

Board of Directors (Public)

Item 5.1

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

Date of meeting: 28th July 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, 9	None (18 weeks impact already reflected in BAF)

1. Executive Summary

The purpose of this paper is to present an update on Trust performance for June 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 quality & experience and service & innovation.

Currently red rated for - financial margin, cost reduction strategy (for both, (see Finance report), turnover rate between one and two years, , bank & agency spend and recommendation as a place to work.. Also, red rated for length of stay for elective coronary surgery in month.

Indicator: Turnover

Issue: Pockets of high turnover exist within theatres and certain wards and turnover between year one and two of employment continue to be of concern.

Actions: New electronic recruitment process up and running to improve time to hire, quarterly recruitment days are being held, 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.

Indicator: Bank & Agency Spend

Issue: The cost of bank and agency use across the Trust remains substantially higher than plan.

Actions: Areas with significantly high bank and agency spend have been asked to complete exception reports detailing reasons for the spend and plans to address. Bank and agency spend is being reviewed quarterly and work streams are established within the PMO to assist in addressing this issue.

Indicator: Recommendation as a place to work.

Issue: Latest internal survey results have dropped significantly.

Actions: The Trusts Listening into Action campaign is seen as a key enabler to making sure staff feel empowered to make changes across the organisation and should increase the proportion of staff who recommend LHCH as a place to work. A number of key work streams are underway.

Indicator: Elective CABG length of stay

Issue: length of stay for elective CABG surgery is higher compared to benchmarking data.

Action: A group reviewing length of stay for cardiac surgery has been set up to identify and implement solutions to reduce length of stay for this patient population. Further review of benchmarking information via Dr Foster is also being undertaken to test the reliability of the current target compared to casemix variations.

Operational Performance

Currently red rated for mixed sex accommodation breaches, serious incidents, 26-weeks all pathways, cancelled operations (including 28-day guarantee), turnover and appraisals.

Indicator: Mixed sex accommodation breaches.

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

Actions: Potential use of screens in critical care to ensure privacy and dignity are maintained is underway and work streams related to discharge planning and Listening into Action will assist in addressing these issues.

Indicator: Serious incidents

Please refer to Quality Committee BAF key issues.

Indicator: Welsh 26-weeks.

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

Actions: Welsh commissioners are focused on ensuring patients are treated within 36-weeks and this is being reviewed on a weekly basis at the Trusts performance meeting. Currently the Trust has on average 2 to 3 patients each month waiting over 36-weeks without a treatment date; with the longest wait being 40 weeks.

Indicator: Cancelled Operations.

Issue: The Trust continues to have a high volume of cancelled operations and risk of cancellations breaching the 28-day guarantee.

Actions: We have reviewed and re-established the procedure for escalating cancelled operation to the divisional management team and improved monitoring of potential 28-day guarantee breaches.

The issues regarding overruns in Theatre are under review and a number of actions are already currently underway, these include installation of the Liverpool scheduling software (LSS) package used in Cath Labs into the Theatre department. 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.

Two patients have been previously reported as having breached the 28-day guarantee. The first patient was cancelled due to emergency replacement and was only brought in after 28-days. The second patient was originally cancelled due to list overrun and then cancelled for a second time due surgeon unavailability (family bereavement). Both patients have now been treated.

Indicator: Appraisals

Issue: Appraisals have dropped however this was anticipated.

Actions: Appraisals for the new financial year will be rolled out in Q2 and an electronic appraisal system is to be piloted.

4. Conclusion

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

5. Recommendations

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