

Item 4.1

Board of Directors (Public)







Subject: Performance Assessment using the Strategic and Operational Dashboards
Date of meeting: Tuesday 31st January 2017
Prepared by: Tony Grayson, Head of Information Services
Presented by: Tony Wilding, Chief Operating Officer

BAF Ref	Impact on BAF Risk Rating
1, 2, 3, 4, 5	None






1. Executive Summary

The purpose of this paper is to present an update on Trust performance for December 2016/17.

Single oversight framework

Framework	Rating
Leadership and Improvement Capability	
Strategic Change	
Operational Performance	
Quality - Safe, Effective & Caring	
Quality - Organisational Health	
Finance	
Segmentation	Segment 1: Maximum autonomy; universal support

Strategic objectives – our vision ‘To be the Best’.

Objective	Rating
Quality & Experience	
Service & Innovation	
Value	
Workforce	
Working together	

2. Background

The Trust uses three dashboards to review performance:

- A Single Oversight Framework, which focuses on key metrics put forward by NHS Improvement
- A strategic dashboard, where measures reported track implementation of the Trusts strategy.
- An integrated operational dashboard, which reports all of the measures of operational performance in the month and cumulatively tracks progress across core objectives.

3. Single Oversight Framework – Exceptions and Actions

3.1 Leadership and Improvement Capability



Nothing to report.

3.2 Strategic Change



Nothing to report.

3.3 Operational Performance



Nothing to report.

3.4 Quality – Safe, Effective and Caring



3.4.1 Indicator: Occurrence of any Never Events

Issue: Never event reported in November 2016.

Actions: A comprehensive root cause analysis is in the process of being finalised.

Anticipated delivery: No additional never events since December 2016

3.4.2 Indicator: Mixed Sex Accommodation breaches

Issue: Breaches on critical care due to delays in patient flow leading to 11 breaches year to date, however, no new breaches for four consecutive months since September 2016.

Actions: There is a continued drive to enhance patient flow and continue the reduction of delayed discharges from critical care. An action plan is being adhered to and has been shared with the Critical Care Network.

Anticipated delivery: delivered in quarter 2 2016/17 and continues to be monitored.

3.5 Quality – Organisational Health



3.5.1 Indicator: Staff sickness

Issue: In-month sickness rate at 4.1% compared to the target of 3.6%; year to date remains broadly on target at 3.62%.

Actions: Departmental sickness rates are continuously discussed and monitored within Divisional Performance meetings via HR Business Partners. Managers are reminded to adhere to the Trusts Absence Policy

Anticipated delivery: January 2017

3.6 Finance



Refer to Finance Report.

4. Strategic Objectives – Exceptions and Actions

4.1 Quality & Experience



4.1.1 Indicator: Mortality reviews within 30 days

Issue: Doctors are reviewing 39% year to date (33% in month). Nurses are reviewing 59% year to date (100% in month). Both against a target of 95%

Actions: A new screening process has been introduced from October which has new cases being screened by one of a six man team (on rotation) and if the potential for learning is identified, the case will progress to full review. This method will still see all cases having a “review” and should significantly shorten the review process from a reduced number of cases requiring in depth review.

Anticipated delivery: Quarter 4 2016/17.

4.1.2 Indicator: Number of falls (20% reduction)

Issue: The 4 top areas experiencing falls are Elm, Oak, Cedar and Birch Wards. The Trust is above the target with 78 currently for the full year against a target of 49.

Actions: Benchmarking has been carried out against Papworth and Brompton hospitals showing that our fall rate is considerably low in comparison. All Quality improvement work is now in place.

Anticipated delivery: End of 2016/17.

4.1.3 Indicator: % Blood cultures taken within 24hrs preceding first antibiotic given

Issue: The Blood cultures taken within 24hrs preceding first antibiotic is currently not meeting the target with performance at 66% YTD, 59% in month against a 95% target.

Actions: Improvement work is currently under way, comprising education and feedback of performance. Additionally a new risk identification tool is being piloted to better identify patients at risk of developing sepsis.

Anticipated delivery: Quarter 4 2016/17.

4.2 Service & Innovation



4.2.1 Indicator: 14 day wait from referral to date first seen

Issue: Performance dropped below the target due to patient choice to wait outside the 14-day window. Patient seen on day 15.

Action: The Trust continues to work with other providers to ensure that the best and most efficient pathway is in place for lung cancer patients.

Anticipated delivery: quarter 3 2016/17

4.2.2 Indicator: 31 day wait from diagnosis to first treatment

Issue: Performance below target in November 2016. A total of 3 patients waited over 31 days in this period. The reasons for patients breaching the 31-day target are as follows –

1. Patient had complex medical issues prior to surgery which required further investigations before surgery could be performed.
2. Patient on Chemo regime for other primary cancer, ECAD date not applicable due to different primary's
3. Patient unfit on day of surgery required recuperation period before surgery could be rescheduled.

Action: The reasons for breaching the 31-day target are driven by patient related factors and as such no system changes have been identified. The relatively small sample size for the Trust means that the usual patient related tolerances built into the target are not sufficient,

however the Trust will continue to track and expedite patient pathways with the focus of delivering high quality performance for patients

Anticipated delivery: Performance delivered in December 2016.

4.2.3 Indicator: Welsh 26-weeks

Issue: All Welsh RTT patients waiting over 26-weeks for treatment.

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 majority of Welsh pathways are complex and only get referred to the Trust late in the pathway. The Trust is assisting commissioners in identifying ways of improving the referral process to enable delivery of this target.

Anticipated delivery: End of 2016/17.

4.2.4 Indicator: 100,000k Genome Project - Rare Diseases

Issue: Recruitment below trajectory both YTD and in month for rare diseases only.

Actions: Action Plan in place. Expect 6 samples per week. Further support from Audit team in screening for suitable patients. We are targeting opportunities in ACHD to address the shortfall in recruitment.

Anticipated delivery: Ongoing monitoring

4.3 Value



4.3.1 Indicator: Improve adoption of SLR as a reliable information source

Issue: Service line reporting is sub-optimal.

Actions: New member of staff (Senior BI Developer) started 9th January 2017 as a dedicated resource to support SLR. A new SLR Group is in the process of being formalised with Terms of Reference and a Project Plan to deliver key objectives for self-service, engagement and continuous cycle of improvements.

Anticipated delivery: Self service and engagement process will be delivered in March 2017, with the continuous cycle of improvements thereafter delivered quarterly in the form of new releases of a Self-service SLR Portal.

4.4

Workforce and Working Together



Nothing additional to report (see Single Oversight Framework regarding Staff Sickness).

5. Operational Performance



5.1 Indicator: VTE prophylaxis

Issue: VTE prophylaxis remains just below target YTD at 93.6% compared to 95%. December 2016 performance was at 88.4%.

Actions: Associate Medical Director for Medicine to review records of patients identified in December as non-compliant to understand whether performance was related to data entry errors or due to a drop in performance. Based on this review an action plan for improvements will be created and adhered to accordingly.

Anticipated delivery: Quarter 4 2016/17

5.2 Indicator: Serious incident

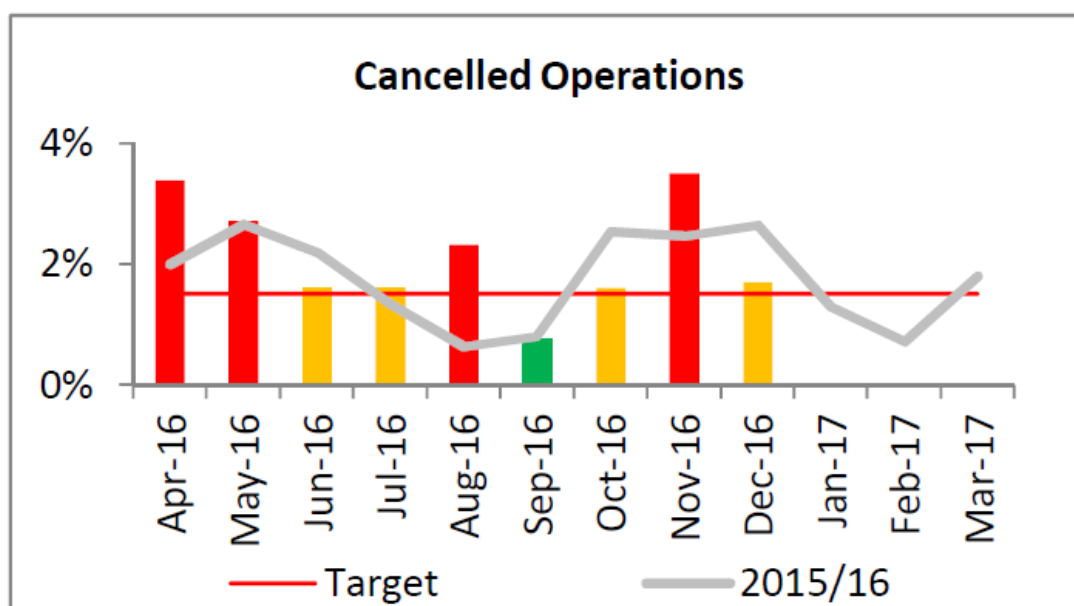
Issue: Serious incident reported in November related to a patient delay with a cancer diagnosis. Patient has since been referred to the Royal Liverpool University Hospital and no harm has been caused. Case subject to root cause analysis.

Actions: A compressive retrospective audit is now in place and a prospective audit is in progress.

Anticipated delivery: No additional serious incidents since December 2016

5.3 Indicator: Cancelled operations for non clinical reasons

Issue: Cancelled operations internal target is 1.5%. Both the YTD and the month are above the target. The YTD is 2.14%; In month is 1.7%. Performance has improved compared to the same period in 2015/16 as shown in the figure below:



Actions: The surgeon of the day will review each cancellation as it occurs and proactively seek a substitute. The escalation protocol is now embedded.

Anticipated delivery: Continued improvement expected in Quarter 4 2016/17.

5.4 Indicator: Delayed transfers of care

Issue: Delayed transfers of care are above target due to capacity issues across the local health economy, with exceptionally high pressures experienced in December 2016.

Actions: The Trust continues to work with other organisations to ensure patient discharges are managed as efficiently as possible. A flagging system is in place to identify patients with complex discharge needs which are subsequently managed by the care support team. In parallel the Director of Nursing is reviewing the CQUIN in conjunction with Commissioners.

Anticipated delivery: Linked to community based plan.

6. Finance Indicators

Refer to Finance Report.

7. Conclusion

The Trust is facing a number of challenges and underperformance in a number of indicators. Managers and clinicians are well sighted on the issues and action plans have been produced and are actively monitored.

8. Recommendations

The Board of Directors are asked to note Trust performance and associated exception reports.