

<b>Meeting:</b>	<b>Brighton and Sussex University Hospitals NHS Trust Board of Directors</b>
<b>Date:</b>	<b>26<sup>th</sup> January 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 9</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 9 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 remains very high risk and is particularly compromised by the increasing pressures arising from unscheduled care. This is covered in more detail in a separate board paper.

Performance against the 6 week wait target for 'diagnostic tests' remained within the standard.

Trust delivery of the 4 hour A&E wait standard remains extremely challenged with 78.3% performance in December giving the YTD position of 85.6% against the 95% standard. The reasons for this remain multifactorial and are the subject of a more detailed Board paper.

The level of reported Delayed Transfers of Care (DTC) reduced to 3.88% in-month against a target of 3.5% but continues to represent a significant growing problem in terms of limiting Trust capacity for acute patients. The numbers of bed days in December 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.

The Trust breached 2 cancer related standards in November (there is a 1 month time lag in reporting):

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

5 cases of C. Difficile were reported in December. 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 November and zero in December.

<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 and penalties for performance below agreed standards. It is estimated that the value of performance related contractual fines will be circa £4m at month 9. Discussions are on-going with clinical commissioners about the scale and scope of reinvestment of such fines.</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 January 2014
<b>Appendices</b>	Appendix 1 – Month 9 Trust Board performance Report

**Action required by the Board:**

The Board is asked to note the month 9 position 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, 26<sup>th</sup> January 2015**  
**Trust Board Performance Report - Month 9**

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

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

Trust trajectories to deliver aggregate performance across the three standards have been submitted to the TDA and are being overseen by the Director of Scheduled Care and Service Transformation. Specialty based plans to manage the additional activity is continuing.

During December the Trust continued to submit a 'managed fail' position against aggregate performance for the 18 Week RTT 'admitted', 'non-admitted' and incomplete pathway standards. Performance against plan is as follows:

	<b>RTT Delivery Plan</b>	<b>Actual Performance</b>
<b>Admitted Care</b>	77%	75.3%
<b>Non-admitted Care</b>	91%	87.7%
<b>Incomplete backlog</b>	11%	12.5%

The Trust is continuing to maximise internal capacity by improving utilisation and funding additional waiting list initiatives wherever possible. The independent sector is continuing to be extensively used by a number of specialties where internal capacity is insufficient to address the backlog.

The Board should note that achieving aggregate and specialty compliance remains extremely 'high risk' with the following specialties particularly susceptible to fluctuations in demand or capacity because of their already difficult position; T&O, Spinal, Digestive Diseases and Neurosciences. The ongoing pressures within unscheduled care are continuing to have a significant effect on available capacity to deliver the service level recovery plans and performance will remain 'very high risk' for the foreseeable future.

The Trust is currently reviewing capacity and demand at specialty level as part of the Business Planning process in order to inform sustainability requirements over the coming 12 months. It is likely that we will need to work with our commissioners in order to reduce referrals to a sustainable level in some specialties.

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

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

The Trust continues to maintain performance across the diagnostic pathway.

**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' has increased. All cancellations are assessed clinically and re-scheduled as quickly as possible.

**4. A&E standards (KPI 10 – 11):**

At month 9 the Trust continues to face exceptional operational challenges on a day to day basis particularly at the Royal Sussex County Hospital (RSCH) and increasingly so at Princess Royal Hospital (PRH). The RSCH, for example was in the highest level of escalation (level 4) for 5 days and at level 3 for 22 days during the month.

Trust performance with regard to the 4 hour A&E wait standard remains extremely challenged with a 78.2% performance in December giving an YTD position of 85.6% against the 95% standard.

In keeping with the national picture widely reported across the media, the Trust has experienced a 7.4% increase in A&E attendances YTD and a 13% increase in the activity levels for December compared to the same period in 2013. There was a significant 24% surge in emergency admissions during December, although admission volumes overall remain slightly lower than the previous year. This is, in part, due to the development of alternative pathways to admission such as the Surgical Assessment Unit (SAU) and Rapid Access Medical Unit (RAMU). Ambulance conveyances rates are significantly higher than the previous month and have risen in comparison to the same period last year.

As previously reported, the Trust agreed a revised performance trajectory with the TDA to achieve the 95% standard by the end of March. This challenging performance trajectory has been underpinned by a number of initiatives such as; the opening of a number of acute and step down beds on the main hospital sites and improved access to community beds (which were unfortunately subject to delayed implementation). Such initiatives continue to target a reduction in 4 hour breach volumes but achieving the performance trajectory is the highest risk to the health community.

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 operational problem with significant delays reported during periods of high pressure and the Trust continues to work on this as a major operational priority.

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 9, Trust performance continues to vary between months and needs to be considered within the context of rising attendances (there was a notable surge in December) and at 28% was significantly higher than the 23% threshold.

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

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

As previously reported, the Trust recast its performance trajectories in October as requested by the TDA in order to reflect the anticipated impact associated with 2 national public health campaigns. Additional capacity requirements are being managed by the Cancer directorate and the Trust is forecast of quarterly compliance for the remainder of the year from the end of December is now considered high risk because of the impact on elective pathways as a result of the surge in emergency activity. Where possible this is being mitigated by:

- pathway mapping and increased use of the independent sector;
- potential for direct access to diagnostic scope procedures avoiding the need for an outpatient appointment and so removing delay from the pathway;
- sub-speciality cancer PTL meetings on a weekly basis where capacity, activity and diagnostic constraints are addressed;

The Trust breached 2 cancer related standards in November (there is a 1 month time lag in reporting and performance is assessed quarterly):

- 62 day wait for first treatment from urgent GP referral - 75.3% (target 85%). 23 breaches across 6 specialties.
- 62 day wait for first treatment from a NHS cancer screening service – 86.5% (target 90%). 26 breaches across breast, gynae and colorectal pathways.

The service has now re-modelled our plans for delivery of the 62 day target for cancer services). We are now re-booking patients but do not expect to deliver 62 day target performance until March 2015.

#### **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 patient 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):**

5 cases of C. Difficile were reported in the month and the Trust remains within trajectory for the year end threshold. There was 1 unavoidable case of MRSA in November and zero in December giving a year to date total of 3 cases.

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

The number of new Serious Incidents reported in month was 3. New incidents are those reported in the month although this may not be the month in which the incident actually occurred.

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

#### **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. The 2 indicators were described in the last Board paper and the introduction of the regulations nationally delayed until November.

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

In December there were 3 (0.3%) reported incidents that were considered harmful. This was a reduction from the previous month. None of the 3 incidents were connected and all 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 re-admissions further 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 3.88%% (against a target of 3.5% and represents a significant problem in terms of Trust bed capacity being used for non-acute reasons and therefor compounding the problems associated with unscheduled care.

The numbers of bed days in December occupied by patients who are considered 'medically fit for discharge' but not a reportable DTC continue to be very high, even taking into account the annual Christmas related exodus with an average of 36 occupied beds per day.

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.

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.

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

**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.

Maternity satisfaction rates are higher than those nationally; 96.3% would recommend the service compared to 96% nationally. Inpatient satisfaction is the same as national average 92.9% (compared to 93% nationally) but less users of BSUH inpatient services would not recommend (1.3% compared to 2% nationally). A&E satisfaction rates and the number of FFT questionnaires administered are considerably below the national average. However a dedicated member of staff is now supporting data collection in A&E at the RSCH.

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

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

KPI 82 - **Temporary costs over time as % of pay bill** has reduced slightly to 9.48% due to seasonal affects.

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

KPI 85 - **Staff Turnover** remains at 11.6% 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 43%. 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. 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 4.5%.

**Gareth Hall**  
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**January 2015**