreed a completion date in early June for the review and sign off of the new reporting process.
- 3.3.6 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 April was 0.47% over 6 week waiters across all diagnostic modes, which is compliant against the 1% national target.
- 3.4.2 This represents 36 patients out of a total of 7673 who have waited more than six weeks. Of these patients, 21 waited over 6 weeks for MRI scans. The Board should also note that a significant increase in Non-obstetric Ultrasound referrals was seen in late March which has increased pressure in this modality. The total number of patient waiting in this area increased by 316 over the last 2 months, and although actions have already been taken to increase capacity, and secure outsourced options with other providers where appropriate, this increase may impact on the overall compliance with the Diagnostic target in future months.
- 3.4.3 BSUH performed better than regional 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 Month 1 position.
- 4.2 The Board is also asked to **NOTE** the year to date compliance against the delivery of the improvement trajectories for the Trust within the Sustainability and Transformation Fund for RTT and A&E, and the non-compliant position for Cancer.
- 4.3 The Board is asked to **NOTE** that the trajectories for A&E, RTT, and Cancer will be reconfirmed or rebased at the end of Quarter 1 following the completion of the RTT reporting sign off, and the demand, capacity and improvement work in all areas.

Pete Landstrom, Executive Director of Delivery and Strategy

21st May 2017