

Board of Directors (in Public)

Item 4.1

Subject: Board Dashboards- SOF, Regulatory and Operational Performance Month 11
Date of meeting: Tuesday 31st March 2020
Prepared by: Hayley Kendall, Chief Operating Officer
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Presented by: Hayley Kendall, Chief Operating Officer

1. Executive Summary

The purpose of this paper is to present an update on the Trust performance for the period ending 29th February 2020. The exceptions to note for this month are:

- The Trust continues to have significant pressures in delivering against the six week diagnostic target with performance at 79.6%, although performance is in line with the NHSI trajectory the Trust is monitored against.
- Delivering the overall activity plan provides a significant challenge but there has been a vast improvement in month 10 and 11 with activity exceeding the financial forecast and being above the original baseline.
- Sickness remains a significant pressure for the Trust with performance still being far from plan.

The Board is asked to note the content of the paper and associated actions detailed.

2. Introduction

The report is divided into three sections as follows:

- Section 1 - Single Oversight Framework (SOF): This section provides details on the mandated regulatory indicators from NHS Improvement; these inform NHSI's risk assessment (segmentation) which determines the level of autonomy afforded to the Trust.
- Section 2 - Quality of Care Dashboard: internal quality indicators agreed by the Board in April 2019 for routine monitoring on delivery.
- Section 3 - Operational and Financial Performance Dashboard: internal performance, workforce and financial indicators agreed by the Board in April 2019 for routine monitoring on delivery.

Section 1 - Single Oversight Framework (Refer to Appendix 1)

1.1.1 Single Oversight Framework – Exceptions

1.1.2 Indicator: Clostridium Difficile

Accountable Officer: Raph Perry

Issue: 1 Case in February and 8 YTD against an annual target of 4.

Actions: All cases reviewed and fed back to wards and consultant. Continued education and training on bare below elbows and deep cleaning.

Anticipated Delivery: Individual action plan in place for each case.

- 1.1.3 **Indicator: MSSA Bacteraemias**
Accountable Officer: Raph Perry
Issue: 1 Case in February and 11 cases YTD.
Actions: All cases reviewed and SSI group reconstituted. Continued education and audit.
Anticipated Delivery: Part of ongoing IPC
- 1.1.4 **Indicator: Maximum 6 week wait for Diagnostic Tests**
Accountable Officer: Hayley Kendall
Issue: Below target for February 2020 at 79.6% against a target of 99%.
Actions: The original MRI scanner was out of action for a seven week period from 6th December to 24th January. This was related to the scanner needing replacement of a significant part. During the down time, as much work was transferred to the new scanner as possible with additional weekend working being factored in. Since the repair activity is back to delivering plan. Additional weekend work is still continuing to clear the backlog.
Anticipated Delivery: June 2020.
- 1.1.5 **Indicator: Staff Sickness**
Accountable Officer: Sue Hodgkinson
Issue: Staff sickness is 4.62% for February against a target of 3.40% (4.66% YTD).
Actions: All divisions and corporate heads of department have provided assurance on the actions to support improvements in attendance with trajectories for an improved 2020/21 position & delivery of target provided. COVID-19 sickness reasons have been created and submitted as part of a daily sit-rep so that they can be distinguished against other sickness types.
Anticipated Delivery: Q4 2020/21, subject to COVID-19 sickness reasons.
2. **Section 2 - Quality of Care Dashboard** (Refer to Appendix 2)
- 2.1.1 **Quality of Care - Exceptions**
- 2.1.2 **Indicator: % of deaths screened for review within 7 days**
Accountable Officer: Raph Perry
Issue: Deaths screened for review within 7 days is 80% for February against a target of 95% (68% YTD).
Actions: No new actions; target due for review
Anticipated Delivery: Q1 20/21
- 2.1.3 **Indicator: Number of Falls (all areas, avoidable and unavoidable).**
Accountable Officer: Sue Pemberton
Issue: 7 Falls during February and 76 YTD against an annual target of 66.
Actions: Mini investigations are now taking place for each patient fall to ensure all mitigation actions are considered and implemented. Majority of falls remain unavoidable and recorded as noharm.
Anticipated Delivery: Ongoing
- 2.1.4 **Indicator: % Blood Cultures taken within 24 hours preceding first antibiotic given**
Accountable Officer: Raph Perry
Issue: Blood Cultures taken within 24 hours preceding first antibiotic given was 74.4% for February.
Actions: Main issue is recording in EPR. Manual process being explored
Anticipated Delivery: Q2 20/21
3. **Section 3 - Operational and Financial Performance** (Refer to Appendix 3)

3.1.1 **Operational - Exceptions**

3.1.2 **Indicator: Cancelled Operations**

Accountable Officer: Hayley Kendall

Issue: February performance is 3.4% against plan of 1.5%.

Actions: A review of each cancellation is performed and discussed monthly at the consultant business meetings. Performance is improved compared to last year but the Surgical Division strive to improve the position each month. A clinical RCA is carried out on each cancellation within surgery to understand areas for improvement and ways of avoiding future cancellations.

Anticipated Delivery: Ongoing

3.1.3 **Indicator: Radiology - Plain Film – Inpatient**

Accountable Officer: Hayley Kendall

Issue: February performance is 28.7% (YTD 45.3%) against a target of 90%.

Actions: The main reason for underperformance against the plan is consultant capacity. One Radiology Consultant has commenced in post as well as two clinical fellows which increases capacity for reporting. The risk of low compliance against plain film reporting is mitigated as all plain film x rays are primarily reviewed by the lead clinician of the inpatient team that requests the scan.

Anticipated Delivery: End of Quarter 1 2020/21

3.1.4 **Indicator: Radiology - Plain Film – Outpatient**

Accountable Officer: Hayley Kendall

Issue: February performance is 73.6% (YTD 89.3%) against a target of 90%.

Actions: The main reason for underperformance against the plan is consultant capacity. One Radiology Consultant has commenced in post which increases capacity and the two clinical fellows have been signed off to independently report which increases capacity further. Extra reporting sessions are being performed by the Radiologists to manage the current plain film reporting workload.

Anticipated Delivery: End of Quarter 1 2020/21

3.1.5 **Indicator: Radiology - CT - Outpatient**

Accountable Officer: Hayley Kendall

Issue: February performance is 84.6% (YTD 77.6%) against a target of 90%

Actions: Compliance has been challenging due to the increase in amount of healthy lung screening CTs. LHCH is significantly over the plan by 1200 scans YTD. All requests for scans are screened by the Clinical Lead for Radiology. Requests for rapid turnaround for reports are managed cross divisionally on a prioritisation process. The consultant who was planned to start in January 20 did not achieve full GMC clearance and therefore this appointment has been cancelled. There is a plan in place for succession planning with future recruitment of clinical fellows into consultant positions.

Anticipated Delivery: Quarter 1 2020/21

3.1.6 **Indicator: Radiology - MRI - Outpatient**

Accountable Officer: Hayley Kendall

Issue: February performance is 65.5% (YTD 69.1%) against a target of 90%

Actions: Significant improvement in performance in recent months. Additional support is planned to be in place by agreeing a SLA with Warrington to secure 2 MRI lists per week from April 2020. As with CT, all MRI requests are vetted by the Clinical Lead for Radiology to ensure urgent scan requests are expedited. Full compliance against this KPI is expected to be achieved shortly after the new substantive consultant capacity is in place.

Anticipated Delivery: End of Quarter 1 2020/21

3.1.7 **Indicator: Radiology - MRI - Inpatient**

Accountable Officer: Hayley Kendall

Issue: February performance is 87% (YTD 92.3%) against a target of 90%

Actions: Due to the small denominator, 13 of the 15 patients have had their reports completed within the expected KPI. Full compliance against this KPI is expected to be achieved next month.

Anticipated Delivery: April 2020

3.1.8 **Indicator: Welsh 26 weeks RTT (Admitted, Non Admitted and Incomplete)**

Accountable Officer: Hayley Kendall

Issue: Patients waiting over 26 weeks for treatment. February Performance is:

- Admitted - 79.07% against a 95% target
- Non-Admitted - 73.85% against a 98% target
- Incomplete - 91.68% against a 95% target

Actions: The Trust continues to work with Welsh commissioners to improve waiting times for patients and is focused on ensuring any patients that do breach 26 weeks are seen before 36 weeks. The main area driving the under performance is late and incomplete referrals from organisations and extended waiting times for diagnostic tests in Wales. At a recent meeting with the Welsh Commissioners LHCH highlighted the delays being experienced with referring Trusts and requested support in improving the position. This work will continue.

Anticipated Delivery: Unable to predict at present.

3.1.9 **Indicator: Turnover Rate between 1-2 yrs service (voluntary (FTC excluded))**

Accountable Officer: Sue Hodgkinson

Issue: 2.76% against a target of 1.40%.

Actions: The Retention Strategy and Action Plan 2019-2021 is being reviewed, to ensure that the appropriate data is captured and to develop initiatives to improve turnover. The Trust has also been part of NHSI Cohort 4 Retention Improvement Programme supporting Nursing turnover and good practice is being shared to include all staff. Focus is currently on ensuring the Exit Interview process is more robust and feeding back themes as appropriate.

Anticipated Delivery: Improved exit interview process by end of Q1.

3.1.10 **Indicators: Capital Expenditure, Agency Cost, Bank Cost & Deliver the recurrent CIP**

Accountable Officer: Frankie Morris

Issue, Actions & Anticipated Delivery: Refer to the finance report.

4. **Conclusion**

The Trust is facing a number of challenges including underperformance in a number of indicators. Managers and clinicians are well sighted on the issues and action plans have been produced to improve delivery and these are actively monitored. The Trust continues to work with the external agencies involved in the underperforming service areas to explore all system wide opportunities for improving performance. The IPC are sighted on the operational performance pressures and will receive quarterly updates on the statutory target compliance.

5. **Recommendations**

The Board is asked to note Trust performance and associated exception and action reports.