The Whittington Hospital NHS
NHS Trust

ITEM: 09/008

DOC: 7

Meeting:	Trust Board
Date:	21 January 2009

Title:	**Dashboard Report**

Executive Summary:

Performance exception report

There are two red rated key performance indicators (KPIs) to report:

- o MRSA performance and detail of this will be reported to the board as a separate item at today's meeting.
- o Staff sickness and absence which has deteriorated from amber to red in November. A number of actions are underway to improve performance and these include:
    - I. All staff with high Bradford scores have management plans to reduce their sickness absence
    - II. All staff on long term sick are being proactively manage to ensure early return to work
    - III. A project manager has been appointed to lead on the sickness absence reduction action plan
    - IV. Sickness absence data will be validated to ensure 100% capture
    - V. Sickness absence performance is monitored through the executive committee review of performance against the cost improvement plan

Within the Clinical Quality domain the adverse incidents KPI has moved from green to amber within month as performance reached the upper control limit. This reflects an increase in the number of high risk incidents reported in December. The Board agreed in December 2008 an alteration to the corporate objective relating to maintaining and enhancing patient safety to 'increase reporting of clinical incidents to top decile against national benchmarks for incident reporting' as national benchmark analysis indicated under reporting. There has been a steady increase in the past four months in the numbers of high risk incidents being reported and the target performance for this KPI is under consideration.

KPI development

The board agreed the inclusion of performance data against breaches in single sex accommodation in the patient experience domain and MRSA infection control screening compliance within the access and targets domain. The data for these KPIs is available for the first time within the dashboard drill down and details of how the data is formulated is included within a narrative paper attached to this report.

The Board agreed that it should monitor competitor analysis and market volume. This item will be discussed within part 2 as part of the primary care marketing strategy report.

Action: To:

- o note and discuss performance within the domains
- o comment on the changes to the dashboard

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:** Control of Infection

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

KPI development

1. Single sex accommodation

The board agreed that data showing performance against breaches in single sex accommodation should be monitored through the dashboard. The data for this KPI is available for the first time within the patient experience domain.

There appears to be no national benchmarking for this KPI and no common way for Trusts to measure ongoing performance. Single sex accommodation is monitored externally by the healthcare commission through patient responses in the in-patient survey. This is a once a year measure. In 2008/9 NHS London set a target reduction for each Trust through the operating framework to be managed by the host PCT. The Whittington's target was to reduce from 30% to 27% the number of patients reporting in the in-patient survey that they were accommodated in mixed sex accommodation on their initial admission to hospital. This target is being stretched further in 2009/10 and the proposed reduction is from 27% to 25%.

The Board will recall that on 7 October 2008, NHS London visited the Trust to review performance against single sex accommodation and the action plan following this is focussing on the following key areas:

- Monitoring breaches
- Reducing the incidence of mixed sex accommodation
- Improving patient experience of single sex bays on mixed wards
- Providing patients with written information explaining that they may be in a mixed area until they are admitted to a main ward

The Trust currently monitors single sex breaches on a daily basis. Areas at risk of breach are Mary Seacole ward, the Coronary Care Unit (CCU) and the four bedded high dependency bay on Nightingale ward. The Trust is reviewing its high dependency bed configuration and it is intended that these will increase by March 2009. It is anticipated that this increase will enable better segregation and reduce single sex accommodation breaches. The Trust is preparing a business case for the expansion of Mary Seacole ward. This will include a review of the medical beds configuration, and achievement of total segregation by gender will be given a high priority within this.

It is proposed that the measure of performance for this KPI will be to monitor the absolute numbers of single sex accommodation breaches look for a continued reduction in single sex breaches.

Within the dashboard the following methodology has been applied:

I. The performance relates to general acute accommodation. Critical Care, paediatric and maternity accommodation is not included
II. The measure reflects the number of breaches per day and is presented in weekly totals
III. The denominator is the number of occupied general acute bed days by weekly totals
IV. A patient is considered to be a breach for each day they are accommodated in a mixed sexed area
V. Every patient in the mixed sex area (e.g a bay on a ward) is counted as a breach

The Board is asked to discuss and approve the methodology for monitoring performance against this KPI

2. MRSA screening

The Board is aware that by April 2009 all non-elective or emergency patients and all surgical elective patients must be screened for MRSA on admission to hospital. The Trust is now screening all elective in patients and non elective patients and screening of day case patients is due to commence within the next month. Following the appointment of an infection control surveillance officer the data on patient screening is now included in the dashboard for the first time.

Actions relating to improving the rates of screening and the performance against the commencing of patients on suppression therapy following a positive screen result will be reported to the Board through the infection control report presented by the Director of Infection Prevention and Control.

PERFORMANCE DASHBOARD REPORT
Month: December 2008

The Whittington Hospital NHS
NHS Trust

External Assessments	Ratings	Annual health check		Risk Ratings	
		Use of Resources	Quality of Service	Financial	Non-Financial
	Current	Good	Good	3.40	Amber
	Predicted	Good	Good	3.00	Green

Clinical Quality

Current Period	G
Forecast Outturn	G

Adverse Incidents	A
Never Events	
Overall Mortality Rate	G
Avoidable Mortality	G
Readmission Rate	G

Patient Experience

Current Period	G
Forecast Outturn	G

Net Promoter Score	G
Patients Survey Scores	G
Complaints	G
Hospital Cancellations	A
Cleanliness	G
Single Sex Accommodation	A

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	
OP Follow Up Ratio	A
Sickness Absence Rate	R
Turnover Rate	G
Vacancy Rate	G

Finance

Year to date Period	G
Forecast Outturn	G

updated to October 2008

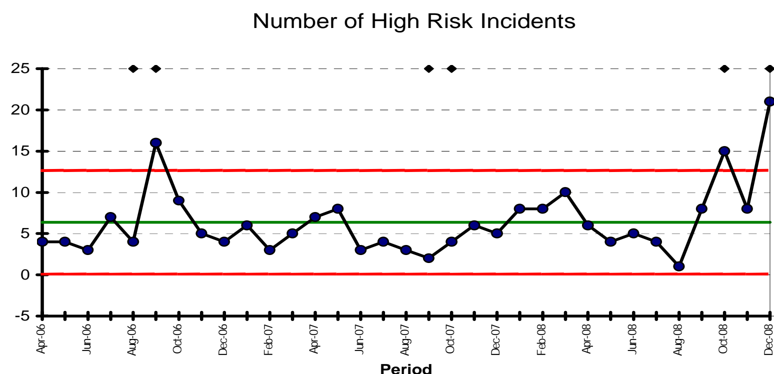
	YTD	FC
Risk rating	G	G
I&E variance from plan	G	G
Actual I&E surplus/deficit	G	G
Performance against SLA	G	G
Cost Improvement Plan	G	G
Cash position against plan	G	G

Clinical Quality

Period: November 2008

note: Dr Fosters data refreshed to October 2008 (exc Readmissions), Trust data to November 2008

Adverse Incidents



Green: within normal SPC parameters AND benchmark is better than England

Amber: within normal SPC parameterAND benchmark is not above England

Red: aupper control limit breach or run of 8 points above centre line (average)

source: Safeguard

Target under consideration

Never Events

to follow
methodology to be agreed

Overall Mortality Rate

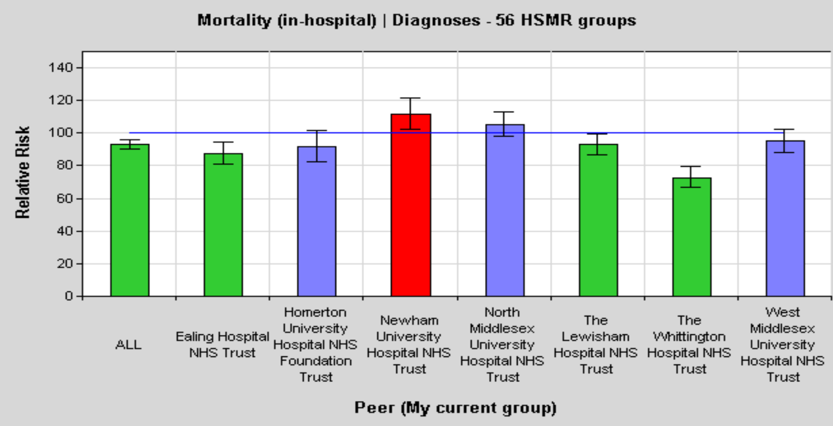
Benchmark (Dr Fosters Intelligence. Stardardised Mortality Rate, England, Annual)

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

Target to be less than 100

Against a Peer Group of similar London hospitals - last 12 months (Nov 07-Oct 08))



target: to be Blue/Green rated

Clinical Quality

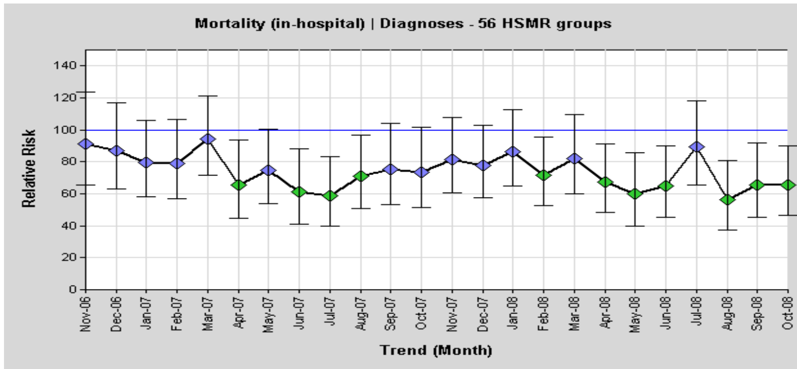
Period: November 2008

note: Dr Fosters data refreshed to October 2008 (exc Readmissions), Trust data to November 2008

Mortality Rates (continued)

Mortality Rates over time

source: Dr Fosters



target: to be Blue/Green rated

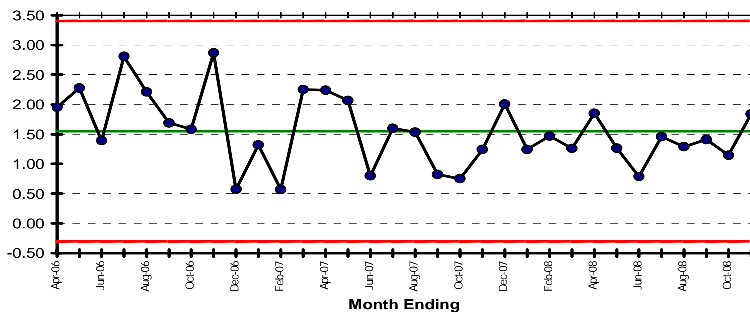
April-July 2008 data

Avoidable Mortality

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

Selected diagnoses and age band (excludes over 75 year old)

Avoidable Mortality - deaths per 1000 discharges



Green: within normal SPC parameters AND benchmark is better than England

Amber: within normal SPC parameterAND benchmark is not above England

Red: aupper control limit breach or run of 8 points above centre line (average)

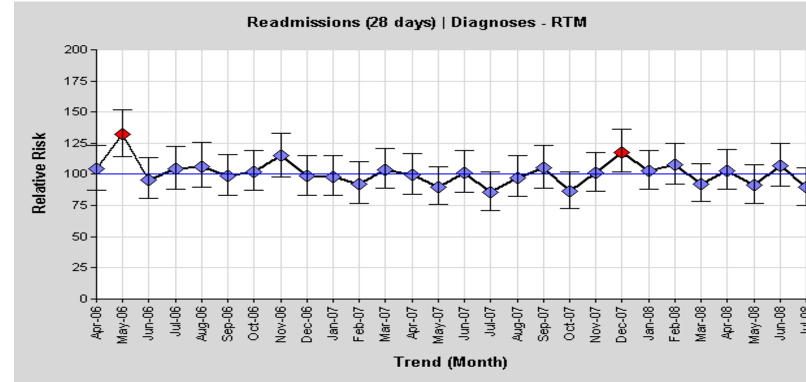
Target to be less than 2

Readmissions

source: Dr Fosters - three month lag in data

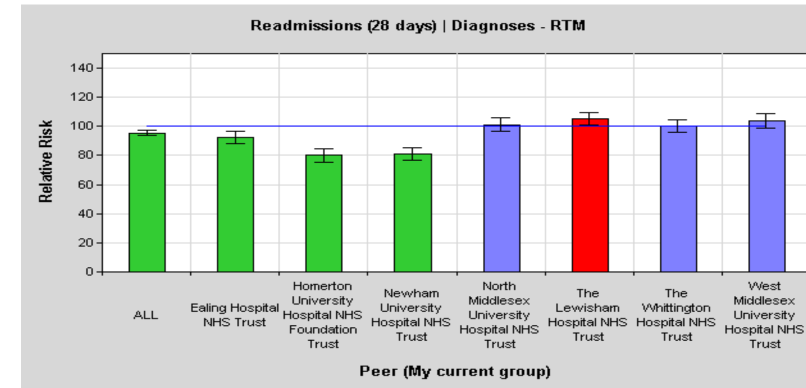
Benchmark - trend over time

Standardised against national data



target: to be Blue/Green rated

Against a Peer Group of similar London hospitals - last 12 months (Aug 07 - Jul 08))



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

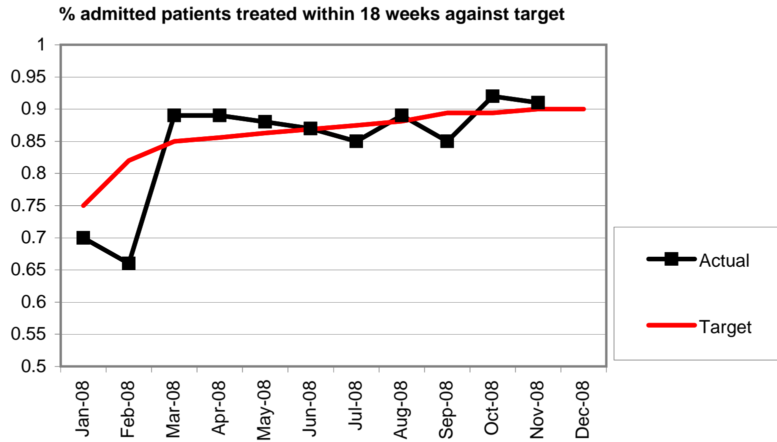
target: to be Blue/Green rated

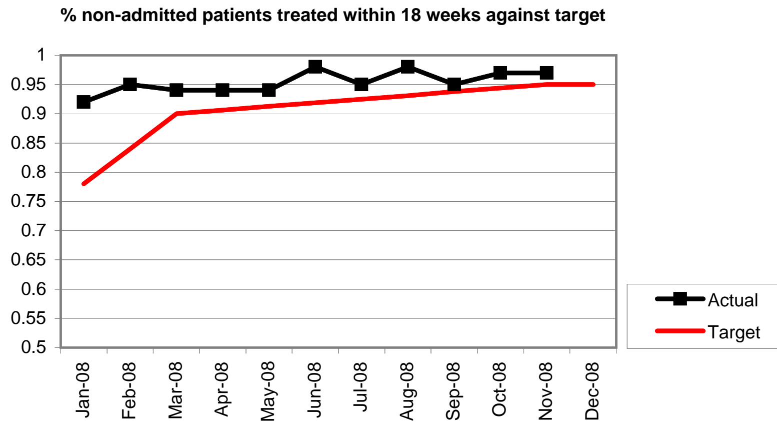
Access and Targets

Priority Targets

18 weeks Referral to Treatment (RTT) November

source: monthly 18 week report



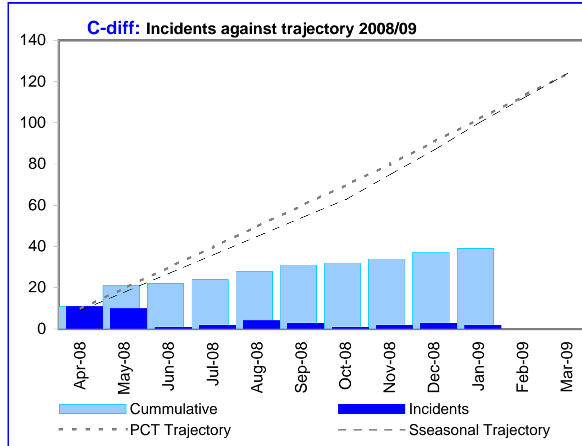


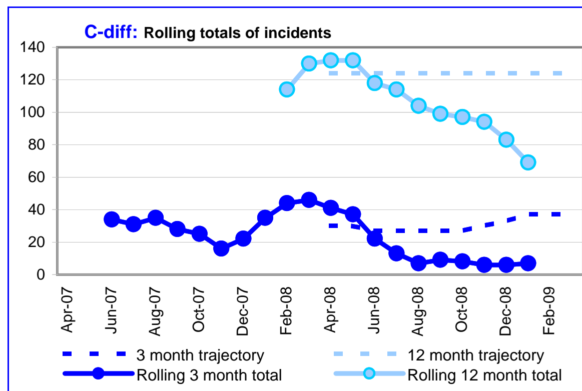
Healthcare Acquired Infections

source: weekly Infection Control flash report

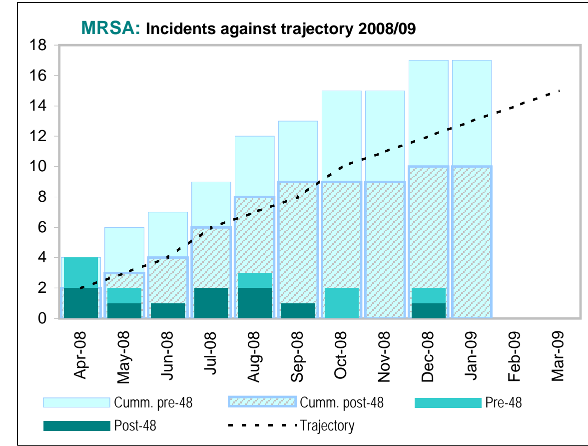
note: refreshed to first week of January 2009

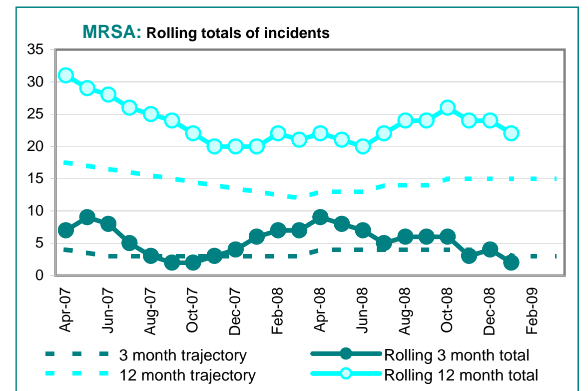
Clostridium difficile





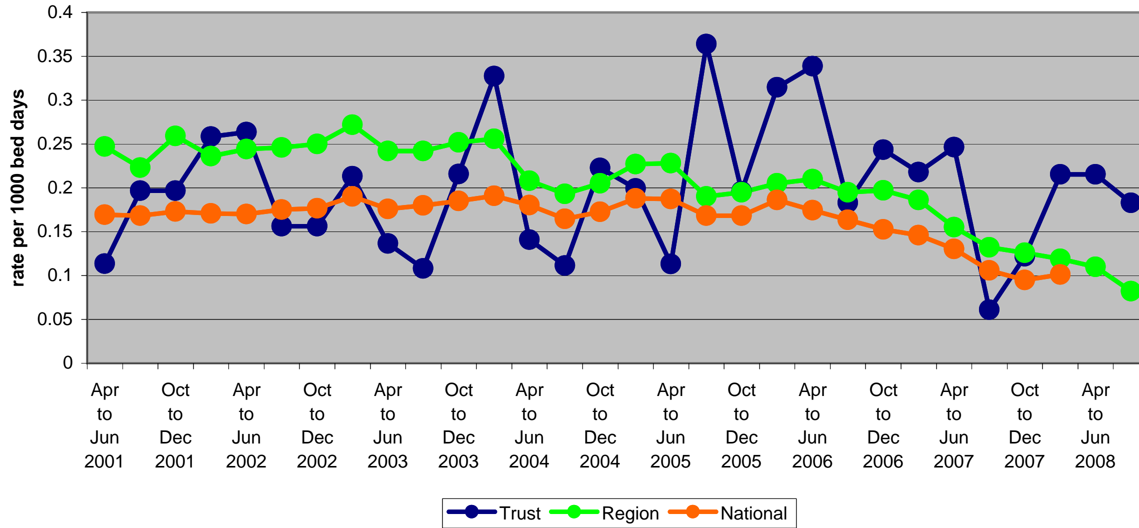
MRSA





Access and Targets

Infection Control: Cases per bed day



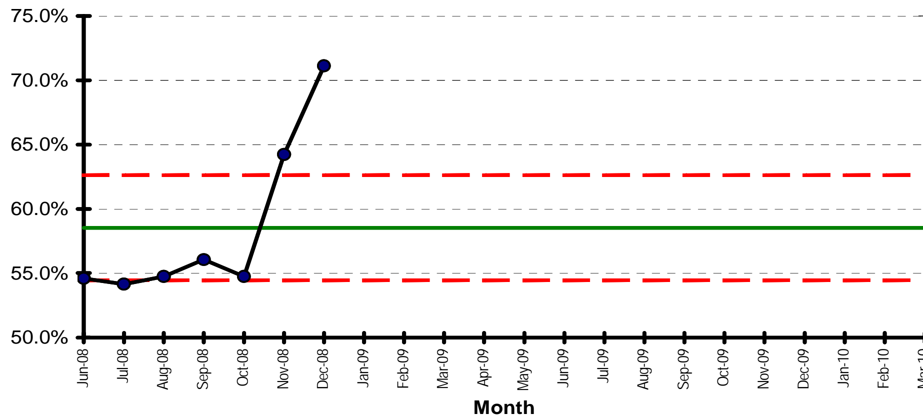
Source

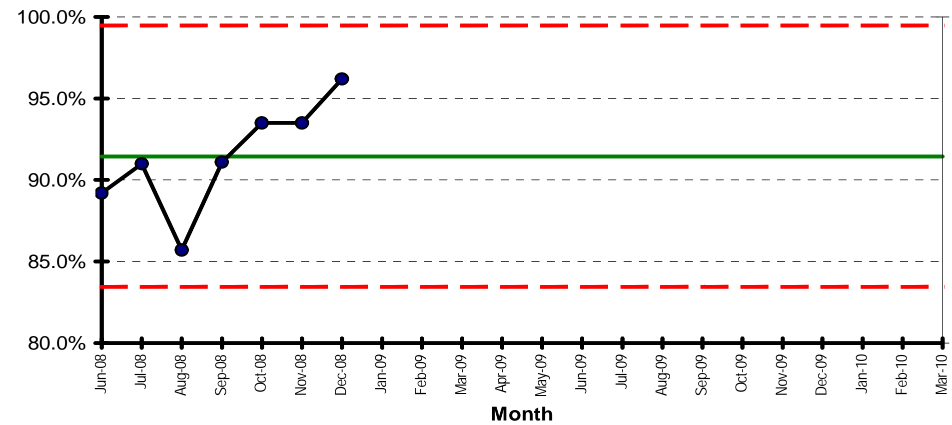
Health Protection Agency

Notes

C-Diff data to follow

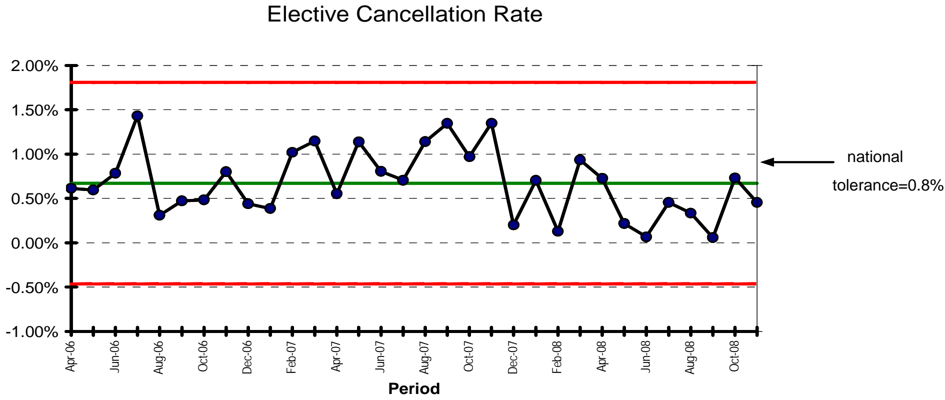
December performance





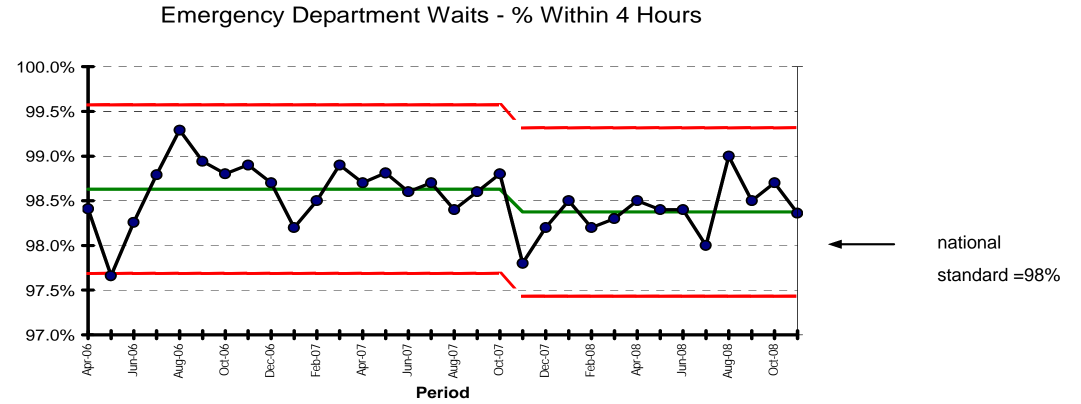
Access and Targets

Cancelled Operations for non-clinical reasons: November



source: PAS data

ED attendances: % treated within 4 hours: November



source: EDIS data

Other national targets

National Target Indicators - reviewed by Monitor & Healthcare Commission

Standard	Criteria	Target	Nov-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%	97.8%	98.0%
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%	0.45%	0.38%	0.37%
Offers of new binding date	% within 28 days	95%	100%	100.00%	100%
Delayed transfers of care					
Number of delayed bed-days			77	1160	1,740
% delayed patients as a % of all patients		<=3.5%	1.3%	1.9%	<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)

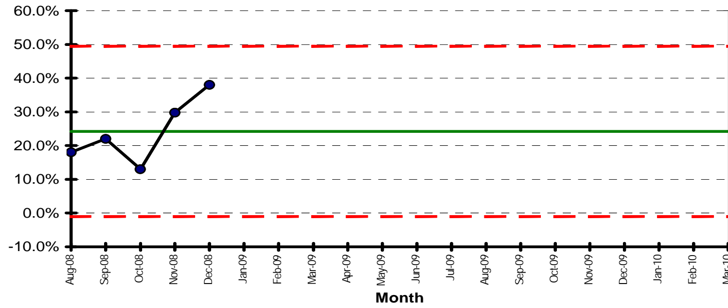
Standard	Criteria	Target	Nov-08	YTD	Forecast
Supporting patient choice and booking					
Choice of dates offered for Outpatient Appointments	% of new referrals	100%	100%	100%	100%
Choice of dates offered for Elective Admission	% of decisions to treat	100%	100%	100%	100%
Emergency bed-days					
Number of emergency bed-days		7500	6,111	57,087	-
% Drop from last year	5% Reduction by 2008 (2005 baseline)		0%	0%	-
Drug misusers: information, screening and refer	Meeting 5 requirements	100%	100%		100%
Reducing inequalities in Infant Mortality					
Smoking in pregnancy at time of delivery	% of deliveries	<17%	11.9%	9.5%	<10%
Rate of Breastfeeding at birth	% of deliveries	78%	87.5%	88.7%	90.0%
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%	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%		

Patient Experience

Period: December 2008

Net Promoter Score

Net Promoter Score



source: internal Whittington surveys

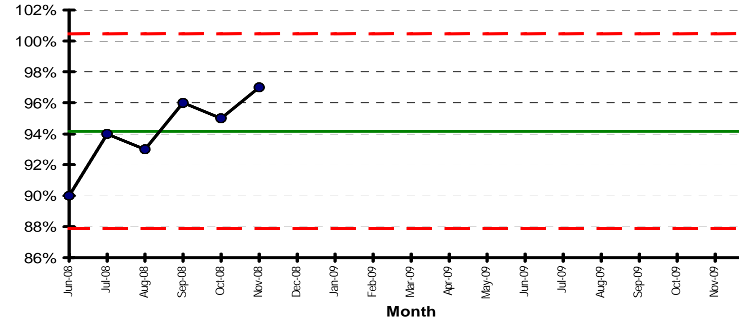
Green: within normal SPC parameter AND progress to target - to be agreed at Dec Trust Board

Amber: within normal SPC parameters and no progress to target

Red: lower control limit breach or run of 8 point below the centre line

Ward Cleanliness

Ward Cleanliness Score



source: internal Whittington surveys

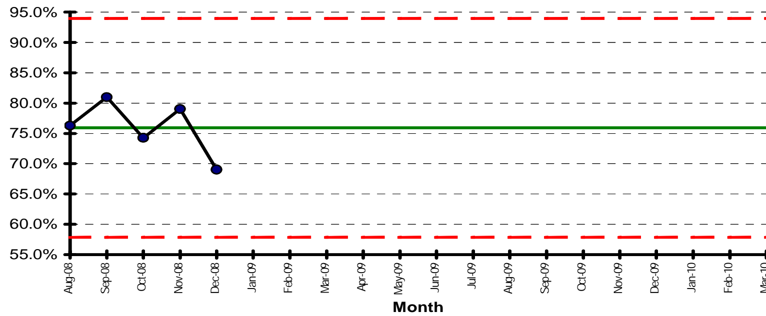
Green: within normal SPC parameter AND progress to target (90%)

Amber: within normal SPC parameters and no progress to target

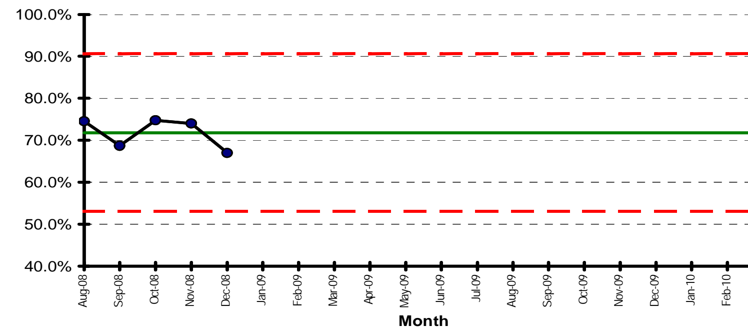
Red: lower control limit breach or run of 8 point below the centre line

Patient Survey

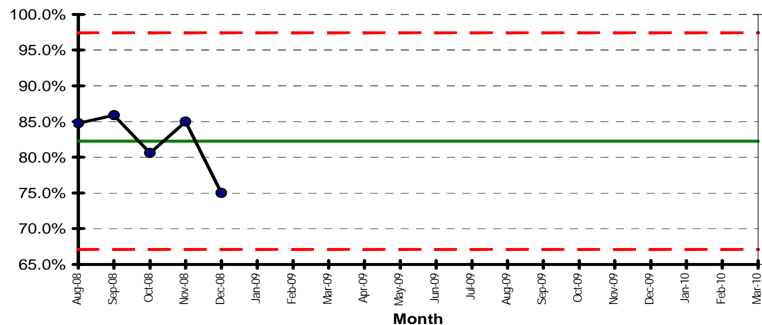
Overall how would you rate the care you received?



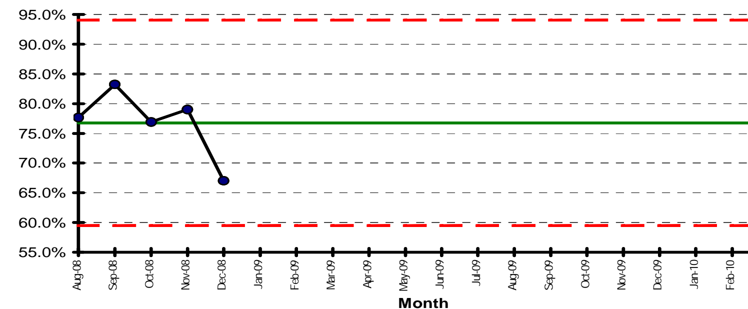
How clean was the hospital, room or ward you were in?



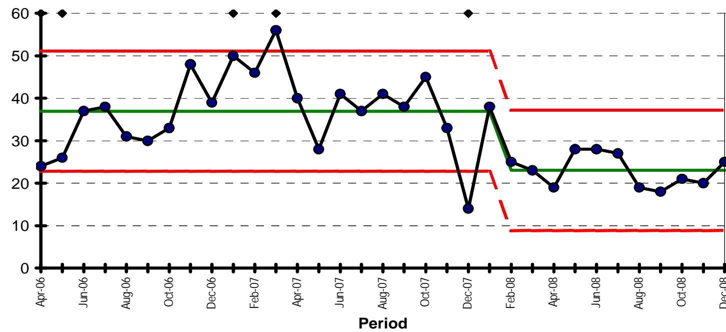
Did you feel you were treated with dignity & respect?



Were you involved in the decisions about your care?



Complaints - numbers



source: Safeguard

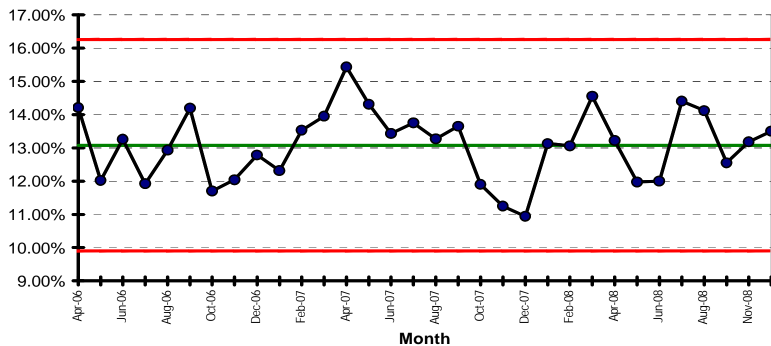
Green: within normal SPC parameter AND progress to downward step change

Amber: within normal SPC parameters and no progress to step change

Red: lower control limit breach or run of 8 point above the centre line

Hospital Cancellations

see Workforce & Efficiency section for DNA rates



source: PAS data

Green: within normal SPC parameter AND progress to target (9.5%)

Amber: within normal SPC parameters and no progress to target

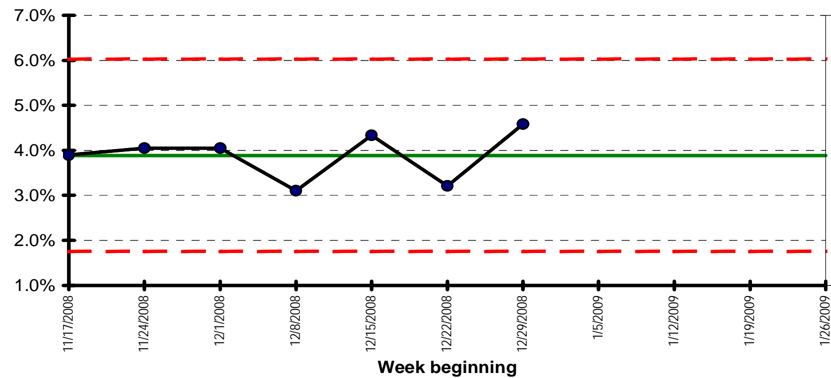
Red: lower control limit breach or run of 8 point above the centre line

Complaints - Dissatisfied

% Dissatisfied Complainants	17%	14%	8%	11%	4%
No of complaints referred to Healthcare Commission	2	11	13	1	2
No of complaints referred to Ombudsman	0	1	0	0	0

Single sex accommodation

Each patient counts as a breach for each day that the mixed sex breach occurs
Total breach days as a Percentage of occupied bed days in week.



Source: Daily monitoring by bed managers

Green: within normal SPC parameter AND progress to target

Amber: within normal SPC parameters and no progress to target

Red: lower control limit breach or run of 8 point above the centre line

Target under consideration

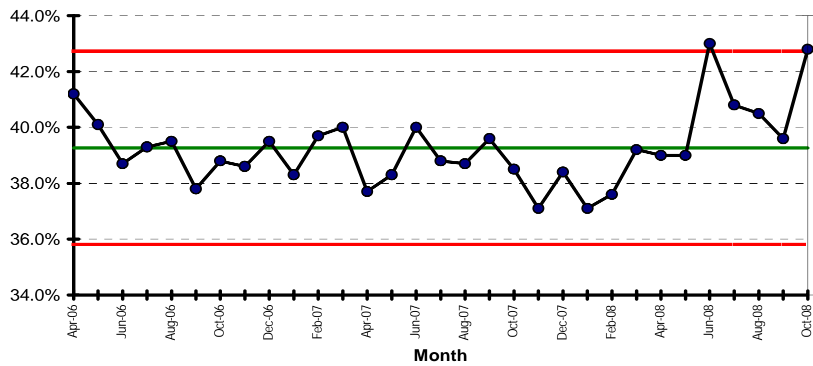
Strategy

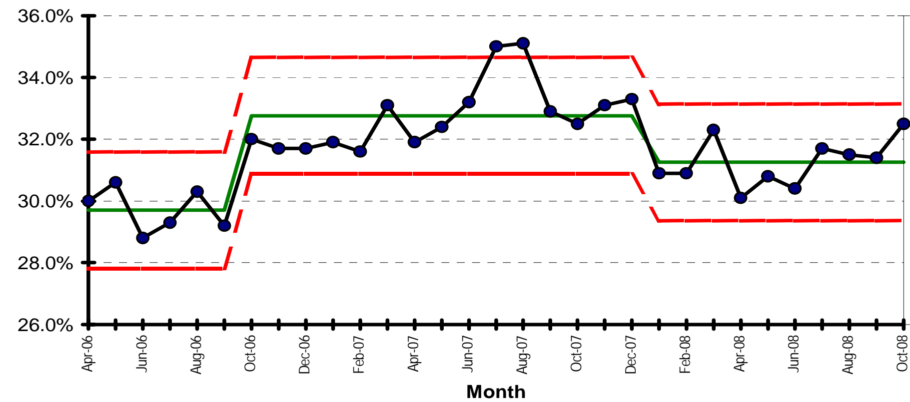
Dr Fosters data refreshed to October 2008

Performance Thresholds
Green: within normal SPC parameter AND progress to target
Amber: within normal SPC parameters and no progress to a target
Red: lower control limit breach or run of 8 point below the centre line
TARGET
1% increase in Market Share for all Activity Types by March 2009

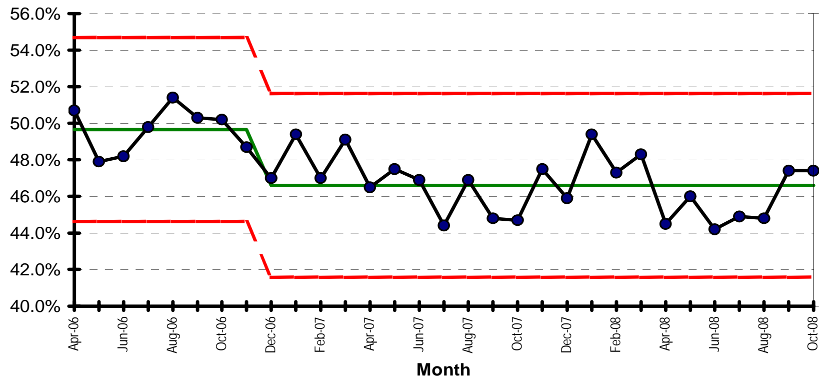
MARKET SHARE

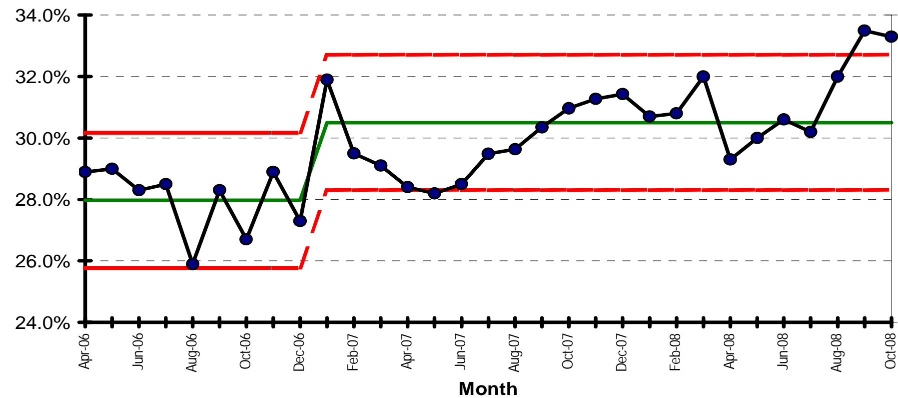
First Outpatient Attendances





Non-Elective Admissions





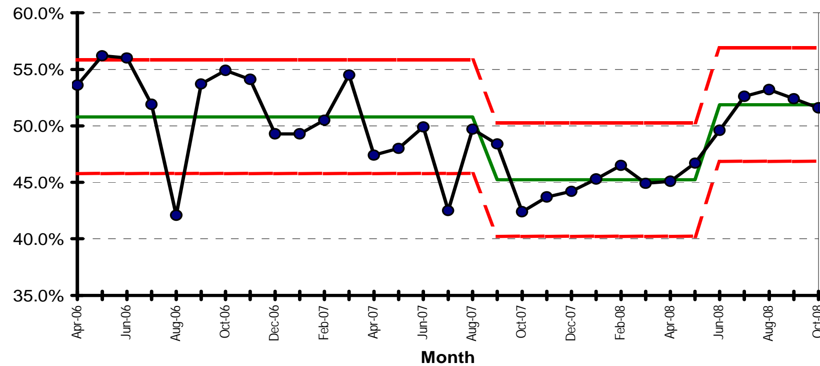
Strategy

Month

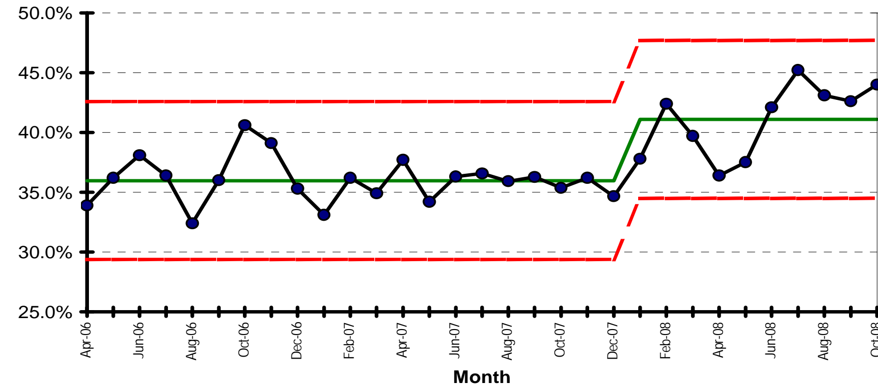
Day Case Surgery

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

Whittington: Market Share for Islington Day Case Surgery



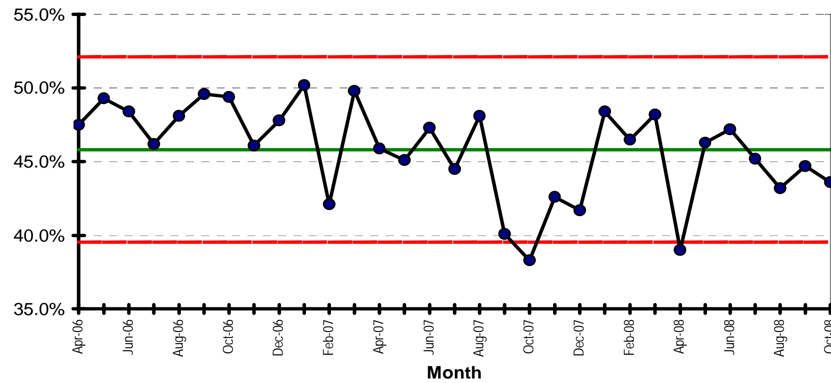
Whittington: Market Share for Haringey Day Case Surgery



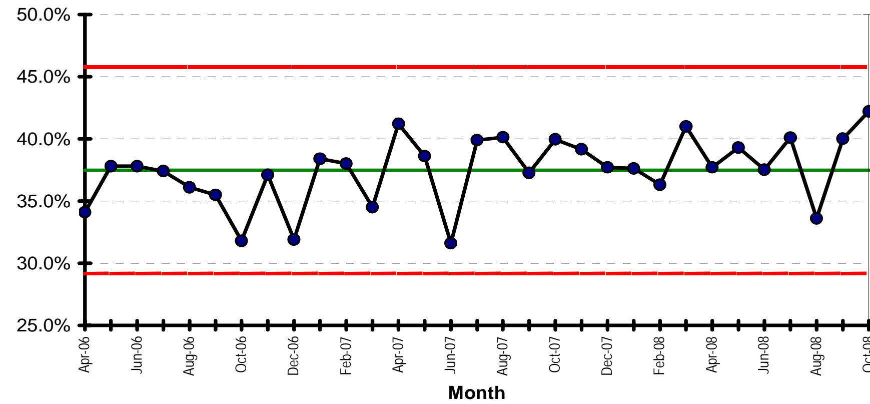
Note: Impact of the Day Treatment Centre starting to show

Maternity Deliveries

Whittington: Market Share for Islington Maternity Deliveries



Whittington: Market Share for Haringey Maternity Deliveries



Strategy

Competitor Analysis

to follow

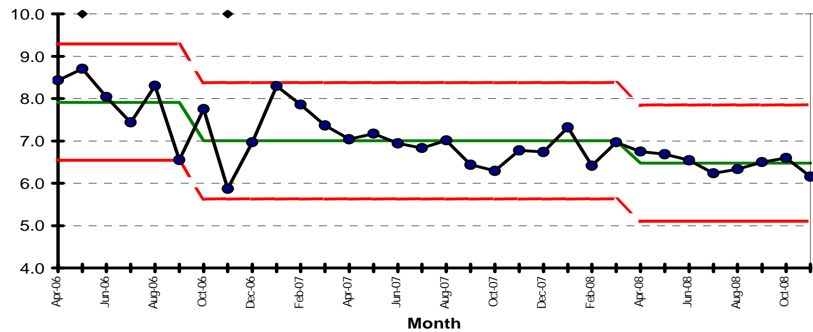
Market Volume/size

to follow

Workforce & Efficiency

Period: December 2008

Average Length of Stay (acute specialties only)



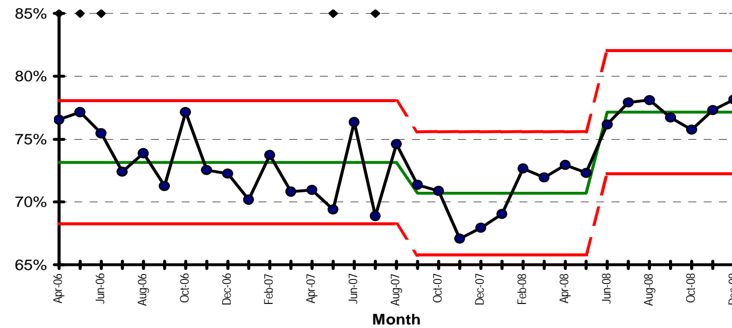
source: PAS data

Green = within normal SPC parameters

Amber = no progress to target (0.8 days reduction)

Red: upper control limit breach or run of 8 points above centre line (average)

Day Case Surgery Rate



target

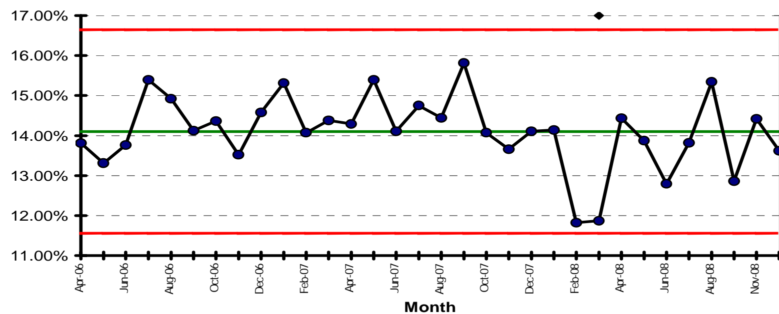
source: PAS data

Green: achieving or above target >= 75%

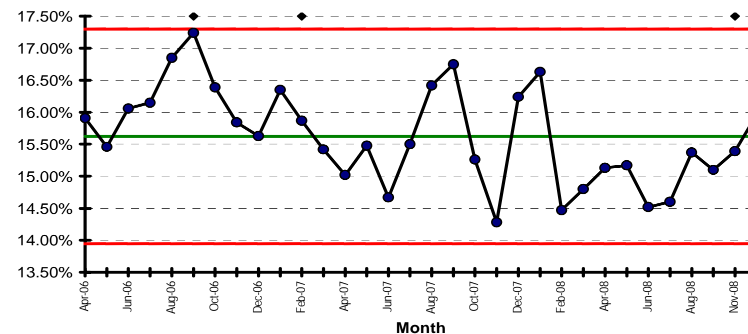
Amber = less 75% and no adverse SPC statistical tests met

Red: lower control limit breach or run of 8 points below centre line (average)

DNA Rate (Outpatients)



target



target

source: PAS data

Green = within normal SPC parameters or a positive test met

Amber = no progress to target (13.5%)

Red: upper control limit breach or run of 8 points above centre line (average)

source: PAS data

Green = within normal SPC parameters or a positive test met

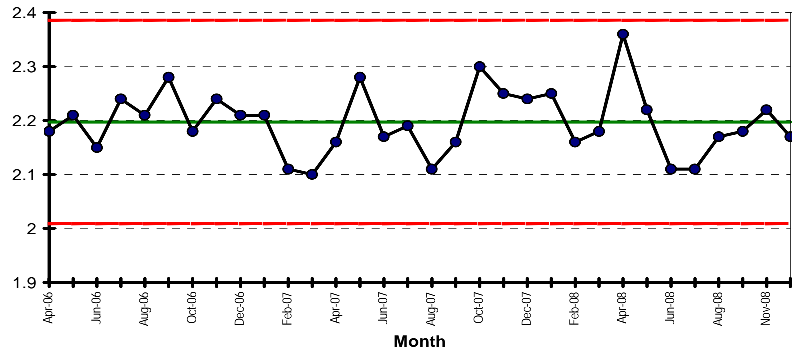
Amber = no progress to target (14.5%)

Red: upper control limit breach or run of 8 points above centre line (average)

Workforce & Efficiency

Outpatient Follow Up ratio

Target to be confirmed following SLA agreement with PCTs



source: PAS data

Green = within normal SPC parameters

Amber = no progress to target - once agreed

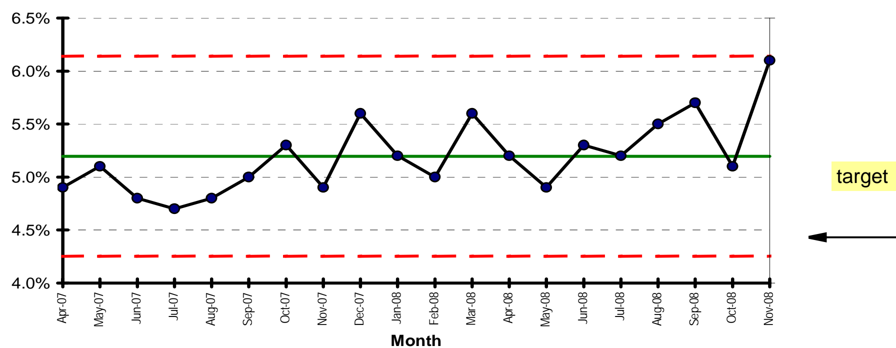
Red: upper control limit breach or run of 8 points above centre line (average)

Theatre Utilisation

Not updated - data not available

New Theatre Management System being installed in 2009

Sickness Absence Rate



target

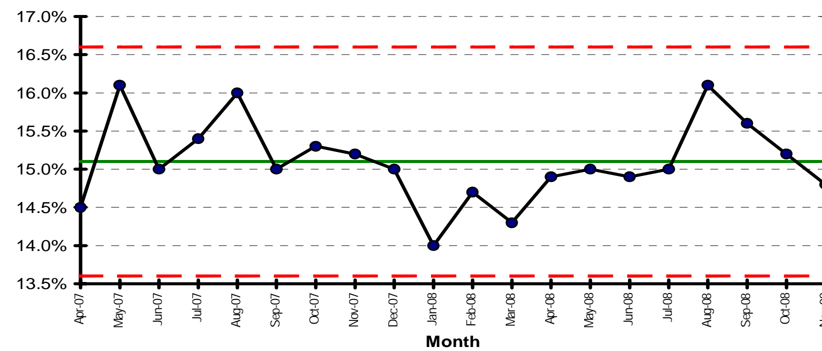
source: ESR

Green = within normal SPC parameters or a positive test met

Amber = no progress to target

Red: upper control limit breach or run of 8 points above centre line (average)

Vacancy Rate



source: ESR

Green = within normal SPC parameters or a positive test met

Amber = no progress to target - target to be determined

Red: upper control limit breach or run of 8 points above centre line (average)

Workforce & Efficiency

Click here to return to the Dashboard Report

Workforce & Efficiency				
Standard	**Criteria**	**Target**	**Aug-08**	**YTD**
Length of Stay	LOS Project	6.8	6.3	6.7
Surgical DC % Rate	Trust Benchmark	75%	78.0%	72.0%
DNA Rate				
Elective Admission (IP/DC)	London Average	4.20%	n/a	n/a
First OP	London Average	12.00%	14.0%	13.1%
Follow Up OP	London Average	14.26%	13.6%	13.4%
Productivity Index/Activity per WTE against Plan				
Achievement against Plan (100)	achievement of IBP			110
Theatre Utilsation	Trust Benchmark	75%		
Outpatient Follow up Ratios	Trust Benchmark	2.00	2.20	2.42
Sickness Absence Rate	Trust Benchmark	4.90%	5.2%	5.2%
Vacancy Rate	Trust Benchmark	n/a	15.0%	14.9%
Turnover Rate	Trust Benchmark	14%	12.6%	12.6%

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

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)	97.49	5	**0.40**
25%	EBITDA margin (%)	6.52	3	**0.75**
20%	Return on Assets (%)	-0.67	2	**0.40**
20%	I&E surplus margin (%)	1.55	3	**0.60**
25%	Liquid ratio (days)	40.90	5	**1.25**
	Overall rating			**3.40**

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

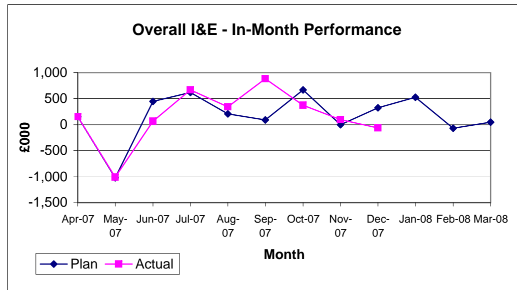
Full Year Forecast Performance

Weighting	Metric Description	Metric Value	Rating	Weighted Value
10%	EBITDA achieved (% of plan)	95.33	5	**0.50**
25%	EBITDA margin (%)	6.36	3	**0.75**
20%	Return on Assets (%)	-1.55	2	**0.40**
20%	I&E surplus margin (%)	1.26	3	**0.60**
25%	Liquid ratio (days)	16.00	3	**0.75**
	Overall rating			**3.00**

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

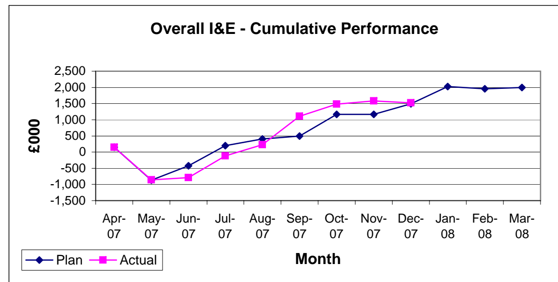
Overall Income & Expenditure

Forecast performance included here is a surplus of £2m, in line with plan



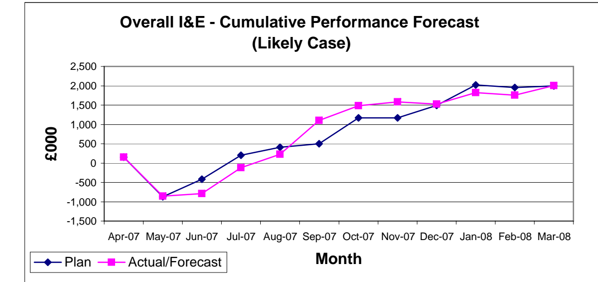
An in-month I&E deficit of £60k against a planned surpluse of £323k giving a negative variance of £383k in the month.

Within this, income is £358k below plan, expenditure is £81k above plan and depreciation is £74k below plan this month



Cumulative performance is a surplus of £1,522k against a planned surplus of £1,492k giving a favourable variance of £30k.

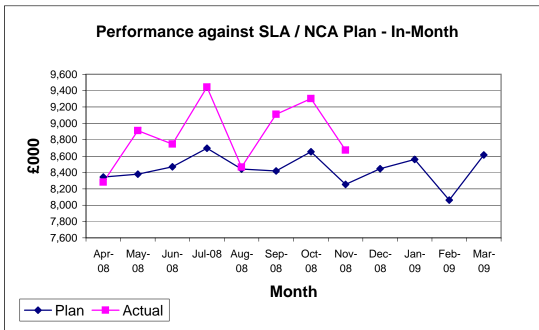
Within this, income is £1,424k above plan, expenditure is £1,956k above plan, and depreciation is £575k below plan to date

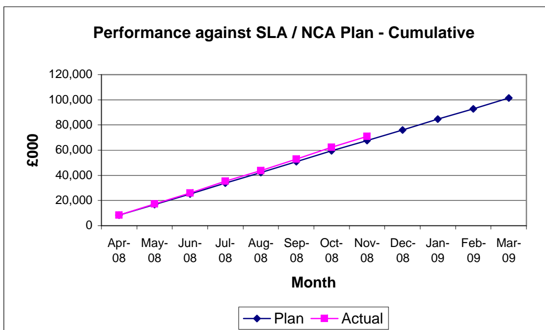


I&E forecast of £2m surplus, based on likely case. This is based on an updated 'bottom up' Month 9 forecast and is primarily due to a number of non-recurrent items such as depreciation savings and income from PCTs for maternity and reducing waiting lists.

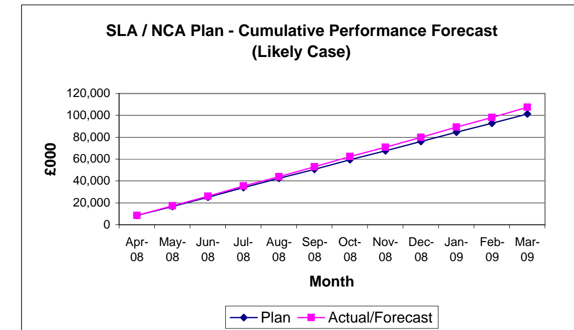
Performance against SLA - 1 month lag

November over-performance was £420k in-month - this is before taking into account additional income targets, e.g. for DTC activity.



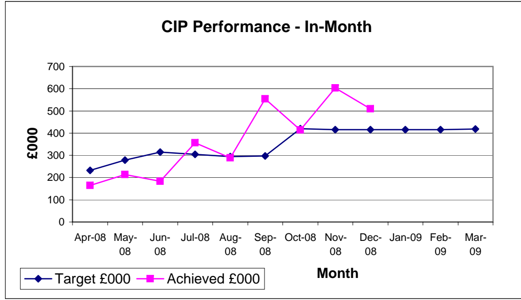


Activity is now £3,283k above SLA plans (excluding additional targets such as DTC activity) after 8 months

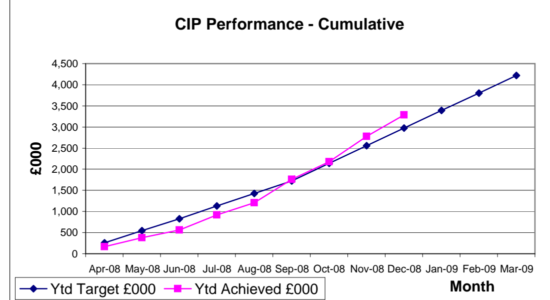


Forecast overperformance of £6m at year-end, primarily due to increasing DTC activity. However, likely case forecast includes provisions for non-payment for follow-up outpatients above SLA target ratios, and for N12 maternity admissions that may require reimbursement.

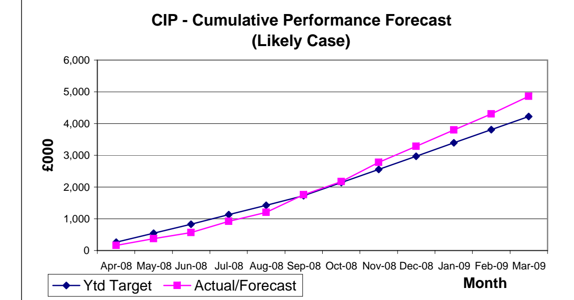
Cost Improvement Plan



CIP performance in December was around £100k above plan. This was partially due to additional income from Reckitt and Eddington wards towards the CIP figure, offsetting the CIP for closing the wards.



Cumulative performance remains above target at the end of December



CIP is forecast to be £0.6m above plan at year-end (including non-recurrent items), primarily due to including additional income due to Reckitt and Eddington wards being open for the winter. Recurrent CIP is forecast to be £150k below plan.

Cash position against plan

In Month position for Month 8 (November 2008)

The closing Balance at the end of December was £2.5m which is higher than previously forecast by £860k due to unanticipated receipts and lower than expected capital payments.