

ITEM: 6

**Meeting:** Trust Board  
**Date:** 16 April 2008

**Title:** Dashboard Report

**Executive Summary:** The Trust Board received at its meeting on 16 January 2008 a progress report on the development of the performance management dashboard report. This identified the six domains for analysing performance and provided a detailed example of the Access and Targets domain. The covering paper set out the design principles, with the dashboard providing an alert mechanism from which an electronic drill down would provide a brief summary of the key indicators with further linkage to detailed reports for areas of concern.

The proposal is that the Trust Board will receive the dashboard each month, but focus on exception reports and action plans associated with financial and performance targets identified as being at risk. It is envisaged that access to the electronic drill down facility will be provided through the intranet in due course.

The attached dashboard has now been populated, with the exception of data on the activity in the new Day Treatment Centre. The domain summaries are also attached behind the dashboard, and these define the thresholds determining the allocation of the traffic light indicator.

The calculation of the overall traffic light at the top of each domain box on the dashboard is based on weightings from the Monitor compliance framework for finance and access/targets and a similar methodology for the others.

A specification of the definition, source, presentation and frequency of each indicator is contained in a separate reference document which is available on request.

**Action:** The Trust Board is asked to

- note the further development of the dashboard
- review the proposed indicators for relevance and sensitivity
- propose any additions or amendments
- comment on the appropriateness of the thresholds
- identify any performance areas for which exception reports are required

**Report from:** Susan Sorensen  
Director of Strategy and Performance

**Sponsor:** David Sloman, Chief Executive officer

<b>Financial Validation</b> Lead: Director of Finance	Trish Donovan Deputy Director of Finance
<b>Compliance with statute, directions, policy, guidance</b> Lead: All directors	<b>Reference:</b> “The Intelligent Board”
<b>Compliance with Healthcare Commission Core/Developmental Standards</b> Lead: Director of Nursing & Clinical Development	<b>Reference:</b> N/a
<b>Compliance with Auditors’ Local Evaluation standards (ALE)</b> Lead: Director of Finance	<b>Reference:</b> N/a
<b>Evidence for self-certification under the Monitor compliance regime</b> Lead: All directors	<b>Compliance framework reference:</b> FT stage 2 assessment: E&Y report on financial reporting procedures



External Assessments	Ratings	Annual health check		Risk Ratings	
		Use of Resources	Quality of Service	Financial	Non-Financial
	Current	Good	Good	4	Green
	Predicted	Good	Good		

### Clinical Quality

Current Period	G
Forecast Outturn	G
Adverse Incidents	A
Overall Mortality Rate	G
Avoidable Mortality	G
Readmission Rate	G

### Patient Experience

Current Period	A
Forecast Outturn	A
Patients Survey	A
Complaints	G
Hospital Cancellations	A
Cleanliness	A

### Access and Targets

Current Period	A
Forecast Outturn	A
National Targets - Monitor/Prov Agency	A
National Targets - Other	G
18 week Referral to Treatment (RTT)	A
Hospital Acquired Infections (MRSA/C.diff)	R

### Strategy

Day Treatment Centre	
Additional activity against plan	n/a
Strategic Redevelopment Projects	
% Target progress to date	G
Market Share	
First Outpatient Activity	G
Non-Elective Activity	G
Day Case Surgery	A
Maternity Deliveries	G

### Workforce & Efficiency

Current Period	A
Forecast Outturn	G
Length of Stay	G
DNA Rate	A
Surgical DC % Rate	A
Productivity Index/Activity per WTE	G
Theatre utilisation	A
OP Follow Up Ratio	G
Sickness Absence Rate	A
Turnover Rate	G
Vacancy Rate	G

### Finance

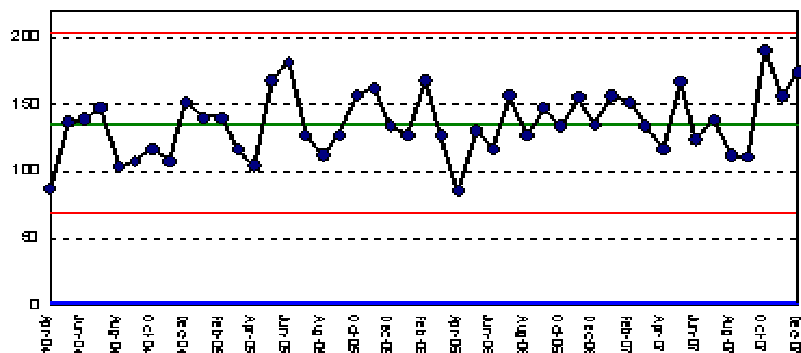
Current Period	G
Forecast Outturn	G
Risk rating	G
Overall Income & Expenditure	G
Performance against SLA	G
Cost Improvement Plan	A
Cash position against plan	G
Order Book	G

# Clinical Quality

[Click here to return to Dashboard](#)

## Adverse Incidents

Total Reported Clinical Incidents by Month

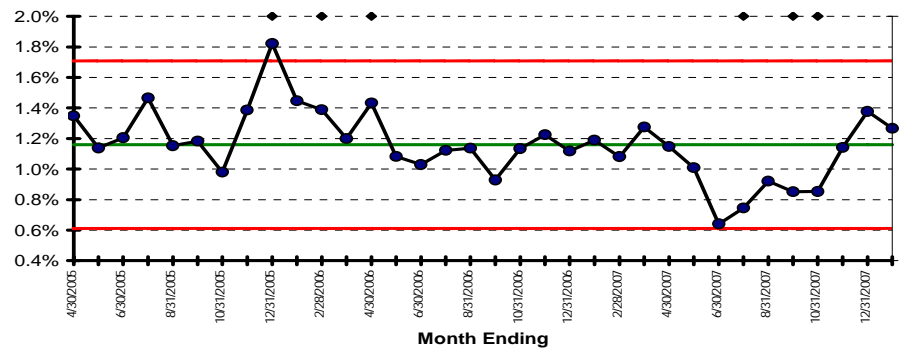


Benchmark information - not currently available

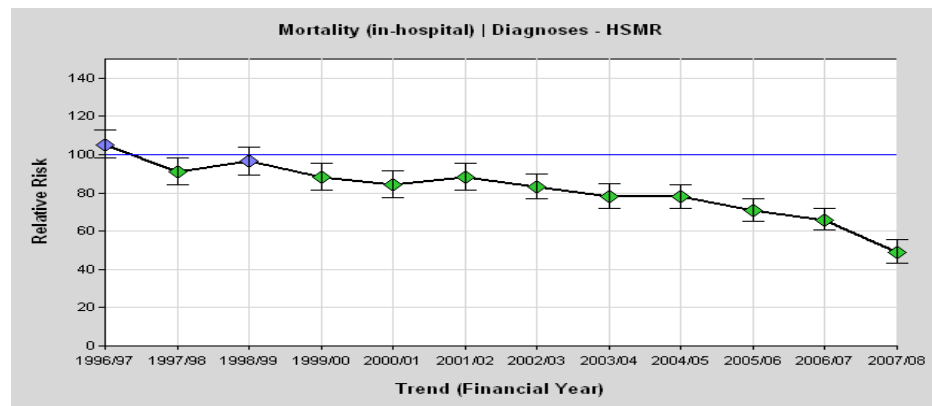
Green: within normal SPC parameter or positive test AND benchmark is better than England  
 Amber: within normal SPC parameter or positive test AND benchmark is above England  
 Red: adverse SPC statistical tests met

## Overall Mortality Rate

Mortality Rate (% of all discharges)



Benchmark (Dr Fosters Intelligence. Standardised Mortality Rate, England, Annual)



Green: within normal SPC parameter or positive test AND benchmark is better than England  
 Amber: within normal SPC parameter or positive test AND benchmark is above England  
 Red: adverse SPC statistical tests met

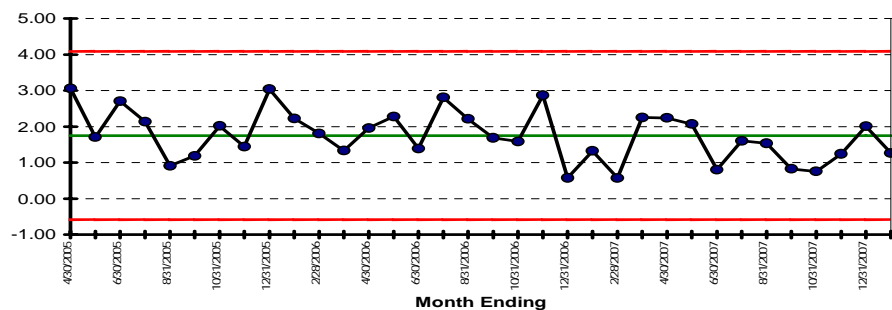
## Avoidable Mortality

## Readmissions

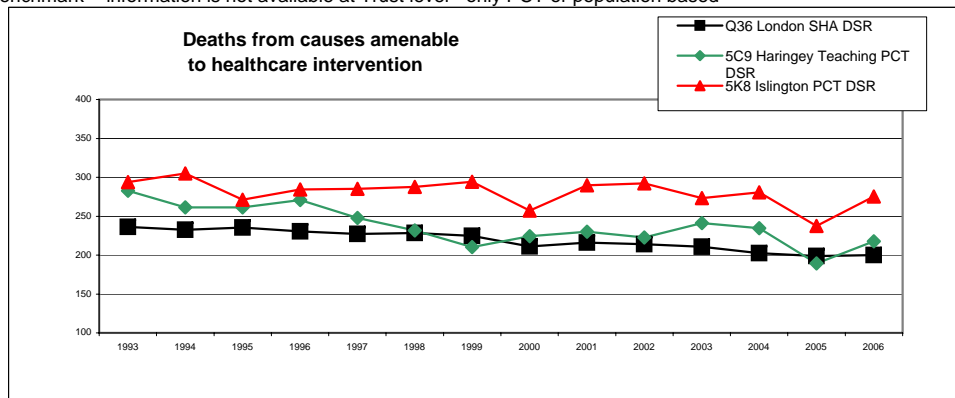
# Clinical Quality

Defined as "deaths from causes considered amenable to health care... Healthcare intervention includes preventing disease onset as well as treating disease."

### Avoidable Mortality - deaths per 1000 discharges



Benchmark - information is not available at Trust level - only PCT or population based



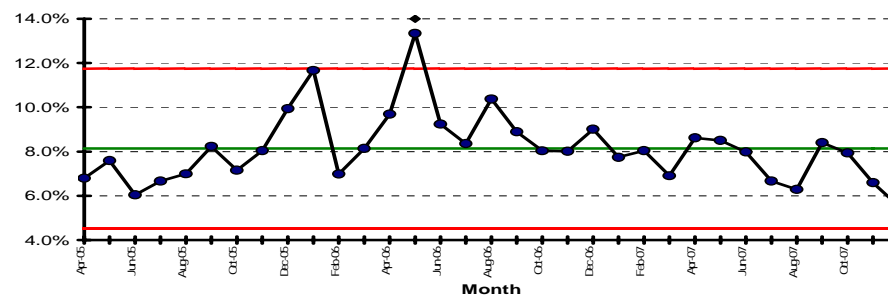
From Clinical and Health Outcomes Knowledge Base

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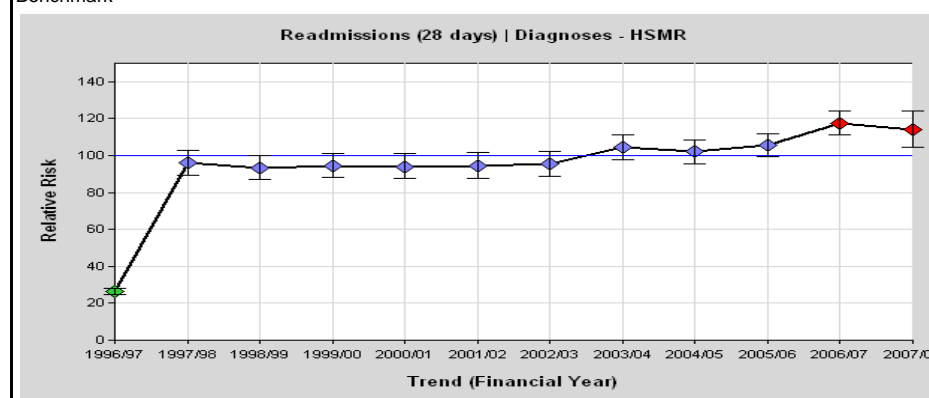
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source: PAS. Related Condition = same HRG chapter. Benchmark = mean over the period

### Related Condition 28-day Readmission rate



Benchmark



source: Dr Foster Intelligence. Relative Risk = index. Benchmark Year=1997/98, England data

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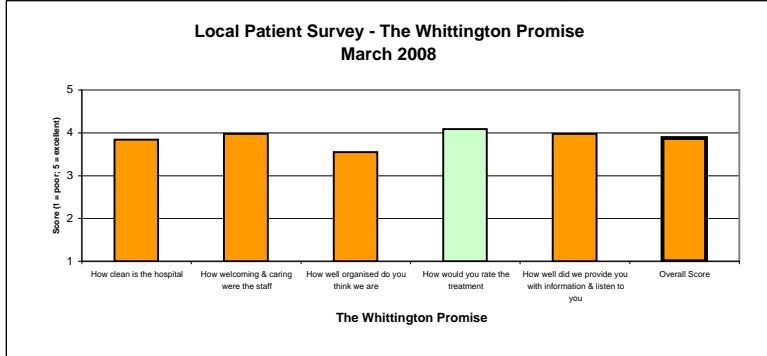
# Patient Experience

Period: January 2008

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## Patient Survey

A summary scores has been calculated for each of the Whittington Promises

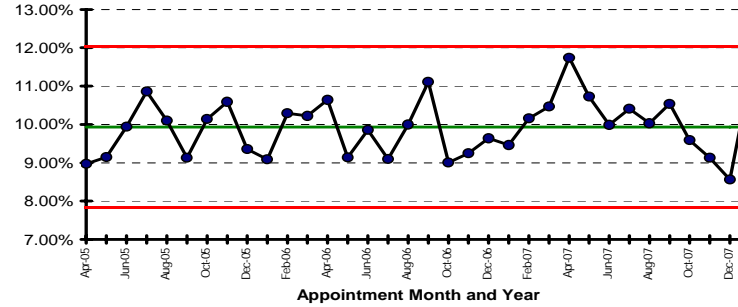


Green = score between 4 and 5  
 Amber = score between 3.5 and 4  
 Red = score below 3.5

[Click here for the full report](#)

## Hospital Cancellations

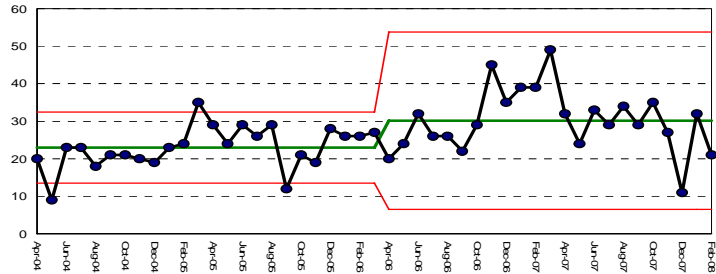
Cancellation Rate (Hospital): Total Outpatient Appointments



Green: within normal SPC parameter or positive test AND progress to target (if specified)  
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## Complaints

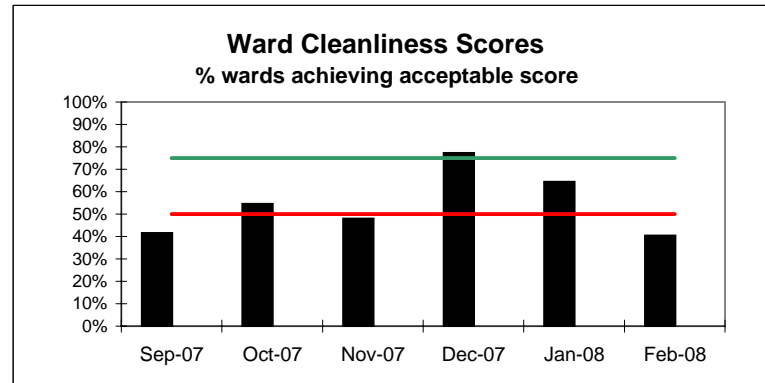
Formal Complaints Received by Month since April 2004



Green: within normal SPC parameter or positive test AND progress to target (if specified)  
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## Cleanliness

Acceptable = achieving at least 80% on the monthly scoring of ward cleanliness



Green line = threshold between Green and Amber (75%)  
 Red line = threshold between Red and Amber (50%)

## Access and Targets

Detail for the Access & Targets Domain

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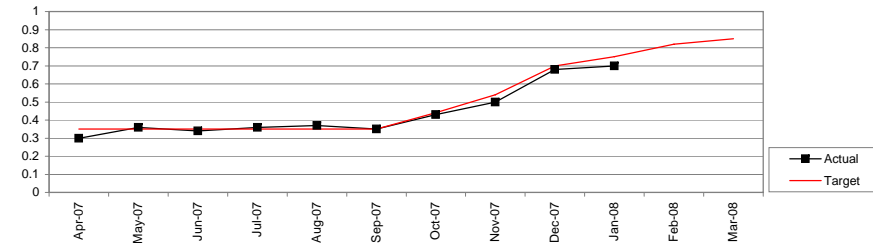
Access Targets					
Standard	Criteria	Target	Jan-08	YTD	Forecast
<b>National Target Indicators - reviewed by Monitor/Provider Agency</b>					
<b>Reducing Mortality from Cancer</b>					
Wait from GP Referral until Seen	% seen within 14 days	98%	100%	99.9%	
Wait from Decision to Treat until Treatment	% treated within 31 days	98%	100%	100%	
Wait from GP Urgent Referral until Treatment	% treated within 62 days	95%	100%	96.8%	
<b>Inpatients waiting over 26 weeks</b>		0	0	0	0
<b>GP referred Outpatient waiting over 13 weeks</b>		0	0	0	0
<b>Reducing Infections (mandatory surveillance items)</b>					
MRSA Bacteraemia Rates (1000 bed days)	London Benchmark	0.22	0.16	0.13	0.33
Number of MRSA Infections	60% Reduction from 06/07	12	2	16	16
<b>Supporting patient choice and booking</b>					
Choice of dates offered for Outpatient Appointments	% of new referrals	100%	100%	100%	100%
Choice of dates offered for Elective Admission	% of decisions to treat	100%	100%	100%	100%
<b>ED Time :- Total treatment time in ED</b>					
	% within 4 hours	98%	98.3%	98.6%	
<b>Ensuring patient right of redress following cancelled operations</b>					
Operations cancelled for non-clinical reasons	% of elective admissions	<0.8%	0.60%	0.83%	
Offers of new binding date	% within 28 days	95%	100%	99.10%	
<b>Delayed transfers of care</b>					
Number of delayed bed-days			216	2058	2,470
% of beddays					
<b>Reducing Mortality from Heart Disease</b>					
Wait from GP Referral until Seen in RACP Clinic	% seen within 14 days	100%	100%	100%	
Each national core standard	number of standards failed	0			0

Access Targets					
Standard	Criteria	Target	Jan-08	YTD	Forecast
<b>Other National Target Indicators - included within the Annual Health Check</b>					
<b>Clostridium Difficile</b>	Meeting 4 DQ requirements	100%			
<b>Admitted Patients Ethnic Code</b>	% of FCEs	95%			
<b>Drug misusers: information, screening and referral</b>	Meeting 5 requirements	100%			
<b>Emergency bed-days</b>					
Number of emergency bed-days			8,705	73,867	88,640
% Drop from last year	5% Reduction by 2008		39%	18%	-7%
<b>Patient Experience</b>					
	Patient Surveys				
<b>Reducing inequalities in Infant Mortality</b>					
Smoking in pregnancy at time of delivery	% of deliveries	<17%	15.5%	11.2%	
Rate of Breastfeeding at birth	% of deliveries	78%	85.2%	88.8%	
<b>Obesity: compliance with NICE guidance 43</b>					
<b>Participation in audits</b>					
<b>Referral to treatment times milestones for 18 weeks</b>	see separate section				
<b>Diagnostic Waits</b>	see separate section				

Waiting Targets					
Standard	Criteria	Target	Jan	YTD	Forecast
<b>Referral to treatment times milestones for 18 weeks</b>					
<b>Admitted Care 18 week RTT</b>					
Overall					<b>Amber</b>
% Admitted Patients < 18 wks	85% for March 2008	85%	70.0%		85%
<b>Non Admitted Care 18 week RTT</b>					
Overall					<b>Green</b>
% Non Admitted Patients < 18 wks	90% for March 2008	90%	92.0%		90%
<b>Inpatient</b>					
Overall					<b>Green</b>
% Inpatient admissions < 11 wks			80.0%		
% Inpatient admissions < 20 wks		97%	98.9%		
26 week Breaches		0	0	0	0
<b>Outpatient</b>					
Overall					<b>Green</b>
% 1st GP Outpatients waits < 5 wks			84.0%		
% 1st GP Outpatients waits < 11 wks		97%	100%		
13 weeks Breaches		0	0		
<b>Diagnostic</b>					
Overall					<b>Green</b>
Diagnostic Waits	% waiting within 13 weeks	100%	100%		
13 weeks Breaches		0	0		
Total diagnostic tests	% waiting within 6 weeks	-	81%		
Wait for MRI Scan appointment	% waiting within 6 weeks	-	68%		
Wait for CT Scan appointment	% waiting within 6 weeks	-	86%		
Wait for Ultrasound appointment (non-obstetric)	% waiting within 6 weeks	-	88%		
All other diagnostic tests	% waiting within 6 weeks	-	77%		

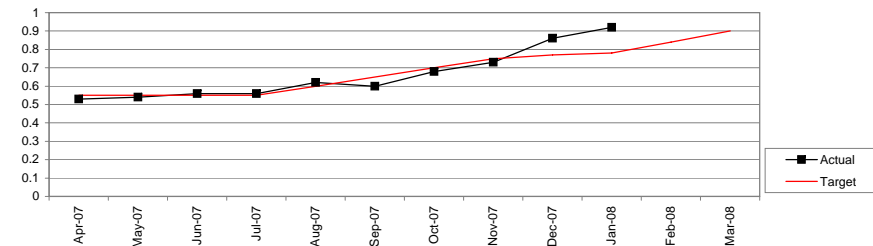
### Admitted patients

% admitted patients treated within 18 weeks against target



### Non-admitted patients (Outpatients)

% non-admitted patients treated within 18 weeks against target



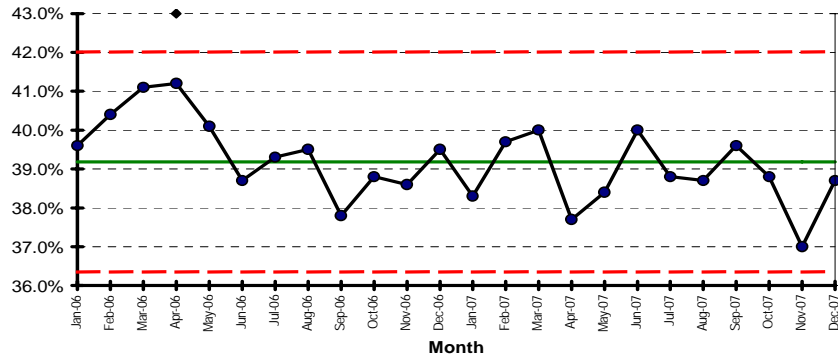
# Strategy

## MARKET SHARE

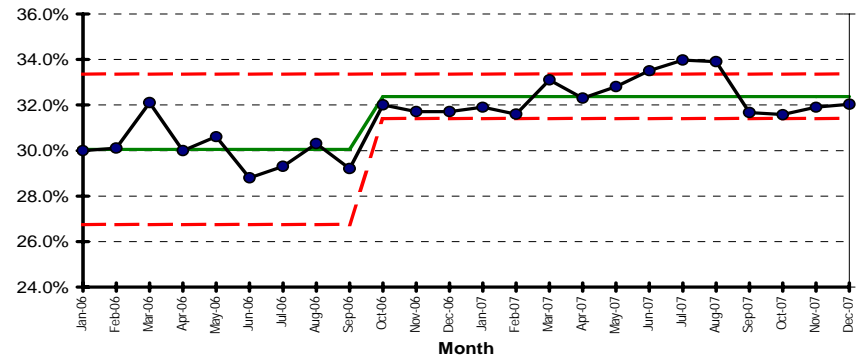
**Performance Thresholds**  
 Green: within normal SPC parameter or positive test AND progress to target (if specified)  
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### First Outpatient Attendances

Whittington: Market Share Islington First OP Attendances

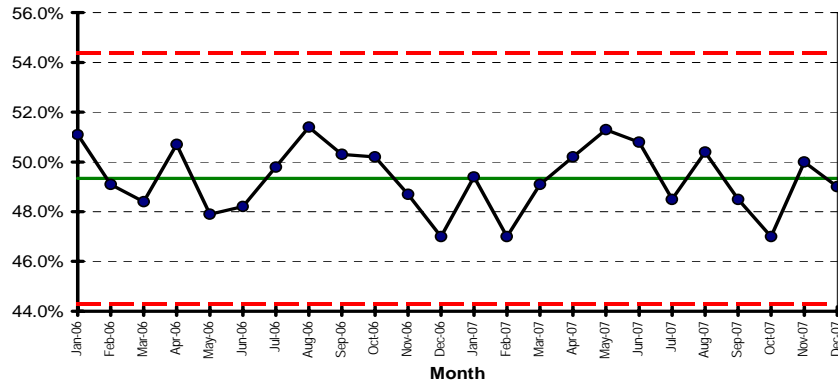


Whittington: Market Share Haringey First OP Attendances

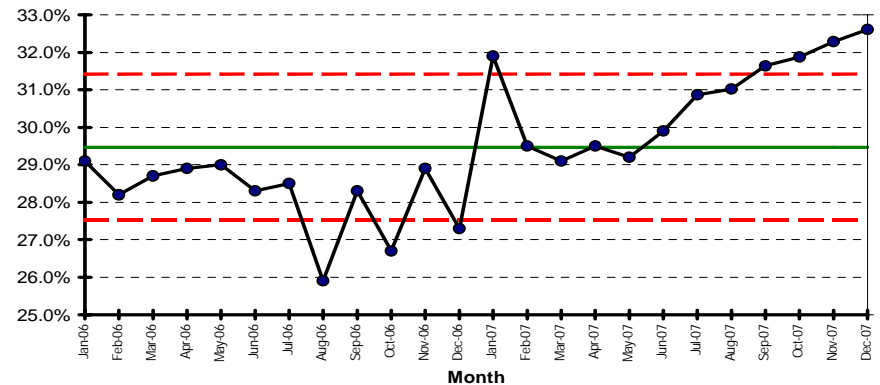


### Non-Elective Admissions

Whittington: Market Share for Islington Non Elective Admissions



Whittington: Market Share for Haringey Non Elective Admissions



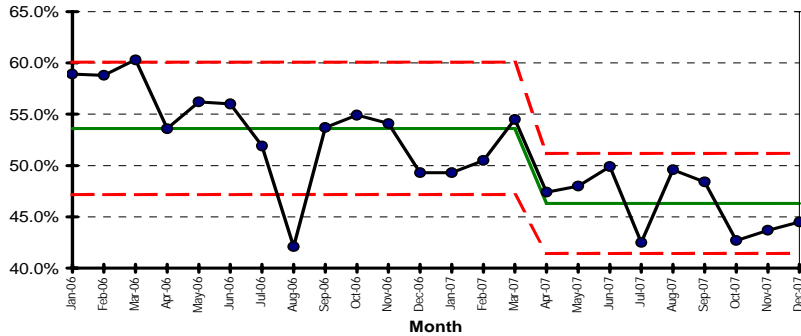
### Day Case Surgery



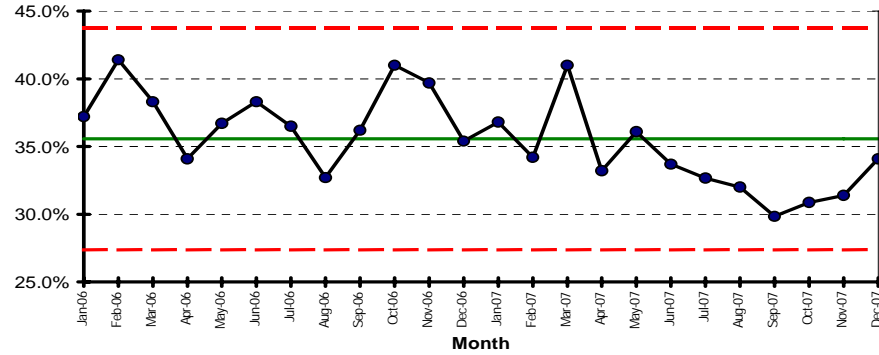
# Strategy

(General Surgery, Orthopaedics, Urology, ENT, Gynaecology, Pain Management, Gastroenterology only)

Whittington: Market Share for Islington Day Case Surgery



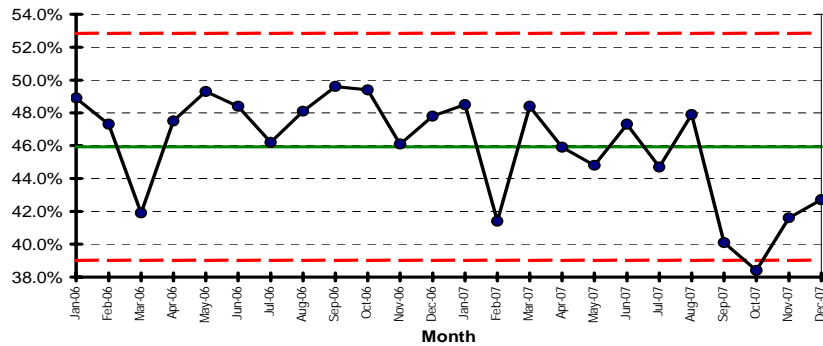
Whittington: Market Share for Haringey Day Case Surgery



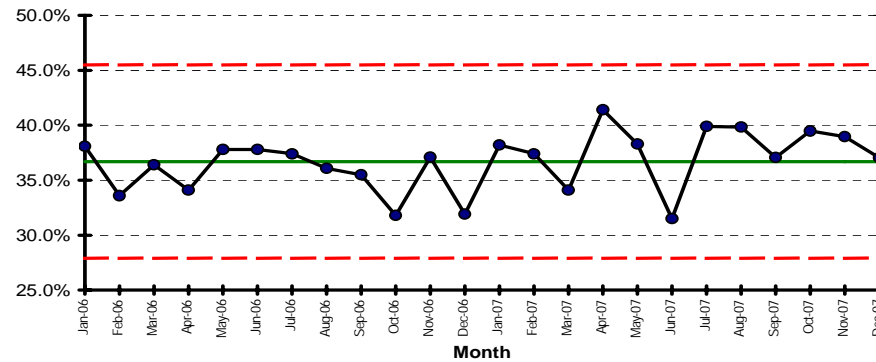
Note: Market distorted by University College Hospital and the Royal Free Hospital converting significant numbers of their Elective IP to Day Cases

## Maternity Deliveries

Whittington: Market Share for Islington Maternity Deliveries



Whittington: Market Share for Haringey Maternity Deliveries



## Workforce & Efficiency

[Click here to return to the Dashboard Report](#)

<b>Workforce &amp; Efficiency</b>				
<b>Standard</b>	<b>Criteria</b>	<b>Target</b>	<b>Jan</b>	<b>YTD</b>
<b>Length of Stay</b>	LOS Project	6.8	6.4	N/A
<b>Surgical DC % Rate</b>	Trust Benchmark	75%	69.0%	71.0%
<b>DNA Rate</b>				
Elective Admission (IP/DC)	London Average	4.20%	9.8%	9.9%
First OP	London Average	12.00%	13.4%	12.8%
Follow Up OP	London Average	14.26%	15.6%	13.4%
<b>Productivity Index/Activity per WTE against Plan</b>				
Achievement against Plan (100)	achievement of IBP			110
<b>Theatre Utilisation</b>	Trust Benchmark	75%	74%	70%
<b>Outpatient Follow up Ratios</b>	Trust Benchmark	2.72%	2.45%	2.48%
<b>Sickness Absence Rate</b>	Trust Benchmark	4.90%	5.60%	5.00%
<b>Vacancy Rate</b>	Trust Benchmark	n/a	15.0%	15.6%
<b>Turnover Rate</b>	Trust Benchmark	14%	13%	13%

Bed day Use - see HMB paper: Service Improvement (LOS)

DNA Rates: see Finance & Performance paper on Productivity measures

Surgical DC Rates: see Finance & Performance paper on Productivity measures

Productivity Index/Activity per WTE: see [no report currently available]

Theatre Utilisation: see Theatre User Group reports

Sickness Absence Rates: see HMB Paper - HR indicators

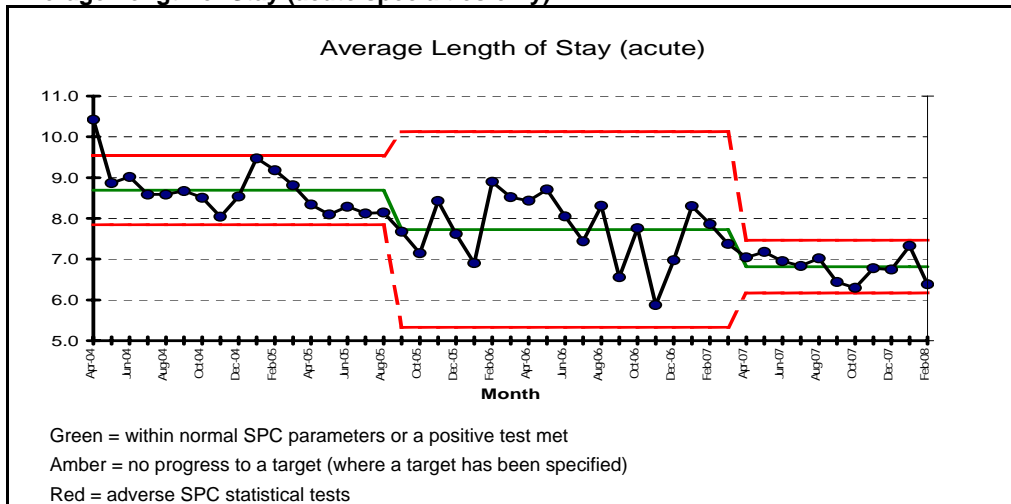
Vacancy Rates: see HMB Paper - HR indicators

Turnover Rates: see HMB Paper - HR indicators

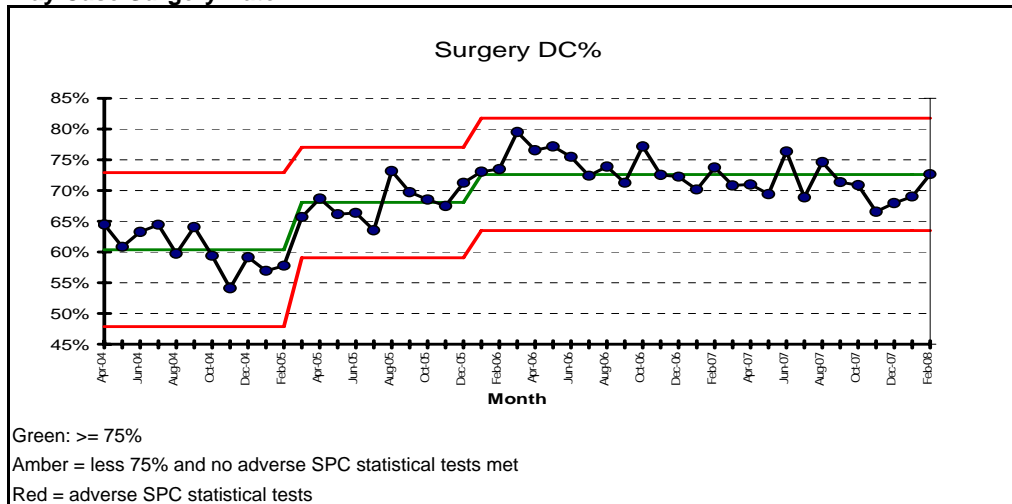
# Workforce & Efficiency

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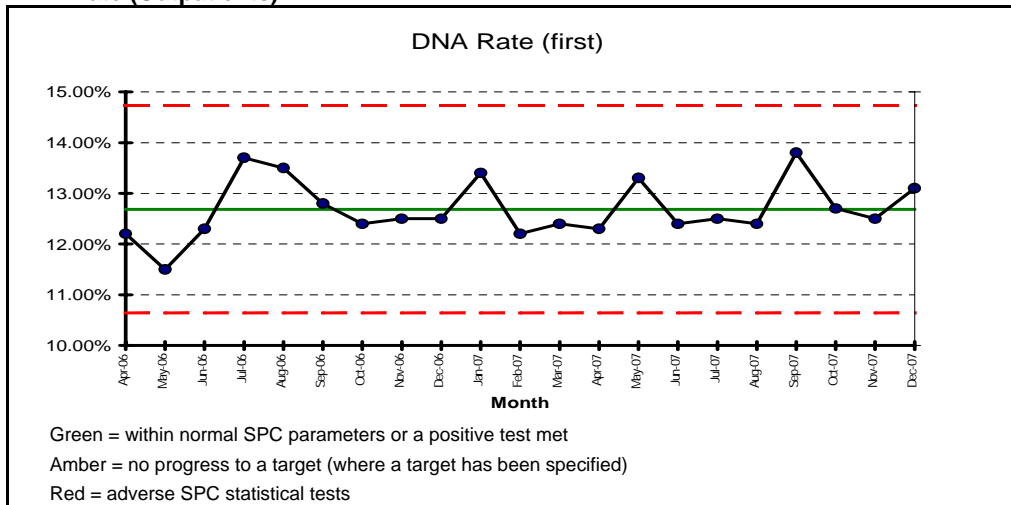
**Average Length of Stay (acute specialties only)**



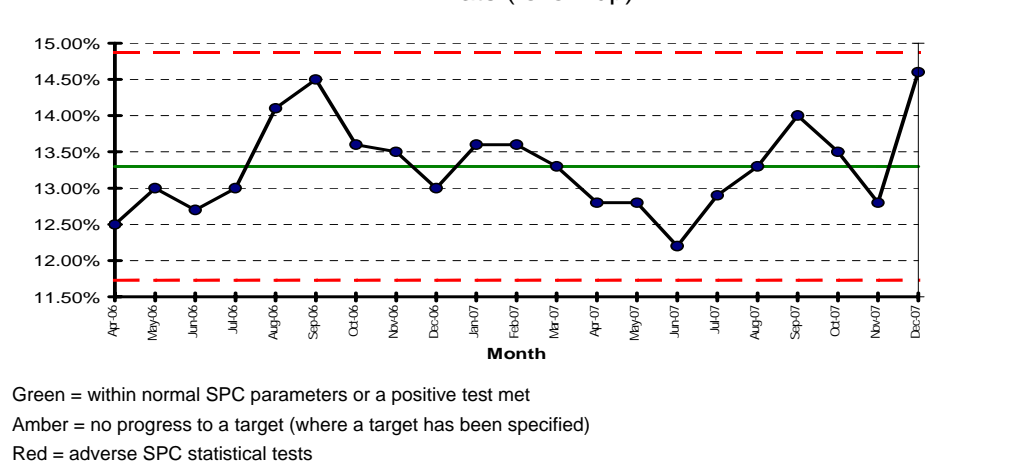
**Day Case Surgery Rate**



**DNA Rate (Outpatients)**



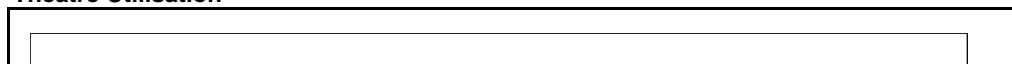
**DNA Rate (follow up)**



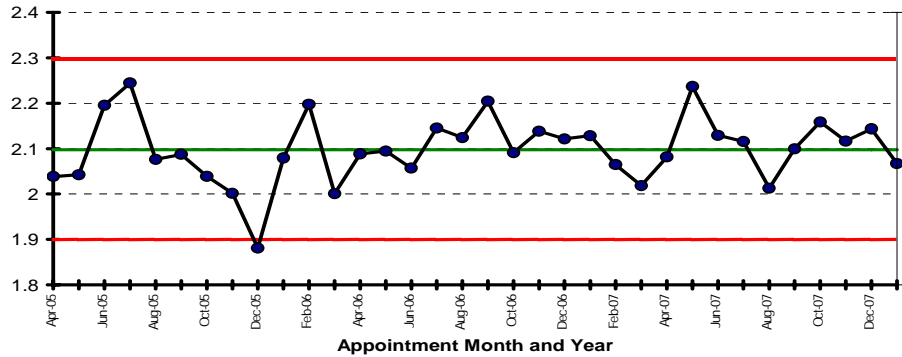
**Outpatient Follow Up ratio**



**Theatre Utilisation**

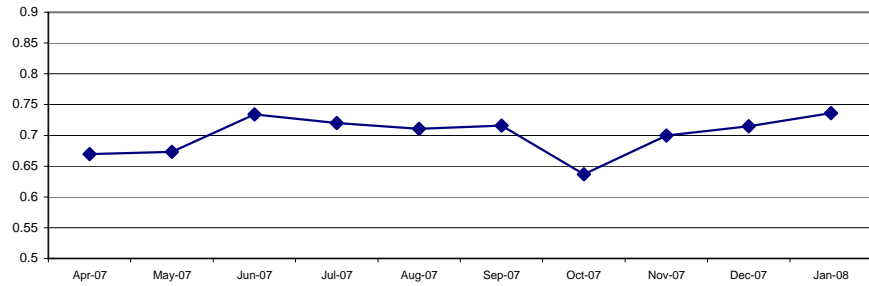


## Workforce & Efficiency



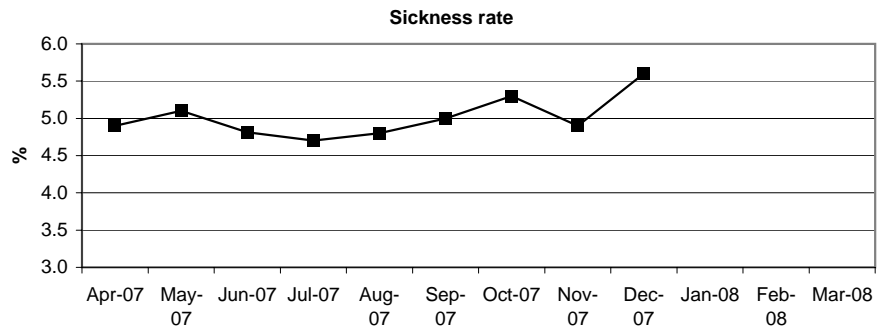
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Theatre utilisation



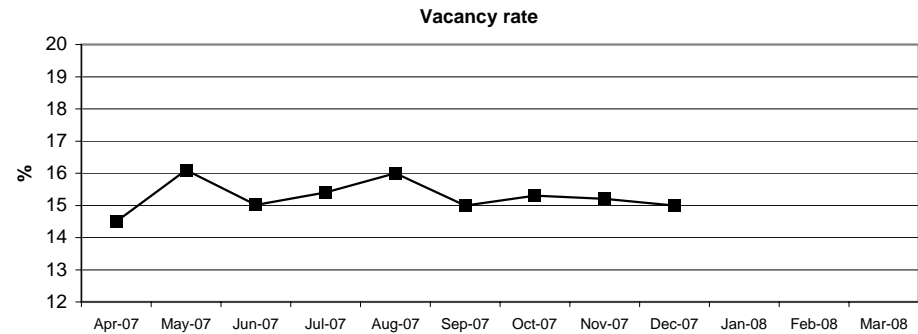
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 Red: adverse SPC statistical tests met

### Sickness Absence Rate



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### Vacancy Rate



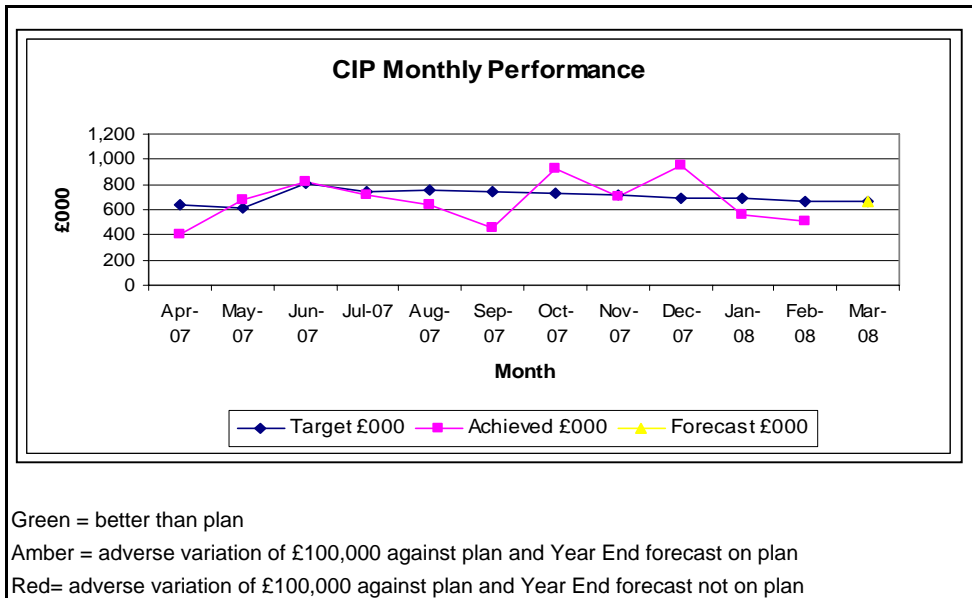
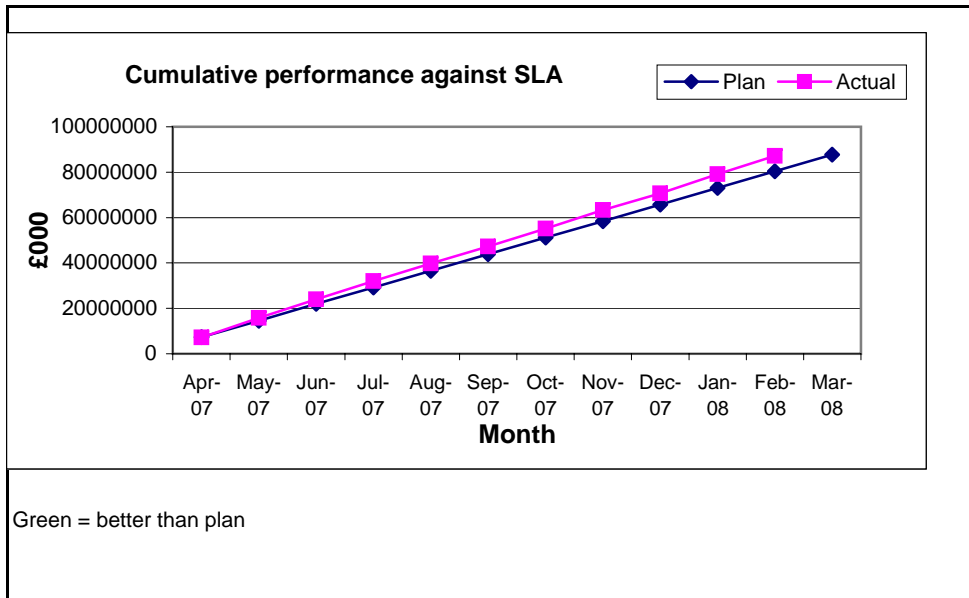
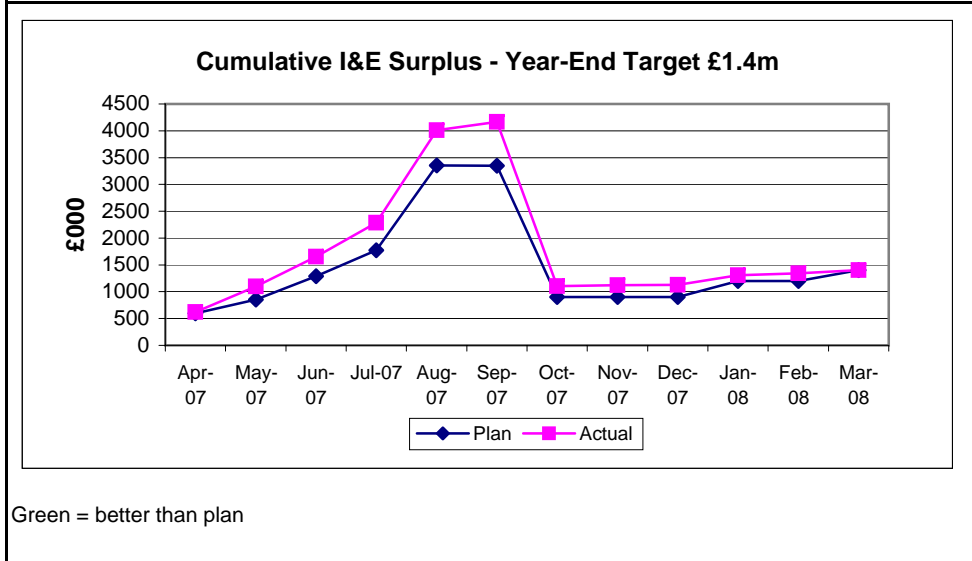
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# Finance

Period: Month 11 (February 2008)

RISK RATINGS - Monitor Methodology			Year to Date			Forecast Outturn		
Financial Criteria	Weighting	Metric Description	Metric Value	Rating	Weighted Rating	Metric Value	Rating	Weighted Rating
Achievement of plan	10%	EBITDA achieved (% of plan)	116.27	5.00	0.50	115.45	5.00	0.50
Underlying performance	25%	EBITDA margin (%)	6.68	3.00	0.75	6.66	3.00	0.75
Financial efficiency	20%	Return on Assets (%)	4.24	3.00	0.60	5.03	4.00	0.80
Financial efficiency	20%	I&E surplus margin (%)	0.97	2.00	0.40	1.46	3.00	0.60
Liquidity	25%	Liquid ratio (days)	28.44	4.00	1.00	52.15	5.00	1.25
<b>Overall rating</b>					<b>3.25</b>	<b>3.90</b>		

Green = > 3 rating



# Finance

Period: Month 11 (February 2008)

