

Council of Governors (Public)






Item 8.1

Subject: Performance Assessment Using the Strategic and Operational Dashboards
Date of meeting: 13th June 2016
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1. Executive Summary

The purpose of this paper is to present an update on Trust performance for March 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, which 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



Indicator: Number of falls (20% reduction)


Issue: In March the number of falls were 10 against a target of 5 and therefore rated red in month. The total number of falls for the year is 90 and has therefore exceeded the 77 target needed to achieve a 20% reduction. Performance is significantly better than 2014/15, however, with a 6% reduction in falls compared to the same period last year, and therefore rated as amber. The 3 top areas experiencing falls are Oak, Cedar and Birch Wards.

Actions: Quality improvement work will be undertaken on the above mentioned Wards next financial year to improve performance.

Anticipated recovery: Quarter 1 2016/17

3.2 Service & Innovation

Indicator: Number of patients recruited into CRN research (open trials)

Issue: At the end of March, the cumulative target was 750. We are therefore 66 below our year end recruitment objective. Performance has improved since a significant drop in recruitment numbers in December  and this improvement has been constant throughout quarter 4 of 2015/16.

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: April 2016

3.3 Value



Indicator: Financial margin and cost reduction strategy

Refer to Finance Report for further detail.

3.4 Workforce

Indicator: Bank & agency spend

Issue: Bank & agency spend continues to be high.

Actions: Heads of agency staff is to



Department have been instructed that all non-clinical use of 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 has also been introduced, so any justified agency use has 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 is below plan due to the continued trend of a reduction in thoracic surgery and catheter procedures.

Actions: We have spoken to the clinical leads and there are no issues raised, just a reduction in referral activity. All other procedures are on plan.

Anticipated recovery: April 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 will be permanently opened on Cedar Ward in April 2016 together with plans to open more beds on critical care during 2016/17 and the additional beds available due to the transfer of Upper GI to the Royal will support a reduction in the number of mixed sex breaches and we would expect to see improvements next financial year.

Anticipated recovery: Quarter 1 2016/17

4.2 Indicator: Sepsis care bundle (blood cultures taken within 24hrs preceding first antibiotic given and delivery of at least one sepsis antibiotic within one hour and three hours of prescription)

We have set ourselves a very challenging (internal) one hour target in addition to monitoring ourselves against the Surviving Sepsis Campaign target of three hours. A lot of improvement work is underway and we are beginning to see improvements particularly in three hour performance which is close to target. Work on using EPR to identify patients in a pre-sepsis state coupled with early intervention will continue as an objective for 2016/17.

Anticipated recovery: Quarter 3 2016/17.

4.3 Indicator: Medication errors

Issue: Reported medication errors on PRISM are higher than last years reported numbers. 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.

Actions: Reported medication errors are to continue to be reviewed on a monthly basis and findings discussed at Divisional Governance meetings.

Anticipated recovery: April 2016

4.4 Indicator: Serious incidents, never events and red alerts

Issue: No new serious incidents, never events or red alerts reported since October.

Action: No new actions.

Previous reported 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 and third reported incidents relate to a critical care patient and a surgical procedure respectively. Both incidents are under investigation.

Anticipated recovery: Not applicable

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 157 cancelled operations and four breaches of the 28 day guarantee for the year.

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.

Anticipated recovery: April 2016

4.7 Indicator: Delayed transfers of care

Issue: Delayed transfers of care are above target 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: linked to community based plan.

4.8 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 6% higher this year with over 2,500 additional referrals. 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

4.9 Indicator: Finance Section

The Trusts financial position is challenged by higher than planned use of agency staff together with unrealised cost improvement schemes. A agency use trajectory has been submitted to NHS Improvement which will see this reduce throughout 2016/17. Cost improvement plans continue to be overseen by the CIP Steering Group. All schemes are identified for 2016/17.

Anticipated recovery: Quarter 1 2016

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.

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

8. Glossary of Terms

FFT	The Friends and Family Test (FFT) is one question asked to both patients and the friends and family of patients which is "How likely are you to recommend our service to friends and family if they needed similar care or treatment?" The indicator is reported as a Net Promoter Score. This is calculated from the responses which is the percentage of patients who are very unlikely, unlikely and neither likely nor unlikely (together called the "detractors") to recommend us to friends and family subtracted from those that are extremely likely (the "promoters"). Those that are likely to recommend us (the "passives") are deemed satisfied but unenthusiastic, and therefore do not lend any weight to either group.
HSMR	The Hospital Standardised Mortality Index (HSMR) is derived by comparing the Trusts observed mortality to that expected, as determined by a locally developed risk model taking into account patient demographics, co-morbidities and procedural/treatment factors. This equates to a Hospital Standardised Mortality Ratio (HSMR) with the objective being to be less than 100. The indicator includes all admissions to LHCH (elective and non-elective)
Risk adjusted CABG mortality	The risk adjusted mortality for Coronary Artery Bypass Grafting (CABG) demonstrates whether adverse events following this procedure are greater (worse) than expected or less (better) than expected by measuring the ratio of events which are observed to those predicted from the mix of risk factors our patients present with. The observed to expected ratio should be around one or below to demonstrate good performance.
Risk adjusted Non-primary PCI MACE	The risk adjusted major adverse cardiac event (MACE) rates for Percutaneous Coronary Intervention (PCI) demonstrates whether adverse events following this procedure are greater (worse) than expected or less (better) than expected by measuring the ratio of events which are observed to those predicted from the mix of risk factors our patients present with. The observed to expected ratio should be around one or below to demonstrate good performance.
Never events	Never Events are defined as 'serious, largely preventable patient safety incidents that should not occur if the preventative measures have been implemented by health providers'
SI	Serious Incident (SI) is defined as: Death, serious/permanent harm or injury resulting from an Adverse event, or where there is a serious risk to the objectives of the Trust and/or has the potential to produce significant legal/media or other interest.
Cancelled operation	When a patient's operation is cancelled by the hospital at the last minute for non clinical reasons. Last minute means on the day the patient was due to arrive, after the patient has arrived in hospital or on the day of the operation or surgery. An operation which is rescheduled to a time within 24 hours of the original scheduled operation is a postponement and not a cancellation.

Delayed transfer of care	A delayed transfer of care occurs when a patient is ready for transfer from a hospital bed, but is still occupying such a bed. A patient is ready for transfer when: a clinical decision has been made that the patient is ready for transfer and a multi-disciplinary team decision has been made that the patient is ready for transfer and the patient is safe to discharge/transfer.
Advocacy score	The advocacy score is derived from three specific questions in the NHS Staff Survey which are "Care of patients/service users is my Trusts top priority?", "I would recommend the Trust as a place to work?" and "If a friend or relative needed treatment, I would be happy with the standard of care provided by this Trust?"
Potential harm events	This includes the number of patient falls, avoidable pressure ulcers reported grade 2 or above and any medication errors that could have the potential to cause harm.
Market share main catchment area	This is a measure of the market share for LHCH within the following geographical areas of Liverpool, Knowsley, Sefton, St Helens & Halton, Warrington, Wirral and Western Cheshire for the main procedure undertaken of coronary artery bypass grafting, valve surgery, cardiac pacemaker and implantable cardioverter defibrillator devices, angiograms, angioplasty, electrophysiological studies, lung resection, and upper gastrointestinal surgery
Market share outside main catchment area	This is a measure of the market share for LHCH within the north west of England that fall outside the areas identified as the "main catchment" area of Liverpool, Knowsley, Sefton, St Helens & Halton, Warrington, Wirral and Western Cheshire for the main procedure undertaken of coronary artery bypass grafting, valve surgery, cardiac pacemaker and implantable cardioverter defibrillator devices, angiograms, angioplasty, electrophysiological studies, lung resection, and upper gastrointestinal surgery
Financial Sustainability Risk Rating	The Financial Sustainability Risk Rating (FSRR) is used by Monitor to assess financial risk and aims to identify whether the financial situation of a provider could place key NHS services at risk. There are four rating categories ranging from 1, which represents the most serious risk to 4 representing the least risk. The continuity of services risk rating incorporates four common measures of financial robustness (weighted equally at 25%: capital servicing metric; liquidity metric; (I&E) margin metric and variance from plan metric.
Capital servicing risk rating	Capital servicing is the degree to which an organisation's generated income covers its financial obligations. Monitor applies a rating to the Capital Service rating score as follows: 1 = <1.25 times, 2 = 1.25 to 1.75 times, 3 = 1.75 to 2.5 times and 4 = >2.5 times
Liquidity risk rating	Liquidity measures the number of days of operating costs held in cash or cash equivalent forms. Monitor applies a rating to the number of Liquidity Days as follows: 1 = <(14) days, 2 = (14) to (7) days, 3 = (7) to 0 days and 4 = >0.

I&E margin	Income and expenditure (I&E) margin measures the degree to which the organisation is operating at a surplus/deficit. Monitor applies a rating to the percentage margin as follows: 1 = (1)%, 2 = (1) to 0%, 3 = 0 to 1%, 4 = >1%.
Variance in I&E Margin	Variance in I&E margin measures the variance between a foundation trust's planned I&E margin in its annual forward plan and its actual I&E margin within the year. Monitor applies a rating to the percentage variance as follows: 1 = <(2)%, 2 = (2) to (1)%, 3 = (1) to 0%, 4 = >0%.