







## Council of Governors (in Public) Item 8.1

**Subject:** Performance Assessment using the Strategic and Operational Dashboards  
**Date of meeting:** 5<sup>th</sup> June 2017  
**Prepared by:** Tony Grayson, Head of Information Services  
**Presented by:** Tony Wilding/Director of Strategic Partnerships & Chief Operating Officer






### 1. Executive Summary

The purpose of this paper is to present an update on Trust performance for the period to 31<sup>st</sup> March 2016/17.

#### 1.1 Single Oversight Framework

Framework	Rating
Leadership and Improvement Capability	
Strategic Change	
Operational Performance	
Quality - Safe, Effective & Caring	
Quality - Organisational Health	
Finance	
Segmentation	Segment 1: Maximum autonomy; universal support

## 1.2 Strategic Objectives – Our Vision ‘To be the Best’

Objective	Rating
Quality & Experience	
Service & Innovation	
Value	
Workforce	
Working together	

## 2. Background

The Trust uses three dashboards to review performance:

- A Single Oversight Framework, which focuses on key metrics put forward by NHS Improvement
- A strategic dashboard, where measures reported track implementation of the Trust’s 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. Single Oversight Framework – Exceptions and Actions

### 3.1 Leadership and Improvement Capability



Nothing to report.

### 3.2 Strategic Change



Nothing to report.

### 3.3 Operational Performance



Nothing to report.

### 3.4 Quality – Safe, Effective and Caring



Indicator	Target	Performance	Actions	Anticipated Delivery	Responsible
Occurrence of never events	0	1 never event in March 2017	A full route cause analysis is underway	April 2017	Mark Jackson
Mixed Sex Accommodation Breaches	0	21 in 2016/17	Extra ward bed capacity has been achieved, with Cedar opening an extra 4 beds	April 2017	Sue Pemberton

### 3.5 Quality – Organisational Health



Indicator	Target	Performance	Actions	Anticipated Delivery	Responsible
Recommendation as a place to work	>=76%	64% for Q4 2016/17	Comments have been analysed and no recurring theme has been identified; last national survey achieved 73%	Q1 2017/18	Joanne Twist

### 3.6 Finance



Refer to Finance Report.

## 4. Strategic Objectives – Exceptions and Actions

### 4.1 Quality & Experience



Indicator	Target	Performance	Actions	Anticipated Delivery	Responsible
Mortality reviews within 30 days	>=80%	Doctors – 62% for 2016/17 Nurses – 59% for 2016/17	New screening process in place to shorten the overall review process and	Q1 2017/18	Raphael Perry / Sue Pemberton

			improve performance.		
<b>Number of falls</b>	<b>&lt;=65</b>	<b>99 for 2016/17</b>	Benchmarking has been carried out against Papworth and Brompton hospitals showing that our fall rate is considerably low in comparison	<b>April 2017</b>	<b>Sue Pemberton</b>
<b>% Blood cultures taken within 24hrs preceding first antibiotic given</b>	<b>&gt;=95%</b>	<b>67% for 2016/17</b>	Improvement work is currently under way, comprising education and feedback of performance. Additionally a new risk identification tool is being piloted to better identify patients at risk of developing sepsis.	<b>Q1 2017/18</b>	<b>Raphael Perry</b>

#### 4.1 Service & Innovation



<b>Indicator</b>	<b>Target</b>	<b>Performance</b>	<b>Actions</b>	<b>Anticipated Delivery</b>	<b>Responsible</b>
<b>62 day wait for first treatment from urgent GP referral to treatment - Consultant upgrade (adjusted)</b>	<b>&gt;=85%</b>	<b>71.4% in March 2017</b>	The Trust continues to work with other providers to ensure that the best and most efficient pathway is in place for lung cancer patients.	<b>April 2017</b>	<b>Tony Wilding</b>

<b>Welsh 26-weeks</b>	<b>&gt;=95%</b>	<b>91.5% for 2016/17</b>	The Trust continues to work 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.	<b>Q1 2017/18</b>	<b>Tony Wilding</b>
<b>100,000 genome project - rare diseases</b>	<b>&gt;=294</b>	<b>103 for 2016/17</b>	Action Plan in place. Expect 6 samples per week. Further support from Audit team in screening for suitable patients.	<b>Ongoing monitoring</b>	<b>Mark Jackson</b>

#### 4.2

#### Value



Refer to Finance Report.

#### 4.3

#### Workforce and Working Together



Nothing additional to report (see Single Oversight Framework regarding Recommendation as a place to work).

### 5. Operational Performance



<b>Indicator</b>	<b>Target</b>	<b>Performance</b>	<b>Actions</b>	<b>Anticipated Delivery</b>	<b>Responsible</b>
<b>VTE prophylaxis</b>	<b>&gt;=95%</b>	<b>84.4% in March 2017</b>	A regular review of patients recorded as non-compliant is underway to identify improvements	<b>Q1 2017/18</b>	<b>Raphael Perry</b>
<b>Cancelled operations for non clinical reasons</b>	<b>&lt;=1.5% (internal only)</b>	<b>2.2% for 2016/17</b>	The surgeon of the day will review each cancellation as it occurs and	<b>Q1 2017/18</b>	<b>Tony Wilding</b>

			proactively seek a substitute. The escalation protocol is now embedded.		
<b>Delayed Transfers of Care</b>	<b>&lt;=4.5%</b>	<b>5.9% for 2016/17</b>	The Trust continues to work with other organisations to ensure patient discharges are managed as efficiently as possible.	Linked to community based plan.	<b>Tony Wilding</b>

## 6. Finance Indicators

Refer to Finance Report.

## 7. 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.

## 8. Recommendations

The Council of Governors are asked to note Trust performance and associated exception and action reports.