

ITEM: 08/151

DOC: 7

Meeting: Trust Board  
 Date: 15 October 2008

Title: **Dashboard Report**

**Executive Summary:** The attached report shows performance in each of the six domains based on the latest information available. The following points should be noted:

- **Clinical quality domain:** In the drill down of the report it can be seen that four of the key clinical risk performance indicators (adverse incidents, overall mortality, avoidable mortality and readmissions) continue to perform well with an average of three months performance below the benchmark target.
- **Patient experience:** The results of the patient survey continue to improve against a background of an increasing number of patients surveyed. The number of complaints received has been below the mean for the year for the last six months – should this continue next month we will see a step change downwards in the year's mean, indicating a sustained improvement. Hospital cancellations show normal variance. The Trust has a dedicated work stream within the out patient service redesign project to reduce the number of hospital cancellations.
- **Access and Targets:** As monitoring of infection control by the SHA is focussing more on the annual rolling total of incidents, this has now been included in the report. C. Diff performance shows an improving picture against last year's performance. MRSA is back on track against the three-month trajectory but is outside the annual trajectory and for this reason is flagged red in the dashboard report. Details of performance against these indicators are covered in the Infection Control report  
 18-week performance in on trajectory to meet the December target of 90% non-admitted and 85% of admitted patients being seen and treated within 18-weeks. ED performance has improved and year to date performance is at 98.48% patients seen and treated within 4-hours.
- **Finance domain:** In line with current performance and following the work to review the forecast position, the current year and forecast risk rating are both now flagged green. The year to date cumulative income and expenditure position against plan has improved in month and moved from amber to green. The forecast CIP indicator is now the only financial KPI that is flagged red. Detailed explanation for this performance is included in the finance report.
- **Workforce & Efficiency domain:** New to follow up ratios for out patient appointments is a new item of focus by PCTs, with the potential for penalties for breaches in agreed rates. New:FU ratios by specialty have been analysed and managers are working with clinicians to improve the rate and the report indicates that there has been some improvement, however the benchmark target will change in November.

Changes to many of the domains will be made for the November report.

Action: To note and discuss

<b>Report from:</b>	Fiona Elliott, Director of Planning and Performance
<b>Financial Validation</b> Lead: Director of Finance	Tim Jaggard, Deputy Director of Finance
<b>Compliance with statute, directions, policy, guidance</b> Lead: All directors	<b>Reference:</b> "The Intelligent Board" Report
<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> Appendix C3



External Assessments	Ratings	Annual health check		Risk Ratings	
		Use of Resources	Quality of Service	Financial	Non-Financial
	Current	Good	Good	3.20	Amber
	Predicted	Good	Good	2.50	Green

### Clinical Quality

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

### Patient Experience

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

### Access and Targets

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

### Strategy

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

### Workforce & Efficiency

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

### Finance

Year to date Period	G	
Forecast Outturn	G	
	YTD	FC
Risk rating	G	G
I&E variance from plan	G	G
Actual I&E surplus/deficit	G	G
Performance against SLA	G	G
Cost Improvement Plan	G	R
Cash position against plan	G	G

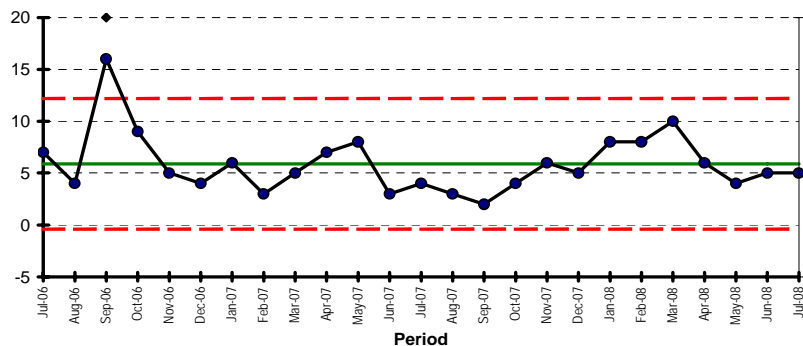
# Clinical Quality

Period: August 2008

[Click here to return to Dashboard](#)

## Adverse Incidents

High Risk Incidents

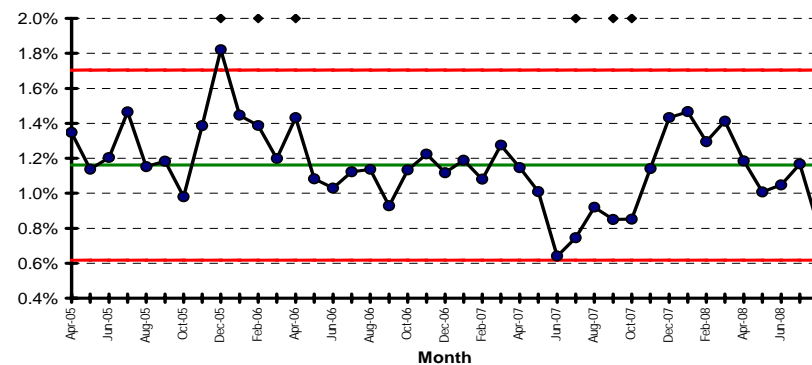


Benchmark information - not currently available

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. Standardised 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
<b>The Whittington Hospital</b>	<b>84</b>	Dartford & Gravesham	104
Bromley Hospitals	88	West Middlesex University Hospital	105
Chelsea & Westminster	88	Epsom & St Helier University 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

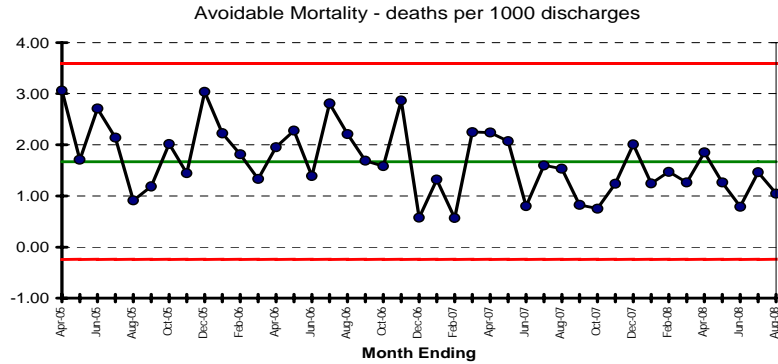
## Avoidable Mortality

## Readmissions

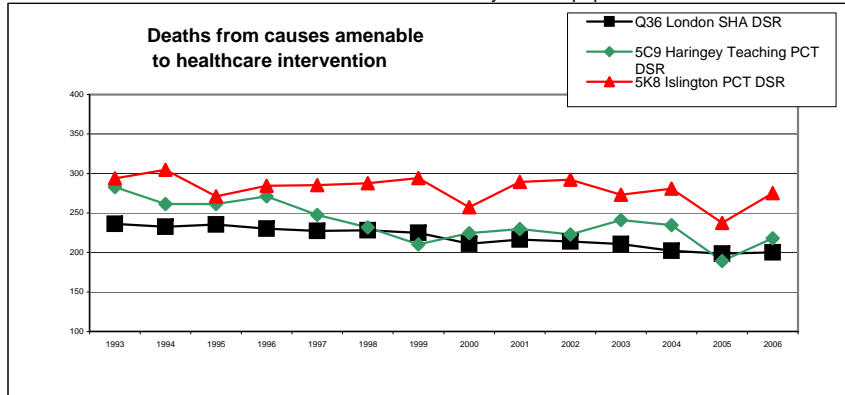
# Clinical Quality

Period: August 2008

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



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

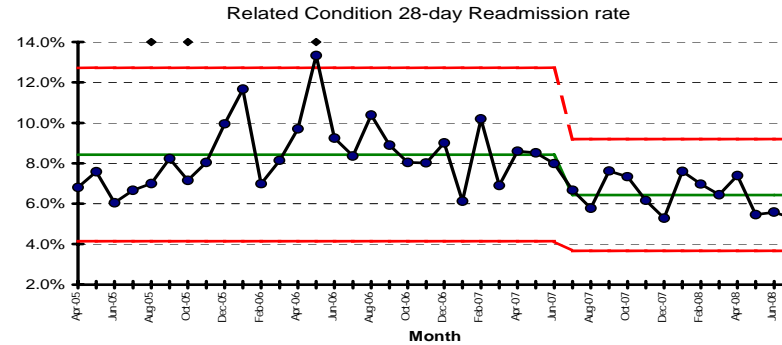


From Clinical and Health Outcomes Knowledge Base

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

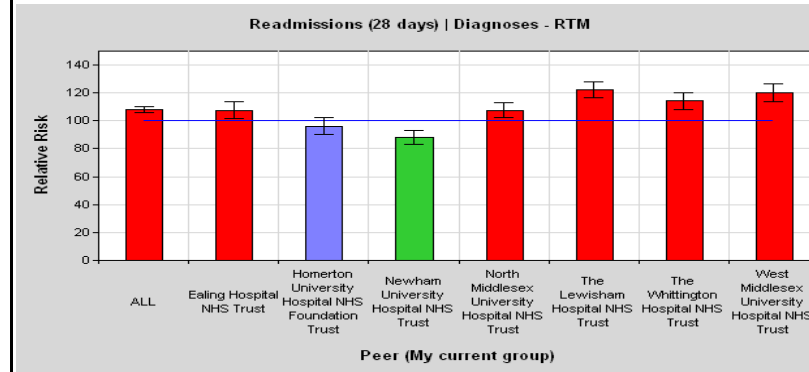
[Click here to return to Dashboard](#)

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



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



source: Dr Foster Intelligence. Relative Risk = index. Benchmark Year=2007/08

Note: uses a different methodology - ALL readmissions irrespective of whether related or not

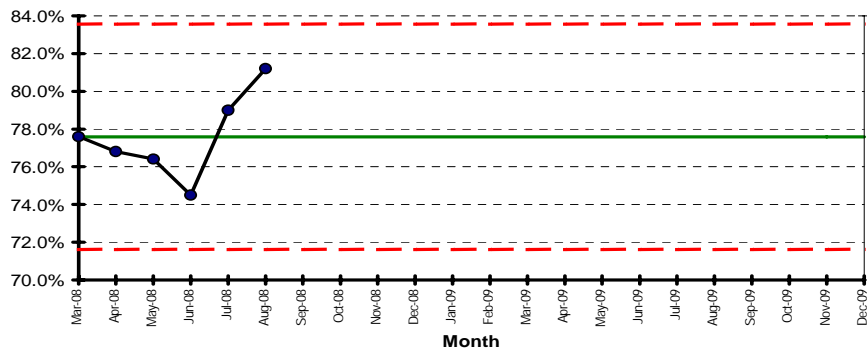
# Patient Experience

Period: August 2008

[Click to return to Dashboard Report](#)

## Patient Survey

Combined Whittington Promise Score (aggregate score)

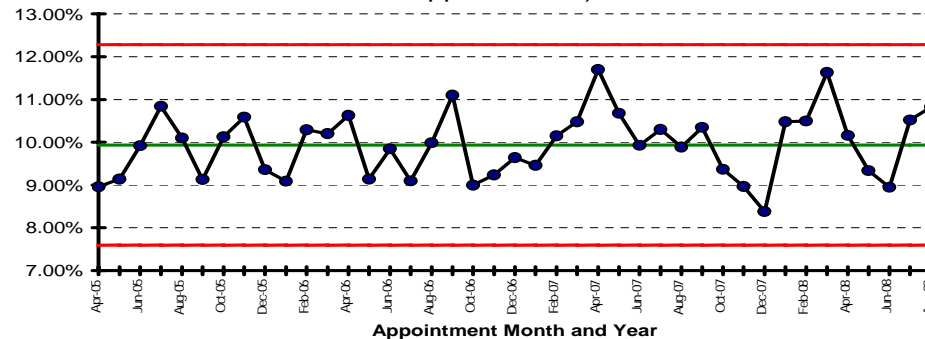


Green = score >= 80%  
 Amber = score between 75 and 79.9%  
 Red = score below 75%  
 Note: Scores transposed to a scale of 0 - 100

## Hospital Cancellations

see Workforce & Efficiency section for DNA rates

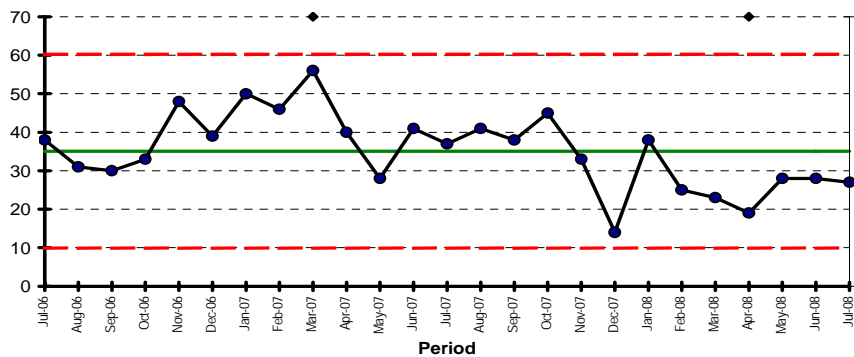
Cancellation Rate by Hospital (Total Outpatient Appointments)



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

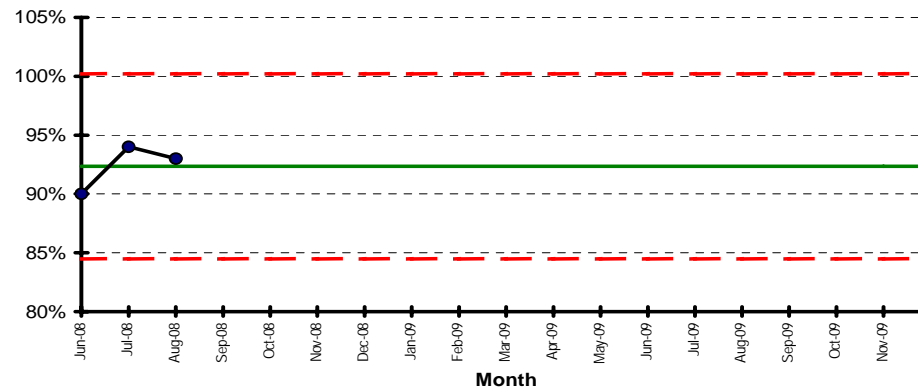


Green: within normal SPC parameter or positive test AND progress to target (if specified)  
 Amber: within normal SPC parameter or positive test AND no progress to target (if specified)  
 Red: adverse SPC statistical tests met

## Ward Cleanliness

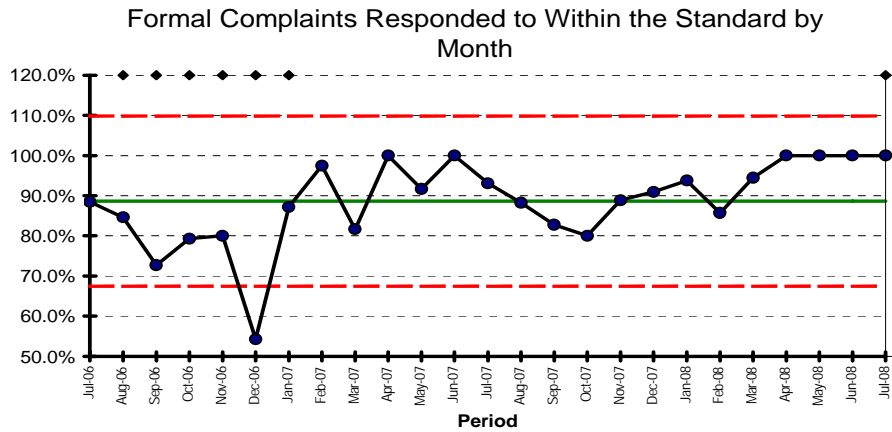
target = 90%

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



### 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

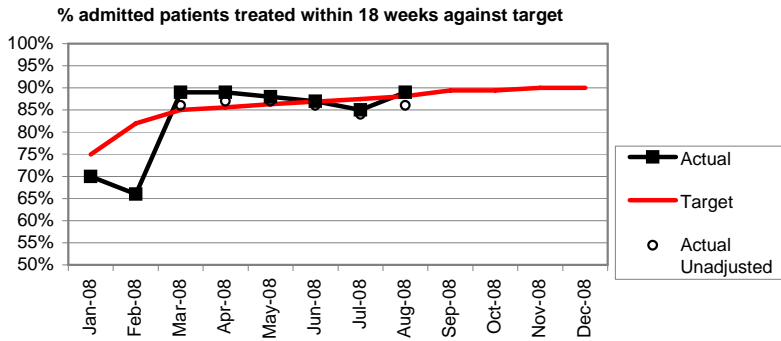
# Access and Targets

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

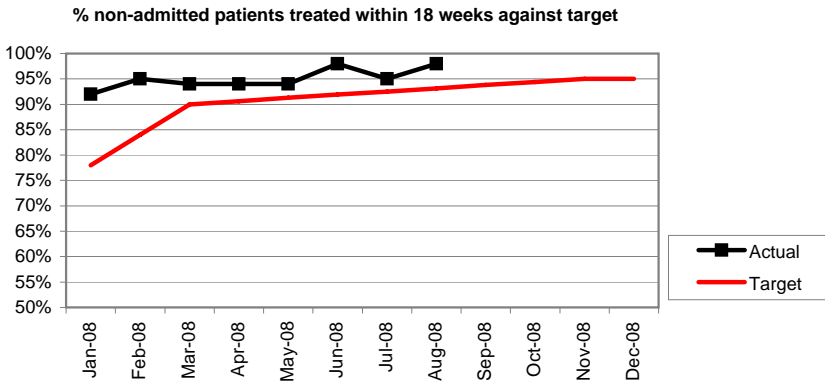
## Priority Targets

### 18 weeks Referral to Treatment (RTT)

#### Admitted patients

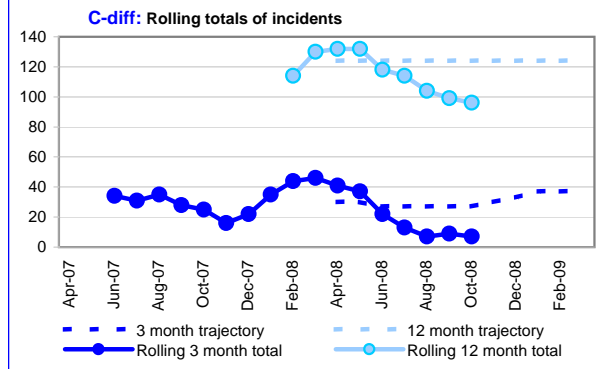
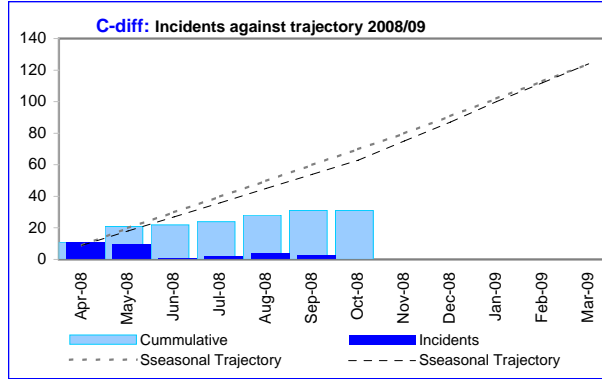


#### Non Admitted patients



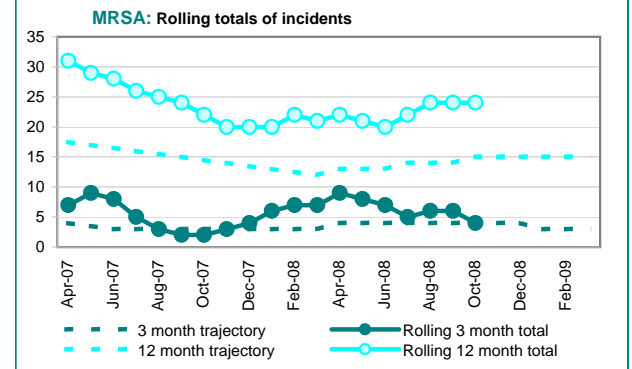
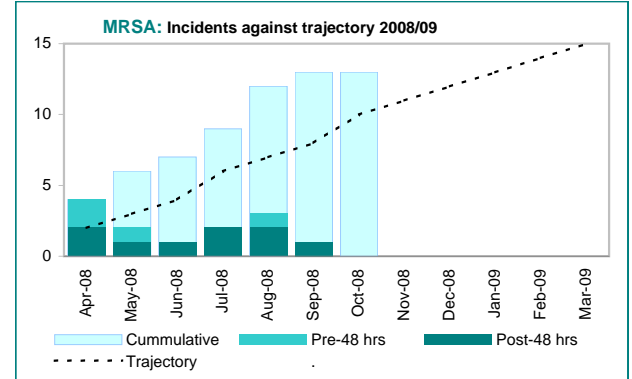
### Healthcare Acquired Infections

#### Clostridium difficile



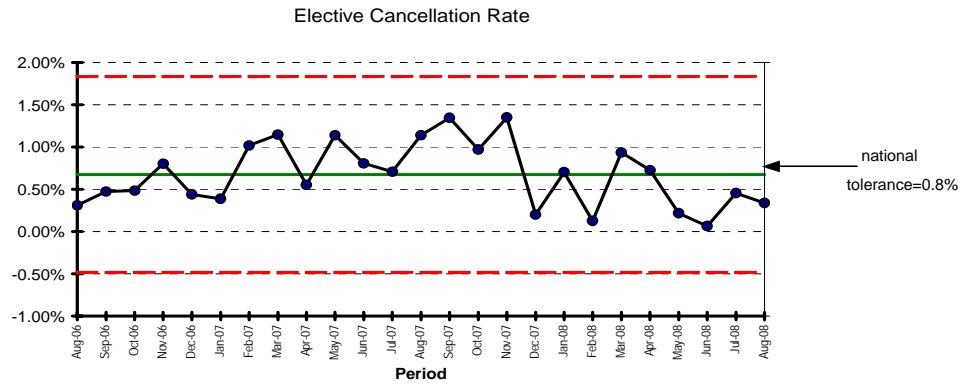
note: only part of September 2008

#### MRSA

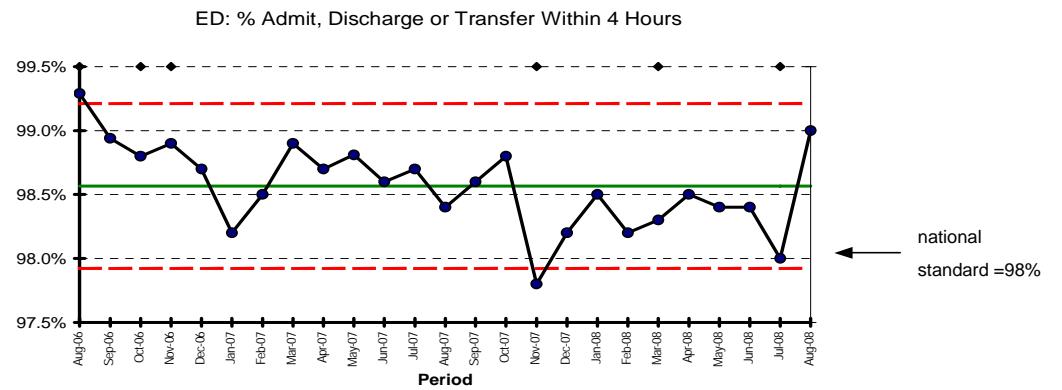




Cancelled Operations for non-clinical reasons



ED attendances: % treated within 4 hours



Other national targets

National Target Indicators - reviewed by Monitor & Healthcare Commission					
Standard	Criteria	Target	Aug-08	YTD	Forecast
<b>Reducing Mortality from Cancer</b>					
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%	97.5%	98.0%
<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>Ensuring patient right of redress following cancelled operations</b>					
Operations cancelled for non-clinical reasons	% of elective admissions	<0.8%	0.34%	0.36%	0.40%
Offers of new binding date	% within 28 days	95%	100%	100.00%	100%
<b>Delayed transfers of care</b>					
Number of delayed bed-days			181	881	2,110
% delayed patients as a % of all patients		<=3.5%	2.4%	2.4%	<3%
<b>Reducing Mortality from Heart Disease</b>					
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	Aug-08	YTD	Forecast
<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>Emergency bed-days</b>					
Number of emergency bed-days		7500	7,103	37,693	-
% Drop from last year	5% Reduction by 2008 (2005 baseline)		-5%	-4%	-
<b>Drug misusers: information, screening and referral</b>	Meeting 5 requirements	100%	100%		100%
<b>Reducing inequalities in Infant Mortality</b>					
Smoking in pregnancy at time of delivery	% of deliveries	<17%	7.2%	8.4%	<10%
Rate of Breastfeeding at birth	% of deliveries	78%	83.9%	88.8%	90.0%
<b>Obesity: compliance with NICE guidance 43</b>			100%		100%
<b>Participation in audits</b>					
<b>Stroke Care</b>	new indicator-to be confirmed				
<b>Data quality: ethnic coding</b>	new indicator-to be confirmed				
<b>Data Quality: maternity data</b>	new indicator-to be confirmed				
<b>Diagnostic</b>					
		<b>Overall</b>	<b>Green</b>		
Diagnostic Waits (non audiology)	% waiting within 13 weeks	100%	100%		
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	-	100.0%		

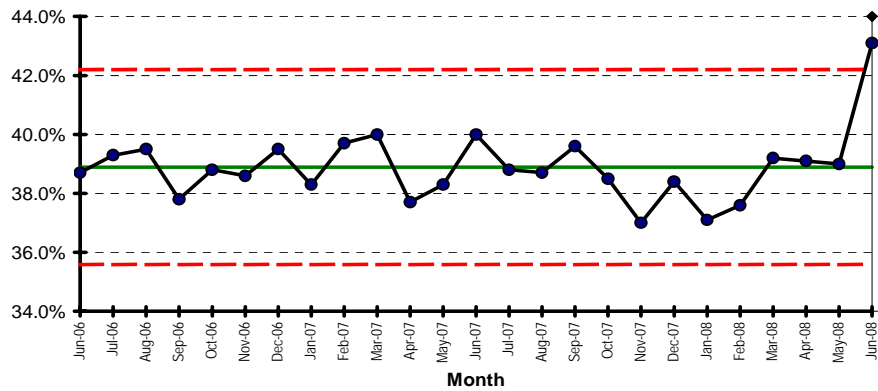
# Strategy

Dr Fosters data refreshed to June 2008

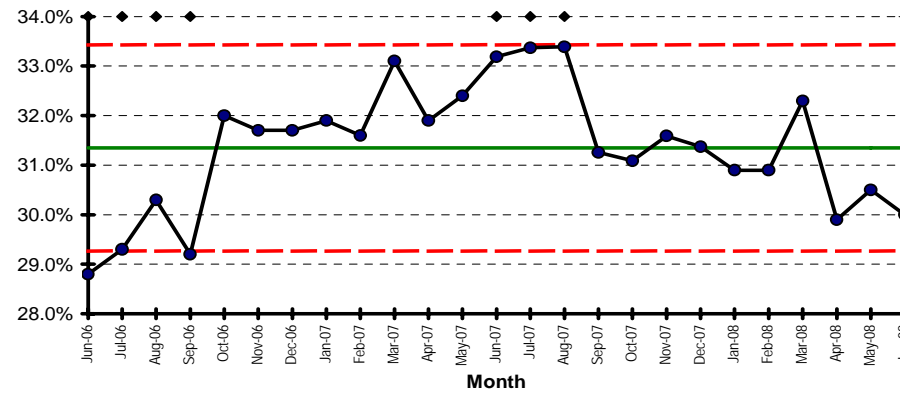
## MARKET SHARE

### First Outpatient Attendances

Whittington: Islington First OP Attendances

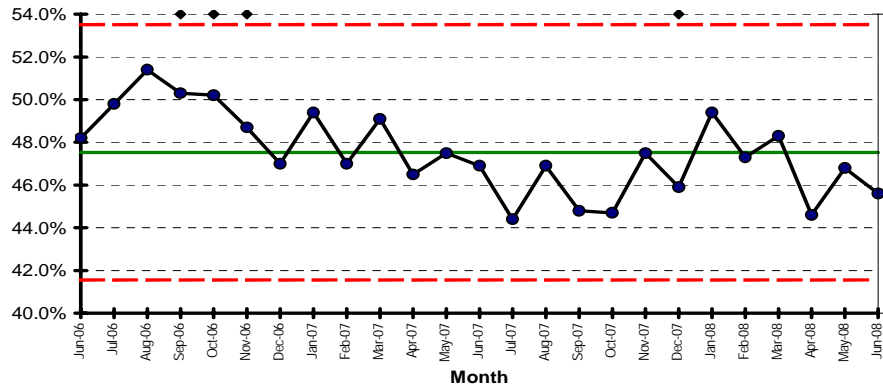


Whittington: Haringey First OP Attendances

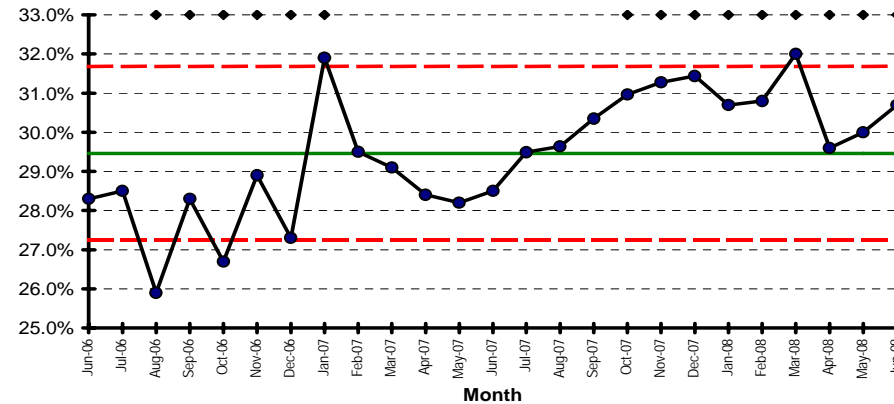


### Non-Elective Admissions

Whittington: Market Share for Islington Non Elective Admissions



Whittington: Market Share for Haringey Non Elective Admissions



### 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

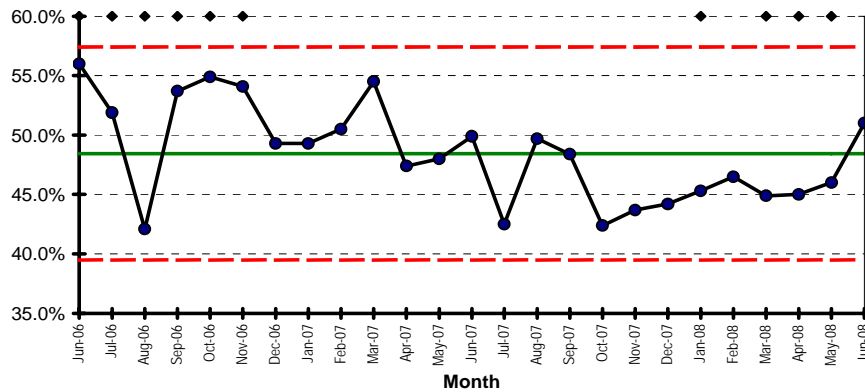
1% increase in Market Share for all Activity Types by March 2009

# Strategy

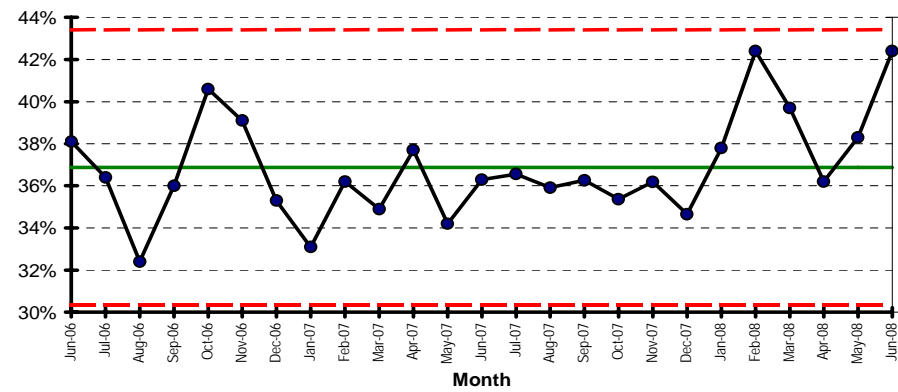
## Day Case Surgery

(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

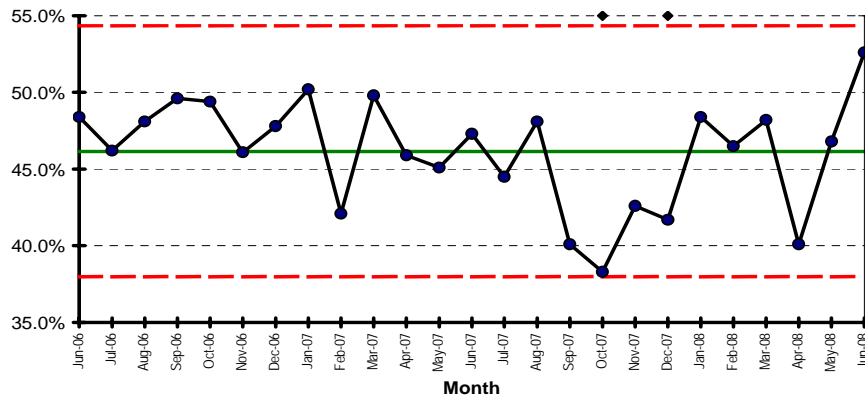


**Note: Market distorted by University College Hospital and the Royal Free Hospital converting significant numbers of their Elective IP to Day Cases**

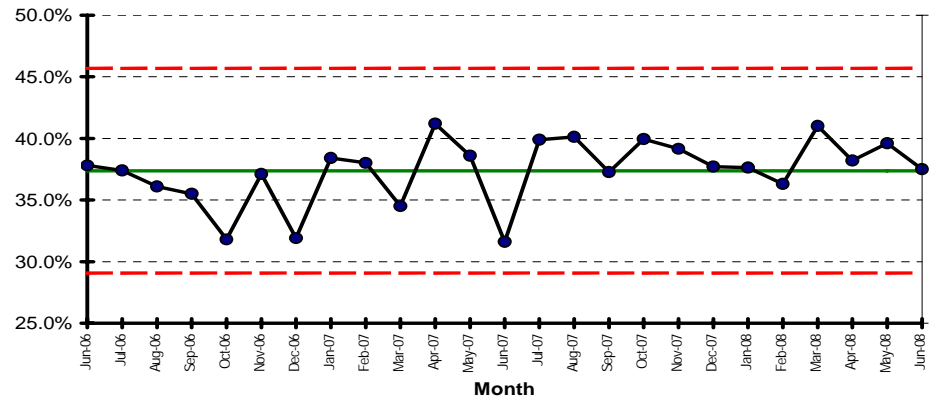
**Note: Impact of the Day Treatment Centre starting to show**

## Maternity Deliveries

Whittington: Market Share for Islington Maternity Deliveries



Whittington: Market Share for Haringey Maternity Deliveries

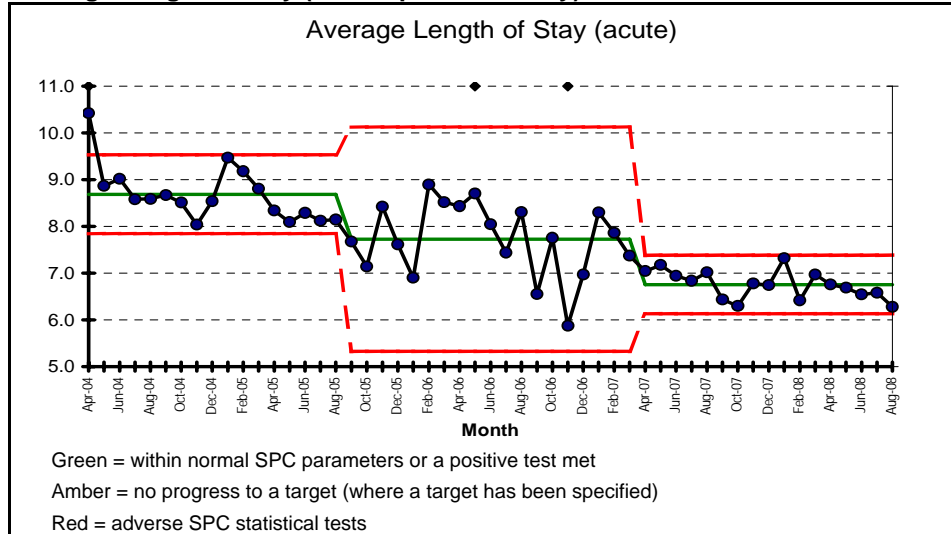


# Workforce & Efficiency

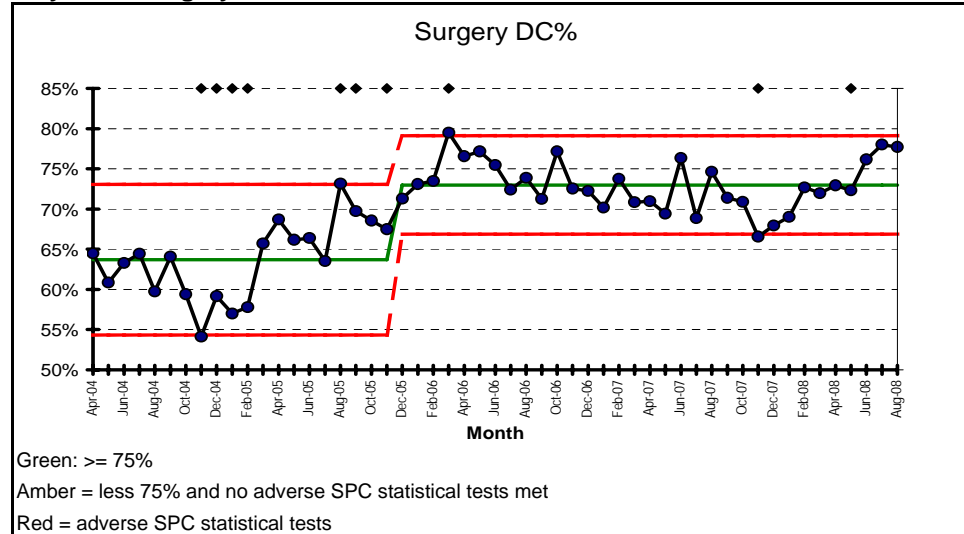
Period: August 2008

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

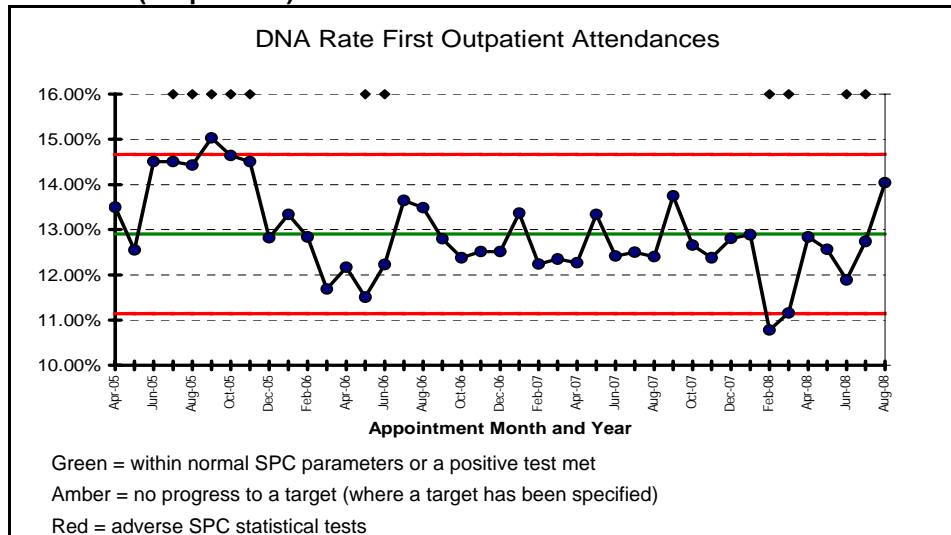
## Average Length of Stay (acute specialties only)



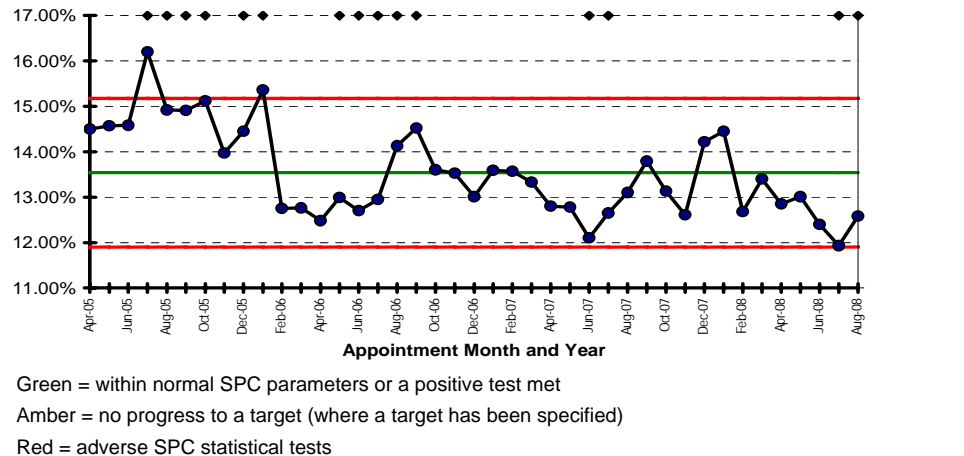
## Day Case Surgery Rate



## DNA Rate (Outpatients)

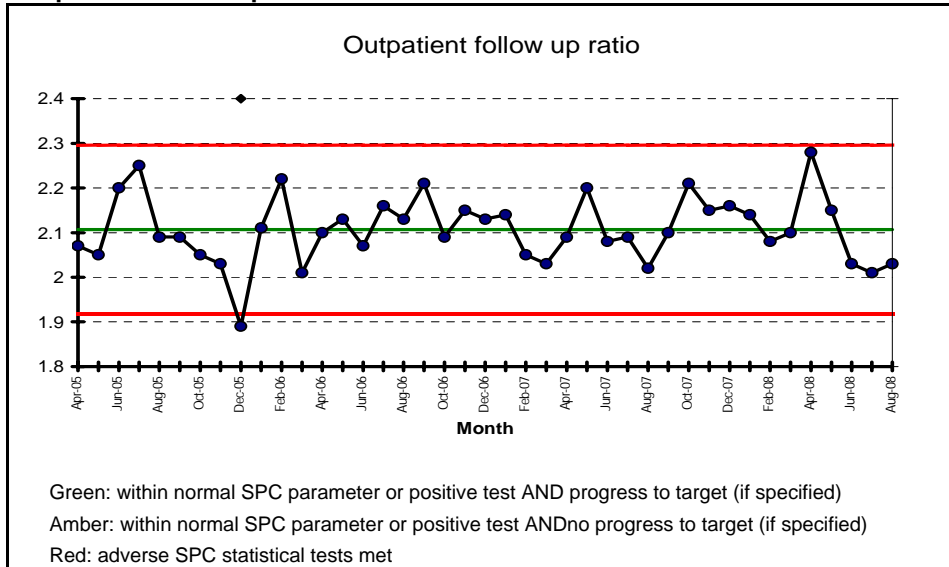


## DNA Rate Follow up OP attendances

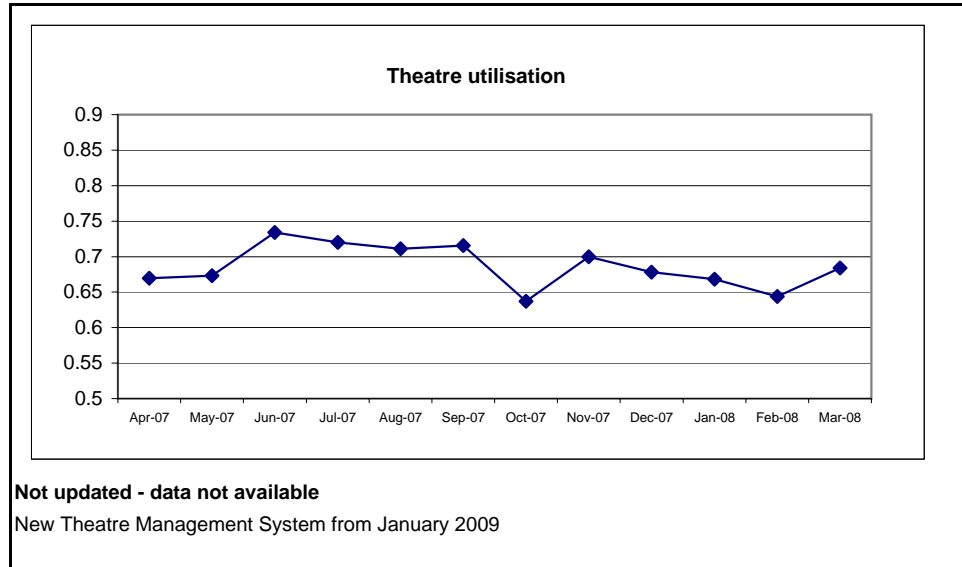


# Workforce & Efficiency

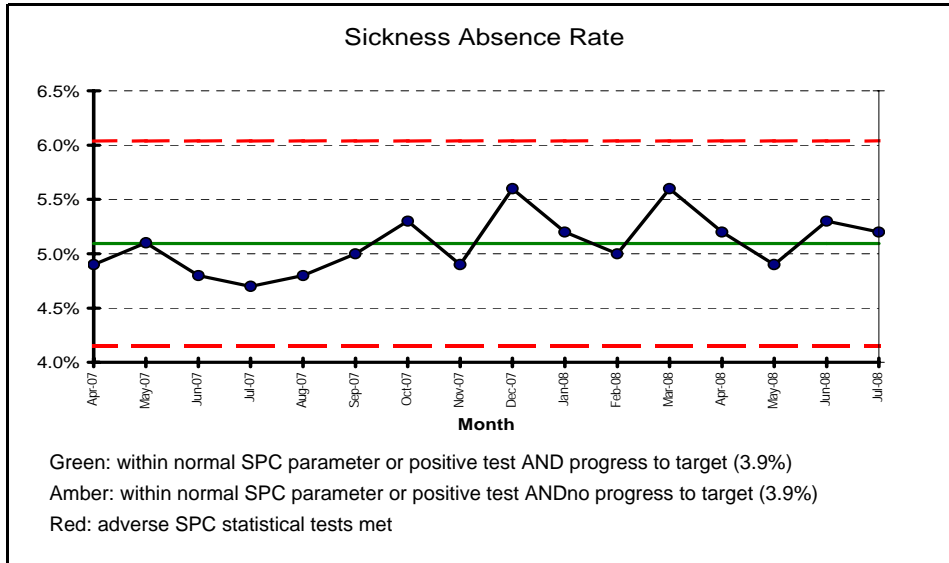
## Outpatient Follow Up ratio



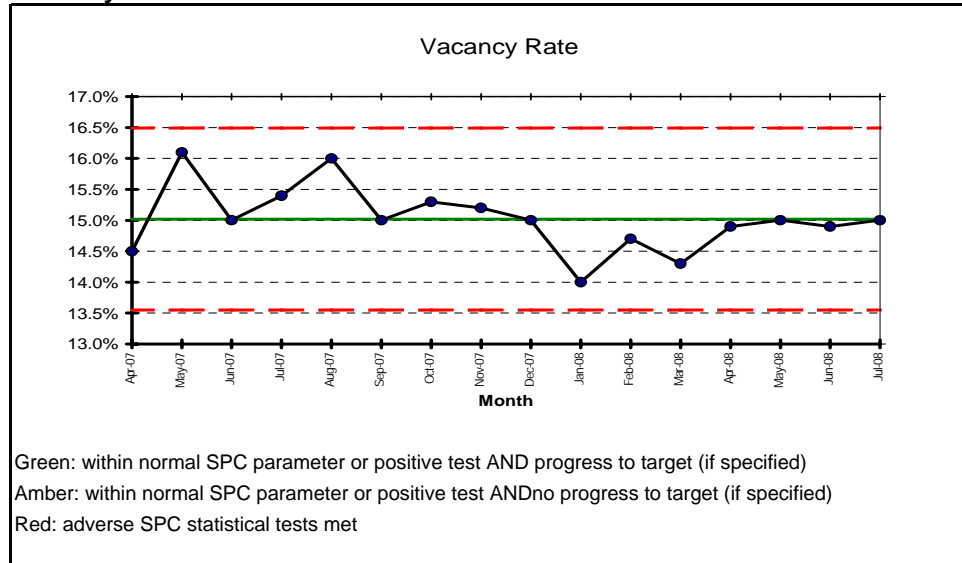
## Theatre Utilisation



## Sickness Absence Rate



## Vacancy Rate



Finance Charts detailing information included in dashboard

**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)	103.38	5	<b>0.50</b>
25%	EBITDA margin (%)	6.32	3	<b>0.75</b>
20%	Return on Assets (%)	-0.72	2	<b>0.40</b>
20%	I&E surplus margin (%)	1.36	3	<b>0.60</b>
25%	Liquid ratio (days)	40.042	5	<b>1.25</b>
<b>Overall rating</b>				<b>3.50</b>

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

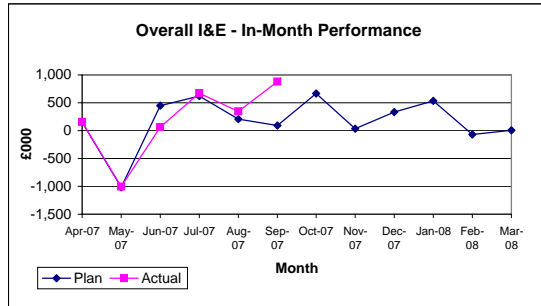
**Full Year Forecast Performance**

Weighting	Metric Description	Metric Value	Rating	Weighted Value
10%	EBITDA achieved (% of plan)	94.73	5	<b>0.50</b>
25%	EBITDA margin (%)	6.38	3	<b>0.75</b>
20%	Return on Assets (%)	-1.58	2	<b>0.40</b>
20%	I&E surplus margin (%)	1.24	3	<b>0.60</b>
25%	Liquid ratio (days)	16.000	3	<b>0.75</b>
<b>Overall rating</b>				<b>3.00</b>

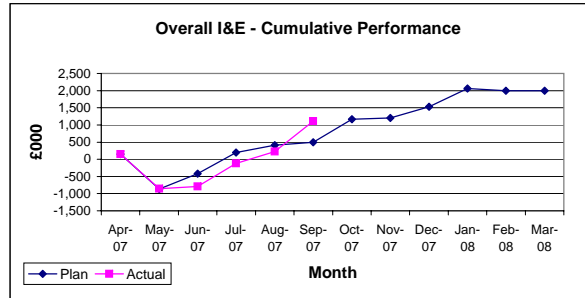
This is shown as GREEN in the dashboard as it is >= :

**Overall Income & Expenditure**

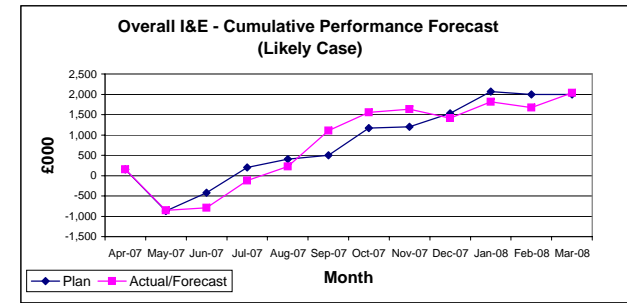
Forecast performance included here is a surplus of £2.03m, in line with plan



An in-month I&E surplus of £881k against a planned surplus of £90k giving a favourable variance of £791k in the month primarily due to lower than planned depreciation for Quarter 2. Within this, income is £917k above plan due to reflecting expected September overperformance before coded data is available. Expenditure is £540k above plan and depreciation is £411k below plan this month



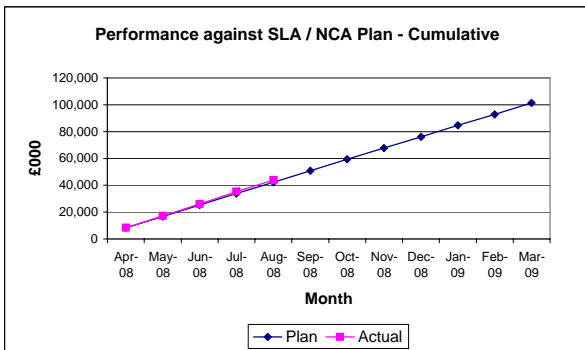
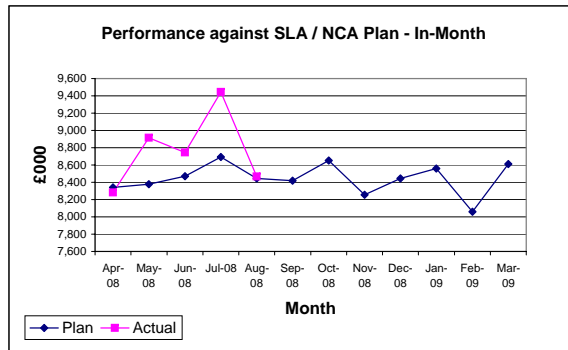
Cumulative performance is a surplus of £1106k against a planned surplus of £499k giving a favourable variance of £607k. Within this, income is £1332k above plan, expenditure is £1163k above plan, and depreciation is £411k below plan to date



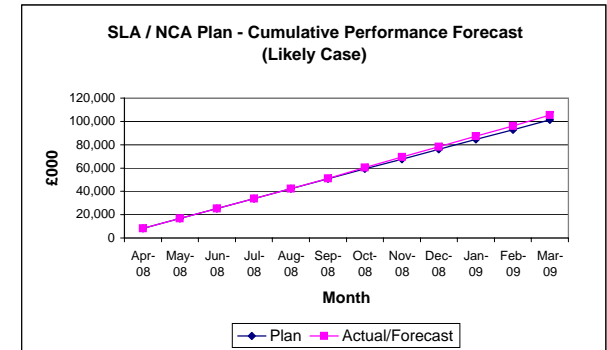
I&E forecast of £2.03m surplus, based on likely case. This is revised in Month 6 based on a strong income position due to payment of 07/08 debt and likely overperformance against SLAs in September.

**Performance against SLA - 1 month lag**

August was a poor month with in-month over-performance of just £23k. Once the non-SLA income targets (e.g. DTC) are taken into account, performance was well below plan. September's reported income position is stronger due to reflecting (for the first time) anticipated in-month overperformance before coded activity is available.

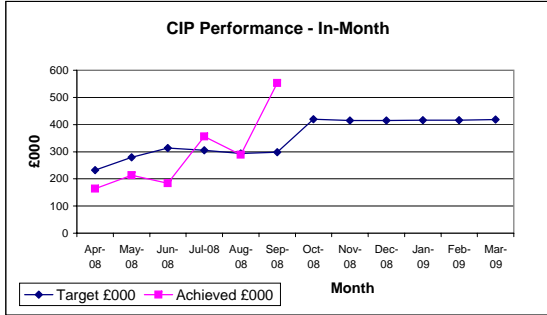


Activity was £1522k above SLA plans (excluding additional targets such as DTC activity) after 4 months

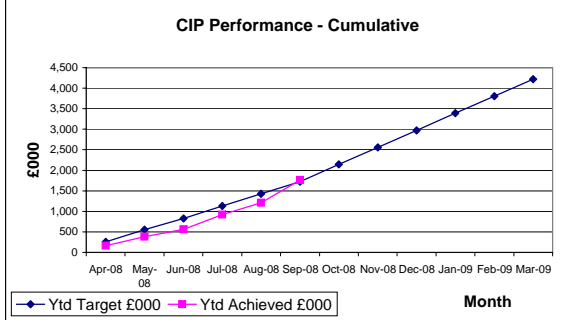


Forecast overperformance of around £4m at year-end, primarily due to increasing DTC activity.

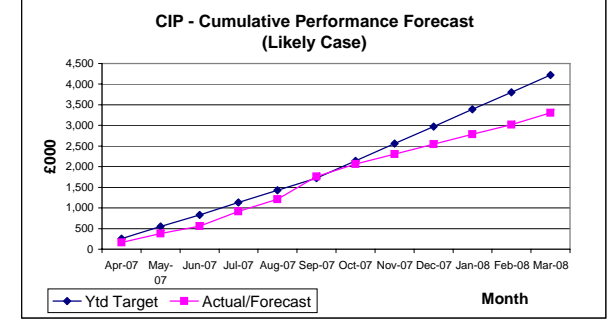
**Cost Improvement Plan**



September includes significant back-dating of achievement (e.g. community midwifery, rent rebate) and additional items relating to CNST rebate and reduction in depreciation.



Cumulative performance is now £37k above target at the end of September.

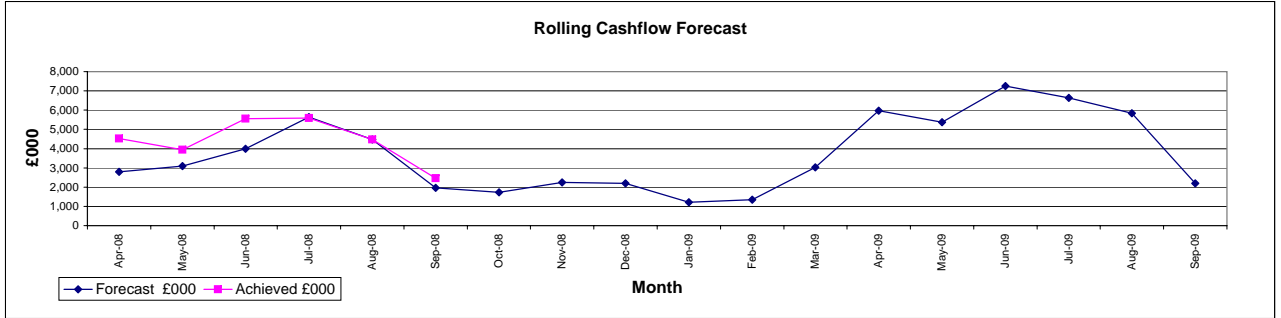


CIP is forecast to be £0.9m below plan at year-end, primarily due to Reckitt and Eddington wards being open for the winter. This is likely to be offset by additional income.

**Cash position against plan**

**In Month position for Month 6 (September 2008)**

The closing Balance at the end of September was £2.5m which is higher than previously forecast due to unexpected payment of 2007/08 debts relating to SLAs.



Overachievement of forecast in September is primarily due to unexpected payment of a number of items relating to 07/08 (e.g. SLA debt)