







Board of Directors (in Public) Item 5.1

Subject: Performance Assessment using the Strategic and Operational Dashboards
Date of meeting: Tuesday 30th May 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 30th April 2017/18.

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 Delivery, Research & Innovation	
Financial Sustainability Delivering Value for Money	
Be the Best NHS Employer	
Partnership & Collaborative Working	

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



Whilst not deserving of an amber rating, the Trust has two mortality alerts open with the Care Quality Commission. For further detail, please refer to the CEO briefing.

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: Potential under reporting of patient safety incidents

Accountable Executive Officer: Mark Jackson

Issue: The latest available NRLS Report covering the period April to September 2016 has rated the Trust as level 3 for potential under reporting of patient safety incidents.

Actions: Continued focus on the importance of incident reporting in safety huddle and at team brief. The Risk and Safety Lead has met with lower reporting departments to discuss the importance of incident/near miss reporting by all staff and the definitions of what constitutes an incident/near miss. These meetings will continue in order to encourage staff to report. In addition, the Information team are developing a dashboard so that Wards can easily see the rate of incident reporting v near miss reporting.

Meetings are taking place with the Managers in the corporate division to highlight the need for better incident reporting. Although, staff in the corporate division will often report incidents and it will be managed in the area where the incident has happened, which gives the impression that teams in the corporate division are not reporting as highly as other teams.

The Learning from Deaths initiative (see separate paper by the Medical Director on this Board of Directors agenda) is being implemented across Trusts which should provide a platform for increased reporting.

LHCH has a policy to support the actioning and closing of incidents in a 28 day timeframe. This is monitored via Divisional Governance meetings monthly, with all staff that have incidents open being reported within the committee. The NRLS report shows that the organisation submitted closed incidents on average 57 days after the incident occurred which is deterioration on the previous count of 42 days. More timely closure of incidents would see learning from investigating the incident being achieved closer to the incident date. Moreover, timely incident closure would see the organisation move up in the league table of reporting for the cluster.

To assist the Divisions in the closure of incidents, the Risk Team now provide a weekly report to the Divisional Heads of Operations which details the incident handlers who have incidents open over 28 days.

The Executive Team, along with the Divisions have developed an incentivised accountability framework which will include incident reporting as a KPI.

Anticipated delivery: End of Quarter 2 2017/18

3.5 Quality – Organisational Health



3.5.1 Indicator: NHS staff survey – recommendation as a place to work

Accountable Executive Officer: Joanne Twist

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. The next internal survey will be processed and analysed in June 2017.

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 screening within 7 days and reviews within 30 days

Accountable Executive Officer: Raphael Perry / Sue Pemberton

Issue: Screening of mortalities within 7-days has been performing below 85% compared to the Trust target of 95%. Please note these data are one month behind to allow the 30 days of follow up to expire.

Actions: A new screening process has been introduced from October which has significantly improved performance.

There is new national guidance on Learning from Deaths which has implications for how organisational learning is identified and implements (please see Medical Directors report on agenda).

Anticipated delivery: Q1 2017/18.

4.1.2 Indicator: Outpatient scores from Friends & Family Test - % positive

Accountable Executive Officer: Sue Pemberton

Issue: Outpatient FFT was below target at 75%, although YTD performance is high at 91%. 33 of 44 surveys were positive with only 3.

Actions: Performance through the year has been above 90% and with no comments given to inform any necessary actions, subsequent surveys will be monitored closely for any trends and insight.

Anticipated delivery: March 2018.

4.2 Service Delivery, Research & Innovation



4.2.1 Indicator: 100,000 genome project - rare diseases

Accountable Executive Officer: Mark Jackson

Issue: Recruitment below trajectory for rare diseases.

Actions: An action plan is in place, but under-recruitment in this group is a national phenomenon, and not easily resolved.

Anticipated delivery: Ongoing monitoring and implementation of new guidance from Genomics England when and if received.

4.2.2 Indicator: Number of patients recruited into CRN trials

Accountable Executive Officer: Mark Jackson

Issue: Recruitment into CRN trials is 60 compared to the target for month 1 of 100 patients.

Actions: A reduction in number of clinics in April contributed to the reduced recruitment. This should be a short term issue.

Anticipated delivery: Ongoing monitoring.

4.3 Financial Sustainability Delivering Value for Money



Refer to Finance Report.

4.4 Be the Best NHS Employer



Nothing additional to report (see Single Oversight Framework regarding Recommendation as a place to work).

4.5 Partnership & Collaborative Working



Nothing to report.

5. Operational Performance



5.1 Indicator: VTE prophylaxis

Accountable Executive Officer: Raphael Perry

Issue: VTE prophylaxis remains just below target at 88% in April compared to a target of 95%.

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

Anticipated delivery: Q1 of 2017/18.

5.2 Indicator: Number of serious incidents

Accountable Executive Officer: Mark Jackson

Issue: Serious incident reported in April 2017.

Actions: Incident investigation is underway with Divisional Head of Operations for Medicine.

Anticipated delivery: May 2017.

5.3 Indicator: Cancelled operations for non clinical reasons

Accountable Executive Officer: Tony Wilding

Issue: Cancelled operations internal target is 1.5%. Performance in April was 2.9%.

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: Q1 of 2017/18.

5.4 Indicator: Cancelled operations for non clinical reasons seen within 28-days

Accountable Executive Officer: Tony Wilding

Issue: A TAVI patient cancelled for operation on the 23/03/2017 due to no POCCU beds.

TAVI lists run every 4th Thursday of the month. However no TAVI lists could be run in April to accommodate the patient due to surgical leave (two aortic surgeons are required to be present to perform this procedure). As a result the patient could not be offered a new date for surgery within the 28 day target.

Actions: In May 2017 two TA TAVI lists were scheduled to compensate for the lack of a list in April. The cancelled patient was listed for surgery on the 4th May 2017 and was listed first. Patient has now had surgery.

The surgical Division have now reviewed the priority listing of cases to include TAVI patients as high priority after urgent/emergency patients, learning from this incident.

Anticipated delivery: May 2017.

5.5 Indicator: Delayed transfers of care

Accountable Executive Officer: Tony Wilding

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.

Anticipated delivery: Linked to community based plan.

5.6 Indicator: GP Referrals

Accountable Executive Officer: Tony Wilding

Issue: Performance for this indicator was below target for the month of April by about 500 compared to the same period last year and when compared to 16/17 average. Mainly GP referrals from Liverpool PCT.

Action: Monthly figures fluctuate between 3500 - 4400. Figures will be reviewed in month 2 to see if there is a trend.

Anticipated delivery: Not applicable

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

Accountable Executive Officer: Tony Wilding

Issue: Performance for this indicator was below target for the month of April. This is due to one patient breaching due to administrative error. Due to an extremely low denominator these results are non-compliant.

Action: Discussed with Trust MDT Coordinator team and Countess of Chester team. Patients to be tracked by both organisations until treated.

Anticipated delivery: May 2017

5.8 Indicator: Welsh 26-weeks

Accountable Executive Officer: Tony Wilding

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.

5.9 Indicator: Appraisals

Accountable Executive Officer: Joanne Twist

Issue: Appraisals performance has fallen to 79% against a target of 90%

Actions: The Trusts appraisal window for 2017/18 is now open from the 1st May and closes 31st August. Departments have submitted plans of completing all staff appraisals within this time period and will be monitored closely.

Anticipated delivery: September 2017

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.