

Board of Directors (Public)

Item 5.1

Subject: Performance Assessment using the Strategic and Operational Dashboards
Date of meeting: 24th November 2015
Prepared by: Tony Grayson, Head of Information Services
Presented by: Tony Wilding, Chief Operating Officer






**board
report**

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 October 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, that 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 October, the cumulative target was 438. We were, therefore, 35 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 is improving since September and is on track to recover 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: December 2015

3.3 Value



Indicator: Financial margin and cost reduction strategy

Refer to Finance Report for further detail.

3.4 Workforce



Indicator: Appraisals

Issue: The percentage of appraisals completed within date are below target.

Actions: Significant improvement has been made from 55% at the end of September to 71% at the end of October. Managers have been instructed to confirm appraisal dates throughout November for staff currently out of date.

Anticipated recovery: End of November 2015

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 is also being introduced, so any agency use which is justified, will have 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 dropped significantly in October to ensure capacity for elective and urgent NHS activity was available.

Actions: Surgery and Medicine Divisions will continue to prioritise accordingly for the benefit of patients putting quality and safety first. Private patient activity will, capacity allowing, be delivered to plan for the remainder of the financial year.

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 will support a reduction in the number of mixed sex breaches and we would expect to see the number drop over the last 5 months of the current year.

Anticipated recovery: Quarter 4 2015/16

4.2 Indicator: Sepsis

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: One serious incident occurred in October which was also classed as both a never event and red alert.

Action: A never event was reported on the 6th October relating to a surgical procedure. This event is under investigation and is currently recorded as a never event, a serious incident and a red alert.

Previous 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 reported incident relates to a critical care patient. Incident currently under investigation..

Anticipated recovery: November 2016

4.5 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

4.6 Indicator: Cancelled Operations

Issue: The Trust has experienced 91 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 to be reviewed in weekly performance meeting.

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

Anticipated recovery: April 2016

4.7 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 8% 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

4.8 Indicator: Diagnostic waits

Issue: The number of breaches of the 6-week diagnostic waiting time target exceeded the 99% target for the month of October. 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 the potential use of an imaging vehicle and / or capacity within the private sector if required.

Anticipated recovery: March 2016

4.9 Indicator: Delayed transfers of care

Issue: Delayed transfers of care were above target in October 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

4.10 Indicator: Appraisals

Refer to section 3.4 of this report for further detail.

4.11 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.

Patient acuity	Tony Wilding
Reputational impact from the never event	Raph Perry
Capacity	Tony Wilding
Junior Doctors industrial action	Debbie Herring

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.