ITEM: 08/133

DOC: 4

| **Meeting:** | Trust Board |
| **Date:** | 17 September 2008 |

| **Title:** | **Dashboard Report** |

| **Executive Summary:** | The attached report shows performance in each of the six domains based on the latest information available.   In the case of Access/Targets the performance data relates to July. In the case of Finance the performance data relates to August.   The following points should be noted: |

- **Clinical quality domain**:   Following a review of the key performance indicators for this domain by the NED/ED working group the indicator for risk assessment has been changed and now measures high risk incidents rather than adverse incidents. All indicators in this domain are green flagged.

- **Patient experience**: There has been an increase in the sample size and some improvement in the results of the out patient survey.   Following agreement of the customer focused marketing strategy this domain will be reviewed and the associated key performance indicators changed to reflect new measures and targets.

- **Access and Targets**: As there is an incentive target within the SLA for C.Diff performance with a sliding scale penalty for underachievement the MRSA and C. Diff indicators have now been separated and are reported individually.   The MRSA indicator is flagged red and relates to the most recent data, which includes the cases reported in August. C. Diff is flagged green. Details for performance against these indicators are covered in the Infection Control report

- **Finance domain**: The domain report has changed to reflect year to date performance rather than current period. The August risk rating is flagged green however the forecast risk rating remains red.   The year to date cumulative income and expenditure position against plan is flagged amber, and the forecast CIP indicator is flagged red. Detailed explanation for this performance is included in the finance report.

- **Strategy domain**: The data that relates to market share is obtained from Dr Foster. As Barnet & Chase Farm Hospital and The Royal Free Hospital have been unable to submit recent activity data to Dr Foster, the performance data here relates to April 2008.

All other indicators currently remain within normal performance variance.   The clinical quality and strategy domains are being developed further and changes will be highlighted at future meetings.   Targets for performance are being developed or clarified and once complete reports will outline year to date, forecast outturn and current period performance by domain and indicator.

| **Action:** | To note and discuss |

...the hospital of choice for local people W

Report from:	Fiona Elliott, Director of Planning and Performance

Financial Validation Lead: Director of Finance	Tim Jaggard, Deputy Director of Finance

Compliance with statute, directions, policy, guidance Lead: All directors	**Reference:** "The Intelligent Board" Report

Compliance with Healthcare Commission Core/Developmental Standards Lead: Director of Nursing & Clinical Development	**Reference:** n/a

Compliance with Auditors' Local Evaluation standards (ALE) Lead: Director of Finance	**Reference:** n/a

Evidence for self-certification under the Monitor compliance regime Lead: All directors	**Compliance framework reference:** Appendix C3

Clinical Quality

Click here to return to Dashboard

Adverse Incidents

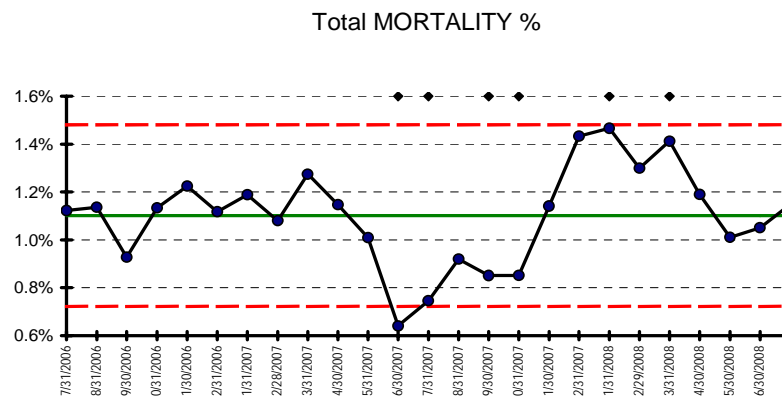### High Risk Incidents
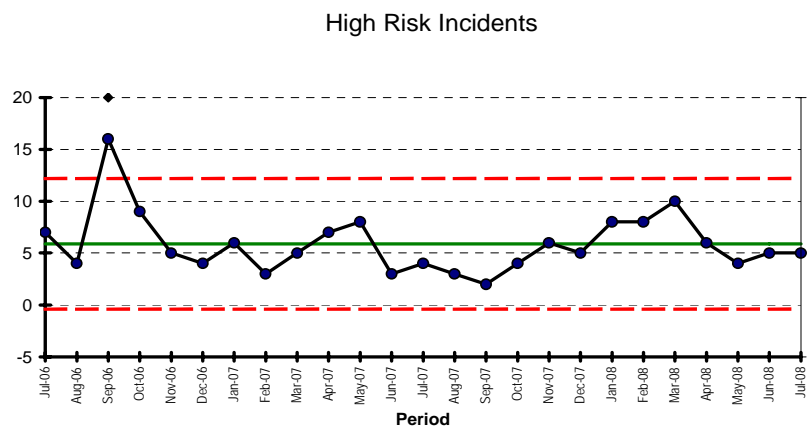
Benchmark information - not currently available

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

Total MORTALITY %

Benchmark (Dr Fosters Intelligence. Stardardised Mortality Rate, England, Annual)
Standardised on total England data = 100

Trust	1 year SMR	Trust	1 year SMR
Royal Free Hospital	74	Newham University Hospital	100
St George's Healthcare	80	Barking Havering & Redbridge Hospitals	100
Homerton University Hospital	81	Whipps Cross University Hospital	101
Guy's & St Thomas'	82	Queen Elizabeth Hospital Woolwich	104
The Whittington Hospital	**84**	Dartford & Gravesham	104
Bromley Hospitals	88	West Middlesex University Hospital	105
Cheslsea & Westminster	88	Epsom & St Helier Univeristy Hospital	105
Barts & The London	89	Barnet & Chase Farm Hospitals	106
North West London Hospitals	91	Ealing Hospital	107
University College London Hospital	92	Kingston Hospital	114
Hillingdon Hospital	93	Queen Mary's Sidcup	116
Kings College Hospital	94	North Middlesex University Hospital	123
Lewisham University Hospital	96	Basildon & Thurrock	126
Mayday Healthcare	97	Imperial Healthcare	n/a

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
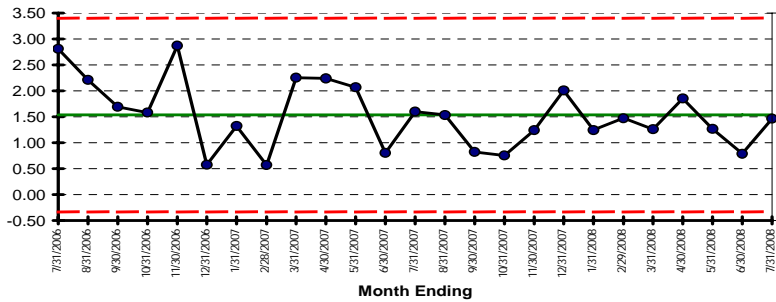
Avoidable Mortality
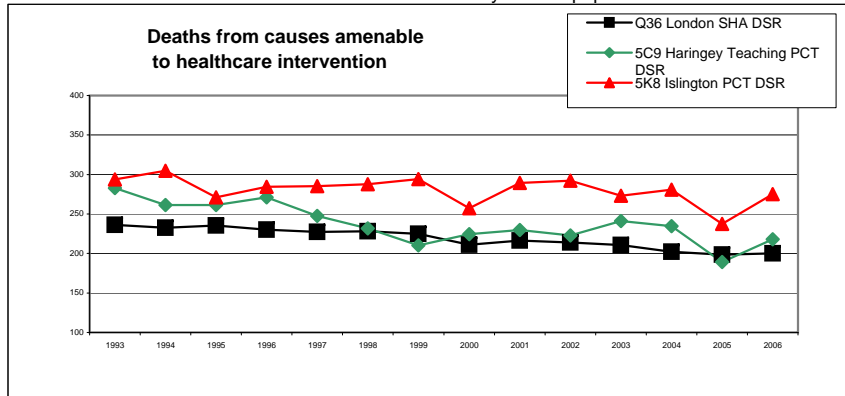
Readmissions

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

Month Ending

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

Deaths from causes amenable to healthcare intervention

Legend:
- Q36 London SHA DSR
- 5C9 Haringey Teaching PCT DSR
- 5K8 Islington PCT DSR

From Clinical and Health Outcomes Knowledge Base

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
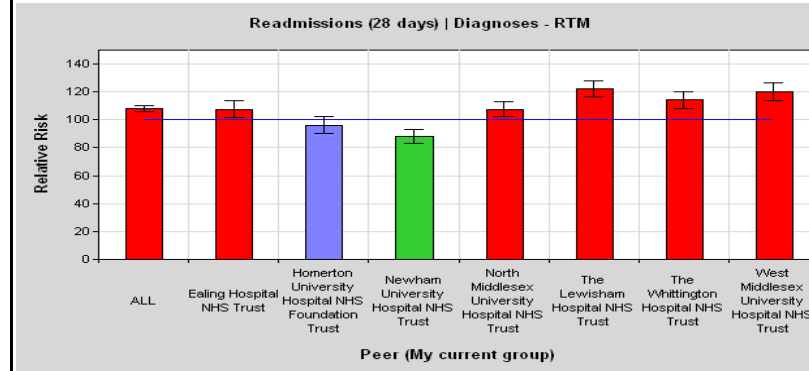Red: adverse SPC statistical tests met

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

Related Condition 28-day Redmission rate
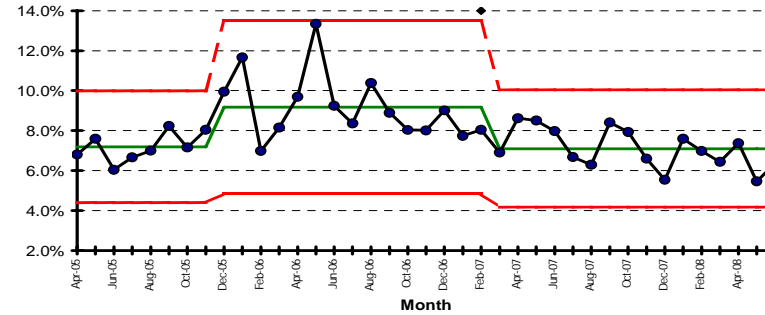
Month

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

Benchmark

Readmissions (28 days) | Diagnoses - RTM

Relative Risk

Peer (My current group): ALL, Ealing Hospital NHS Trust, Homerton University Hospital NHS Foundation Trust, Newham University Hospital NHS Trust, North Middlesex University Hospital NHS Trust, The Lewisham Hospital NHS Trust, The Whittington Hospital NHS Trust, West Middlesex University Hospital NHS Trust

source: Dr Foster Intelligence. Relative Risk = index. Benchmark Year=2007/08
Note: uses a different methodology - ALL readmissions irrespective of whether related or not
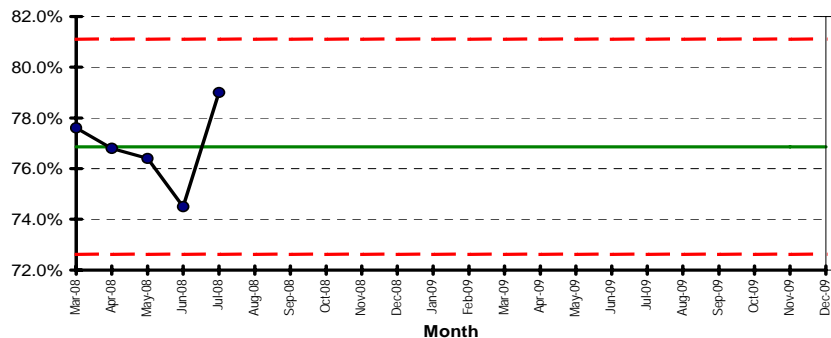
Patient Experience

Period: July 2008

Patient Survey

A Summary score has been calculated for the Whittington Promises

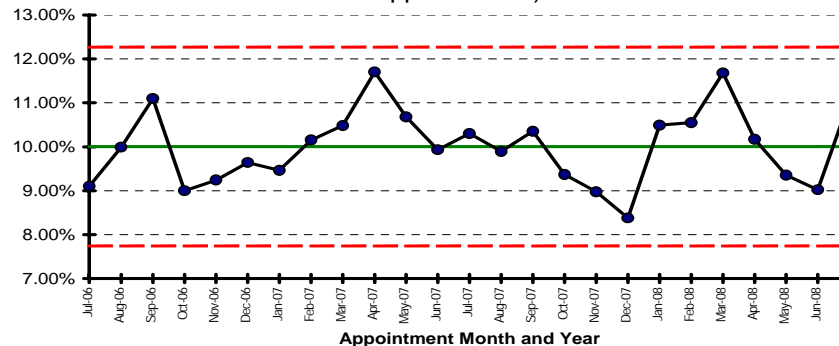### Combined Whittington Promise Score (all 5 questions)

Green = score >= 80%

Amber = score between 75 and 79.9%

Red = score below 75%

Note: Scores transposed to a scale of 0 - 100

Hospital Cancellations

see Workforce & Efficiency section for DNA rates

### Cancellation Rate by Hospital (Total Outpatient Appointments)

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

Amber: within normal SPC parameter or positive test AND no progress to target (if specified)

Red: adverse SPC statistical tests met

Complaints - numbers

Total Complaints Received by Month
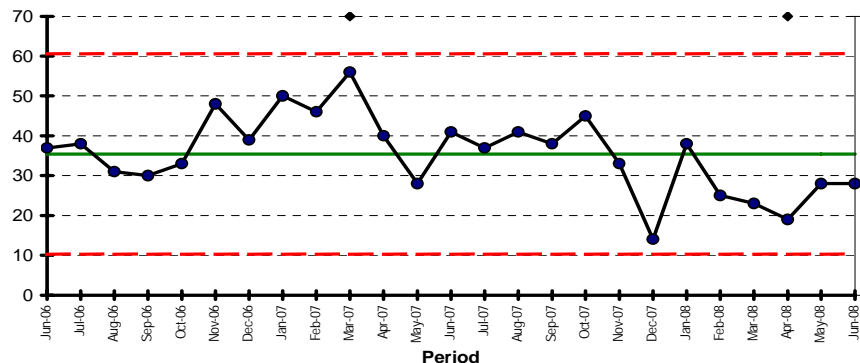
Green: within normal SPC parameter or positive test AND progress to target (if specified)

Amber: within normal SPC parameter or positive test AND no progress to target (if specified)

Red: adverse SPC statistical tests met

Ward Cleanliness

target = 90%

Ward Cleanliness Score
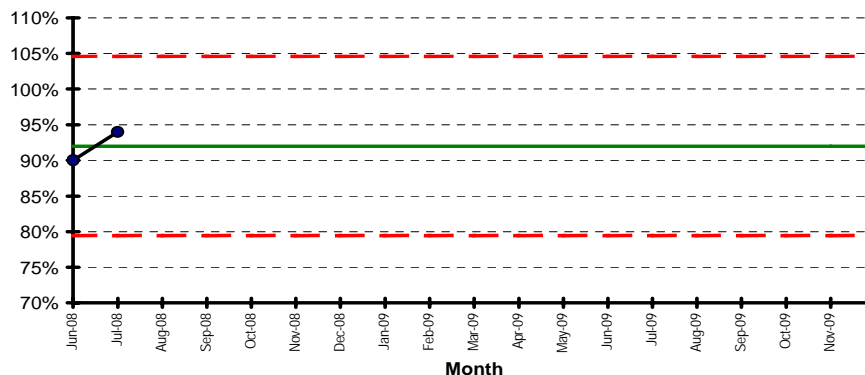
Note: New measurement methodology - no historic data for comparison purposes

Green = target achieved and no adverse SPC tests met

Complaints - Response with 25 days

Formal Complaints Responded to Within the Standard by Month
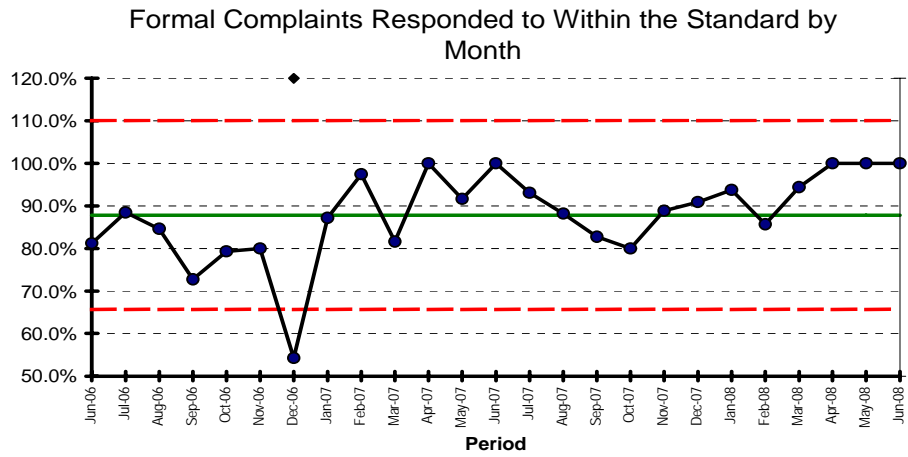
Complaints - Dissatisfied

Escalation of Complaints	2004/05	2005/06	2006/07	2007/08
% Dissatisfied Complainants	17%	14%	8%	11%
No of complaints referred to Healthcare Commission	2	11	13	1
No of complaints referred to Ombudsman	0	1	0	0

Access and Targets

Priority Targets

<u>18 weeks Referral to Treatment (RTT)</u>
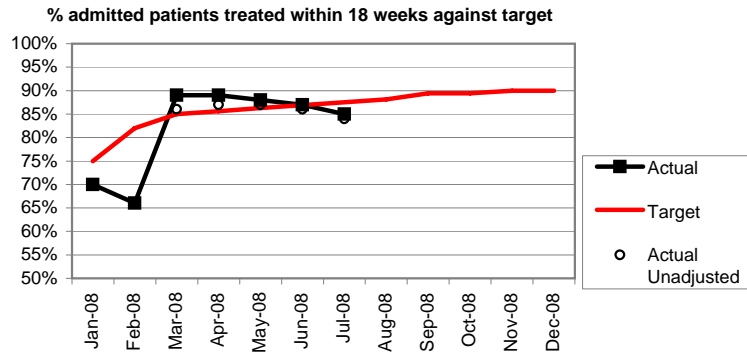
<u>Healthcare Acquired Infections</u>

Admitted patients

Clostridium difficile

MRSA

% admitted patients treated within 18 weeks against target

- Actual
- Target
- Actual Unadjusted

C-diff: SPC chart of incidents by month

- Incidents — Mean — UCL — LCL

MRSA: SPC chart of incidents by month

- Incidents — Mean — UCL — LCL

Non Admitted patients

% non-admitted patients treated within 18 weeks against target

- Actual
- Target

C-diff: Incidents against trajectory 2008/09

- Cummulative
- Incidents
- PCT Trajectory
- Sseasonal Trajectory

MRSA: Incidents against trajectory 2008/09

- Cummulative
- Pre-48 hrs
- Post-48 hrs
- Trajectory

note: excludes the last week of August 2008

Elective Cancellation Rate

national tolerance=0.8%
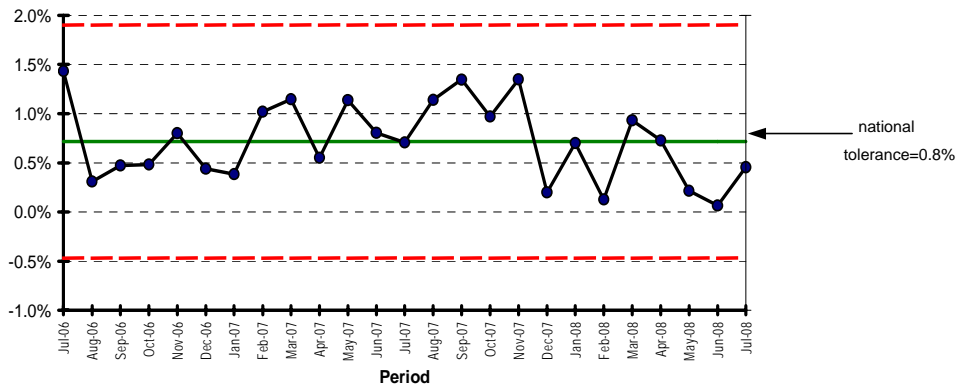
ED Waits - % ADT Within 4 Hours

national standard =98%
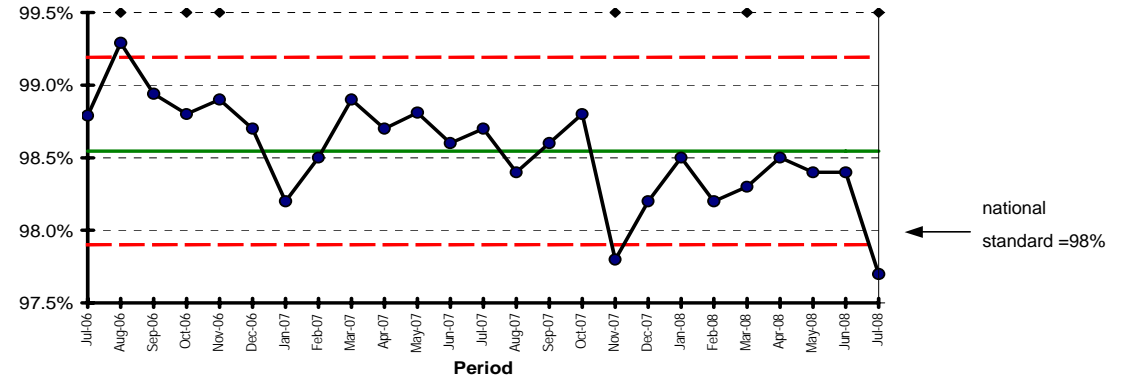
Other national targets

National Target Indicators - reviewed by Monitor & Healthcare Commission					
Standard	Criteria	Target	Jul-08	YTD	Forecast
Reducing Mortality from Cancer					
Wait from GP Referral until Seen	% seen within 14 days	98%	100%	100.0%	100.0%
Wait from Decision to Treat until Treatment	% treated within 31 days	98%	100%	100.0%	100.0%
Wait from GP Urgent Referral until Treatment	% treated within 62 days	95%	100%	96.2%	97.0%
Inpatients waiting over 26 weeks		0	0	0	0
GP referred Outpatient waiting over 13 weeks		0	0	0	0
Ensuring patient right of redress following cancelled operations					
Operations cancelled for non-clinical reasons	% of elective admissions	<0.8%	0.32%	0.32%	0.50%
Offers of new binding date	% within 28 days	95%	100%	100.00%	100%
Delayed transfers of care					
Number of delayed bed-days			275	460	100%
% delayed patients as a % of all patients		<=3.5%	2.4%	2.0%	<3%
Reducing Mortality from Heart Disease					
Wait from GP Referral until Seen in RACP Clinic	% seen within 14 days	100%	100%	100%	100%
Each national core standard	number of standards failed	0			

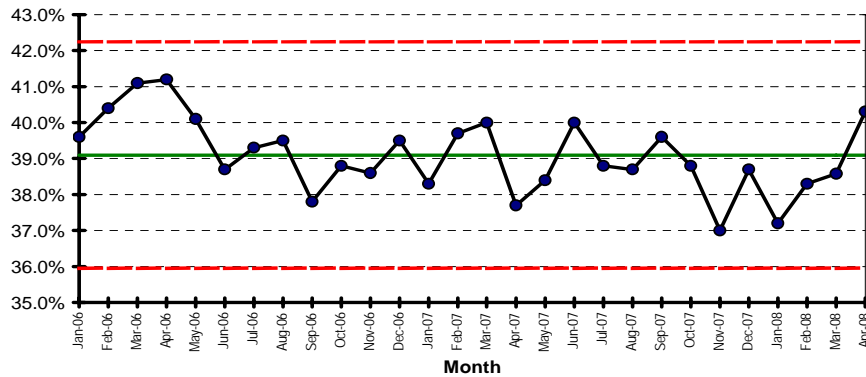| National Target Indicators - reviewed by the Healthcare Commission only (annual health check)					
Standard	Criteria	Target	Jul-08	YTD	Forecast
Supporting patient choice and booking					
Choice of dates offered for Outpatient Appointments	% of new referrals	100%	100%	100%	100%
Choice of dates offered for Elective Admission	% of decisions to treat	100%	100%	100%	100%
Emergency bed-days					
Number of emergency bed-days		7500	7,440	30,606	-
% Drop from last year	5% Reduction by 2008 (2005 baseline)		1%	2%	-
Drug misusers: information, screening and referra	Meeting 5 requirements	100%	100%		100%
Reducing inequalities in Infant Mortality					
Smoking in pregnancy at time of delivery	% of deliveries	<17%	8.1%	8.0%	<10%
Rate of Breastfeeding at birth	% of deliveries	78%	90.0%	90.2%	90.00%
Obesity: compliance with NICE guidance 43			100%		100%
Participation in audits			n/a		
Stroke Care	new indicator-to be confirmed				
Data quality: ethnic coding	new indicator-to be confirmed				
Data Quality: maternity data	new indicator-to be confirmed				
Diagnostic	*Overall*			Green	
Diagnostic Waits (non audiology)	% waiting within 13 weeks	100%	99%		
13 weeks Breaches		0	0	0	0
Total diagnostic tests	% waiting within 6 weeks	-	100%		
Wait for MRI Scan appointment	% waiting within 6 weeks	-	100%		
Wait for CT Scan appointment	% waiting within 6 weeks	-	100%		
Wait for Ultrasound appointment (non-obstetric)	% waiting within 6 weeks	-	100%		
All other diagnostic tests (non audiology)	% waiting within 6 weeks	-	98.5%		

Strategy

MARKET SHARE DATA NOT REFRESHED

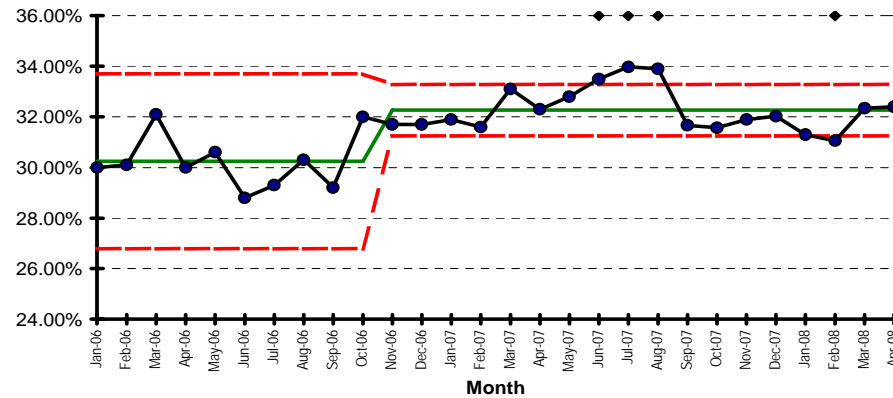DR FOSTERS HAVE NOT BEEN SUPPLIED WITH DATA BY
NHS CONNECTING FOR HEALTH/BT

MARKET SHARE

First Outpatient Attendances

| Performance Thresholds |
| --- |
| Green: within normal SPC parameter or positive test AND progress to target (if specified) |
| Amber: within normal SPC parameters and no progress to a target (if specified) |
| Red: adverse SPC statistical tests met |
| **TARGET** |
| **1% increase in Market Share for all Activity Types by March 2009** |

Whittington: Islington First OP Attendances

Whittington: Haringey First OP Attendances

Non-Elective Admissions

Whittington: Market Share for Islington Non Elective Admissions
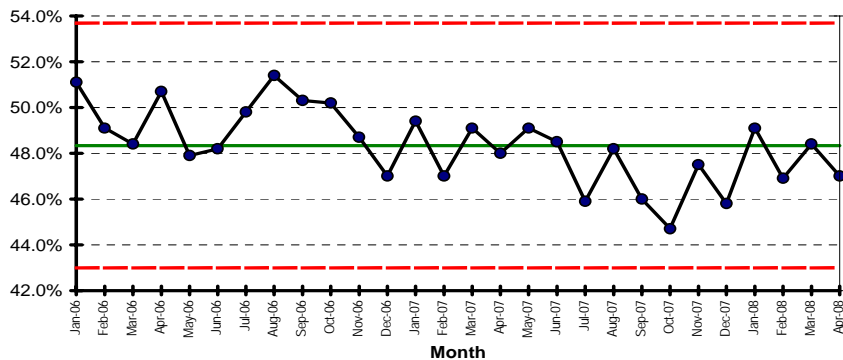
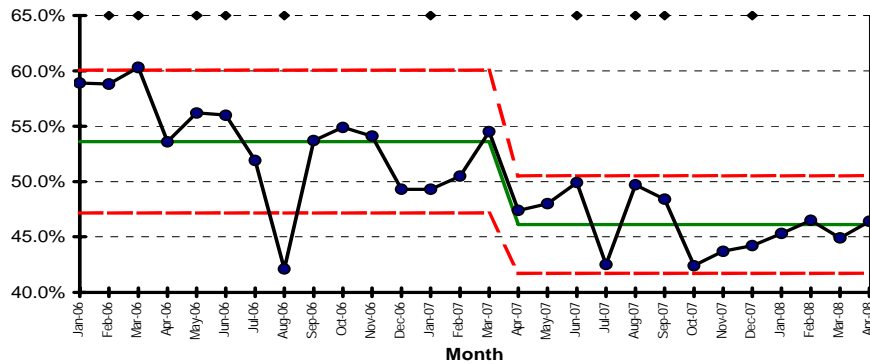Whittington: Market Share for Haringey Non Elective Admissions
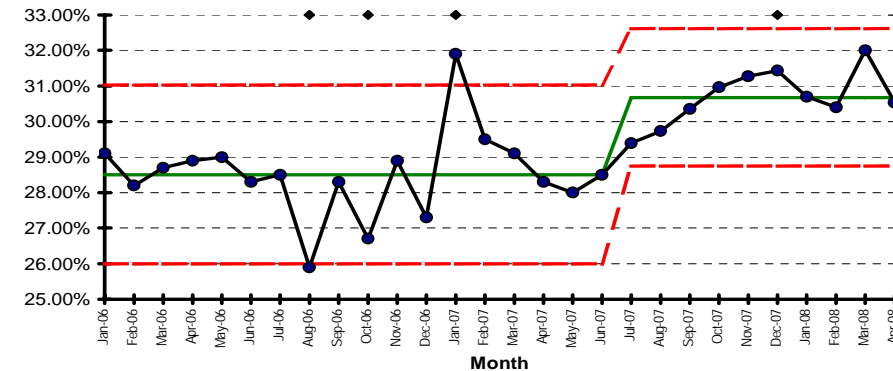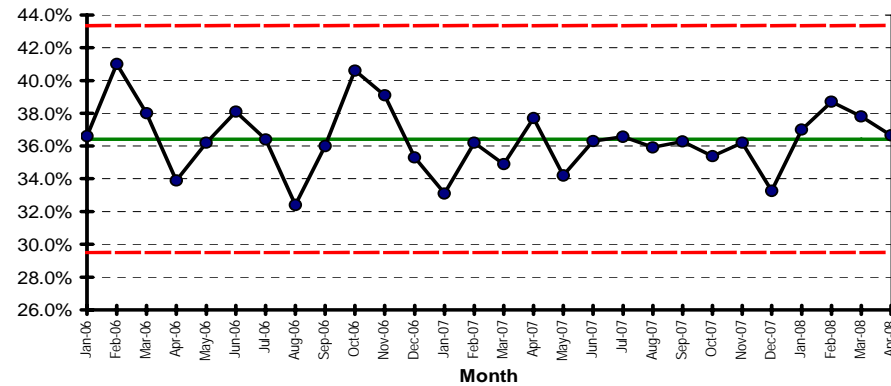
Strategy

Day Case Surgery

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

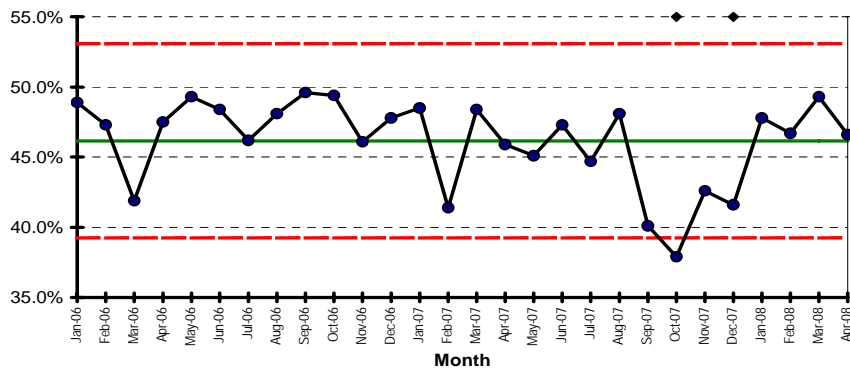**Whittington: Market Share for Islington Day Case Surgery**

Whittington: Market Share for Haringey Day Case Surgery
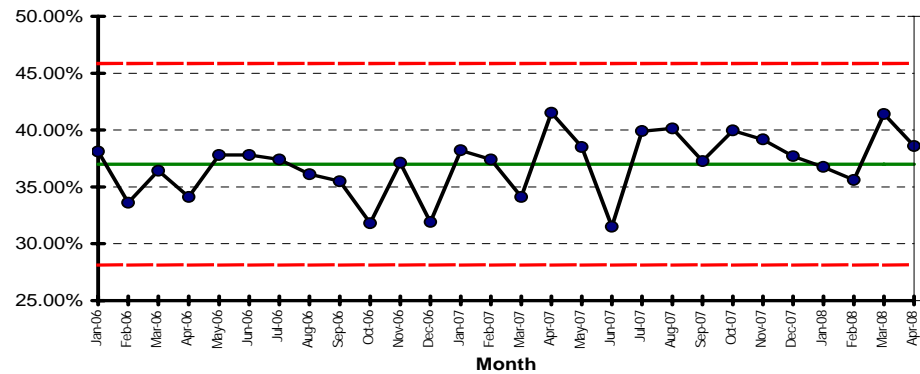

Note: Market distorted by University College Hospital and the Royal Free Hospital converting significant numbers of their Elective IP to Day Cases
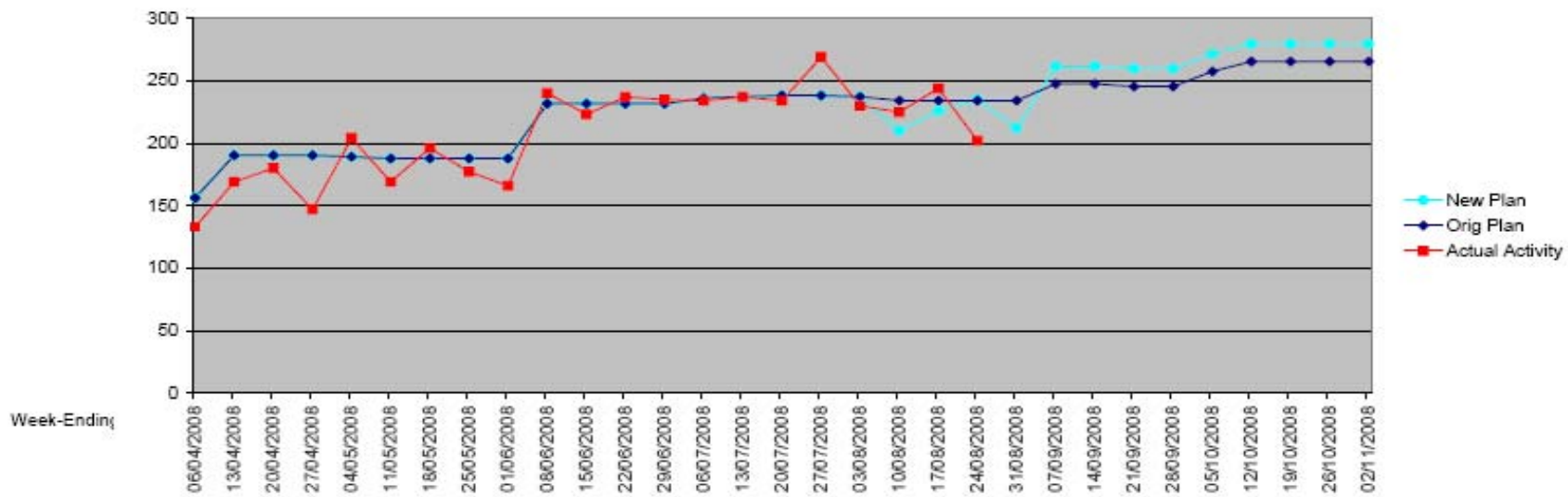
Maternity Deliveries

Whittington: Market Share for Islington Maternity Deliveries

**Whittington: Market Share for Haringey Maternity Deliveries**

Strategy

Chart: Week-Ending vs. values (0–300), with series:
- New Plan (cyan)
- Orig Plan (dark blue)
- Actual Activity (red)

Week-Ending x-axis labels: 06/04/2008, 13/04/2008, 20/04/2008, 27/04/2008, 04/05/2008, 11/05/2008, 18/05/2008, 25/05/2008, 01/06/2008, 08/06/2008, 15/06/2008, 22/06/2008, 29/06/2008, 06/07/2008, 13/07/2008, 20/07/2008, 27/07/2008, 03/08/2008, 10/08/2008, 17/08/2008, 24/08/2008, 31/08/2008, 07/09/2008, 14/09/2008, 21/09/2008, 28/09/2008, 05/10/2008, 12/10/2008, 19/10/2008, 26/10/2008, 02/11/2008

Workforce & Efficiency

Period: July 2008

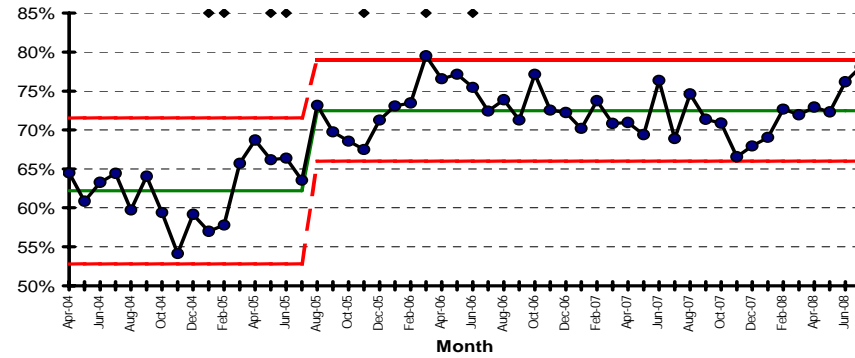## Average Length of Stay (acute specialties only)

Average Length of Stay (acute)
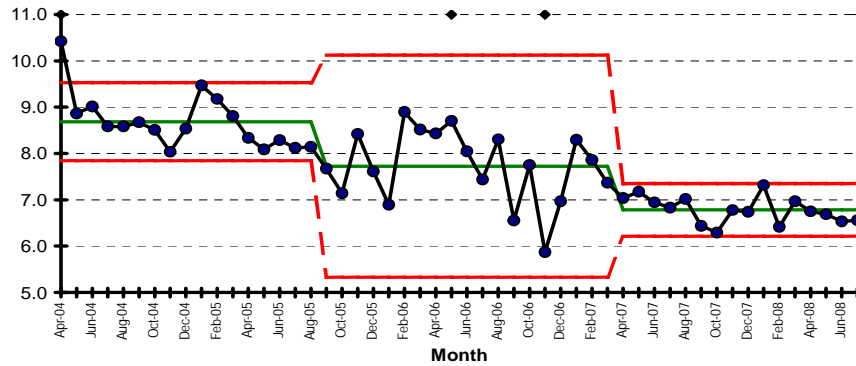
Green = within normal SPC parameters or a positive test met

Amber = no progress to a target (where a target has been specified)

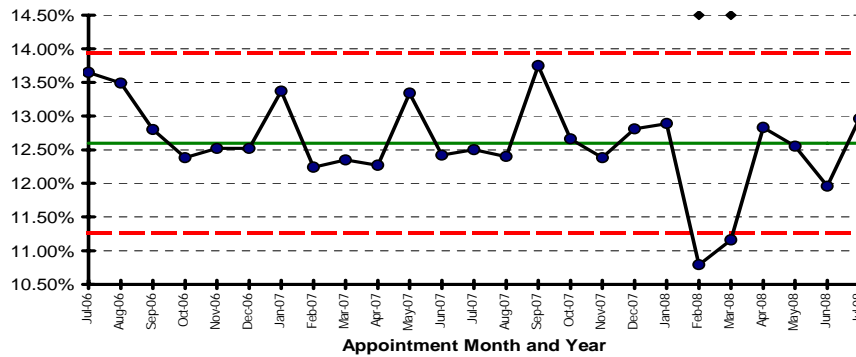Red = adverse SPC statistical tests

Day Case Surgery Rate

Surgery DC%

Green: >= 75%

Amber = less 75% and no adverse SPC statistical tests met
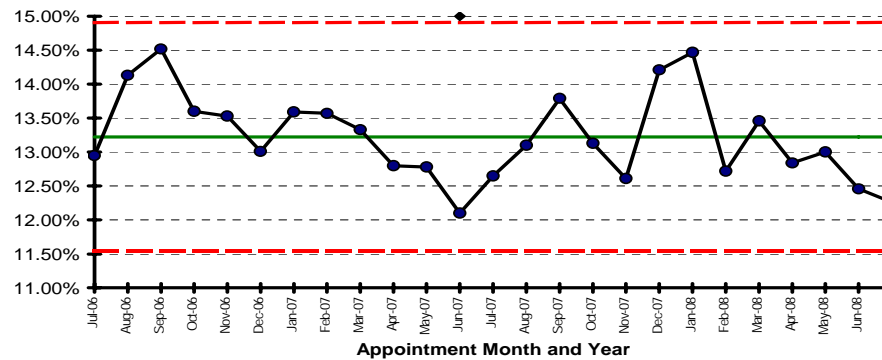
Red = adverse SPC statistical tests

DNA Rate (Outpatients)

DNA Rate First Outpatient Attendances

Green = within normal SPC parameters or a positive test met

Amber = no progress to a target (where a target has been specified)
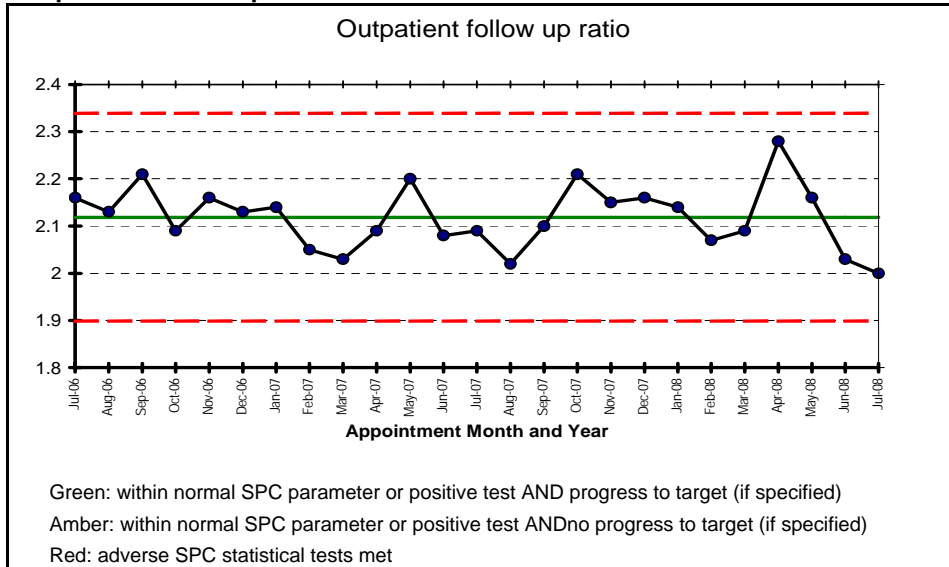
Red = adverse SPC statistical tests

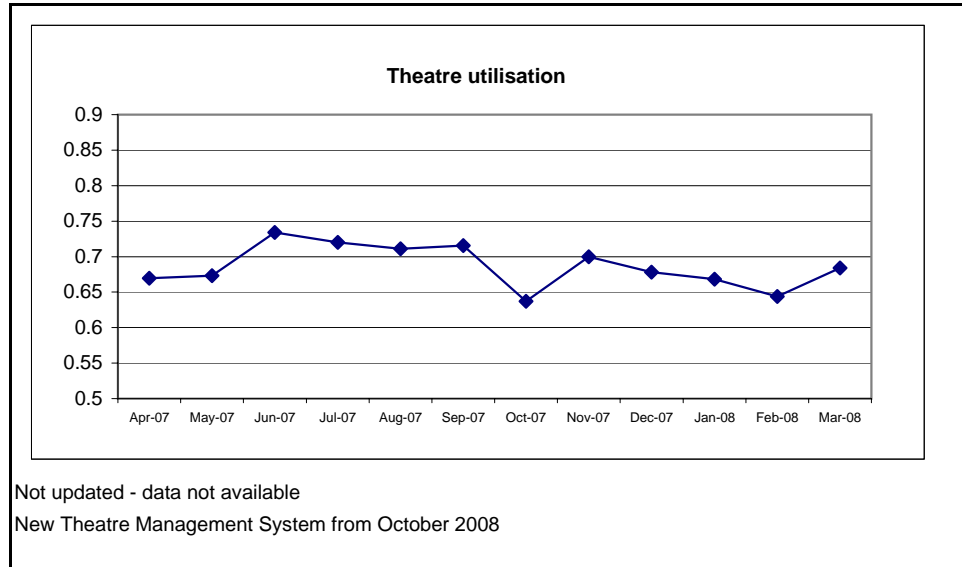DNA Rate Follow up OP attendances

Green = within normal SPC parameters or a positive test met

Amber = no progress to a target (where a target has been specified)

Red = adverse SPC statistical tests
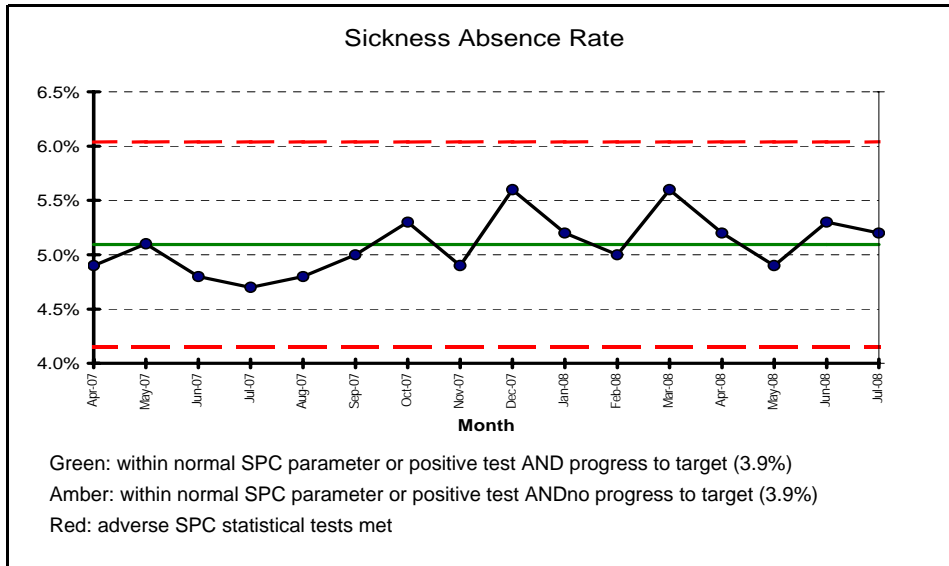
Workforce & Efficiency
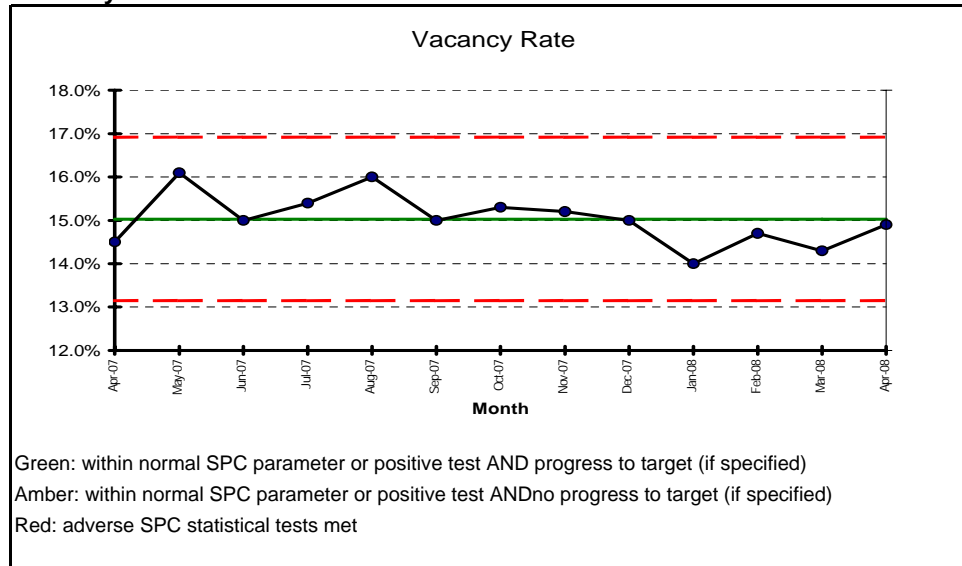
Outpatient Follow Up ratio

Outpatient follow up ratio

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

Amber: within normal SPC parameter or positive test ANDno progress to target (if specified)

Red: adverse SPC statistical tests met

Theatre Utilisation

Theatre utilisation

Not updated - data not available

New Theatre Management System from October 2008

Sickness Absence Rate

Sickness Absence Rate

Green: within normal SPC parameter or positive test AND progress to target (3.9%)

Amber: within normal SPC parameter or positive test ANDno progress to target (3.9%)

Red: adverse SPC statistical tests met

Vacancy Rate

Vacancy Rate

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

Amber: within normal SPC parameter or positive test ANDno progress to target (if specified)

Red: adverse SPC statistical tests met

2

Finance Charts detailing information included in dashboard

	Monthly Performance	Year To Date Performance	Full Year Forecast Performance

Risk rating

The rating is based on the Monitor methodology

A working capital facility of £11m is assumed for the liquidity calculation

Monthly Performance: N/A

Year To Date Performance:

Weighting	Metric Description	Metric Value	Rating	Weighted Value
10%	EBITDA achieved (% of plan)	94.97	4	0.40
25%	EBITDA margin (%)	5.87	3	0.75
20%	Return on Assets (%)	-1.21	2	0.40
20%	I&E surplus margin (%)	0.34	2	0.40
25%	Liquid ratio (days)	45.754	5	1.25
	Overall rating			**3.20**

This is shown as GREEN in the dashboard as it is > 3

Full Year Forecast Performance:

Weighting	Metric Description	Metric Value	Rating	Weighted Value
10%	EBITDA achieved (% of plan)	88.97	4	0.40
25%	EBITDA margin (%)	6.16	3	0.75
20%	Return on Assets (%)	-2.61	1	0.20
20%	I&E surplus margin (%)	0.54	2	0.40
25%	Liquid ratio (days)	15.274	3	0.75
	Overall rating			**2.50**

This is shown as RED in the dashboard as it is < 3

Overall Income & Expenditure

Forecast performance included here is a surplus of £800k against a planned surplus of £2m

Overall I&E - In-Month Performance
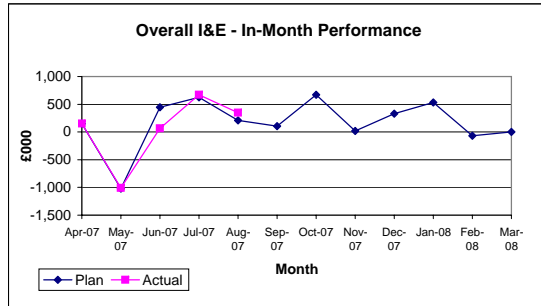
An in-month I&E surplus of £345k against a planned surplus of £208k giving a favourable variance of £137k in the month
Within this, income is £129k above plan, expenditure is £3k below plan and interest is £5k above plan this month



Overall I&E - Cumulative Performance
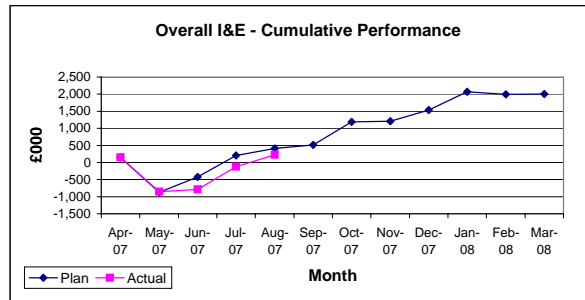
Cumulative performance is a surplus of £225k against a planned surplus of £409k giving an adverse variance of £184k (compared to £321k at Month 4)
Within this, income is £415k above plan, expenditure is £623k above plan, and interest is £25k above plan to date

Overall I&E - Cumulative Performance Forecast (Likely Case)
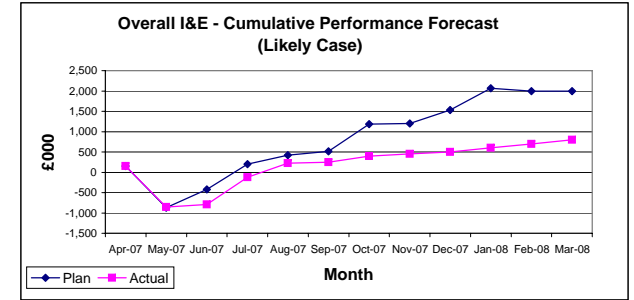
I&E Forecast of £800k surplus, based on likely case. Slippage is assumed from September onwards, as cost pressures impact and income/CIP targets increase
This is shown as amber on the dashboard, recognising that whilst it is a surplus, it is less than the planned level of £2m

Performance against SLA - 1 month lag

July was a strong month for performance against SLAs, with an in-month overperformance of £750k. However, this is in the context of increasing non-SLA income targets such as DTC, risk-adjusted demand management and funding of service developments

Performance against SLA / NCA Plan - In-Month

Performance against SLA / NCA Plan - Cumulative
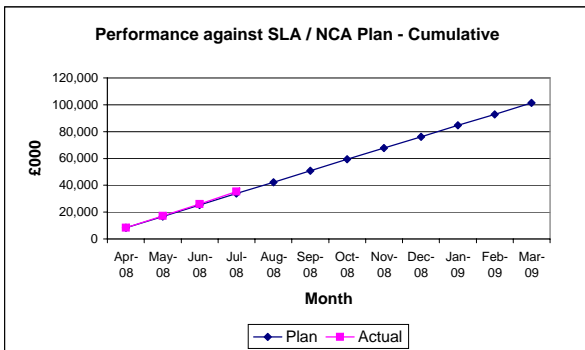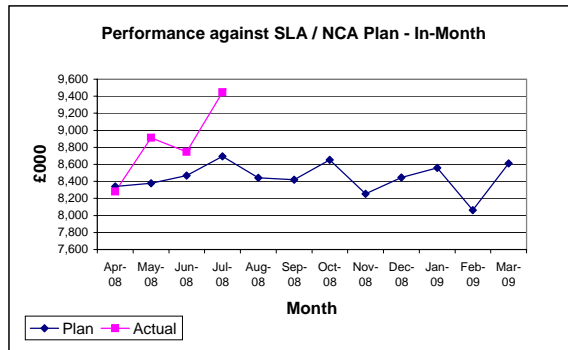
Activity was £748k above SLA plans (excluding additional targets such as DTC activity) after 3 months

Forecast is to achieve SLA value: however, additional activity is needed to meet higher income targets for DTC activity and for risk-adjusted demand management.

Cost Improvement Plan

CIP Performance - In-Month
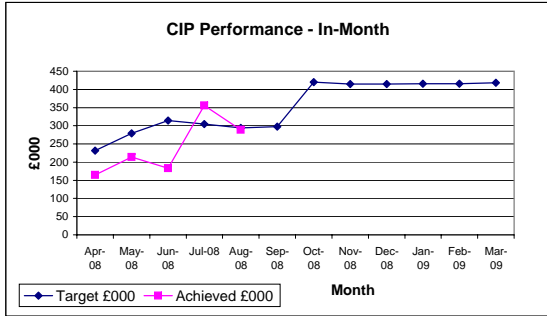
Savings of £289k were validated in August, £5k below plan. In addition, £92k of validated savings were backdated to April-July.

CIP Performance - Cumulative
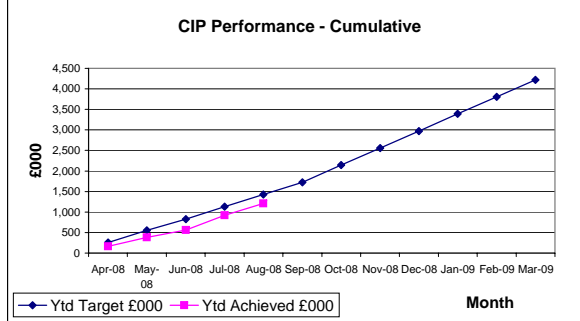
Cumulative performance is now £218k below target at the end of August.

Forecast chart to be developed for Month 6

Shown as amber in the dashboard, as there is slippage on a year to date basis and forecasts are currently being confirmed

Cash position against plan

In Month position for Month 5 (August 2008)

The closing Balance at the end of August was £4.5m which is in line with the forecast previously published

Rolling Cashflow Forecast
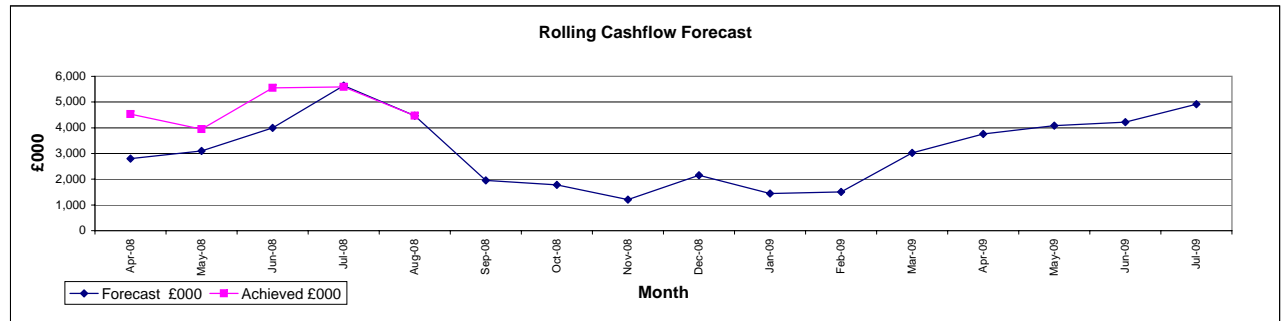
Forecast reduction in cash balance in September is due to £1.9m dividend payment on Public Dividend Capital. This is partially offset by the anticipated payment of £400k waiting list funding and £500k maternity funding from Islington