

Board of Directors (Public)

Item 5.1

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

Date of meeting: 26th May 2015

Prepared by: Tony Grayson, Head of Information Services

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	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 April, the first month of 2015/16.

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

Achieving all strategic objectives measures for service & innovation and stakeholder.

Currently red rated for:

Incidents reported – Incidents reported continues to decline and we are in the bottom tercile when benchmarked to similar Trusts. This reduction is at odds with the on-going safety culture work. Many planned actions are in the pipeline linked primarily to the action plan developed from the external review of risk management reported in November 2014.

Financial margin – The Trust is reporting a net normalised deficit of £277k achieved in April compared to a planned deficit of £187k, with an adverse in month variance of £90k. The in month variance is largely driven by a shortfall in CIP delivery and a higher than trend spend on bank, agency and overtime.

Cost reduction strategy – The cost improvement programme (CIP) for Month 1 is £364k, against which the Trust has delivered £219k. The shortfall in CIP delivery is therefore £145k.

Staff turnover – Turnover between one and two years in post remains high in pockets within the Trust. A number of Listening events have now taken place which have identified team and cultural issues, differences between job roles advertised and the reality and the need to address increases to staffing levels in areas with high volume and complexity of patients.

The new 'trac' electronic recruitment process is now up and running and this will improve time to hire. On-going quarterly recruitment days are being held to reduce the time taken to hire and workforce planning arrangements are in place to better predict future staffing levels. Educational pathways and staff rotations are also being explored to increase flexibility.

Performance Report Summary

Currently red rated for:

Mixed sex accommodation breaches - There is recognition that the Trust needs to address the issues, created as a result of poor patient flow leading to these breaches. There are two key work streams that will review this, the care support team, which will target discharge planning effectively plus the Listening into Action work connected to reviewing discharge processes.

Mobile screens and costings are being reviewed to confirm whether this will ensure privacy and dignity. This may impact on patient safety if patients are difficult to view. A risk assessment will be undertaken as part of this review.

18-weeks and 26-weeks all pathways - Performance is being managed at the weekly performance meetings and Execs receive a weekly update as part of our normal reporting procedures. We are actively sending patients to be treated at UHNM and UHSM to support the reduction in our surgical backlog and delivering additional sessions on site as part of our RTT action plan. For 26 weeks, we will be monitoring performance in line with the recent communication from the Welsh commissioners.

Cancelled operations (including 28-day guarantee) - There are a number of proposed actions to support improvements in the current performance position. These are:

- Review and re-establishment of the procedure for escalating cancelled operation to the divisional management team
- Installation of the Liverpool scheduling software (LSS) package into the Theatre department to mitigate overruns. Additionally, the issues surrounding cancelled operations have also been shared with the consultants in surgery.
- Equipment failure has predominantly effected the respiratory Department; due to issues with the sterile cabinet used to store decontaminated scopes prior to use.
- We have made major investments in Critical Care Staffing; however there was a lead time to get these staff in post and this is now happening.
- We are carrying out detailed activity, capacity planning and bed modelling as part of the annual business cycle.

The 28 day guarantee was not upheld because of a proctored AF ablation case where the proctor was not available within the 28 day timescale together with a rebooking too close to the 28 day threshold. Going forward, cancellations will be rebooked after two weeks to minimise the chances of a reoccurrence.

Delayed transfers of care - The Trust has a proactive approach to discharge planning and current performance reflects the pressures within the wider health economy especially the repatriation of patients to intermediate care beds and back to other Trusts.

The Trust is augmenting its usual discharge team with further care support capacity to help proactively manage delayed discharges.

4. Conclusion

The strategic and operational dashboards report performance for the Trust for the first month of 2015/16.

5. Recommendations

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