

Board of Directors (Public)

Item 5.1

Subject: Performance Assessment using the Strategic and Operational Dashboards **board report**

Date of meeting: 27th April 2015

Prepared by: Dr Mark Jackson, Director of Research & Informatics

Presented by: Dr Mark Jackson, Director of Research & Informatics

Data Quality Rating	BAF Ref	Impact on BAF Risk Rating?
Mixed	1, 2, 4, 5, 6, 7, 8, 9	None (18 weeks impact already reflected in BAF from February Board)

1. Executive Summary

The purpose of this paper is to present an update on Trust performance for the month of March 2015 and additionally for the full year.

2. Background

The Trust uses two dashboards to review performance:

- A strategic dashboard, where measures reported are those developed to track implementation of the Trusts strategy.
- An operational dashboard, that reports all of the measures used to assess operational performance month to month.

3. Issues

Strategic Objectives

The Trust is currently achieving all strategic objectives measures for quality & experience, service & innovation, and stakeholder.

Currently red rated for value, turnover rate between 1 & 2 years' service (voluntary) and staff sickness.

Regarding the end of year position:

There has been underachievement of target in patient harm, the implementation of innovative models of care, mandatory training compliance and growth in NHS activity.

We have missed our targets in value, turnover rate between 1 & 2 years' service (voluntary) and staff sickness.

We have achieved or exceeded target in the friends and family test, patients recruited to trials, advocacy score and private patient activity.

Market share measures were developmental for 14/15.

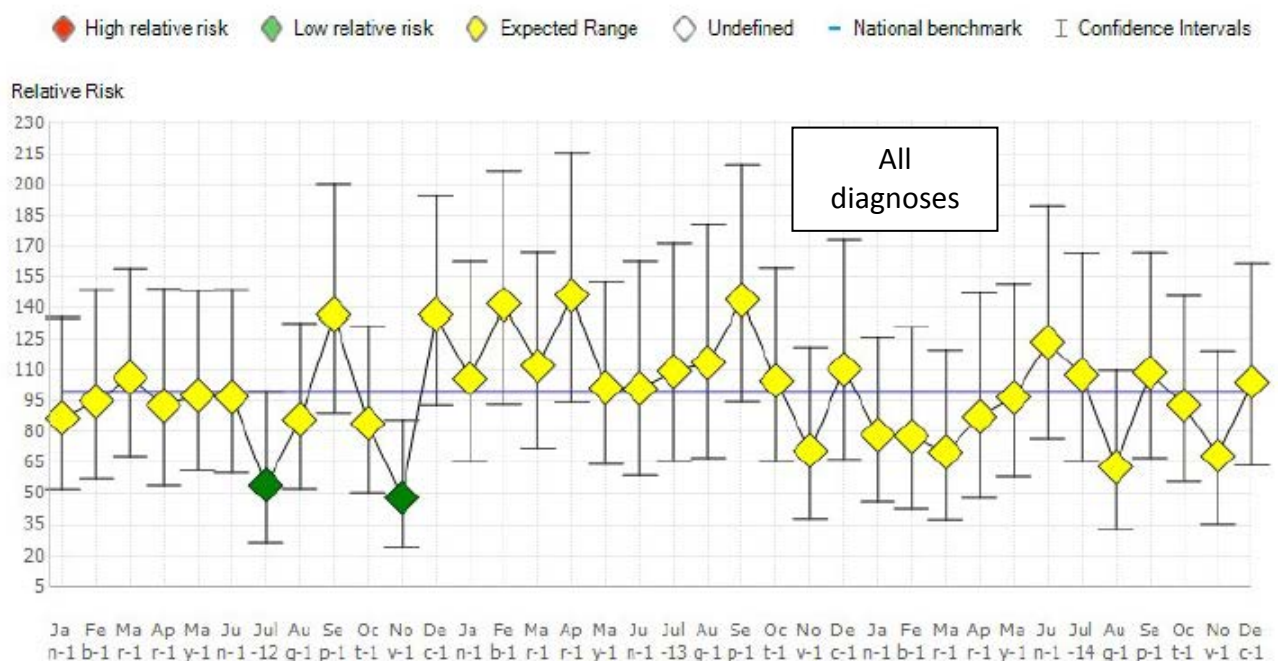
Exception reports from the Executive Directors accountable are attached.

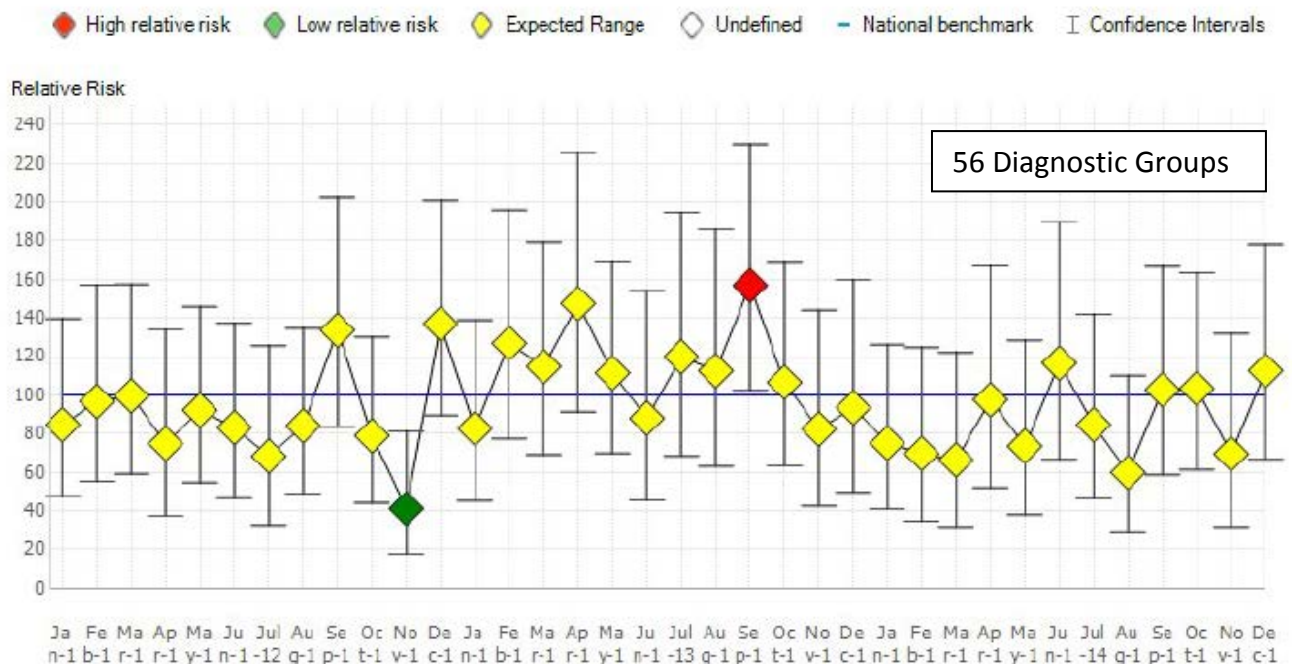
Performance Report Summary

Currently red rated against year to date targets for number of falls, medication errors, 18 weeks admitted pathways, 18 weeks incomplete pathways, 26 weeks admitted, non-admitted and incomplete pathways, cancelled operations (including 28 day guarantee – as a consequence of a single patient, reported to Board in January 2015), turnover (voluntary) and staff sickness.

Other indicators in addition to the above which are failing in month are 18 weeks non admitted pathways, delayed transfers of care and in-hospital deaths which have been rated red for the month of March 2015. Whilst the number of deaths for March is high at 13, we have successfully delivered more than 4% reduction in the number overall. Additionally, a number of the mortality metrics are showing amber.

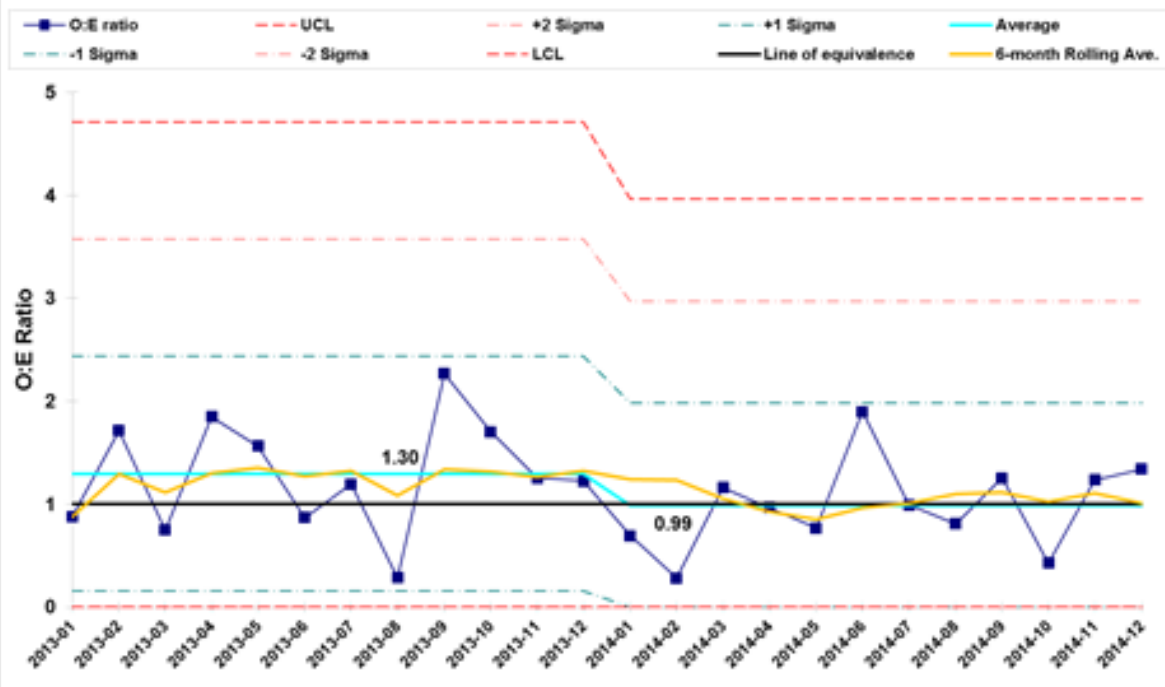
Hospital Standardised Mortality Indicators (both all diagnoses and those 56 diagnoses associated with the mort mortality) are also slightly above expected. The Board will recall that these measures run a number of months behind real time as they are provided by Dr Foster using validated methodology. Given this lag, and the elevated number of deaths recently seen, we are likely to see this trend of observed mortality slightly exceeding expected for a number of months to come. However, confidence limits include unity, and both HSMR statistics for the full year are green.

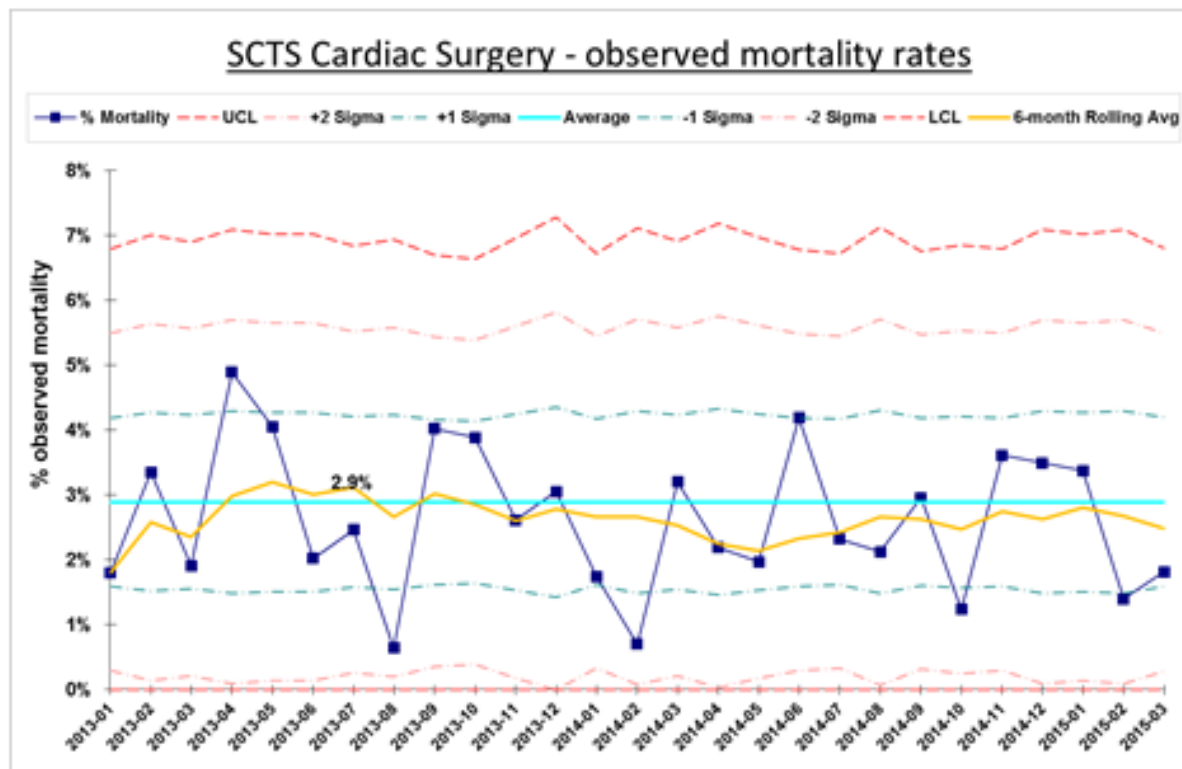




Risk adjusted surgical mortality is also above expected both in month (December 2014) and for the year. Board members will recall the presentation delivered in November 2014 where the timeliness of these data was explained (data validation prior to national submission) and a recent recalibration in the NICOR risk adjustment model for all cardiac surgery was described. This has resulted in a significant change in the national audit standard. The impact for LHCH was to shift or regularly reported performance from an OE ratio of around 0.5 to 0.8 to close to unity. Unadjusted surgical mortality has however fallen in February & March.

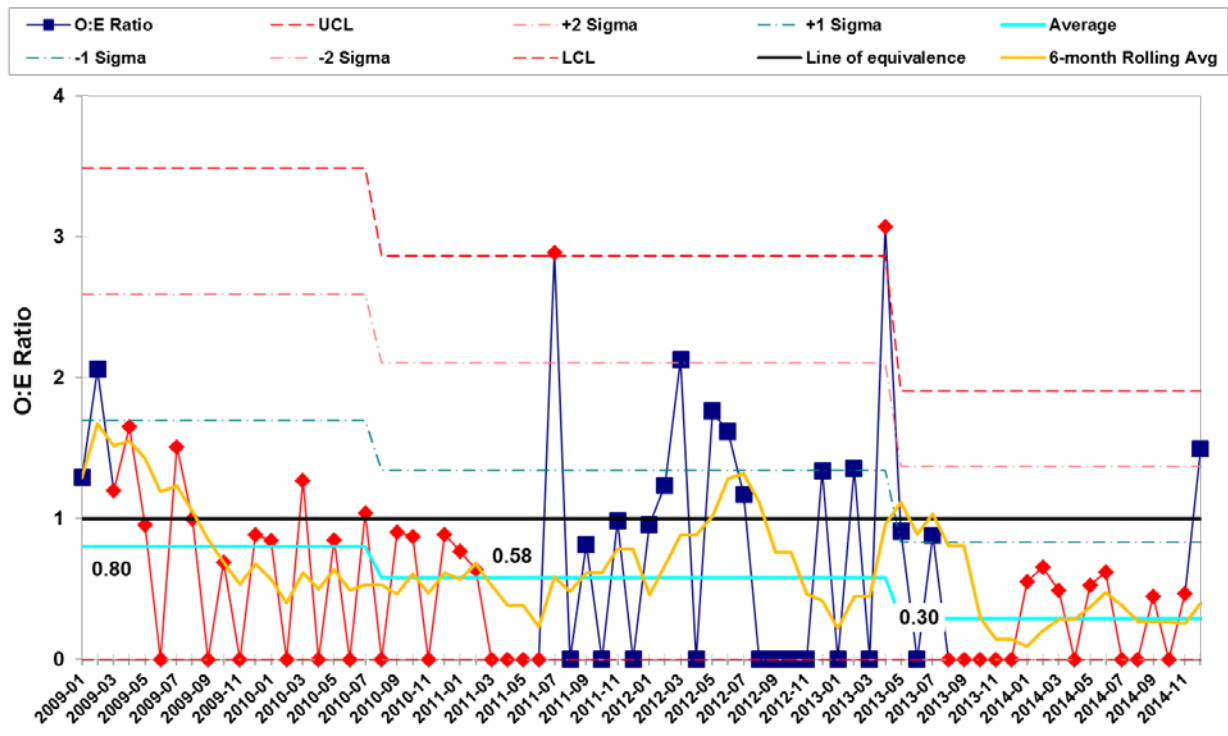
SCTS Cardiac Surgery - observed:expected risk adjusted mortality ratio



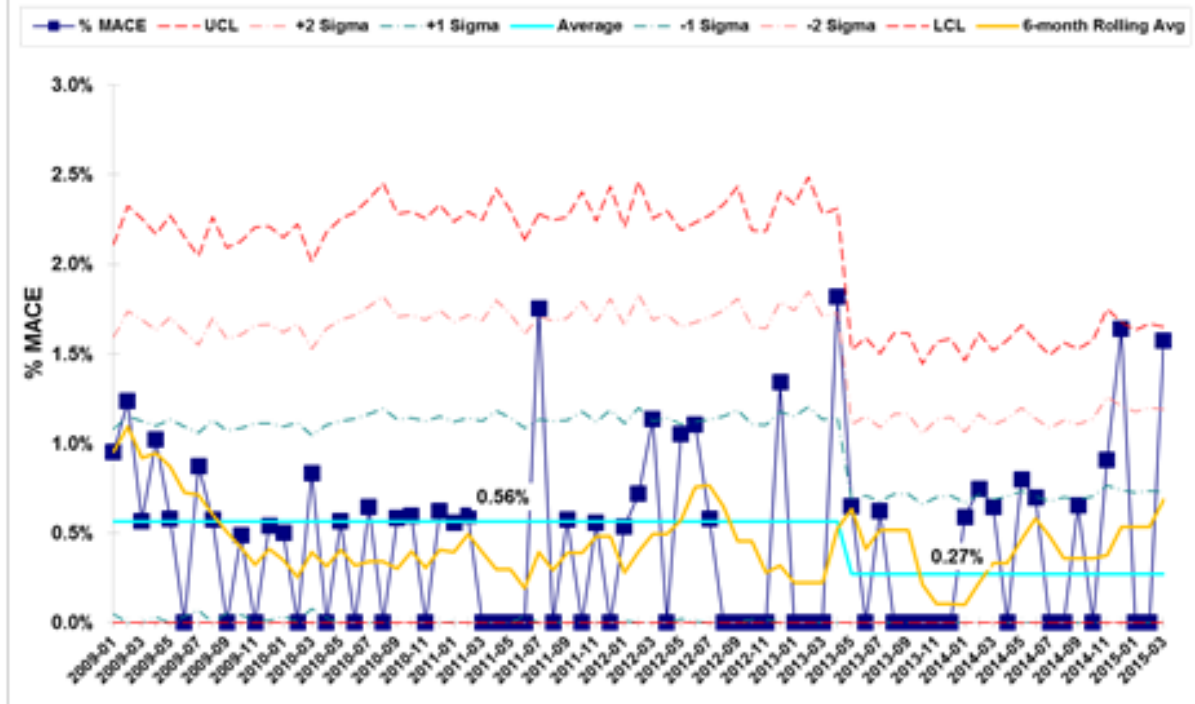


The risk adjusted non primary PCI major adverse cardiac events (MACE) is also elevated above unity for the month. This is a most definitely the product of a cluster of MACE in December 2014 (two events; see below). The year to date OE ratio remains well below unity. Two events were experienced in March so the OE ratio for this month will be above unity also. We are expecting national recalibration of the PCI MACE model soon. This will have a similar impact to the CABG experience described above.

Non-Primary PCI - observed:expected risk adjusted MACE ratio



Non-Primary PCI - observed monthly MACE rates



Never events and SI's have also been rated as red, with an exception report for 'SI's given in February 2015.

Exception reports are attached for all failing indicators.

For details on financial indicators please refer to the Finance Report.

4. Conclusion

The strategic and operational dashboards report performance for the Trust up to and including March 2015, and also reflect the full year 2014/15.

5. Recommendations

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