

## Council of Governors (Public) Item 7.1






**Subject:** Performance Assessment using the Strategic and Operational Dashboards  
**Date of meeting:** 5<sup>th</sup> December 2016  
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**Presented by:** Tony Wilding, Chief Operating Officer

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 August 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 32% year to date (33% in month). Nurses are reviewing 52% year to date (44% in month). 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.

A new screening process will be introduced from October which will see new cases being screened by one of a six man team (on rotation) and if the potential for learning is identified, the case will progress to full review. This method will still see all cases having a “review” and should significantly shorten the review process from a reduced number of cases requiring in depth review.

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 with 38 currently for the full year which has a target of 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 66% YTD, 55% in month against a 95% target.

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 4 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 51.6% against a target of  $\geq 80\%$

Actions: Detailed analysis of the pathology protocol is to take place by consultant and area to manage performance.

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

### **3.1.5 Indicator: % of patients discharged by 12pm**

Issue: % of patients discharged by 12pm is currently 9.4% for the month against a target of 20%

Actions: Service improvement work on flow in progress.

Anticipated delivery: September 2016

## **3.2 Service & Innovation**



### **3.2.1 Indicator: 62 day wait for first treatment from urgent GP referral to treatment Consultant Upgrade (adj)**

Issue: The Trust has failed the 85% target due to small numbers of patients (1.5) and a 0.5 breach making compliance 55.56% for the month.

Action: The Trust has shared half a breach with another hospital and due to low numbers of patients on this cancer pathway this has led to an in-month fail against the target. The Trust continues to work with other providers to ensure that the best and most efficient pathway is in place for lung cancer patients.

Anticipated delivery: September 2016

### **3.2.2 Indicator: Welsh 26-weeks**

Issue: All Welsh RTT 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: 100,000k Genome Project - Rare Diseases**

Issue: Recruitment below trajectory both YTD and in month.

Actions: Action Plan in place. Expect 6 samples per week. Further support from Audit team in screening for suitable patients. NWCGMC have a plan for a new post holder to provide support to all Local Delivery partners for increasing recruitment numbers. We are currently awaiting further detail on how this could support LHCH.

Anticipated delivery: Ongoing monitoring

## **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: Interviews will be held on the 26<sup>th</sup> September 2016.

Anticipated delivery: January 2017

## **4. Operational Performance**



### **4.1 Indicator: Complaints**

Issue: The number of complaints remains only just over target. There were 5 complaints in month, 32 YTD

Actions: On review there were no specific trends in subject, area or operator or dates in which the complaints related to.

Anticipated delivery: Not applicable

### **4.2 Indicator: Mixed Sex Accommodation breaches**

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

Actions: There is a continued drive to enhance patient flow and continue the reduction of delayed discharges from critical care. An action plan has been shared with the Critical Care Network.

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 68 with 70 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: 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 2.31%; In month is 2.33%

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.

#### **4.6 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.

## **5. Finance Indicators**

Refer to Finance Report.

## **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.