

## Board of Directors (Public)

### Item 5.1






**Subject:** Performance Assessment using the Strategic and Operational Dashboards  
**Date of meeting:** 25<sup>th</sup> January 2016  
**Prepared by:** Tony Grayson, Head of Information Services  
**Presented by:** Tony Wilding, Chief Operating Officer

BAF Ref	Impact on BAF Risk Rating?
1, 2, 4, 5, 6, 7, 8, 9	None

### 1. Executive Summary

The purpose of this paper is to present an update on Trust performance for December 2015/16.

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

Objective	Rating
Quality & Experience	
Service & Innovation	
Value	
Workforce	
Stakeholder	

### 2. Background

The Trust uses two dashboards to review performance:

- 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. Strategic Objectives – Exceptions and Actions

#### 3.1 Quality & Experience



No exceptions to report.

#### 3.2 Service & Innovation



Indicator: Number of patients recruited into CRN research (open trials)

Issue: At the end of December, the cumulative target was 563. We were, therefore, 59 below our year to date target. This was largely caused by a dip in recruitment in August (recruited = 32, target= 63) along with slightly lower than target recruitment in July. Performance has been improving since September but recruitment in December derailed closing the gap completely. As a consequence of new trials starting, we anticipate recovery before the end of the year.

Actions: The following steps are continuing to be taken to increase recruitment:

- Increase recruitment targets for trials with the potential to recruit large numbers.
- Set individual recruitment targets with each research nurse
- Include nurse time to recruitment target ratio in feasibility assessment for each trial. Review nurse time to recruitment target ratio of current trials.
- Present to management team any recommendations for delaying trials with low nurse time to recruitment target ratio in order to reinvest resources in large-recruiting trials.
- Ensure accelerated start of at least 3 portfolio trials currently in set up

Anticipated recovery: March 2016

#### 3.3 Value



Indicator: Financial margin and cost reduction strategy  
Refer to Finance Report for further detail.

#### 3.4 Workforce



Indicator: Bank & agency spend

Issue: Bank & agency spend continues to be high.

Actions: Heads of Department have been instructed that all non-clinical use of agency staff is to cease, except where doing so would pose a significant risk to the Trust. A new process for justifying agency use has been put in place. A cap on agency spending has also been introduced, so any justified agency use has reduced cost implications.

Plans to reduce agency use for nursing are also in place as previously presented to the Board of Directors.

Anticipated recovery: Quarter 1 2016/17

#### 3.5 Stakeholders



Indicator: Private patient activity

Issue: Private patient activity is below plan due to the continued trend of a reduction in thoracic surgery and catheter procedures.

Actions: We have spoken to the clinical leads and there are no issues raised, just a reduction in referral activity. All other procedures are on plan.

Anticipated recovery: End of March 2016

#### **4. Operational Performance – Integrated Dashboard**

##### **4.1 Indicator: Mixed sex accommodation breaches**

Issue: Breaches on critical care due to poor patient flow.

Actions: The main cause of mixed sex breaches is due to patients being unable to transfer out of their critical care bed to a ward bed due to pressures with patient flow. The additional beds in surgery which have opened on Cedar Ward together with the additional beds available due to the transfer of Upper GI to the Royal will support a reduction in the number of mixed sex breaches and we would expect to see improvements in the remaining months of the current year.

Anticipated recovery: Quarter 4 2015/16

##### **4.2 Indicator: Sepsis care bundle (blood cultures taken within 24hrs preceding first antibiotic given and delivery of at least one sepsis antibiotic within one hour of prescription)**

Issue: For patients with indications of sepsis, the appropriate taking of blood cultures prior to antibiotics being given is below satisfactory standards, albeit improving. The timeliness of patients receiving at least one sepsis antibiotic within one hour is also below standard.

Actions: Continuation of education programme for junior doctors during trust induction with the use of the audit results to highlight the importance of delivering key standards for sepsis care. Ensure continuous feedback of audit results via Audit Days and through the Infection Prevention Team. Development of EPR to enable further supportive care documentation for monitoring of other key aspects of management of sepsis:

- a. Lactate measurement
- b. Administration of fluid bolus

Anticipated recovery: March 2016

##### **4.3 Indicator: Medication errors**

Issue: Reported medication errors on PRISM are higher than last years reported numbers.

Actions: Reported medication errors are reviewed on a monthly basis and findings discussed at Divisional Governance meetings. No significant areas of concern have been identified and the vast majority of reported errors are either minor or no harms associated. No errors have led to major or severe harm to patients. Information will continue to be reviewed.

Anticipated recovery: March 2016

##### **4.4 Indicator: Serious incidents, never events and red alerts**

Issue: No new serious incidents, never events or red alerts reported since October.

Action: No new actions.

Previous reported serious incidents included adverse publicity regarding emergency button in theatre coffee room being blocked by a vending machine. Button not used; issue closed. The second and third reported incidents relate to a critical care patient and a surgical procedure respectively. Both incidents are under investigation.

Anticipated recovery: Not applicable

#### **4.5 Indicator: 18-weeks incomplete pathways**

Issue: The 18-week backlog reached 199 patients waiting over 18-weeks for treatment at the end of December 2015 and therefore exceeded the 92% target. This was as a consequence of cancelled operations due to potential strike action in December, an increase in the proportion of urgent patients taking elective patient slots and a number of cancellations due to critical care beds being full as a consequence of high levels of activity.

Actions: Patients displaced by potential strike action are being rescheduled accordingly and capacity is being utilised on longest waiters. Additional capacity is also being identified where possible to reduce the backlog.

Anticipated recovery: Quarter 4 2015/16

#### **4.6 Indicator: Welsh 26-weeks**

Issue: Welsh patients continue to wait over 26-weeks for treatment.

Actions: The Trust is working 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 recovery: April 2016

#### **4.7 Indicator: Cancelled Operations**

Issue: The Trust has experienced 129 cancelled operations and two breaches of the 28 day guarantee to date.

Actions: A multidisciplinary approach to scheduling is being established to enable the underlying co-morbidity of surgical patients to be taken into account alongside the complexity of the surgical procedure with the aim of distributing more evenly high risk cases that are likely to have more prolonged stays on intensive care.

Significant work is underway in reviewing capacity, in particular modelling the impact of emergency admissions to enable flexing of capacity where appropriate.

A new reporting database for cancelled operations has been launched in October 2015 to improve data capture and the flow of information to escalate accordingly patients at risk of breaching standards. Information reviewed in weekly performance meeting.

Performance in December significantly impacted by high acuity of patients in critical care and therefore beds being unavailable.

Anticipated recovery: April 2016

#### **4.8 Indicator: Referrals from other sources**

Issue: The number of referrals from other sources is lower than the same time period reported last year.

Actions: Referrals overall are 7% higher this year with over 1,500 additional referrals, specifically GP referrals from the Southport & Formby area which is seeing many if not all cardiology patients referred direct to the Trust instead of via the District General Hospital. Due to the overall increase in referrals the reduction of other referrals, related to a reduction in internal referrals between consultants, is not a significant concern.

Anticipated recovery: April 2016

#### **4.9 Indicator: Diagnostic waits**

Issue: The number of breaches of the 6-week diagnostic waiting time target exceeded the 99% target for the month of December, albeit significantly less breaches than previous months (8 in December compared to 17 in November). The issue is driven by capacity: demand mismatch for diagnostic tests in Radiology.

Actions: Plans are in place to ensure breaches are kept to a minimum during the remainder of the year with the use of additional sessions, and we are moving forward with plans to deliver additional capacity 8am to 8pm weekdays and Saturday mornings in the new financial year.

Anticipated recovery: March 2016

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

Issue: Delayed transfers of care were above target in month for December 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 recovery: March 2016

#### **4.11 Indicator: Elective length of stay for cardiac surgery (days)**

Issue: Length of stay for elective cardiac surgery is high in month for December as a consequence of the acuity of patients.

Actions: Patients are being managed appropriately based on clinical need and length of stay will continue to be monitored accordingly.

Anticipated recovery: Quarter 4 2015/16

#### **4.12 Indicator: Finance Section**

Refer to Finance Report for further detail.

## **5. Emerging Risks**

The following emerging risks will be considered by the lead executive named and their impact reflected in action plans and the corporate risk register as necessary.

Diagnostic waits

Tony Wilding

## **6. 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.

## **7. Recommendations**

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