

Council of Governors (in Public) Item 7.1

Subject: Performance Assessment using the Strategic and Operational Dashboards

Date of meeting: 26th September 2016

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| BAF Ref | Impact on BAF Risk Rating |
|---------------|---------------------------|
| 1, 2, 3, 4, 5 | None |

1. Executive Summary

The purpose of this paper is to present an update on Trust performance for June 2016/17.

Strategic objectives – our vision ‘To be the Best’.

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

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



3.1.1 Indicator: Mortality reviews within 30 days

Issue: Doctors are reviewing 38% year to date (26% in June). Nurses are reviewing 55% year to date (61% in June). Both against a target of 95%

Actions: A request has been made that all mortality reviews that are more than 30 days are completed by the end of September so that the Trust can begin to monitor and adhere to the 30 day target.

Anticipated delivery: October 2016.

3.1.2 Indicator: Number of falls (20% reduction)

Issue: The 4 top areas experiencing falls are Elm, Oak, Cedar and Birch Wards. The Trust is still below the target for the full year which is 65.

Actions: Benchmarking has been carried out against Papworth and Brompton hospitals showing that our fall rate is considerably low in comparison. All Quality improvement work is now in place.

Anticipated delivery: End of 2016/17.

3.1.3 Indicator: % Blood cultures taken within 24hrs preceding first antibiotic given

Issue: The Blood cultures taken within 24hrs preceding first antibiotic is currently not meeting the target with performance at 71%.

Actions: Improvement work is currently under way, comprising education and feedback of performance. Additionally a new risk identification tool (qSOFA) is being piloted to better identify patients at risk of developing sepsis.

Anticipated delivery: Quarter 3 2016/17.

3.1.4 Indicator: % Compliance with the Post Cardiac Surgery Pathology Protocol

Issue: Compliance with the Post Cardiac Surgery Pathology Protocol is currently 50% against a target of $\geq 80\%$

Actions: Audit to take place, results escalated to AMDs and managed through Divisional governance.

Anticipated delivery: To be established following the results of the audit.

3.1.5 Indicator: % Dementia Case finding

Issue: The % of case findings is failing the 90% commissioner target with performance at 77% in the month of June 2016

Actions: Root cause analysis of the 8 failed cases. Consideration of reinstating the daily reminder.

Anticipated delivery: September 2016.

3.2 Service & Innovation



3.2.1 Indicator: 18 Weeks RTT

Issue: Patients waiting longer than 18 weeks. The quarter position for NHSI has failed; as a failure in 1 month is a failure for the quarter.

Actions: The drop in performance was as a consequence of operations cancelled due to strike action in April and an increase in the proportion of urgent patients taking elective patient slots. Patients displaced by potential strike action was rescheduled accordingly and capacity utilised on longest waiters. Additional capacity is being identified where possible to reduce the backlog.

Anticipated delivery: Compliant in May and June 2016.

3.2.2 Indicator: Welsh 26-weeks

Issue: Welsh patients waiting 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 delivery: Quarter 3 2016/17.

3.2.3 Indicator: 62 day wait for first treatment from urgent GP referral to treatment (adj)

Issue: Performance against this standard in June was good, above the operational standard and reported green. The one breach (two patients) were late tertiary referrals which were re-allocated to the referring Trusts under the Cheshire and Merseyside reallocation policy. Activity in June was below anticipated levels, and the denominator for the quarter was not sufficient to offset the breaches in April and May.

Action: Final validation of Q1 performance continues as diagnosis is confirmed, current Q1 performance is 83.72%, this is not anticipated to achieve the 85% target.

Anticipated delivery: Quarter 2 2016/17.

3.3 Value



3.3.1 Indicator: Improve adoption of SLR as a reliable information source

Issue: This objective is dependant upon the Informatics Team capacity improvements

Actions: The restructure is proceeding at pace.

Anticipated delivery: August 2016

3.3.2 Indicator: NHS Thoracic Activity

Issue: NHS Thoracic Activity is -12% below plan. There has been a marked reduction in Thoracic Activity since April this year

Actions: Spoken to Clinical Lead and the whole thoracic team to seek clarification, there are no concerns, thoracic activity is cyclical

Anticipated delivery: on-going

4. Operational Performance



4.1 Indicator: Complaints

Issue: The number of complaints has doubled since last month (10 compared to 5) and is over the target of less than 6.

Actions: There were 10 complaints but on review there were no specific trends in subject, area or operator or dates in which the complaints related to. There were two complaints which were joint and led by other trusts (IOM and RLBUH).

Anticipated delivery: Not applicable

4.2 Indicator: Mixed sex accommodation breaches

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

Actions: We have met with Commissioners and agreed guidelines in relation to MSA with the aim to reduce breaches. Previously, calculations this was being recorded from the decision made at the Intensivist ward round and not when all routine daily investigations had been performed, reviewed and then the patient made fit for discharge. Improved documentation now records this process and allows for the Nurse in Charge to monitor potential breaches and escalate accordingly to the Hospital Co-ordinator and Divisional Management Teams.

This does not reduce the need to enhance patient flow.

Anticipated delivery: Quarter 2 2016/17

4.3 Indicator: In-hospital Deaths

Issue: The number of in-hospital deaths is higher than the target of 40 with 42 deaths in the Trust to date.

Action: Development of a mortality improvement strategy led by the Divisions.

Anticipated delivery: Q3 2016/17

4.4 Indicator: Serious incidents, never events and red alerts

Issue: No new events in June. There was 1 SI in April 16.

Action: This SI involved physical violence from one patient to another. A risk assessment and a comprehensive action plan has been put in place to manage the risk going forward. The RCA was presented to Medicine Divisional Governance meeting. Following this the RCA report was sent to Liverpool CCG within the 60 day deadline for reporting on STIEIS. We are awaiting feedback from the CCG Serious Incident review meeting. The RCA report will be shared with the Surgery and Clinical Services Divisional Governance meetings.

Anticipated delivery: Not applicable. Delivered in May 16.

4.5 Indicator: Number of Incidents reported

Issue: The number of incidents reported has reduced further below the target in May.

Action: Datix Risk Management software is now in place and all reporting is now electronic.

Anticipated delivery: Quarter 2 - Incident reporting training for Datix has accompanied the commencement of the module and incident reporting has shown as positive increase in the first three weeks of its use.

4.6 Indicator: Cancelled Operations for non clinical reasons

Issue: Cancelled operations internal target is 1.5%. Both the YTD and the month are above the target. The YTD is 2.56%; June is 1.62%

Actions: The surgeon to the day will review each cancellation as it occurs and proactively seek a substitute. The escalation protocol is now being embedded.

Anticipated delivery: October 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. In parallel the Director of Nursing is reviewing the CQUIN in conjunction with Commissioners.

Anticipated delivery: Linked to community based plan.

4.8 Indicator: Referrals from GP Practices

Issue: GP referrals were lower in June 2016 compared to the same period last year, although overall YTD GP referrals are up by 7.4%.

Actions: GP and other referral patterns will continue to be monitored. No significant concern as overall referrals are higher than 2015/16.

Anticipated delivery: on-going

5. 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.

6. Recommendations

The Council of Governors are asked to note Trust performance.