

## Item 4.1







### Board of Directors (Public)

**Subject:** Performance Assessment using the Strategic and Operational Dashboards  
**Date of meeting:** 28<sup>th</sup> March 2017  
**Prepared by:** Tony Grayson, Head of Information Services  
**Presented by:** Tony Wilding, Chief Operating Officer

#### 1. Executive Summary





The purpose of this paper is to present an update on Trust performance for the period to 28<sup>th</sup> February 2016/17.

#### 1.1 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

#### 1.2 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 Trust's 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: Mixed Sex Accommodation breaches

Issue: Breaches on critical care with 18 year to date. Up until February, there had been a marked improvement in the Mixed Sex accommodation breaches within Critical Care. Unfortunately during February there have been significant MSA breaches. Each breach has been due to ward bed capacity or the unavailability of enhanced levels of care provision in the ward environment.

Actions: Each breach is escalated to a Head of Nursing and a risk assessment undertaken. Each case is assessed on an individual basis and when deemed in the patients best interest with regard to safety, the patients were kept on critical care. Where possible patients are moved to a side room on ITU to eliminate further breaches. To aid further delayed discharges, patient flow and MSA breaches, extra ward bed capacity has been achieved, with Cedar opening an extra 4 beds. There is a Patient Flow working group, led by the Deputy Director of Nursing to provide solutions and an action plan which will enable further improvements.

Anticipated delivery: End of 2016/17

### **3.5 Quality – Organisational Health**



#### **3.5.1 Indicator: NHS Staff Survey – Recommendation as a Place to Work**

Issue: The latest figures from internal surveys on Recommendation as a Place to Work are below target, however, the sample size was small. The most recent National Survey was at 73%.

Actions: Comments have been analysed and no recurring theme has been identified, however, the low response rate is under review.

Anticipated delivery: Q1 2017/18

### **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 (50% in month). Nurses are reviewing 60% year to date (50% 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 team of six (on rotation) and if the potential for learning is identified, the case will progress to full review. This method will still see all cases reviewed and should significantly shorten the overall process with a reduced number of cases requiring in depth review.

Anticipated delivery: End of 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 93 currently for the year to date against a target of 59 as of end of February 2017. In 2015/16, the Trust had a total of 89 falls, with 81 of these occurring in Elm,

Oak, Cedar and Birch Wards; with a 20% reduction set for these Wards at 64 for the year ending March 2017.

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 68% YTD, 63% 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: End of 2016/17.

#### **4.1.4 Indicator: % of Patients Discharged by 12pm**

Issue: Performance for this indicator has been below 10% for two consecutive months, significantly below the 20% target set at the beginning of 2016/17.

Actions: A review of discharge processes to identify areas for improvement has been undertaken. The results of this review have concluded that the target of 20% is unrealistic and further consideration is needed with respect to either changing this target or adapting the indicator for 2017/18.

Anticipated delivery: Indicator definitions and targets under review.

### **4.2 Service & Innovation**



#### **4.2.1 Indicator: 62 day wait for first treatment from urgent GP referral to treatment - Consultant upgrade (adjusted)**

Issue: Performance for this indicator is at 83.78% YTD against a target of 85%.

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: April 2017

#### **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.

Additional monitoring of waiting times has also been introduced by Commissioners to identify bottlenecks in the patient pathway; an initiative the Trust is actively participating in.

Anticipated delivery: Q1 2017/18.

#### **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 to be enhanced.

Actions: Resource from both Finance and Information Departments are refining current processes and have been liaising with System Suppliers and other NHS Trusts to ensure best practice is put in place. A new Costing Group is in the process of being established to deliver key objectives for self-service, engagement and continuous cycle of improvements.

Anticipated delivery: Updates to SLR data expected April 2017 with engagement work throughout Q1 of 2017/18 to improve outputs.

### **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 91.9% compared to 95%. February 2017 performance was at 87.2%.

Actions: A regular review of patients recorded as non-compliant is underway to identify improvements.

Anticipated delivery: End of 2016/17

### **5.2 Indicator: Serious incident**

Issue: Serious incident reported in February related to a data breach caused by external IT Contractor. A full root cause analysis has been completed and assurance is given that the incident has been fully investigated and resolved accordingly.

Actions: No further action.

Anticipated delivery: No further serious incidents reported.

### **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 2.1%; In month is 2.0%.

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 March 2017 and Q1 of 2017/18.

### **5.4 Indicator: Delayed transfers of care**

Issue: Delayed transfers of care are above target due to capacity issues across the local health economy.

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.

### **5.5 Indicator: GP Referrals**

Issue: GP referrals are lower in February 2017 (n=2,245) compared to the same month in 2016 (n=2,592). GP referrals overall for YTD are 3% higher than the same time period in 2015/16

Actions: With GP referrals up overall, no concern exists in relation to the drop seen in February 2016 as this is potentially a one month occurrence, however, referral levels will continue to be monitored to ensure no trends start to emerge which would otherwise raise concern.

Anticipated delivery: End of 2016/17.

## **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 and action reports.