Meeting:	**Brighton and Sussex University Hospitals NHS Trust** **Board of Directors**
Date:	**6th July 2015**
Board Sponsor:	**Chief Executive, Chief Financial Officer and** **Director of Strategy and Change / Deputy CEO**
Paper Author:	**Gareth Hall, Associate Director - Business Support**
Subject:	**Trust Board Performance Scorecard – Month 2**

Executive Summary

The aim of this paper is to report monthly performance to the Board against the set of measures aligned to the Hospital's annual objectives and the composite metrics and national standards used by the TDA and Monitor to measure our operational performance.

The Month 1 report introduced a number of changes to the content, formatting and presentation of performance information for Board members. This has been further refined to include the following:

- Amended the CAS alerts indicator and values from 'open' to 'breaching the deadline'
- Addition of 'total number of complaints received' to the scorecard
- Further refinement of definitions and methodology to match that of TDA reporting
- 'Ambulance conveyance' rates added to A&E to dashboard
- 'A&E 7 day re-attendance rate' added to dashboard
- Addition of 'volume by specialty' and 'reason' of Elective cancellations added to the dashboard
- Dashboard amended to include reference to KPI 'owner' and impact of 'poor performance' description
- Activity variances to plan by 'Point of Delivery' and Directorate added to dashboard

In summary, 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 e.g. A&E, RTT reported in the scorecard 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 less jargon description of the indicators in the scorecard and dashboard

Further updates and improvements will be incorporated into the performance pack

over the coming months and will include the following additions:

- VTE Performance
- Volume of GP referrals by CCG
- Length of Stay benchmarks
- Fractured neck of femur KPI by site and category

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.

Highlights from the month 2 Board report:

Board members will be fully cognisant of the continuing challenge to delivery of the National Standards for A&E, RTT and Cancer Waiting Times (CWT). Intensive scrutiny and support with our recovery plans and their implementation has continued throughout May. The Trust is seeking to further align internal plans with that of our commissioners and incorporate the recommendations for other external bodies where possible.

The recovery trajectories for several key standards are currently being refreshed in conjunction with the NHS Trust Development Authority (TDA), revised national guidance and other stakeholders. These are as follows:

- A&E 4-hour standard - delivery of 90% by the end of quarter 2 and 95% by the end of quarter 3 Delivering a step change in performance is underpinned by the implementation of detailed multi-task project plans which are being consolidated by the Delivery Unit in conjunction with CCG colleagues. The sustainability of performance is focused on changes internally but also on joint resilience work with other external partners and the effectiveness of alternative pathways across the local health system. This work is overseen by the LHE System Resilience Group.

- 18 week (RTT) – On June 24th the Trust received notice that the admitted and non-admitted standards are to be abolished and that the 'incomplete' standard will become the sole measure of patients constitutional right to start treatment within 18 weeks. This came into effect from the date of the letter and contract sanctions for non-compliance have been amended accordingly. Delivery of the revised aggregate and specialty level standard will continue to assume a continued period of non-compliance and recovery is reliant on the delivery of detailed specialty level trajectories overseen by the Trusts RTT Performance Group.

For May, the Trust continues to submit a 'managed fail' position against aggregate performance for the 18 Week RTT 'admitted', 'non-admitted' and 'incomplete' pathway standards. The Trust breached the '6 week wait for diagnostic test standard' in May as 93 patients across a range of modalities; MRI, CT, Endoscopy & Neurophysiology regrettably breached the 6 week target.

Trust delivery of the 4 hour A&E wait standard remains extremely challenged with 80.5% performance in May, which is a 1.5% improvement in comparison to the previous month. The 2014/15 year end figure against the 95% standard was 84.4% and the current YTD position is 79.5%. Performance continues to be particularly difficult on the Brighton site and remains within the bottom decile of performance

nationally. The reasons for this are covered elsewhere in this Board agenda.

Regrettably, a total of 36 patients have experienced waits of over 12 hour in our Emergency Department from decision to admit during April and May. This figure has been revised from the previous Board report following a detailed data validation exercise. Such lengthy waits are as a result of major challenges regarding patient flow and a significant mismatch between discharges and admissions. All of the breaches will be reviewed and actions taken to address the issues.

The level of reported Delayed Transfers of Care (DTOC) has increased to 4.1% 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 hosiptal. The numbers of bed days in May 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.

The Trust also breached 6 of the 9 national cancer standards in April – performance is reported 1 month in arrears and is evaluated quarterly. A recovery plan has been agreed with the national cancer team to deliver compliance for Q2 onwards.

5 cases of C. Difficile were reported in May giving a YTD total of 8 cases which is slightly 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 May.

Links to Corporate objectives	The report monitors progress against the objectives of ***excellent outcomes; great experience; empowered skilled staff; high productivity***
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. 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 such as those associated with RTT, A&E and Ambulance Handover is estimated to be approximately £1.01m at month 1. See Appendix 1 for detail regarding the impact of mandated contractual performance penalties and sanctions. The expectation is that most will be re-invested in the Trust by our commissioners. Risk 5. Adverse impact on future Foundation Trust authorisation. **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.

Resource implications	See above – risk 4
Appendices	Appendix 1 – Month 2 Trust Board performance Report.

Action required by the Board: The Board is asked to note month 2 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 6 July 2015
Trust Board Performance Report - Month 2

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):
Board members are cognisant of the on-going challenges with regard to improving RTT performance. On June 24th the Trust received notice that the admitted and non-admitted standards are to be abolished and that the 'incomplete' standard will become the sole measure of patients constitutional right to start treatment within 18 weeks. This came into effect from the date of the letter and contract sanctions for non-compliance have been amended accordingly. Delivery of the revised aggregate and specialty level standard will continue to assume a continued period of non-compliance and recovery is reliant on the delivery of detailed specialty level trajectories overseen by the Trusts RTT Performance Group. A recovery trajectory and associated plan is currently being revised with external partners and is expected to assume a continued period of 'managed fail' during quarter 2.

Delivery of the recovery plan is underpinned by:

- Strengthened and re-energised governance / performance management;
- Fully implement new Patient Access Policy;
- A significant improvement in data quality and recording of 'outcomes'
- Making maximum use of internal capacity
- Securing capacity in the independent sector where appropriate and available
- Specialty level management of internal booking and clock stop trajectories
- Capacity and demand modelling to sustain performance going forward.

Delivery of the recovery programme remains extremely high risk and is highly vulnerable to escalating unscheduled care demand which impacts on available and theatre and bed capacity for planned care on a daily basis.

Digestive Diseases (surgical), Oral Surgery, Orthopaedic and Neurosciences (including Spinal) patients continue to make up over half of the total number of patients waiting longer than 18 weeks.

May performance is as follows:

	National Standard	Actual Performance*
Admitted Care	90%	72.2%
Non-admitted Care	95%	90.8%
Incomplete backlog	8%	12.8%

*Subject to final validation

The Trust breached the 6 week wait for diagnostic tests standard in May as 93 patients across a range of modalities; MRI, CT, Endoscopy & Neurophysiology regrettably breached the 6 week target for the first time. The majority of breaches were for cardiac CT (6.9%) where there is a significant backlog and we will continue to fail until the end of quarter2.

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 2 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 and include the following:

- A material increase in A&E attendances and increased ambulance conveyance rates at our main EDs
- Increasing acuity – more patients with more complex and often 'Long Term Conditions' being admitted to hospital
- Changing demographics with a significantly older age group(+75) staying longer in hospital
- A material and growing increase in DToC/MFFD affecting available bed capacity and ermegency flow
- Increasing Length of Stay in some patient groups affecting available bed capacity

The RSCH was in the highest level of escalation (level 4) for 2 days and PRH at level 4 for 0 days during May. Trust performance with regard to the 4 hour A&E wait standard remains extremely challenged with an 80.5% performance against the 95% standard. Regrettably, a total of 36 patients have experienced waits of over 12 hour breaches from decision to admit since April. This figure has been revised from the previous Board report following a detailed data validation exercise. A full review of each case is in hand so that lessons for the whole system can be identified and actioned.

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 problem with significant delays reported during periods of high pressure.

At month 2, the ratio of admissions to attendances reduced slightly to 23.8%.

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. The Trust breached 6 national cancer standards in April and achieving complaint performance for the quarter is extremely high risk.

The key issues impacting on performance principally relates to; the high numbers of cancer pathway elective surgical cancellations arising from the unscheduled care pressures across a range of specialties and highly complex pathways often involving several hospitals. The significant areas of pressure remain predominantly in Urology, Digestive Diseases with an improving position on Gynaecology.

By the end of July we will have 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.

We are also working closely with IMAS, to explore working practices in other organisations and we will be visiting Guys and St Mary's as they set the standard of delivery on the 62 day pathway for Urology.

This issue is referred to in detail in a separate report at this Board meeting.

4. Clinical Quality – Infection Control and Prevention (KPI 22 – 23):
5 cases of patients acquiring C. Difficile were reported in the month giving an YTD position of 8 cases compared to the trajectory of 7.6 and year-end threshold of 46 set by the Department of Health (DoH). Zero cases of MRSA were reported in May.

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 - 41):
The number of 'new Serious Incidents' reported in month was 1. 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.

7. Operational Efficiency - Cancelled Operations (KPI 42 – 45):
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 and the improvement achieved in Month 1 has not been sustained. All cancellations are assessed clinically and re-scheduled as quickly as possible.

8. Operational Efficiency – Stroke and Revascularisation (KPI 46 – 51):
A total of 24 patients were admitted in May and have been discharged with a primary diagnosis of Stroke (this figure will change subject to final clinical coding data).

Trust Performance across the main KPIs are as follows:

LOS performance: 19 patients spent 90% of their IP stay on a dedicated stroke unit achieving 79% performance against target of 80%. Out of the 5 patients that did not spend the majority of their time on the unit 4 of these were PRH patients.

Direct Admissions: 14 patients went directly to a stroke ward achieving 58% performance against target of 90% - the majority of the 10 patients that did not achieve the target did go directly to the stroke unit following admission from A&E however, the methodology used to calculate this indicator excludes patients who wait longer than 4 hours from the denominator.

Scan Band in 1 Hour: 8 patients were scanned within 1 hour achieving 47% against target of 50% - PRH had low performance for this target with only 3 patients out of 7 receiving a scan within 1 hour.

Scan Band in 24 Hours: 24 patients were scanned in 24 hours – 100% performance

High Risk TIA: 16 patients were seen and all of these were seen within 24 hours - 100% performance achieved

Low Risk TIA: 27 patients were seen and all of these were seen within 7 days - 100% performance

9. Length of Stay/Demand (KPI 65 – 66):
The level of reported Delayed Transfers of Care (DTOC) increased to 4.1% in May. 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 DTOC continue to be very high with an average of 40 beds in May. (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 (KPI 67 – 77):
In summary, Maternity satisfaction rates continue to remain higher than those nationally; 98.9% would recommend the service compared to 95% nationally and inpatient's satisfaction is broadly comparable with the national picture, 92.3% would recommend compared to 94% nationally. Response rates across IP and A&E remain significantly below the national average and overall patient satisfaction for IPs improved slightly but decreased marginally for A&E between months and requires a significant focus going forward.

11. Workforce -Training and Safety (KPI 78 - 85):

KPI 79 - Overall safe staffing fill rate remains comparable with the previous month

KPI 80 – The % of **Registered Nurses** is largely unchanged but is expected to improve with the recent national and international recruitment campaigns

KPI 81 – The % of completed for **Staff Appraisals** increased to 56%. 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. A detailed action plan has been developed in response to the recommendations of a recent internal audit review of appraisals the delivery of which is to be monitored by the Clinical Management Board.

KPI 82 – The **Trust vacancy rate** remains below the 8% Trust marker at 4.5%.

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
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