

Date of Report: 16/01/2014 Agenda Item: 312/13

Report to	:	Trust Board of Directors
Date of Meeting	:	28 January 2014
Subject	:	Corporate Dashboard
Report from	:	Geraint Davies, Director of Commercial Services
Purpose	:	For Discussion

Summary		<p>This paper presents the Corporate Dashboard for December 2013, reporting on agreed performance indicators. Category A 75% target performance (R1 and R2) was not achieved this month. The Year to Date (YTD) figures remain slightly below the 75% target, with the exception of R1 at 75.3%.</p> <p>Response and Hear & Treat activity continues above that Commissioned (3.9% over Plan YTD), both above plan in December. Overall the system has coped in December, but the combination of the holiday period, floods and CAD issues had a negative impact on performance. See & Treat, Hear & Treat and Conveyance targets have been met.</p> <p>Of the Service Developments the IT Development -EPCR is flagged 'red'.</p>
	:	Not applicable
		Not applicable

Date issued	:	16.01.2014
Review by	:	Executive Team / Board
Originator	:	Mike Plowman, Corporate Information, Data Quality and Protection

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**Corporate Dashboard Combined Exception Report:
December 2013
(Trust Public Board 28th January 2014)**

Reference	Issue & Impact	Actions	Lead Manager
A&E 02 Calls answered	We did not meet performance targets for calls answered within 5 seconds so there is a risk of callers ringing off which impacts patient care and outcomes.	<p>Call answer performance fell slightly (by 4.1% from November), this was considered mainly due to Cad issues and the holiday period. The actions below are being continued to achieve this target</p> <ul style="list-style-type: none"> Rota changes to match the change in call pattern On-going management of existing staff to achieve greater efficiency. 	Sue Skelton
A&E 09, 10, 11 Response Performance for R1&2 activity	We did not meet the 8 minute performance targets for R1&2 activity which may impact patient care and outcomes.	<ul style="list-style-type: none"> R1 and R2 performance in December was affected by the CAD issues and cost around 5% performance over the two weeks that we had issues resulting in a net 1% impact on the quarter. We have struggled to determine whether any of this degradation in performance is down to issues with the recording of the data as opposed to the CAD issues inhibiting our ability to perform. 	Andy Newton
A&E 12d Handover to Clear >60 min breaches	The delays in handover to clear impact on the resources available to dispatch and could negatively impact on patient outcomes	<ul style="list-style-type: none"> Handover is flagged as the top corporate risk and mitigating actions are being managed through that process. Cohorting of patients by dedicated ambulance staff is being undertaken daily at Royal Sussex County, Medway, Darent Valley, Conquest and Eastbourne. 	Andy Newton
NHS 111	Performance for calls answered in 60 seconds and	<ul style="list-style-type: none"> Increases in capacity compromised performance during December where the 	Kath Start

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	clinical KPIs	<p>service saw activity levels of 7000 calls on a Saturday. Morning and late afternoon peaks consistently compromised 60 seconds call answer times throughout the month of December. Activity is expected to reduce in January which is expected to improve performance against this target.</p> <ul style="list-style-type: none"> • Clinical KPIs have not been met since the service was launched although warm transfer performance has increased consistently over recent months. The service will continue to drive performance management on the basis of number of calls per hour and 'staff occupied time' for all staff within the service. Modelling work is also planned on 10th February in order to implement all lessons learned from the winter planning look back exercise recently undertaken 	
QU02	Complaints - response within target	<ul style="list-style-type: none"> • Significant progress has been made in recent months in responding to complaints, and in fact the percentage responded to in time for Q3 was 66%. While the Patient Experience Team has taken on additional temporary staff to ensure that responses are checked, approved and sent out to complainants in good time, problems in obtaining timely reports from investigating managers persist as a result of apparent capacity issues within operational management teams. 	Louise Hutchinson
QU07-QU11 Clinical Outcomes	Trust YTD performance against 5/8 clinical performance indicators is below	<ul style="list-style-type: none"> • Efforts continue to improve clinical performance in: <ul style="list-style-type: none"> ○ ROSC (return of spontaneous circulation) at hospital (all types) 	Jane Pateman

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	<p>the national mean. The underlying reasons are probably multifactorial, but improvement measures are focused to deliver the most patient-centred impact, based on the patient experience.</p>	<ul style="list-style-type: none"> ○ ROSC at hospital (Utstein patients) ○ STEMI (ST segment elevation myocardial infarction) care bundle ○ Stroke hospital arrival time. ● The Cardiac Arrest Task Force (CATF) is progressing a series of developments to improve care and this model will be taken forward to inform quality improvement in Stroke and STEMI care. ● Cardiovascular Network to ensure that they are sighted on resuscitation across the whole South East and a Graduate Management Trainee on placement within the Medical directorate is analysing S2D data with the acute Trusts ● Work that has progressed throughout the year now needs to conclude with the development team to break down the DH reported clinical performance to ODA, station and individual level to allow targeted reporting, improvement plans and individual ownership of the quality of clinical care being delivered. A specification of requirements for this work which would take 3-4 weeks to complete has been submitted, however the development team cannot commit to this work at the time of this exception report. ● RMCGC receives regular and detailed reports on indicators and there is scrutiny of performance through senior Operational and Medical representation on sub-group and working groups. ● This information is also shared and scrutinised by the CCGS. 	

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REG05 IG Toolkit	The Trust is contractually required to achieve level 2, but is currently assessed for 2013/14 as level 1	<ul style="list-style-type: none"> We previously achieved level 2 of the IG Toolkit except in the delivery of the IG Training to 95% of our staff (the requirement) . The action plan to deliver training to 95% of staff by the end of the financial year linked to S&M training (see WF06 below) is in place. IG Workbooks are being sent out to all operational staff as part of the training plan to facilitate completion and reduce dependency on S&M Training. 	Mike Plowman
SD02 New HQ & EOC reconfiguration	Lack of agreed site location has delay programme	<ul style="list-style-type: none"> Extension of Lewes regional office agreed with break clauses that fit with EOC reconfiguration/new HQ programmes. Site search for HQ and EOC options in Gatwick Diamond with one site identified at Tilgate Forest Park, Crawley. A second potential site is under examination. Aim is to agree a preferred location by end-Feb 14 	Geoff Catling
SD05 IT Developments - EPCR	<p>Having withdrawn from SAmP, Trust to progress independently.</p> <p>Funding bid from NHSE unsuccessful</p>	<ul style="list-style-type: none"> Market test event held Operational trial planned for February 2014 Operational staff visit to SAS during February Procurement launch proposed during Q4 for software solution Business Case reviewed for presentation to IAG 11th February Options to bid for further funding from NHSE to be investigated Project re-launch following definition of new scope and requirements planned for post operational trial. 	Mark Chivers
SD 06 IT Developments	There were technical issues	<ul style="list-style-type: none"> Full investigation and root cause analysis underway 	Mark Chivers

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- vCAD	surrounding the Virtualisation upgrade. Work has been undertaken to stabilise the CAD which is now performing in line with expectations	<ul style="list-style-type: none"> Meeting arranged with suppliers to discuss the way forward Future deployment plan to be drawn up in line with lessons learned 	
WF03 Sickness - Total		<ul style="list-style-type: none"> Marginal improvements in sick absence seen across most business units compared with the same period last year. Increased focus on absence within PTS has seen an increase in the number of Occupational Health referrals and several cases of long term absence are likely to be brought to a conclusion as a result. The pilot scheme of the First Care absence management service commenced in October for the three EOC's and 111 at Ashford. Benefit analysis of this initiative will not be meaningful until more data is available, however there are marked year on year reductions to report at the Lewes and Coxheath EOC's. 	Liz Langridge
WF04 Appraisals		<ul style="list-style-type: none"> A&E; All SOMs have confirmed they are endeavouring to undertake PADR's but are struggling without the CTL protected time. PTS; The PADR process has not been fully implemented as yet, and Senior PTS Managers hope to be able to initiate this by the New Year and with a plan to complete by 31st March 2014. The focus within PTS has been concentrating on improving the 	David Vincent Scott

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		<p>timeliness of care for patients and reducing the cost of provision on the service.</p> <ul style="list-style-type: none"> • EOC; 62% of the appraisals have been completed to date. • Support Service; Managers are being circulated with a breakdown of the names of staff in their area who have not had appraisals within the last 12 months to ensure there is focus on the staff who still need an appraisal within the current year. 	