

<b>Meeting:</b>	<b>Brighton and Sussex University Hospitals NHS Trust Board of Directors</b>
<b>Date:</b>	<b>1<sup>st</sup> June 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 1</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 annual objectives and the composite metrics used to measure our operational performance externally.

Board members will recall that the scorecard is being updated to reflect a revised set of measures being used by the TDA and Monitor to assess Trust performance from 2015. The presentation and format has also been refreshed to establish a more visual detailed presentation for Board members and has reflected a number of comments and suggestions received by Board members following last month's presentation when the new presentation was showcased.

In summary, the Performance report is now composed of the following:

- The 'Full Performance Scorecard' – which is the summary report outlining performance against the full range of national and local standards and indicators
- The 'Dashboard' – which are more 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' – this is a subset of indicators from the overall scorecard which make up the 'National Standards' which are mandated contractual obligations
- "Plain English Guide" – this is a less jargon description of the indicators in the scorecard and dashboard

To enable a more considered review, the KPIs are grouped under the following domains in the main scorecard report:

- Patient Access - Waiting Times
- Patient Access - Emergency Care
- Patient Access - Cancer
- Clinical Quality - Mortality
- Clinical Quality - Maternity
- Clinical Quality - Patient Safety
- Clinical Quality - Infection Prevention and Control
- Operational Efficiency
- Operational Efficiency – Stroke and Revascularisation
- Length of Stay / Demand
- Patient Experience
- Workforce - Training & Safety
- Workforce - Staff

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. In addition, further KPIs will be added once the definitions are published by the regulatory bodies and the reports will be refined further over the coming months.

#### **Highlights from the month 1 Board report:**

Board members will be fully cognisant of the fact that delivery of the National Standards for A&E, RTT and Cancer Waiting Times (CWT) has been significantly challenged during 2014/15. As a consequence, we have for some time received intensive external scrutiny and support regarding our performance in these areas. Ten 'Key High Impact Programmes' focusing on improving and sustaining our performance throughout the financial year form the basis of the Trusts objectives going forward into 2015/16 and it is expected that these will have a significant positive impact on our performance.

Recovery trajectories for several key standards are currently being finalised in conjunction with the NHS Trust Development Authority (TDA) and in draft 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. The sustainability of performance is focused on changes internally but also on joint resilience work with the CCGs and other external partners and the effectiveness of alternative pathways across the local health system, including those underpinning 'Better Care Fund' initiatives.
- 18 week (RTT) - delivery of the 3 standards assumes a continued period of non-compliance until the end of quarter 2. This will help the Trust reduce the waiting list size and the backlog to sustainable levels so that full aggregate compliance is achieved from quarter 3 onwards.

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 March as 92 patients across a range of modalities; MRI, CT, Endoscopy & Neurophysiology regrettably breached the 6 week target for the first time.

Trust delivery of the 4 hour A&E wait standard remains extremely challenged with 79.5% performance in April, which was a worsening of the position compared to the previous month. The 2014/15 yearend figure against the 95% standard was 84.4%. Performance continues to be significantly below expectations and the Trust remains within the bottom decile of performance nationally. The reasons for this are covered elsewhere in this Board agenda.

Regrettably, 10 12 hour breaches from decision to admit (DTA were reported during the month) and arose from a periods of sustained and significant pressure across during the month. This resulted in 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 reasons for the breaches.

Although slightly reduced this month, the level of reported Delayed Transfers of Care (DTOC) remains in excess of the 3.5% target at 3.8% and continues to represent a significant, material problem in terms of limiting Trust capacity for acute patients.

The numbers of bed days in April occupied by patients who are considered medically fit for discharge but not a reportable DTOC continue to be very high at an average of 31 occupied beds per day.

The Trust also breached 3 national cancer standards in March; the '62 day wait for first treatment from urgent GP referral', the '62 day standard following referral from a screening service' and the '31 day wait for second or subsequent treatment – surgery'. A recovery plan has been agreed with the national cancer team to ensure compliance from Q2 onwards.

3 cases of C. Difficile were reported in April against a year end threshold of 46 set by the DoH. There were zero cases of MRSA in April.

<b>Links to Corporate objectives</b>	The report monitors progress against the objectives of <b><i>excellent outcomes; great experience; empowered skilled staff; high productivity</i></b>
<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. An estimate of the value of performance related contractual fines such as those associated with RTT, A&amp;E and Ambulance Handover will be made available in the month 2 report. The expectation is that most will be re-invested by our commissioners.</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>Appendices</b>	Appendix 1 – Month 1 Trust Board performance Report

**Action required by the Board:**

The Board is asked to note month 1 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 1<sup>st</sup> June 2015**  
**Trust Board Performance Report - Month 1.**

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 will be aware that 18 week, RTT performance has been significantly challenged since the end of Q2 2014/15 and has received intensive scrutiny from external bodies. A recovery trajectory is currently being finalised with the TDA and is expected to assume a continued period of ‘managed fail’ until the end of quarter 2. This will enable us to reduce the waiting list to sustainable levels so that full aggregate compliance can be achieved from quarter 3 onwards.

Delivery of the plan is underpinned by:

- Making maximum use of internal capacity
- Additional outpatient and inpatient capacity secured internally in the independent sector
- Capacity and demand modelling to sustain performance going forward.

However, execution of the recovery programme remains challenging and is highly vulnerable to escalating unscheduled care demand which impacts on available bed (ward and critical care) and theatre capacity.

In terms of treating the backlog of patients, Digestive Diseases (surgical) and spinal patients still make up over half of the total number of patients waiting longer than 18 weeks.

April performance is as follows:

	<b>National Standard</b>	<b>Actual Performance*</b>
<b>Admitted Care</b>	90%	71.2%
<b>Non-admitted Care</b>	95%	88.8%
<b>Incomplete backlog</b>	8%	13%

\*Subject to final validation

The Trust breached the 6 week wait for diagnostic tests standard in April as 92 patients across a range of modalities; MRI, CT, Endoscopy & Neurophysiology regrettably breached the 6 week target for the first time.

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 1 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 remain complex and multi-factorial and in part relate to the following:

- A material increase in A&E attendances and increased ambulance conveyance rates at our 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 emergency 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 8 days and PRH at level 4 for 1 day during April. Trust performance with regard to the 4 hour A&E wait standard remains extremely challenged with a 79.5% performance against the 95% standard. Regrettably, 10 patients waited for longer than 12 hours for a hospital bed following a decision to admit during a period of exceptional pressure. 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 1, the ratio of admissions to attendances reduced slightly to 28.3%.

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

### **3. Patient Access – Cancer: (KPI 13 – 21)**

The Trust breached 3 national cancer standards in March; the '62 day wait for first treatment from urgent GP referral', the 62 day standard following referral from a screening service' and '31 day wait for second or subsequent treatment – surgery'.

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.

### **4. Clinical Quality – Infection Control and Prevention (KPI 22 – 23):**

3 cases of patients acquiring C. Difficile were reported in the month and the Trust has a year-end threshold of 46 set by the Department of Health (DoH). Zero cases of MRSA were reported in April.

### **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.

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. 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. April data is largely unchanged from previous months.

## **6. Clinical Quality – Patient Safety (KPI 29 - 41):**

The number of falls classified as 'serious' was 3 compared to zero for the previous month and 3 each for January and February. Each case is currently subject to a detailed investigation and RCA.

The number of 'new Serious Incidents' reported in month was 10 relating to the 12hr A&E breaches. 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 but has improved significantly in month 1. All cancellations are assessed clinically and re-scheduled as quickly as possible.

## **8. Operational Efficiency – Stroke and Revascularisation (KPI 46 – 51):**

A total of 30 patients were admitted in April and have been discharged with a primary diagnosis of Stroke (this figure will change subject to final clinical coding data).

All key stroke performance standards were achieved with the exception of 1 indicator:

- 'The % of Direct Admissions to the stroke unit' where performance was 70% against a threshold of 90%. This was mainly due to insufficient availability of stroke bed capacity on both sites and concerned 9 patients in total

We will continue to validate the data to ensure accuracy

## **9. Length of Stay/Demand (KPI 6 – 66):**

The level of reported Delayed Transfers of Care (DTC) reduced slightly but remains in excess of the 3.5% threshold of 3.8% in April. As previously reported this represents a significant 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 DTC continue to be very high with an average of 31 beds in April (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; 99.7% 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.

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

KPI 78 - Overall safe staffing fill rate remains comparable with the previous month

KPI 79 – The % **Nurse Registered Nurses** is largely unchanged but is expected to improve with the recent national and international recruitment campaigns

KPI 80 – The % of completed for **Staff Appraisals** remains at 48%. 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 81 – The **Trust vacancy rate** remains below the 8% Trust marker at 4.5%.

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

KPI 85 - **Staff Turnover** of 12.3% remains slightly higher than the national average of 11.5%.

**Gareth Hall**  
**Associate Director - Business Support**  
**May 2015**