The Whittington Hospital NHS
NHS Trust

ITEM: 09/024

DOC: 3

Meeting:	Trust Board
Date:	18 February 2009

Title:	**Dashboard Report**

Executive Summary:

Performance exception report

There are 4 red rated key performance indicators (KPIs) to report:

- MRSA performance. Detail of this will be reported to the board in the infection control report.
- Staff sickness and absence which has deteriorated from 6.2% to 6.6% in December. A sickness and absence action plan will be presented to the Board in March which will detail the actions being taken to reduce the incidence.
- The year-to-date surplus against plan is shown as red as the actual surplus is lower than the year-to-date planned surplus of £2.019m. Further detail will be presented to the Board in the finance report.
- The DH has set a new target for performance against breaches in single sex accommodation. Full details of how this KPI will be measured have not yet been made available. Early indications are that all patient accommodation and bathroom facilities, other than those in the emergency department and critical care settings, will be included. The DH have stated that organisations will be heavily fined for breaches from 2010. The performance run chart demonstrates improvement in this KPI however it is red rated as there have been a number of breaches in the month.

KPI development

The Board discussed how to reflect the underlying financial deficit in the dashboard at the January meeting. A new KPI which reflects the position has been added to the finance domain. It is red rated to reflect an underlying deficit year to date and is forecasted to continue to year end.

Action: To:

- note and discuss performance within the domains
- 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: January 2009

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	3.35	Amber
	Predicted	Good	Good	3.30	Green

Clinical Quality

Current Period	G
Forecast Outturn	G

Adverse Incidents	G
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	G
Cleanliness	G
Single Sex Accommodation	G

Access and Targets

Current Period	A
Forecast Outturn	A

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

Strategy

Day Treatment Centre

Additional activity against plan	A

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	A
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

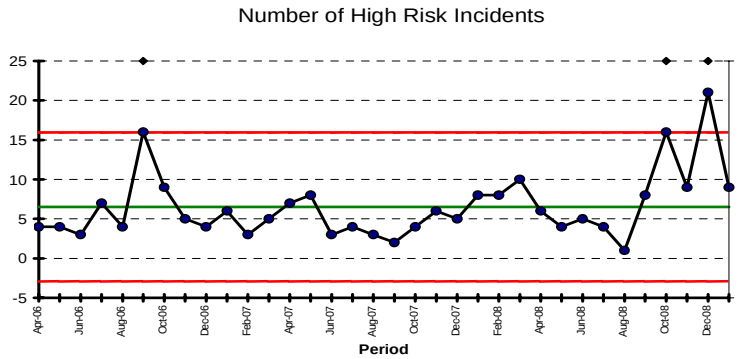
	YTD	FC
Risk rating	G	G
I&E variance from plan	R	G
Actual I&E surplus/deficit	G	G
Performance against SLA	G	G
Cost Improvement Plan	G	G
Cash position against plan	G	G
Underlying deficit	R	R

Clinical Quality

Period: December 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

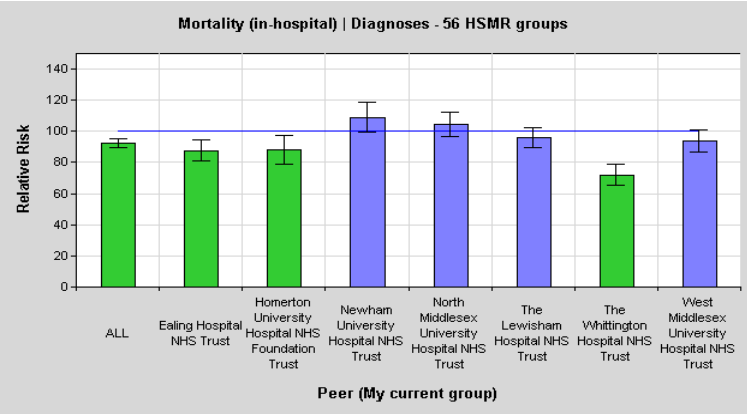
Benchmark (Dr Fosters Intelligence. Stardardised Mortality Rate, England, Annual)

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 (Dec 07-Nov 08)



target: to be Blue/Green rated

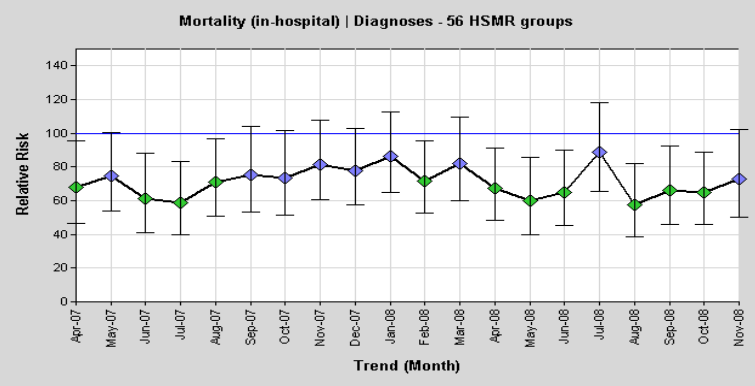
Clinical Quality

Period: December 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

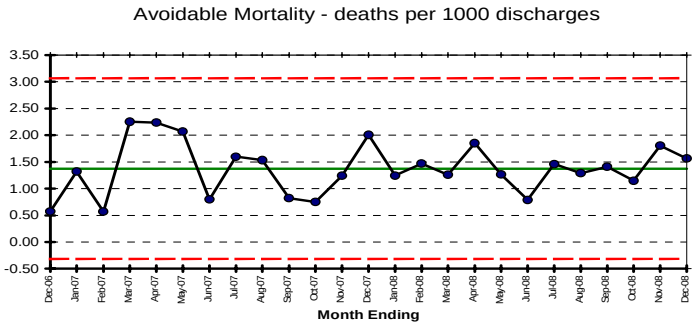


target: to be Blue/Green rated

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)



source: PAS data

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

Amber: within normal SPC parameterAND benchmark is not above England

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

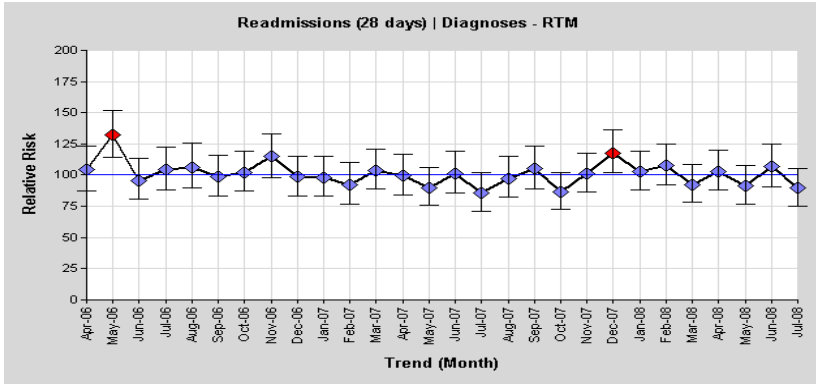
Target to be less than 2

Readmissions

source: Dr Fosters - three month lag in data

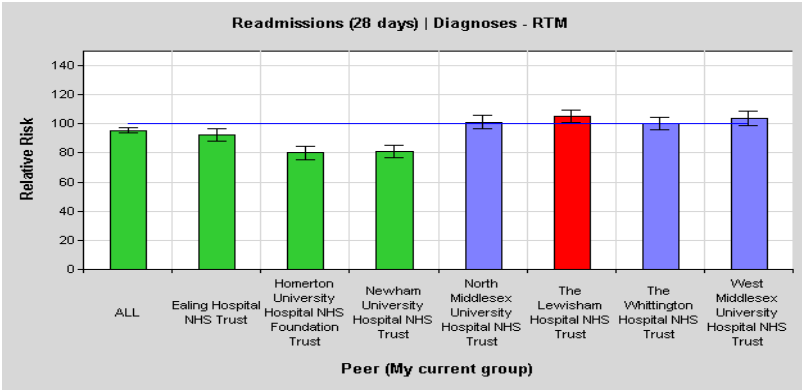
Benchmark - trend over time

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))



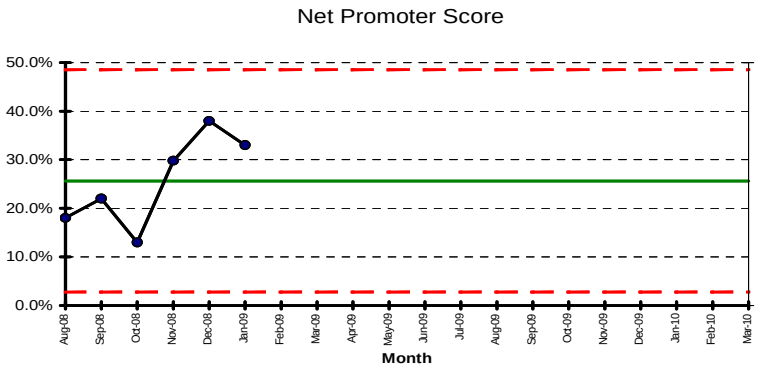
source: Dr Foster Intelligence. Relative Risk = index. Benchmark Year=2007/08

target: to be Blue/Green rated

Patient Experience

Period: January 2009

Net Promoter Score



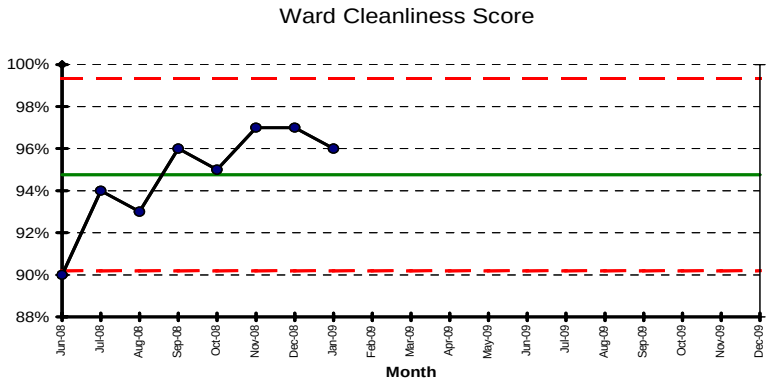
source: internal Whittington surveys

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



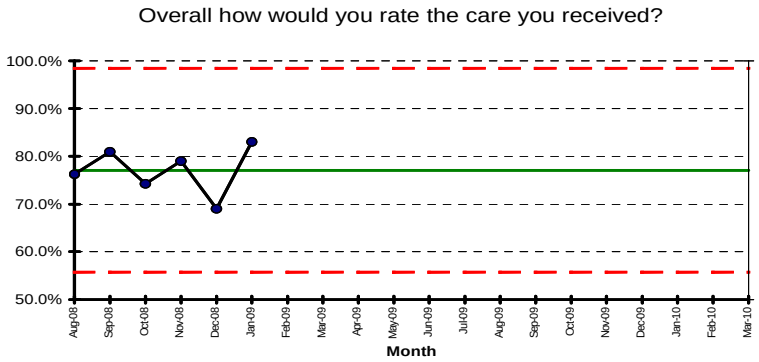
source: internal Whittington surveys

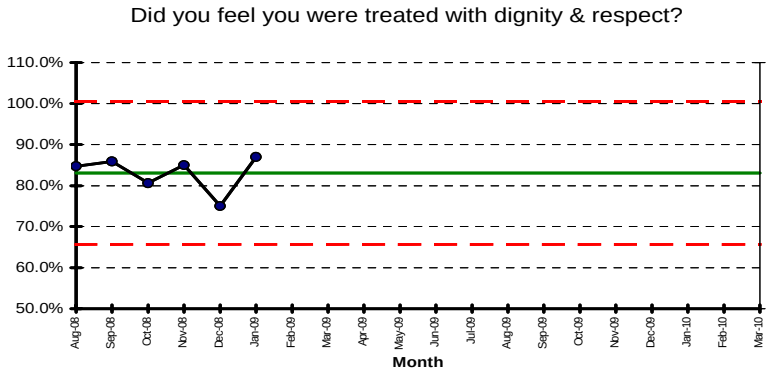
Green: within normal SPC parameter AND progress to target (90%)

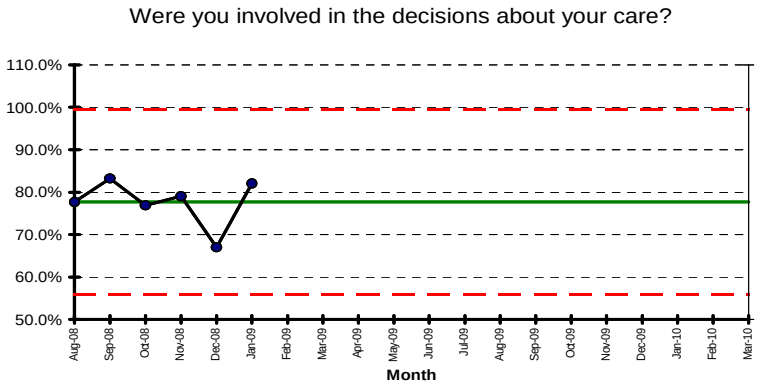
Amber: within normal SPC parameters and no progress to target

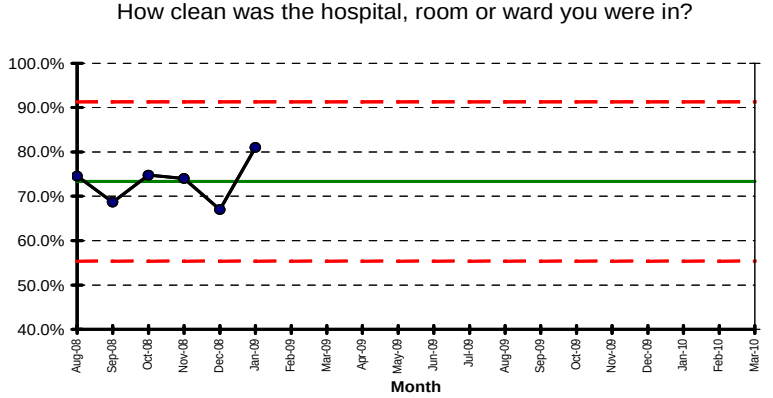
Red: lower control limit breach or run of 8 point below the centre line

Patient Survey



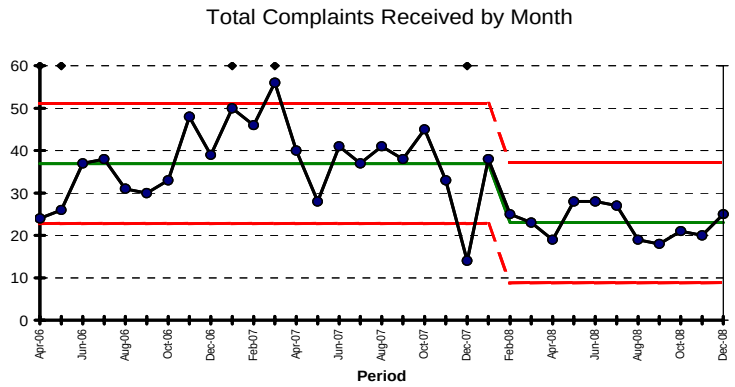






Month

Complaints - numbers



source: Safeguard

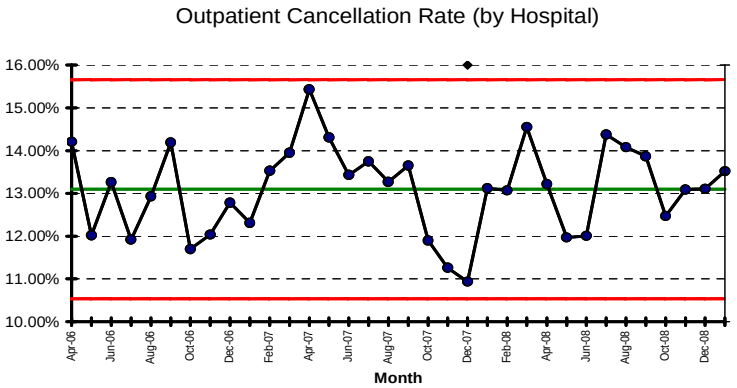
Green: within normal SPC parameter AND progress to downward step change

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

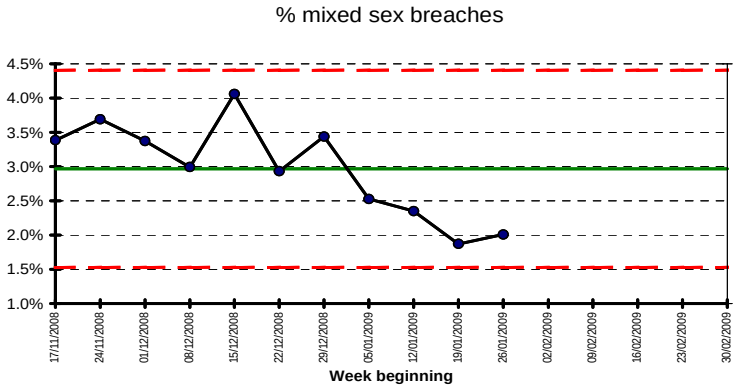
Month

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

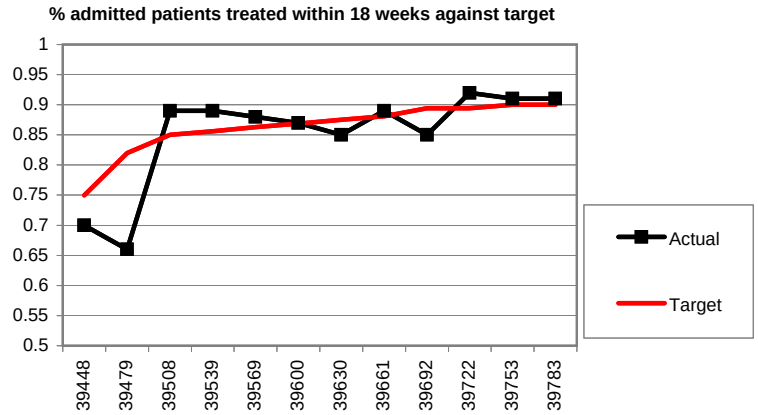
Target under consideration

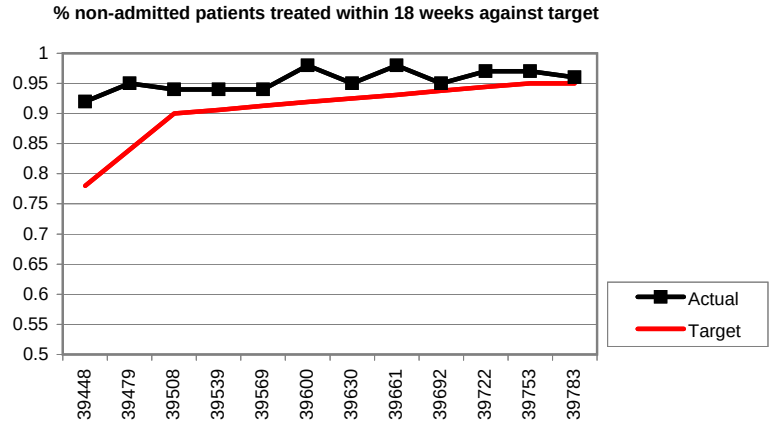
Access and Targets

Priority Targets

18 weeks Referral to Treatment (RTT) December

source: monthly 18 week report



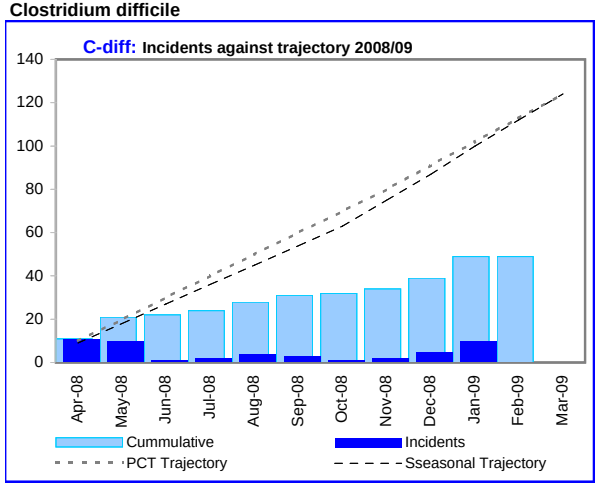


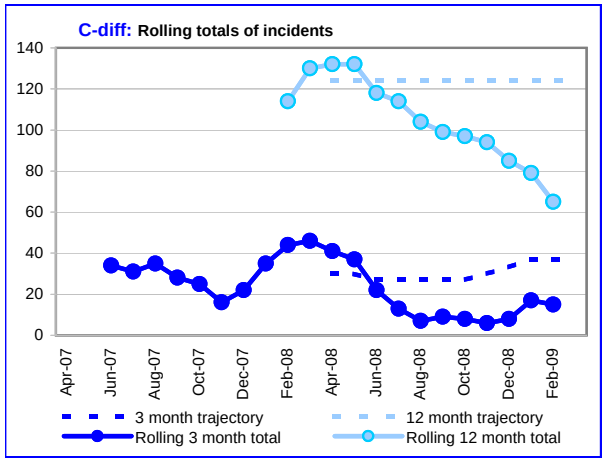
Healthcare Acquired Infections

source: weekly Infection Control flash report

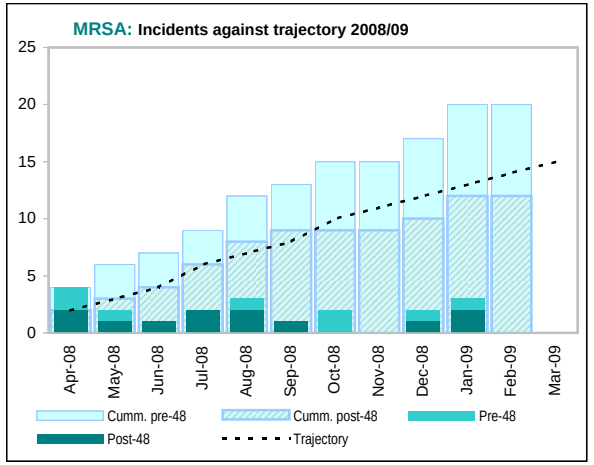
note: refreshed to first week of January 2009

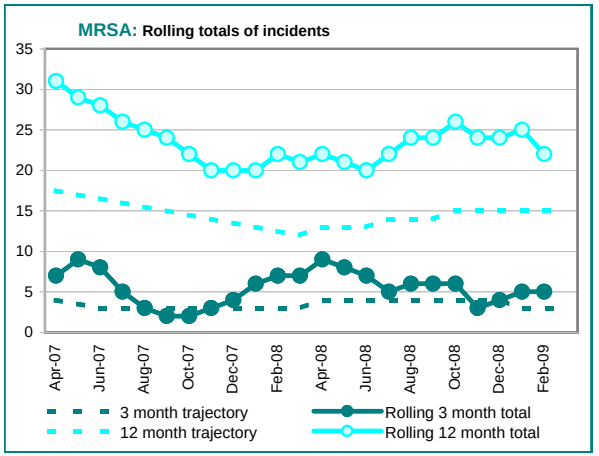
Clostridium difficile





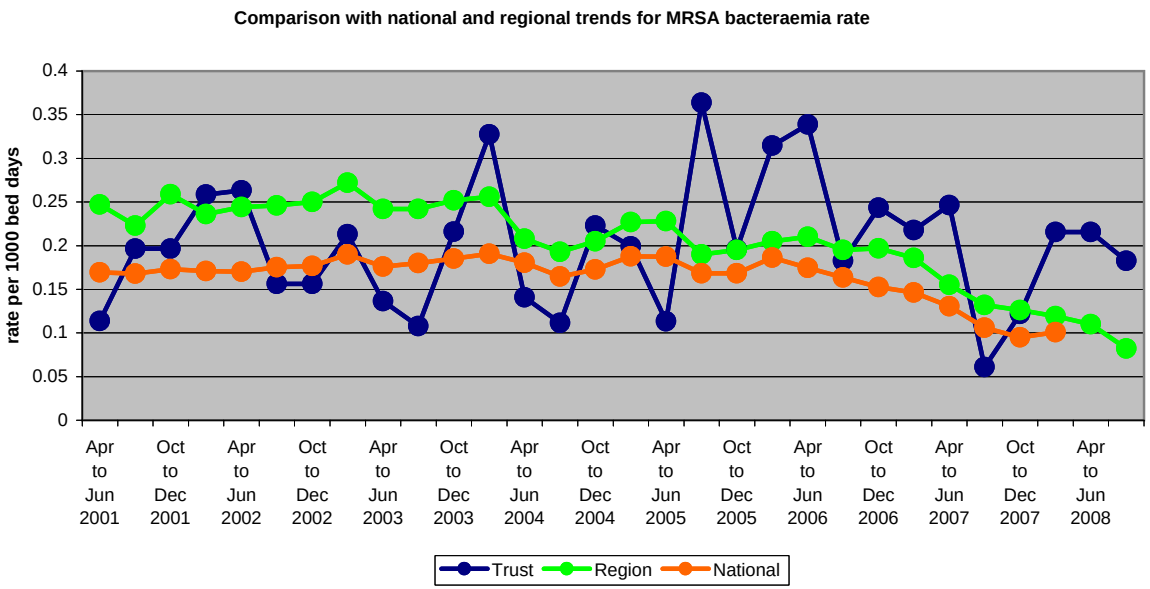
MRSA





Access and Targets

Infection Control: Cases per bed day

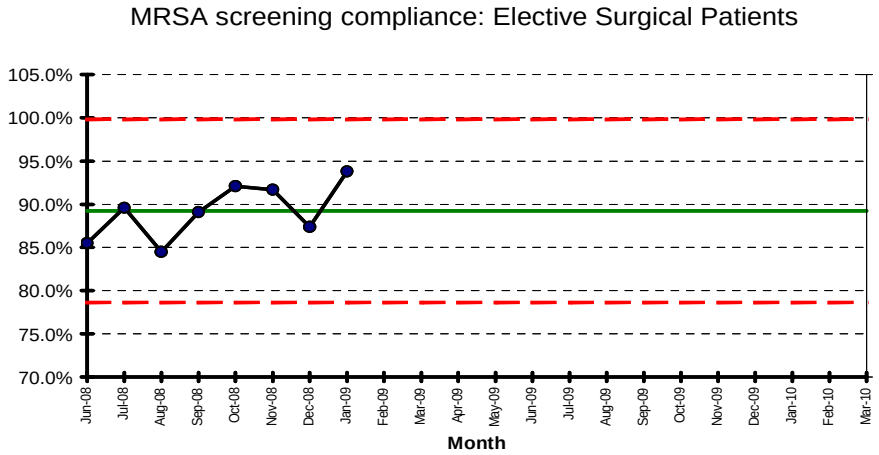


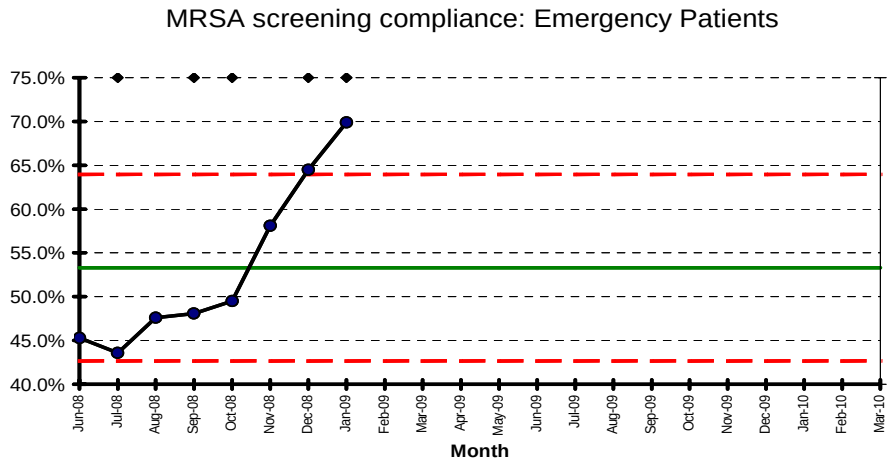
Source

Health Protection Agency

Notes

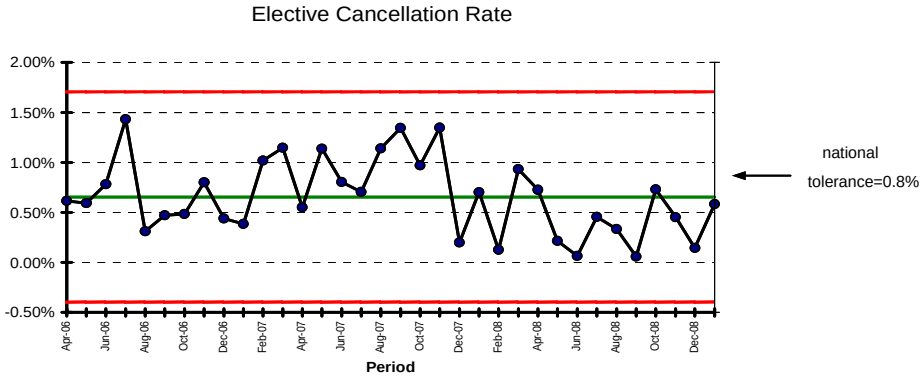
C-Diff data to follow





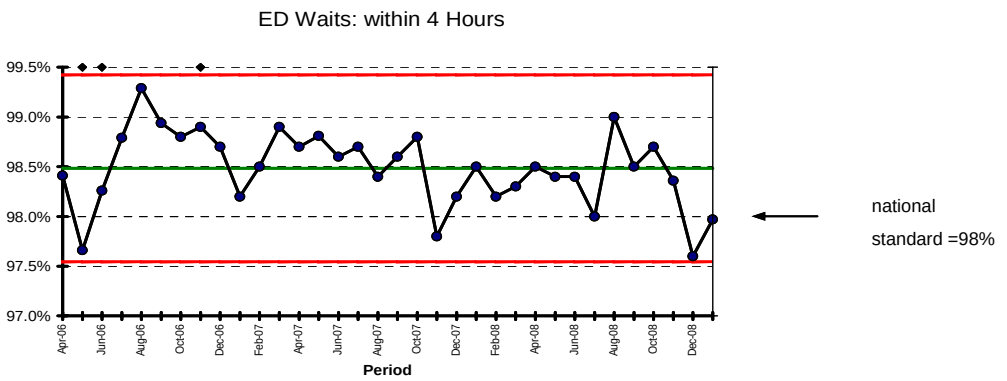
Access and Targets

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	Jan-09	YTD	Forecast
Reducing Mortality from Cancer					
Wait from GP Referral until Seen	% seen within 14 days	98%	100%	100%	100%
Wait from Decision to Treat until Treatment	% treated within 31 days	98%	100%	100%	100%
Wait from GP Urgent Referral until Treatment	% treated within 62 days	95%	100%	98.0%	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%	0.58%	0.38%	0.40%
Offers of new binding date	% within 28 days	95%	100%	100%	100%
Delayed transfers of care					
Number of delayed bed-days			132	1428	1,714
% delayed patients as a % of all patients		<=3.5%	3.4%	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	Jan-09	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	9,481	77,024	-
% Drop from last year			0%	-2%	-
Drug misusers: information, screening and referr	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%		

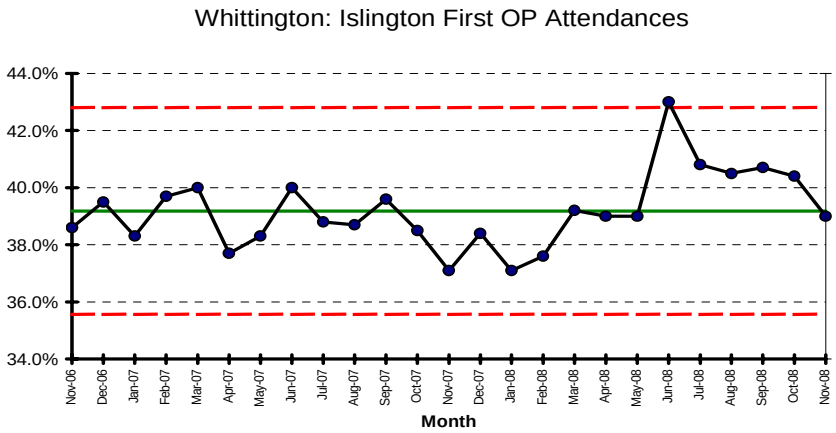
Strategy

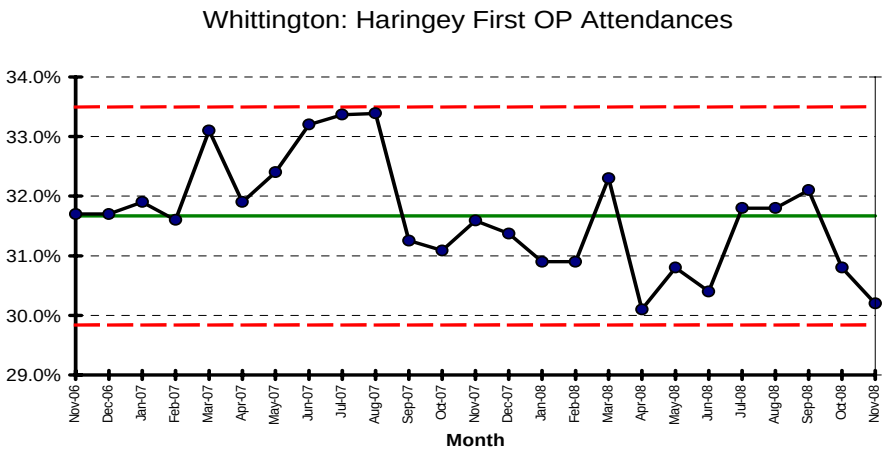
Dr Fosters data refreshed to November 2008

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

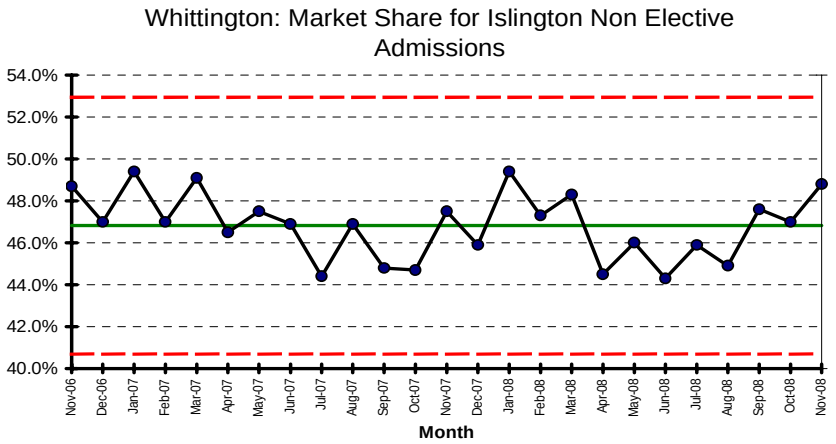
MARKET SHARE

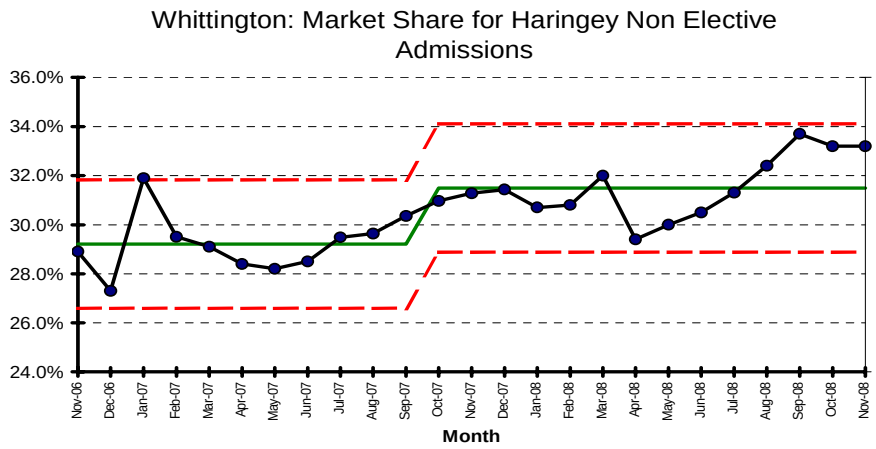
First Outpatient Attendances





Non-Elective Admissions



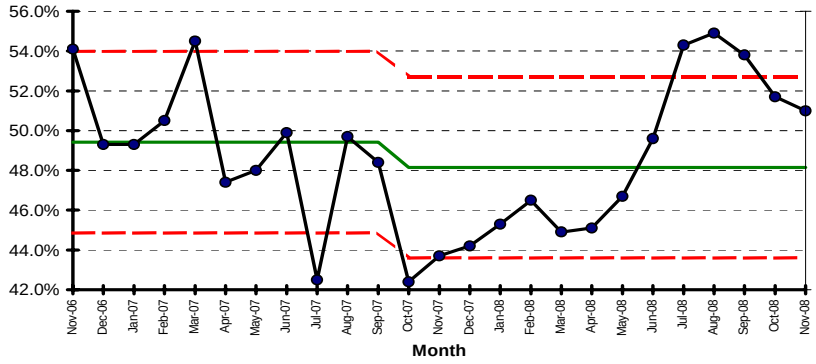


Strategy

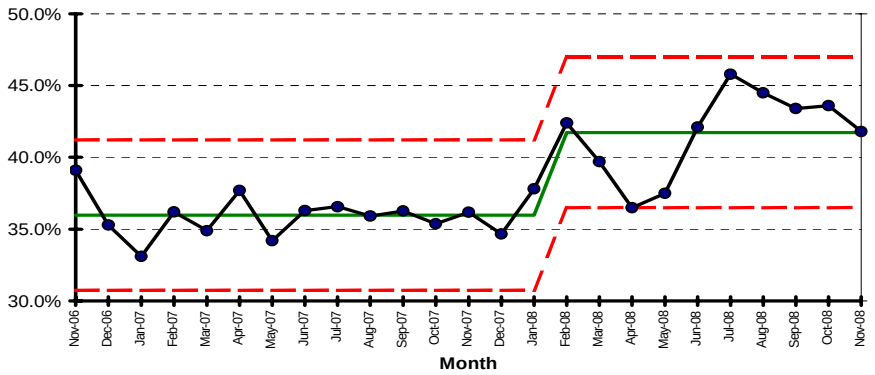
Day Case Surgery

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

Whittington: Market Share for Islington Day Case Surgery



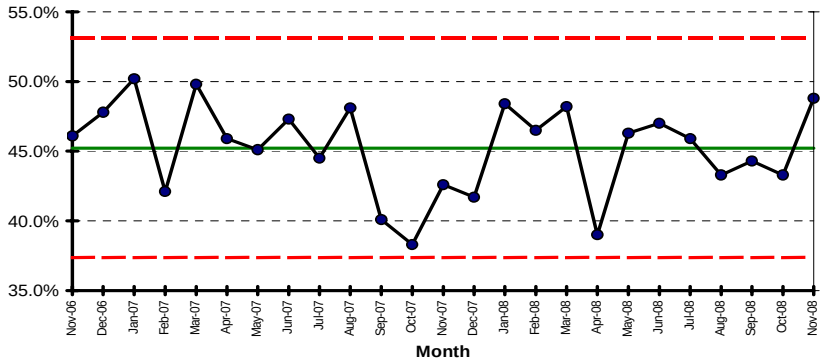
Whittington: Market Share for Haringey Day Case Surgery



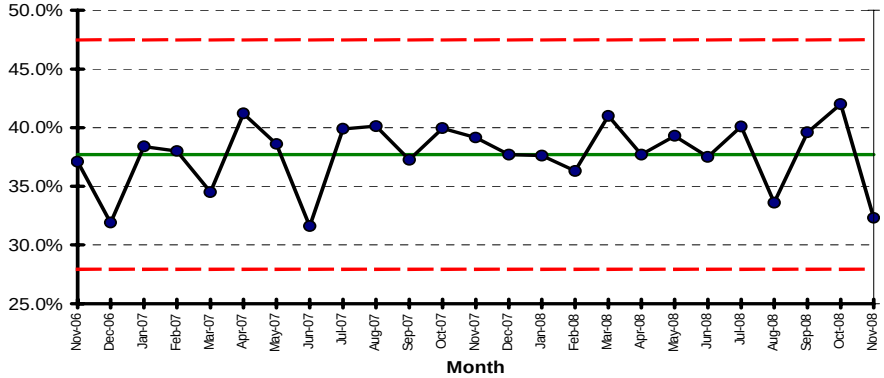
Note: Impact of the Day Treatment Centre starting to show

Maternity Deliveries

Whittington: Market Share for Islington Maternity Deliveries



Whittington: Market Share for Haringey Maternity Deliveries

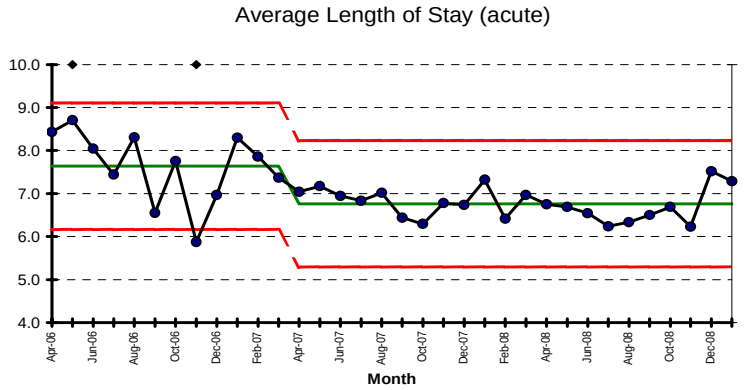


Strategy

Workforce & Efficiency

Period: January 2009

Average Length of Stay (acute specialties only)



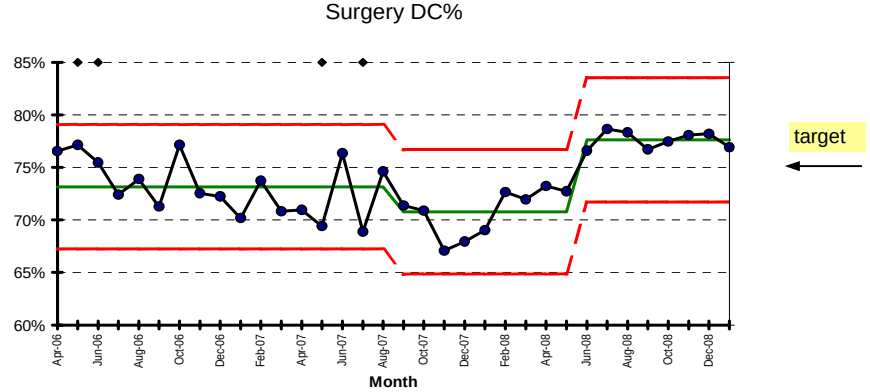
source: PAS data

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



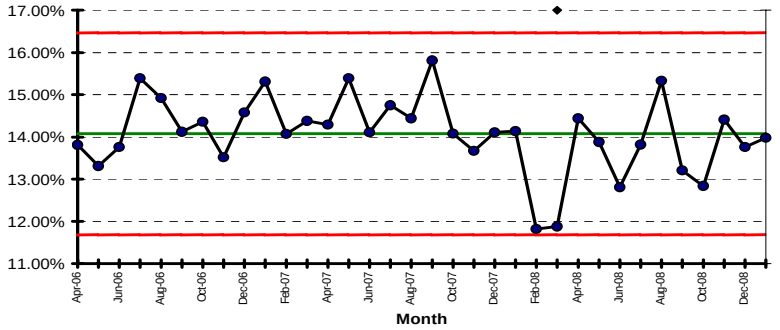
source: PAS data

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)

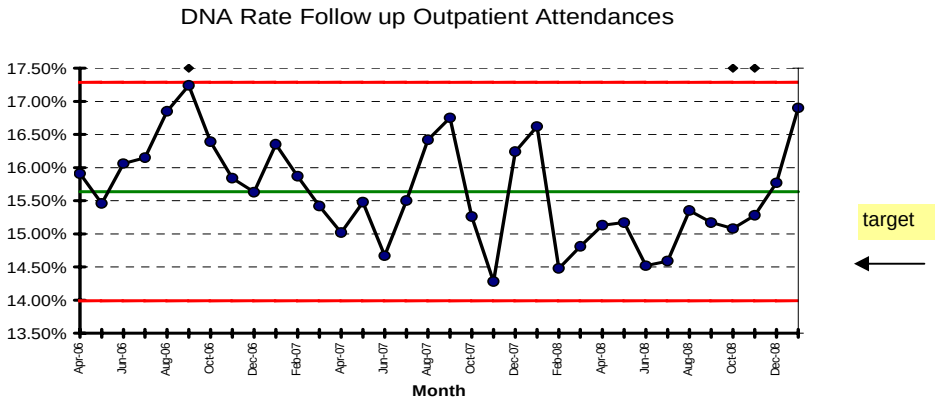


source: PAS data

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

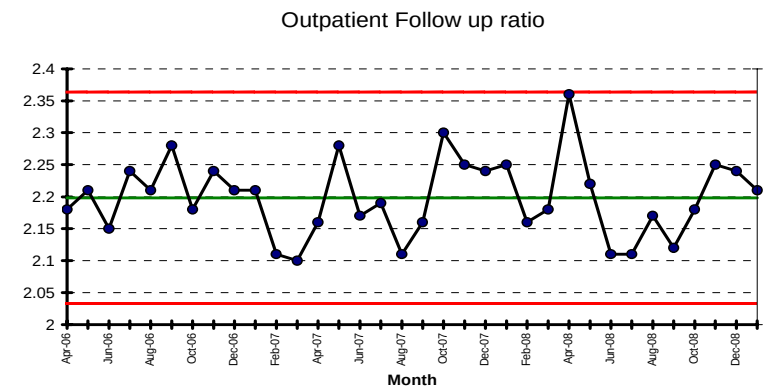
Amber = no progress to target (14.5%)

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

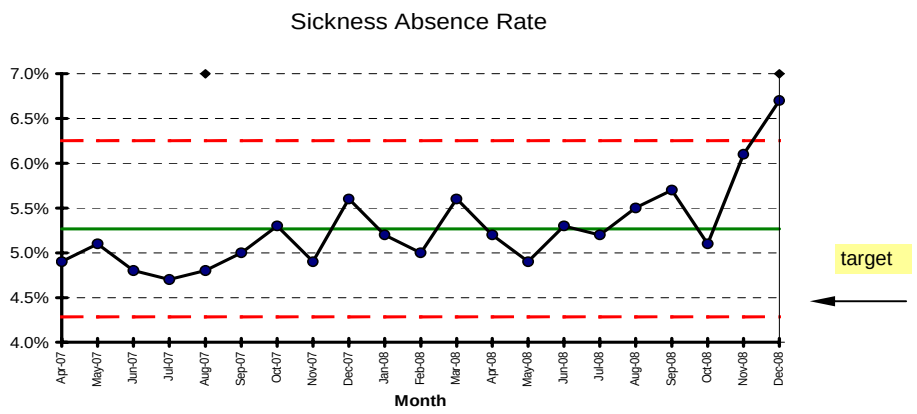
Red: upper control limit breach or run of 8 points above centre line (average)

Theatre Utilisation

Not updated - data not available

New Theatre Management System being installed in 2009

Sickness Absence Rate



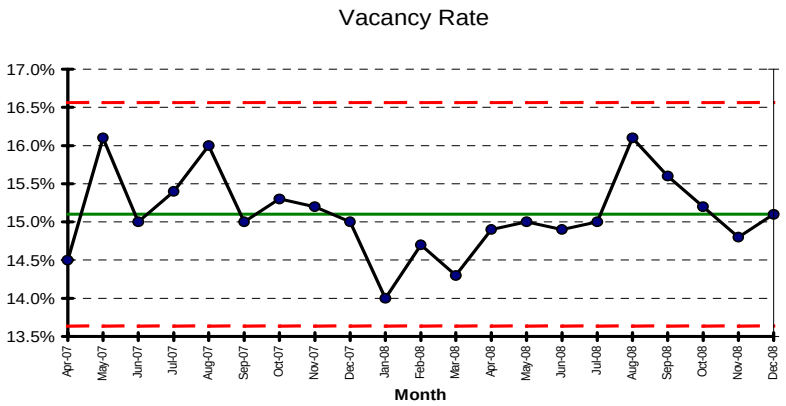
source: ESR

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)

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	N/A		

Year To Date Performance

Weighting	Metric Description	Metric Value	Rating	Weighted Value
10%	EBITDA achieved (% of plan)	90.82	4	**0.40**
25%	EBITDA margin (%)	6.30	3	**0.75**
20%	Return on Assets (%)	4.39	3	**0.60**
20%	I&E surplus margin (%)	1.27	3	**0.60**
25%	Liquid ratio (days)	27.85	4	**1.00**
	Overall rating			**3.35**

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

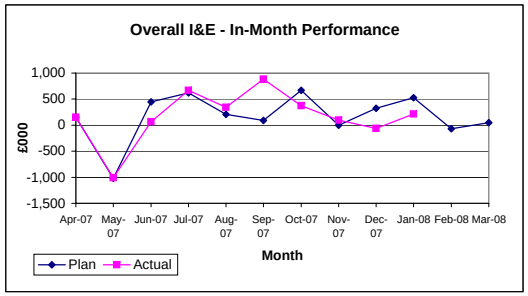
Full Year Forecast Performance

Weighting	Metric Description	Metric Value	Rating	Weighted Value
10%	EBITDA achieved (% of plan)	94.00	4	**0.40**
25%	EBITDA margin (%)	6.27	3	**0.75**
20%	Return on Assets (%)	5.18	4	**0.80**
20%	I&E surplus margin (%)	1.21	3	**0.60**
25%	Liquid ratio (days)	17.29	3	**0.75**
	Overall rating			**3.30**

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

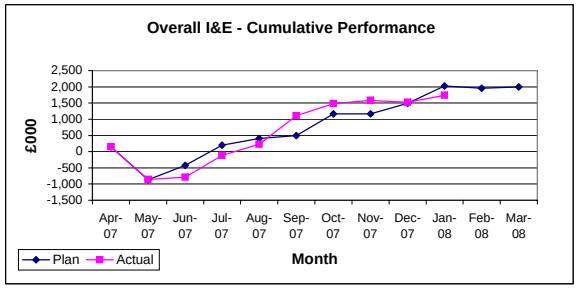
Overall Income & Expenditure

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



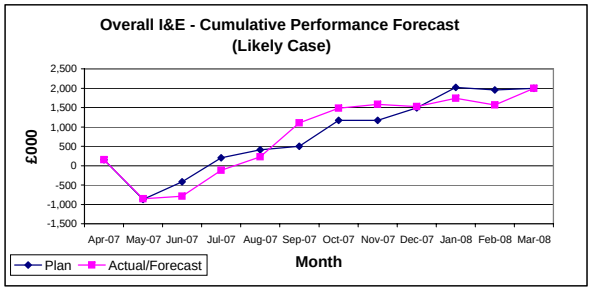
An in-month I&E surplus of £215k against a planned surpluse of £528k giving a negative variance of £313k in the month.

Within this, income is £10k below plan, expenditure is £328k above plan and depreciation is £53k below plan this month



Cumulative performance is a surplus of £1,737k against a planned surplus of £2,019k giving an adverse variance of £283k. The high year-to-date planned surplus is due to a planned deficit in February (as a result of a shorter month and therefore lower income) which forms part of the plan to achieve £2m surplus by the year-end.

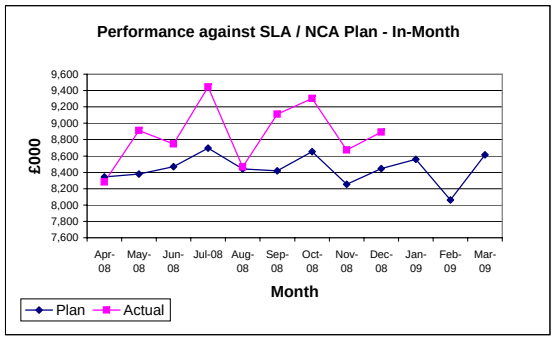
Within this, income is £1,414k above plan, expenditure is £2,284k above plan, and depreciation is £628k below plan to date

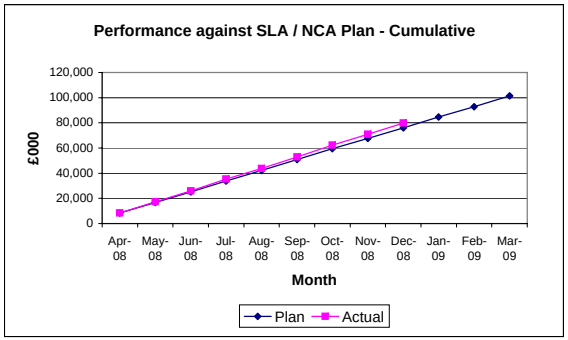


I&E forecast of £2m surplus, based on likely case. This is based on an updated 'bottom up' Month 10 forecast and is primarily due to a number of non-recurrent items such as depreciation savings and income from PCTs for maternity and reducing waiting lists.

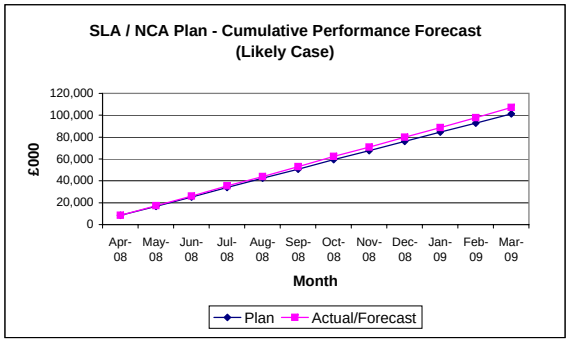
Performance against SLA - 1 month lag

December over-performance was £515k in-month - this is before taking into account additional income targets, e.g. for DTC activity.



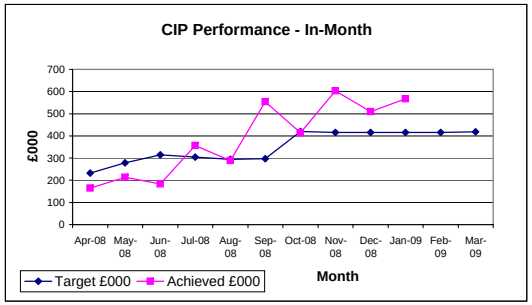


Activity is now £3,798k above SLA plans (excluding additional targets such as DTC activity) after 9 months

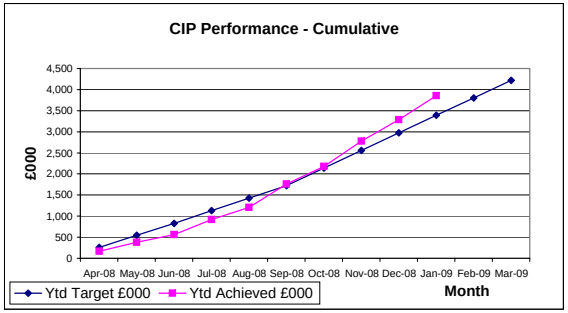


Forecast overperformance of £6m at year-end, primarily due to increasing DTC activity. However, likely case forecast includes provisions for non-payment for follow-up outpatients above SLA target ratios, and for N12 maternity admissions that may require reimbursement.

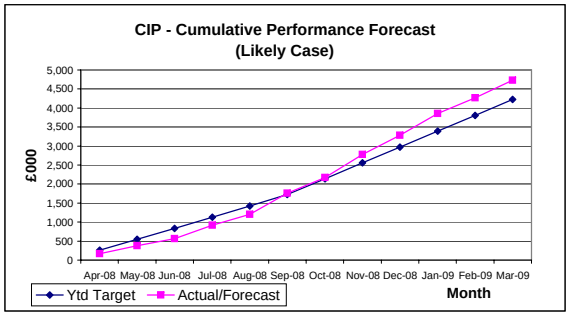
Cost Improvement Plan



CIP performance in January was around £150k 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 (inclusive of non-recurrent CIP) remains above target at the end of January



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 £100k below plan.

Cash position against plan

In-Month position for Month 10 (January 2009)

The closing Balance at the end of December was £3.2m which is higher than previously forecast by £0.9m, primarily due to a later than usual invoice for the Managed Equipment Service that was therefore not paid in January as anticipated.