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Meeting:	Brighton and Sussex University Hospitals NHS Trust Board of Directors
Date:	30th June 2016
Board Sponsor:	Chief Operating Officer
Paper Author:	Gareth Hall, Associate Director - Business Support
Subject:	Trust Board Performance Scorecard – Month 2

Executive Summary – Introduction:

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

The refresh of the scorecard as reported last month remains a work in progress and further enhancements will be made over the coming months to ensure that the range of reported measures improves Board assurance.

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 for example, risk adjusted mortality and re-admission KPIs is subject to a time lag and may be reported some months in arrears. This is highlighted where necessary in the report itself.

As previously reported, the Trust has agreed the following 2016/17 performance trajectories with commissioners and 'NHS Improvement':

- 4 Hour Accident and Emergency (A&E) performance – this now has a revised performance trajectory modelled to achieve, steady monthly improvements in comparison with the previous year and a very challenging 89% for quarter 4.
- Referral To Treatment (RTT) – the performance trajectory is designed to deliver a 4.2% improvement in incomplete performance overall and a reduction of around 2,000 patients waiting over 18 weeks by March 2017 and is currently being re-reviewed.
- 6 week wait for Diagnostics - the aim is to achieve and sustain delivery of compliance with the 6 week standard for access to diagnostic tests by September 2016.
- 62 day Cancer referral to treatment – the aim is to achieve and sustain delivery of compliance with the 62 day national standard from September 2016

The above trajectories are considered to be 'whole system' performance measures and the Trust is continuing to work closely with commissioner and local partners to bring about service change and sustainable improvements for our patients.

Specific issues for the Board to note in the month 2 report are as follows:

- Improving Trust delivery of the '4 hour A&E wait' standard continues to be exceptionally challenging and it is encouraging to note that performance

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continued to improve in May and exceeded the revised recovery trajectory as 86.3% of patients were managed within 4 hours of arrival. It should be noted that there was however a worsening in ambulance handover delays over the period.

- Regrettably, a total of 4 patients (subject to final confirmation) experienced waits of over 12 hours for a ward bed in our Emergency Department from decision to admit during May.
- The Trust was on 'black' escalation level 4 on 6 occasions during the month across both sites.
- As indicated above, the Trust will continue to report a 'non-compliant' position against aggregate performance for the 18 Week RTT 'incomplete' pathway and the '6 week wait for diagnostic test standard' in May. Regrettably, 87 patients who waited over 52 weeks for treatment were reported at month end. The overall elective waiting list 'backlog' continued to reduce in May. Our ability to deliver reductions in waiting times for specific services and improve access for our patients overall, remains one of the most challenging operational issues that the Trust faces.
- The Trust continues to improve performance consistent with the remodelled '6 week diagnostic' recovery trajectory although access to sufficient Ultrasound and Endoscopy capacity remains one of the key risks to achieving compliance in September.
- The Trust achieved the April agreed improvement trajectory for the Cancer access standard of '62 day wait standard for first treatment from GP referral'. Key risks remain around pathway delays for, the colorectal, urology and lung pathways.
- 2 cases of C. Difficile were reported in May and the Trust has a year-end target set by the Department of Health of a maximum of 46 cases. There were zero cases of MRSA reported in month.
- The Board were previously notified that the Care Quality Commission (CQC) has recently redefined the description of what constitutes a breach of the 'single sex' accommodation standard and this will mean that there will be a significant number of breaches reported in year. In total 69 breaches were reported during the month across a range of clinical areas.
- The level of reported Delayed Transfers of Care (DTOC) remains consistently high at just under 6.7% and this equates to around 45+ beds being occupied by patients no longer needing acute care in the hospital. This, and the volumes of MFFD patients, represents a continued and unresolved operational problem for the Trust limiting flow for both Elective and Non-Elective pathways and will have a significant impact on our ability to deliver the revised performance trajectories described above.
- Trust performance against the national Stroke standards for 'direct admission' and 'time spent on stroke ward' fell short in May as a number of patients were unable to be admitted directly to the stroke unit or experienced delays in admission from A&E.
- 'Patient Satisfaction' (friends and family) rates for the Maternity, In-patient and A&E services continues to vary between months and it should be noted that % of

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responders suggesting that they were 'unlikely to recommend the A&E service to others' increased slightly in May in comparison to previous months. The 8% reported in the scorecard represents 149 responders. This will continue to be monitored over the coming months to see if there is an emerging pattern which may require remedial action.

- There were 2 reported incidents associated with the 'Number of falls resulting in severe injury or death (Moderate, Severe and Catastrophic)'. Both cases, from 2 wards involved patients considered to be at high risk of falling and are currently subject of a Serious Incident review.

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.

Links to Corporate objectives	The report monitors progress against the objectives of <i>excellent outcomes; great experience; empowered skilled staff; high productivity</i>
Identified risks and risk management actions	<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 access to the STF, contractual fines, and penalties and associated financial adjustments for performance below agreed standards. Q1 estimates of the impact of fines will be reported next month.</p> <p>Risk 5. Adverse impact on future Foundation Trust authorisation.</p> <p>Management actions Specific risk management actions will depend on the specific 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>
Resource implications	See above – risk 4
Appendices	Appendix 1 – Month 2 Trust Board Performance Report.