

<b>Meeting:</b>	<b>Brighton and Sussex University Hospitals NHS Trust Board of Directors</b>
<b>Date:</b>	<b>23<sup>rd</sup> February 2015</b>
<b>Board Sponsor:</b>	<b>Chief Executive, Chief Financial Officer and Director of Strategy and Change / Deputy CEO</b>
<b>Paper Author:</b>	<b>Gareth Hall, Associate Director - Business Support</b>
<b>Subject:</b>	<b>Trust Board Performance Scorecard – Month 10</b>

### **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 strategic goals and the composite metrics used to measure our operational performance externally.

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. This is highlighted where necessary in the report itself.

### **Highlights from the month 10 Board report:**

The Trust continues to submit a 'managed fail' position against aggregate performance for the 18 Week RTT 'admitted', 'non-admitted' and incomplete pathway standards. As previously reported, considerable volumes of activity are being outsourced to available capacity in the independent sector but performance and the associated recovery plan has been significantly compromised by the increasing pressures arising from unscheduled care. This is covered in more detail elsewhere on the Board agenda.

Performance against the 6 week wait target for 'diagnostic tests' was also challenged during the month primarily due to the necessity to use endoscopy as a temporary extra capacity area thereby resulting in the cancellation of a significant volume of colonoscopies.

Trust delivery of the 4 hour A&E wait standard remains extremely challenged with 78.7% performance in January giving a year to date position of 84.9% against the 95% standard. This means that performance continues to be below expectations and the Trust remains within the lower decile of providers nationally. The reasons for this remain complex and are covered elsewhere in this Board agenda.

The level of reported Delayed Transfers of Care (DTC) worsened to 5.33% against a target of 3.5% and continues to represent a significant, growing problem in terms of limiting Trust capacity for acute patients. The numbers of bed days in January occupied by patients who are considered medically fit for discharge but not a reportable DTC continue to be very high at an average of 46 occupied beds per day.

Regrettably, Cancer wait performance has also deteriorated and the Trust breached the 31 day target for 'subsequent surgical treatment' cancer standards in December (2 patients) and the quarterly standards for the following national standards, which will be actively addressed in future months:

- 62 day wait for first treatment from a NHS cancer screening service

- 62 day wait for first treatment from urgent GP referral

3 cases of C. Difficile were reported in January and the Trust is currently on trajectory to be within the year-end threshold of 50 cases for C.Difficile. There was 1 case of MRSA in January giving a year to date total of 2 cases.

<b>Links to strategic objectives</b>	Best and Safest Care ✓ High Performing ✓
<b>Identified risks and risk management actions</b>	<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. It is estimated that the value of performance related contractual fines such as those associated with RTT, A&amp;E and Ambulance Handover will be circa £5.3m at month 10. Discussions are on-going with our commissioners about the scale and scope of reinvestment of such fines and penalties.</p> <p>Risk 5. Adverse impact on future Foundation Trust authorisation.</p> <p><b>Management actions</b> 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>
<b>Resource implications</b>	See above – risk 4
<b>Legal implications</b>	None specifically identified
<b>Report history</b>	Executive Management Board February 2014
<b>Appendices</b>	Appendix 1 – Month 10 Trust Board performance Report

**Action required by the Board:**

The Board is asked to note month 10 performance as detailed in the scorecard and the associated narrative and to agree any further actions to address adverse variances as required.

**The Report to the Board of Directors – February 2014**  
**Trust Board Performance Report - Month 10**  
**Draft 2**

Particular themes or areas of concern for the Board to note are described below:

**1. Referral to Treatment - 18 Week Pathway (KPIs 1 - 5):**

At the January Board members were advised that achieving RTT trajectories was extremely 'high risk' due, in part, to the ongoing pressures within unscheduled care that continue to reduce capacity available to deliver service level recovery plans. Regrettably, the concerns highlighted previously have compounded an already challenging delivery target and the Trust has subsequently agreed a reworked backlog reduction target with the TDA. The revised aim is to reduce the overall number of patients waiting longer than 18 weeks to 3,750 by the end of February, which is a reduction of 554 in comparison to the December position. We remain on track to deliver this at the end of February/

January performance is expected to be as follows (subject to final validation):

	<b>National Standard</b>	<b>Actual Performance</b>
<b>Admitted Care</b>	90%	75.3%
<b>Non-admitted Care</b>	95%	87.7%
<b>Incomplete backlog</b>	8%	12.5%

Work to establish when aggregate compliance, in relation to the new trajectories will be achieved is currently ongoing.

**2. Referral to Treatment – 6 week wait for diagnostic tests (KPI 6):**

Performance against the 6 week wait target for 'diagnostic tests' was also compromised during the month, primarily due to the necessity to use endoscopy as a temporary extra capacity area thereby resulting in the cancellation of a significant volume of colonoscopies. In total 162 patients exceeded the 6 week standard across several pathways in addition to that described above including; neurophysiology, MRI, CT and ultrasound. Remedial action plans to recover the position in February are in place.

**3. Cancelled Operations (KPI 7 – 9):**

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 increase. All cancellations are assessed clinically and re-scheduled as quickly as possible.

**4. A&E standards (KPI 10 – 11):**

At month 10 the Trust continues to face exceptional operational challenges on a day to day basis particularly at the Royal Sussex County Hospital (RSCH) but increasingly so at Princess Royal Hospital (PRH). The RSCH, for example was in the highest level of escalation (level 4) for 11 days and at level 3 for 20 days during December with a similar picture reported at PRH. Trust performance with regard to the 4 hour A&E wait standard remains extremely challenged with a 78.7% performance in January giving a worsening year to date position of 84.9% against the 95% standard. Regrettably, a number of patients waited for longer than 12 hours during several periods of exceptional pressure during the month for a hospital bed following a decision to admit. A full review of each case is in hand so that lessons for the whole system can be identified and actioned.

In keeping with the national media reports, the Trust has experienced a 4% increase in A&E attendances year to date and the recent surge in emergency admissions reported to the Board for December continued in January – see section 6 for further narrative.

Ambulance conveyance rates to BSUH have increased by around 2.6% which equates to around an additional 100 journeys to hospital per month in comparison to the previous year.

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

#### **5. Ambulance handover delays (KPI 12 – 13):**

These indicators 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 and growing operational problem with significant delays reported during periods of high pressure.

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

#### **6. A&E attendance to admission ratio metric (KPI 14):**

At month 10, the ratio of admissions to attendances continues to rise and January's figure 32.3% is a 4% increase in comparison to the previous month. This means that increasing numbers of A&E attendances are requiring admission to a hospital bed. Early investigation suggests a significant, 4% rise in admissions for older people aged 65-84 and an 8% rise (391 spells) in those aged 85 and over indicating that older, more acute patients are being admitted to our beds.

In addition, there is a rising cohort of patients spending longer in hospital with on average around 5 additional patients per day occupying a hospital bed for longer than 14 days in comparison with last year.

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

#### **7. Cancer access (KPI 19 – 27):**

As previously advised, the Trust recast its performance trajectories in October as requested by the TDA and the Board was advised that the forecast of quarterly compliance for the remainder of the year should now be considered extremely 'high risk' because of the impact on elective pathways arising from the unscheduled care pressures.

The Trust breached the 31 day target for 'subsequent surgical treatment' cancer standards in December (2 patients) and regrettably breached the quarterly standards for the following 2 standards:

- 62 day wait for first treatment from a NHS cancer screening service
- 62 day wait for first treatment from urgent GP referral

The key issues impacting on performance have included:

- limited access to diagnostics, such as Endoscopy, flexi-cystoscopy and elective GA diagnostic cancellations, due to extra diagnostic areas being used for extra capacity

- the high numbers of cancer pathway elective cancellations arising from the unscheduled care pressures

Where possible this is being mitigated by the increased use of the Independent Sector and dialogue with neighbouring Trusts to make up the shortfall in available Trust capacity. However, the Trusts ability to quickly recover performance in order to meet the national standards remains a concern.

#### **8. Stroke Care Performance (KPI 28 – 33):**

The total number of stroke patients admitted and discharged with a primary diagnosis of Stroke in December was 45 (this figure will change subject to final coding). All key stroke performance standards were achieved with the exception of 2 indicators;

- 'The % of Direct Admissions to the stroke unit' where performance was 56% against a threshold of 90%. This was mainly due to insufficient available stroke bed capacity on both sites and concerned 20 patients in total (12 at RSCH & 8 at PRH).
- 'The % of Pts who spend > 90% of time on stroke unit' was 78% against a threshold of 80%. The 10 patients affected were equally distributed between RSCH and PRH.

#### **9. Local performance/whole system measures (KPI 34 – 39):**

Outpatient 'new to follow up' rates are subject to some variation between months but are generally higher than the LHE stretch target although the overall trend is a slight decrease. GP referral rates are largely unchanged.

#### **10. Healthcare Acquired Infection (KPI 43 – 44):**

3 cases of patients acquiring C. Difficile were reported in the month and the Trust remains within trajectory for the year end threshold. There was 1 case of MRSA in January giving a year to date total of 2 cases.

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

#### **11. Number of Serious Incidents (KPI – 49):**

The number of new Serious Incidents reported in month was 6 of which 3 originated from the 'acute floor'. 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.

#### **12. Duty of Candour (KPI – 50-51):**

2 new mandated indicators relating to 'Duty of Candour' are reported on the scorecard for the 1<sup>st</sup> time. They both relate the Trust's requirement to inform and share investigation findings with patients who have suffered significant harm as a result of errors in care.

#### **13. Percentage of reported safety incidents that are harmful (KPI – 53):**

In January there were 0.44% reported incidents that were considered harmful. This was a reduction from the previous month. All incidents are subject to a detailed investigation under the governance of the Trusts Safety and Quality Committee.

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

#### **14. 30 Day Emergency Readmissions (KPI 57 – 60):**

Reducing the number of patients who were re-admitted has both a quality and financial implication for the Trust as a proportion of re-admissions are currently considered to be 'avoidable' and are not paid for by commissioners in accordance

with the national contract. Although best evaluated over relatively long periods of time, there is some evidence to suggest that re-admissions are reducing due to the focussed work undertaken by the Trust in this area.

**15. Delayed transfers of care (KPI – 61 – 62):**

The level of reported Delayed Transfers of Care (DTC) was the highest in the year at 5.33% (against a target of 3.5%) and represents a significant problem in terms of Trust bed capacity being used for non-acute reasons 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 January 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 clinically 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.

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

**16. Hospital Mortality (KPI 63 – 66):**

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.

Variation between months is not unexpected because of the relatively small numbers of patients associated with the measure. Overall mortality continues to be lower than expected.

**17. Caesarean Section rates (KPI 68 - 69):**

The reporting of this indicator has been amended to reflect the CQCs approach to risk and we now report the % of caesarean operations performed both electively and as an emergency. Variation between months is to be expected however, performance is higher than the standard for both pathways.

**18. Patient Experience – Friends and Family (KPI 71 – 76):**

The Board will recall note that a new national scoring methodology for the 'friends and family' test was introduced in October. The scorecard now reports the % of respondents who 'would' and who 'would not' recommend the Trust across the 3 service areas of Inpatients, A&E and maternity services. Performance should be considered in relation to the response rates identified in the set of indicator below and are best evaluated for trends over time.

In summary, maternity satisfaction rates remain higher than those nationally; 98.3% would recommend the service compared to 96% nationally and patient's satisfaction is broadly comparable with the national picture. A&E satisfaction rates and the number of FFT questionnaires administered are however, considerably below the national average

**19. Workforce indicators (KPI 82 - 88):**

KPI 82 - **Temporary costs over time as % of pay bill** is TBC%.

KPI 84 – the proportion of **Temporary Staff** is largely unchanged from the previous month.

KPI 85 - **Staff Turnover** remains at 11.5% which is in line with the national average of 11.5%.

KPI 86 – The % **Nurse Registered Nurses** is largely unchanged but is expected to improve with the recent national and international recruitment campaigns. A review of nursing and midwifery workforce will be taken to Trust Board in January 2015.

KPI 87 – The % of completed for **Staff Appraisals** remains at around 44%. The organisational target is 75%. As part of the Values and Behaviours programme a new “Leadership Standard” has been introduced. This is central to our leadership development programme and the new performance management system which is currently being piloted with senior managers. The Leadership Standard clearly articulates the expectations of all leaders within the organisation including the explicit objective that managers must appraise their staff annually. As previously reported, internal audit has recently completed a review of appraisals across the Trust and a detailed action plan has been developed in response to the recommendations. The delivery of this action plan will be monitored at Clinical Management Board.

KPI 88 – The **Trust vacancy rate** remains below the 8% Trust marker at 5%.

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**February 2015**