

ITEM: 3

Meeting: Trust Board
Date: 21 May 2008

Title: Dashboard Report

Executive Summary: The Trust Board received at its meeting on 16 April 2008 the first version of the performance management dashboard report. The report has been refreshed and further refined and is attached. The information relates to performance in March 2008 and covers the year end position, with a small number of exceptions where March data is not available (primarily the marketing position under Strategy as Dr Foster information has a time lag).

Clinical Quality – The only change is the number of adverse incidents has fallen and the indicator is rated green. Overall the domain remains green. Under the mortality section the benchmark information has been changed to show the Standardised Mortality Rates (SMRs) for all London hospitals. The England average/expected level of mortality adjusted for age, sex, casemix is set at an index value of 100 for comparison purposes.

Patient Experience – The overall score remains amber but is borderline red. The ward cleanliness scores showed a deterioration in February (March data is still being processed). The complaints section has been extended to also cover the percentage responded to within the standard and the numbers of dissatisfied complainants who have escalated the complaint further.

Access & Targets – The referral to treatment (RTT) targets were met at the end of March but the ongoing failure to meet hospital acquired infection targets means the domain remains rated as Amber.

Strategy – As noted above Dr Foster data lags behind internal sources and only January data is available for inpatient data and February for outpatient data. The only change to note is that maternity deliveries for Islington have recovered to their previous level.

Workforce & Efficiency – There are no significant changes in the performance of the indicators in this domain, but note the sharp decrease in DNA rates for First Outpatient attendances.

Finance – Rated green for all indicators. The amber rated CIP indicator in the last report is now green as the year end target was achieved.

Following the board's decision in April, meetings are being arranged with non-executive directors at which the definitions and thresholds for each of the domains will be discussed. The format for the detail of the exception reports will also be agreed and these will commence from June.

Now that the data gathering process has been established, we shall set a clear timetable for submission to the head of information. He will produce the dashboard in time for exception reports to be compiled by Directors for incorporation into the board report.

Action:	<p>The Trust Board is asked to</p> <ul style="list-style-type: none"> • Note the further development of the dashboard and in particular the changes in performance identified • Note the plan for the consultation with non –executive directors and the production of exception reports
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Report from:	<p>Susan Sorensen Director of Strategy and Performance</p>
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Sponsor:	David Sloman, Chief Executive officer
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Financial Validation Lead: Director of Finance	<p>Trish Donovan Deputy Director of Finance</p>
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Compliance with statute, directions, policy, guidance Lead: All directors	<p>Reference: “The Intelligent Board” The Monitor Compliance Framework</p>
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Compliance with Healthcare Commission Core/Developmental Standards Lead: Director of Nursing & Clinical Development	<p>Reference: N/a</p>
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Compliance with Auditors’ Local Evaluation standards (ALE) Lead: Director of Finance	<p>Reference: N/a</p>
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Evidence for self-certification under the Monitor compliance regime Lead: All directors	<p>Compliance framework reference: Recommendation in FT stage 2 due diligence by E&Y report</p>
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